Review Committee for Internal Medicine Update

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AAIMW 2018
Henry B. Gonzalez Convention Center
San Antonio, TX

Disclosures

No conflicts to disclose
Plan for Session

New ACGME/RC-IM Initiatives
CPRs- Section I-V  
Scholarship sub FAQ  
IM2035

NAS Review: Processes
Continuous Accreditation  
Self-Studies/10-year Visits

Single GME:
Expectations  
Numbers, Numbers, Numbers

Plan for Session

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NAS Review: Processes
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Single GME:
Expectations  
Numbers, Numbers, Numbers
Revision of Common Program Requirements, Phase II: Sections I-V

Some of the biggies…

- Almost all are “core” PRs
- 2 sets – residency and fellowship
- Mission and aims
- Some CPRs removed to go into to-be-created PD Guide
- AOA certification acceptable for physician faculty
- “Core Faculty” is now in the CPRs
- Coordinator support in residency CPRs, 50%FTE
- SA overhauled
- More language in the APE
- New certification exam CPRs
- Less sub-competencies for fellows
- Fellows can practice in core specialty, up to 20%

Reviewed at June ACGME Board meeting. If approved, effective July 2019.
Scholarship for Subspecialty Faculty

In the past, the RC-IM has had a very high bar for scholarship from fellowship faculty—X publications from Y faculty (varies by complement).

Not meeting that minimum number of required publications led to citations for existing programs, and accreditation was withheld from new applications.

That was the past...

New Scholarship FAQ for subs

The Review Committee requires that fellowship education occur in an environment of inquiry, scholarship, and research productivity in order to promote and inspire a professional commitment to lifelong learning. It concluded that current PRs II.B.7.e.(1-2) too narrowly defined scholarship. As such, the Committee has broadened its interpretation of scholarship and now considers the scholarship of not only discovery, but also application, integration and teaching, as long as the scholarly products are characterized by clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique.

The Committee expects programs to document annually that 50% of the key clinical faculty (KCF) engage in a variety of scholarly activities, as listed in section II.B.5.a & b (1-4). If 50% of the KCF give grand rounds presentations exclusively, the program will not have demonstrated compliance with the expectation because the program has not provided evidence of a variety of scholarly activity. The Committee considers the fellows’ scholarly output as well as their perceptions of whether the program has created a scholarly environment when determining whether the program has adequately established and maintained an environment of inquiry and scholarship.

http://www.acgme.org/Portals/0/PDFs/FAQ/140s_GeneralSubspecialtiesFAQs.pdf?ver=2017-07-27-144107-113
What will the practice of medicine look like in 2035?

Scenario planning...

- We are using scenario planning to revise the program requirements.
- This is new terrain.
- Scenario planning was used initially by the ACGME BOD in 2013-14
- Intent is not to predict what the future will be and then build a master plan.
- Instead, the intent is to ask what the future might hold and identify the actions that can be taken today that are most likely to be valuable regardless of how the future turns out.

http://www.jgme.org/doi/pdf/10.4300/JGME-D-14-00740.1
Scenario planning is about avoiding the “most likely future” trap...

Predictive Planning:

Today → “Most Likely” Future → Master Plan

...and building plans on alternative futures

Scenario Planning:

Today → Alternative Futures → Core Strategies & Actions

First, we need to imagine the futures...

“Imagination is more important than knowledge.
Knowledge is limited.

For while knowledge defines all we currently know and understand,
imagination points to all we might yet discover and create.”
This is a pilot.

**IM2035 Workshop #1 – June 2017**
- Participants from the IM community and beyond...
- Used the 4 scenarios and process ACGME Board used in 2013-14
- Focus of workshop: what does *IM* looks like in each of the 4 scenarios?

