

SES039

Specialty Update: Family Medicine

Lou Edje, MD, MHPE, FAAFP

Chair, Review Committee for Family Medicine

Conflict of Interest Disclosure

Lou Edje, MD, MHPE, FAAFP

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Topics to Cover

- Review Committee – Membership and ACGME Team
- Work of the Review Committee
- Accreditation Decisions as of February 1, 2024 (core and fellowships)
- Common Citations and Areas for Improvement (AY 2022-2023)
- **NEW** ACGME Site Visit Update
- **NEW** Program Requirements and Review Committee for Family Medicine Expectations for Compliance
- ACGME Digital Transformation Update
- Family Medicine – Did You Know?!



ACGME Mission

To improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

-ACGME MISSION, VISION, and VALUES

ACGME in a nutshell...

865 ACGME-
accredited
Sponsoring
Institutions

12,092 ACGME-
accredited
programs

144,988 residents
and fellows in
ACGME-accredited
programs

Review Committee Members

Maggie Curran, MD, **Resident** (*rotating off June 30, 2024*)

Kate DuChene Hanrahan, MD

Lou Edge, MD, MHPE, FAAFP, **Chair**

Bert Fields, MD (*rotating off June 30, 2024*)

Joseph Gravel, MD (*rotating off June 30, 2024*)

Shantie Harkisoon, MD, **Vice Chair**

Brandon Isaacs, DO

Leon McCrea, MD

Carl Morris, MD

Mark Nadeau, MD (*rotating off June 30, 2024*)

David Nowels, MD

Chris Pitsch, DO

Marissa Rogers, DO

Mark Stewart, MPH, **Public Member**

Warren Newton, MD, Ex-Officio (ABFM)

Karen Mitchell, MD, Ex-Officio (AAFP)

Maura Biszewski, MBA, Ex-Officio (AOA)

INCOMING MEMBERS JULY 2024

David Araujo, MD

Jennifer Reidy, MD, MS

Mark Stovak, MD

Mahuya Barua, MD, Resident



Recruitment of Review Committee

'Needs Assessment Form' is sent to the nominating organization (AAFP, ABFM, AMA, or AOA) of an outgoing member about 18 months prior to the term ending. Request is for two nominees for the Review Committee to consider.

Nominees **must** possess:

- Board certification in family medicine from the ABFM or AOA.
- Board certification in the *subspecialty* if the outgoing Review Committee member is from one of the family medicine subspecialties (addiction, geriatrics, hospice and palliative medicine, sports medicine).
- Evidence of participation in major family medicine societies, program director associations, or other national professional organizations/societies.
- At least five years' experience as a program director or in a senior leadership position with no more than three years since serving in that capacity.

Nominees **should** possess:

- Knowledge of the accreditation process.

Committee encourages nominees from underrepresented groups.

Committee seeks geographic diversity and nominees may not be from same institution as a sitting member.

Review Committee Team



Eileen Anthony
Executive Director
312.755.5047; eanthony@acgme.org



Sandra Benitez
Associate Executive Director
312.755.5035; sbenitez@acgme.org



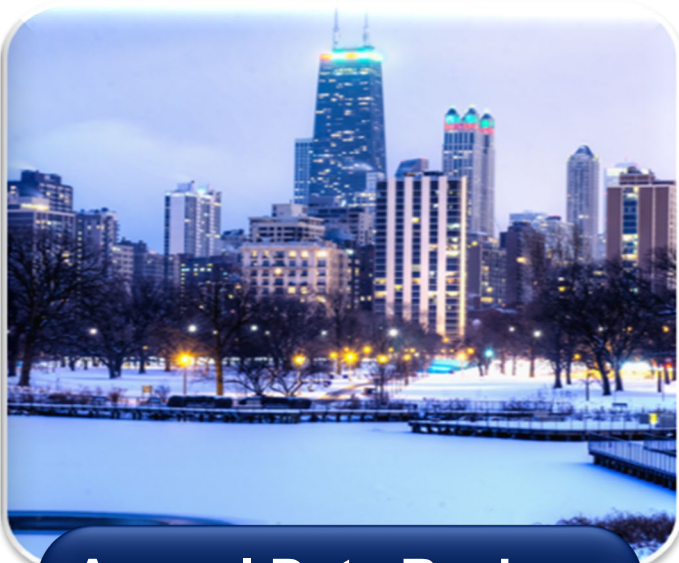
Betty Cervantes
Accreditation Administrator
312.755.7470; brc@acgme.org