**IM2035 Workshop #2 – September 2017**
- RC members and a subset of participants from June workshop
- Scenarios from June workshop are updated with IM content
- Focus of workshop:
  - What should the RC consider to prepare the internist for each of the 2035 futures?
  - What does the internist of the future look like?
  - What does the internist of the future need to *know*?
### Broad and diverse participants

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>John Doe</td>
<td>Hospital A</td>
</tr>
<tr>
<td>Nurse</td>
<td>Jane Smith</td>
<td>Hospital B</td>
</tr>
<tr>
<td>Tech</td>
<td>Mike Johnson</td>
<td>Hospital C</td>
</tr>
</tbody>
</table>

#### June Workshop

![Image of workshop participants]

© 2018 ACGME
This is a pilot.

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**September Workshop**
A lot of brilliant work needs to get done…

Timeline (circa fall of 2017)

June 2017
IM2035 Workshop #1
IM & non-IM discuss IM in 2035

Sept 2017
IM2035 Workshop #2
RC & non-RC

Early 2019
45 day review-and-comment period

Sept 2019
Committee on Requirements
If approved, effective July 1, 2020

June 2017
IM2035 Workshop #1
IM & non-IM discuss IM in 2035

Sept 2017
IM2035 Workshop #2
RC & non-RC

More Specific Timeline (as a result of January RC meeting)

Jan 2018 RC Meeting
Review Report from IM2035 Workshops + SI2025
Identify Chair of PR Writing Group + members

Feb 2018
RC reviews new CPRs

Feb/March 2018
CEO & RC Chair at AEC and APDIM
Discuss use of scenario planning for PR revision

April 2018
Solicit input from PDs
Make IM2035 report available to PDs

June 2018
Conduct literature review

Sept 2018 RC Meeting
Review input, start revision

Jan 2019 RC Meeting
Continue revision work

June 2019
Conduct literature review

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• In accordance with ACGME policy, the GME community will be invited to comment on current IM PRs
  – *Who will be asked?* All major stakeholders. GIM + subspecialists
  – *Comment on?* What should be kept, removed, added, revised…
• Invitation will include current IM PRs in new CPR format
  – Even though new CPRs will not be approved until June
• IM2035 report will be included
  – To share insights from workshops, and
  – Encourage community to think about the future
Insights from IM2035

+ New CPRs
+ Literature review
+ Community input
RC reviews every established program annually using screening data.

**How does RC review established programs?**
**NAS Process: Continuous Accreditation**

**Data Elements (Indicators)**
- Resident/Fellow Survey
- Clinical Experience
- ABIM/AOBIM Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Performance of sub
- Omission of Data

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**What’s an “outlier?”**

1. **Programs with Citations**
   - *Is the program addressing the citations?*
   - *Are there positive outcomes?*
   - *Is there enough information?*

2. **Programs flagged on NAS data elements**
   - *Are there multiple elements flagged?*
   - *Which elements were flagged?*
   - *Are there trends?*
   - *Is there enough information?*

If there is not enough information...request clarifying information or a site visit.
Use “Major Changes and Other Updates” in ADS

• Be proactive
• Provide context
• Describe outcomes

**Major Changes and Other Updates**

Major changes to the training program since the last academic year, including changes in leadership. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review.

NAS Goal: Reduce Burden

% of IM programs (core and sub) with *site visits per year*
NAS Goal: Reduce Burden

% of IM programs (core and sub) with citations

Pre-NAS 79%
NAS 5%

Resident survey...

• RS is one NAS data element used annually to review 2,200 IM programs
• RS can be sensitive, so RC asks “is flag signal or noise”
• Things it considers...
  – One or multiple sections flagged? Which sections?
  – Degree of non-compliance? 50% of what size program?
  – How long has RS been flagged? One year? Multiple?
  – What is overall impression of the program?
  – Did other NAS data elements flag?
  – Has AFI been issued?
  – Did program provide update in “major changes and other updates”

• Very few programs have been negatively impacted by NAS.
• 95% of IM programs do not have any citations in NAS.
QUESTION: Is there a relationship between Board pass rate and the resident survey?

ANSWER: Yes. Programs with higher non-compliance on the resident and faculty surveys tend to have lower board pass rates.
NAS Process: Continuous Improvement

- Annual Data Submission
- Annual ACGME Review
- Annual Program Evaluation (PEC)

Self-Study / 10-year Site Visit

Example:
Self Study Due Date (Approximate): October 01, 2018

- May 2018 Self-Study Announcement
- October 2018 Self-Study Summary Upload
- ~ July 2020 (+/- 3 months) ADS/Summary of Achievements Uploads
- ~ July 2020 (+/- 3 months) 10-year Accreditation SV Announcement
- ~ April 2020 (+/- 3 months) 10-year Accreditation Site Visit

18-24 months between Self-Study and 10-year compliance visit
Strengths/AFIs

- Assessment of program strengths and areas for improvement
- Note: This is the field staff’s assessment, not the strengths/AFIs identified by the program in the self-study (though there may be overlap).

Self-Study Review

- Verifies that the self-study document offers an objective, factual description of the learning and working environment
- Verifies educational outcomes and their measurements and how processes and the learning environment contribute to these outcomes

Compliance Review

- Assessment of Compliance with Program Requirements
- For programs on Continued Accreditation, focus is on “Core” and “Outcome” Requirements

Site Visit Feedback

- SV Verbal Feedback to Program Leadership
  - Key Strengths
  - Suggested Areas for Improvements
- SV Report to RC
- RC LON to Program (Compliance Feedback)
- DFA Letter to Program (Self-Study Feedback)
Review of 10-year compliance visits

107 programs - 14 cores, 10 had subs (2-16); 3 med-peds programs
  • All programs on Continued Accreditation
  • 4 years of mostly/entirely clean NAS screens

Results from compliance review...
  • All received Continued Accreditation
  • 11 received a citation, 4 were core
    – 10 received a single citation
    – 1 received 4 citations
      • Core program w AFIs for previous 2 yrs.

90% no citation

Lessons learned from compliance visits

Very small sample, but...

  – Annual screening works
  – Multiple years clean NAS → positive accreditation outcomes
Another NAS Goal: Innovation

“Detail” PRs
Plan for Session

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NAS Review: Processes
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Single GME:
Expectations
Numbers, Numbers Numbers

Expectations for Single GME or *any* application

PD, APD, CF, KCF, SEC…AOA is AOK!
Numbers, numbers, numbers

Expected to Apply = 6
“Working on application” = 5
Open application in ADS = 1

Applied = 18
Pre-Accreditation = 17
Continued Pre = 1

Accredited = 82
Initial Accreditation = 72
Initial w warning = 3
Continued Accreditation = 7

Total = 106
Accredited = 82
Applied = 18
Expected to Apply = 6

Not expected to apply = 42
Closing or closed = 14
Dual or merging = 28

94% *in*

Who is the RC-IM?

ACGME/RC Staff
4 ex officio, non-voting (ABIM, ACP, AMA, AOA)

24 VOTING MEMBERS
- 6 ABIM-nominated
- 6 ACP-nominated
- 6 AMA-nominated
- 3 AOA-nominated
- 2 resident members
- 1 public member

Program Director
DIO
Subspecialist

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Current Composition of the RC-IM

Robert Benz, MD 
Christian Cable, MD Chair
Alan Dalkin, MD
Andrew Dentino, MD
Sanjay Desai, MD
Sima Desai, MD Chair-elect
Jessica Deslauriers, MD resident member
Oren Fix, MD
Christin Giordano, MD resident member
Russ Kolarik, MD
Monica Lypson, MD
Brian Mandell, MD Vice Chair
Elaine Muchmore, MD
Cheryl O’Malley, MD
Amy Oxentenko, MD
Jill Patton, DO
Kris Patton, MD
David Pizzimenti, DO
Donna Polk, MD
Samuel Snyder, DO
David Sweet, MD
Jacqueline Stocking, RN, PhD public member
Heather Yun, MD Vice Chair-elect
Alejandro Aparicio, MD ex officio, AMA
Davoren Chick, MD ex officio, ACP
Furman McDonald, MD ex officio, ABIM
Don Nelinson, PhD ex officio, AOA

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