- Physicians within specialty
- Resident within specialty
- Public member
- Ex-officio members

Review Committee Meetings



Annual Data Review (January)

- Annual Accreditation Decisions
- Applications



Annual Data Review (April)

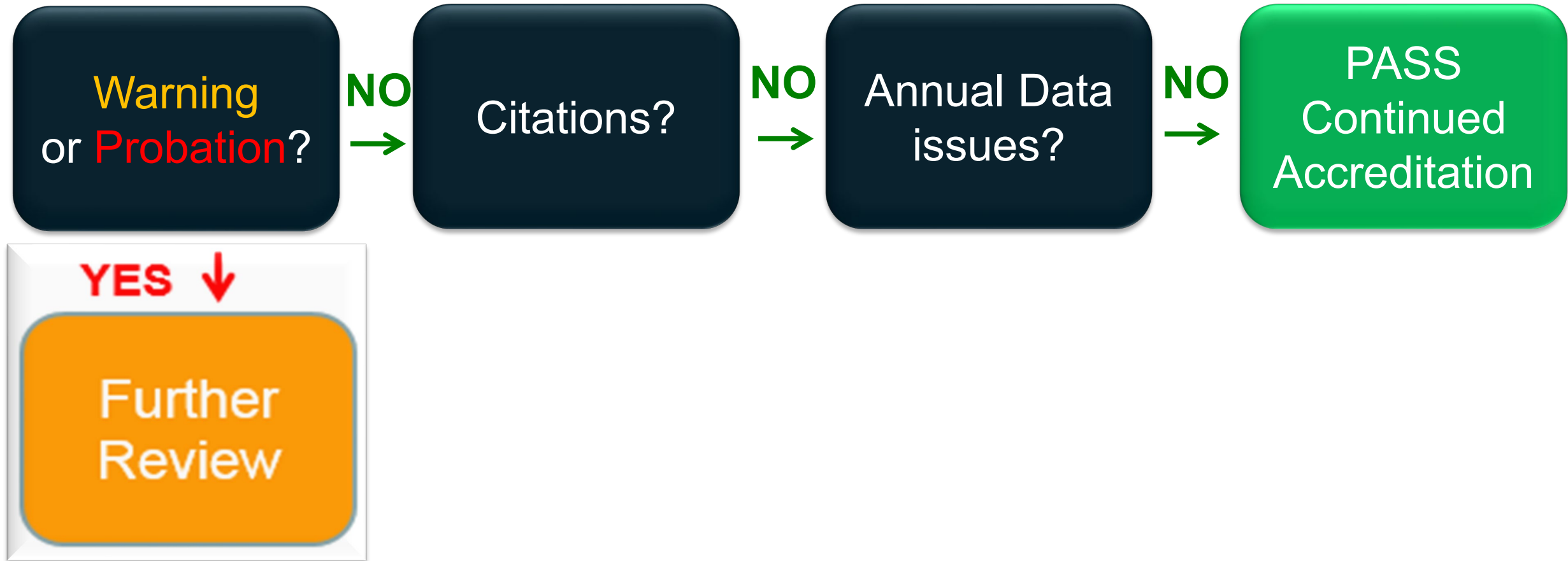
- Annual Accreditation Decisions, Cont.
- Site Visit follow-up
- Applications
- 'Other' Business



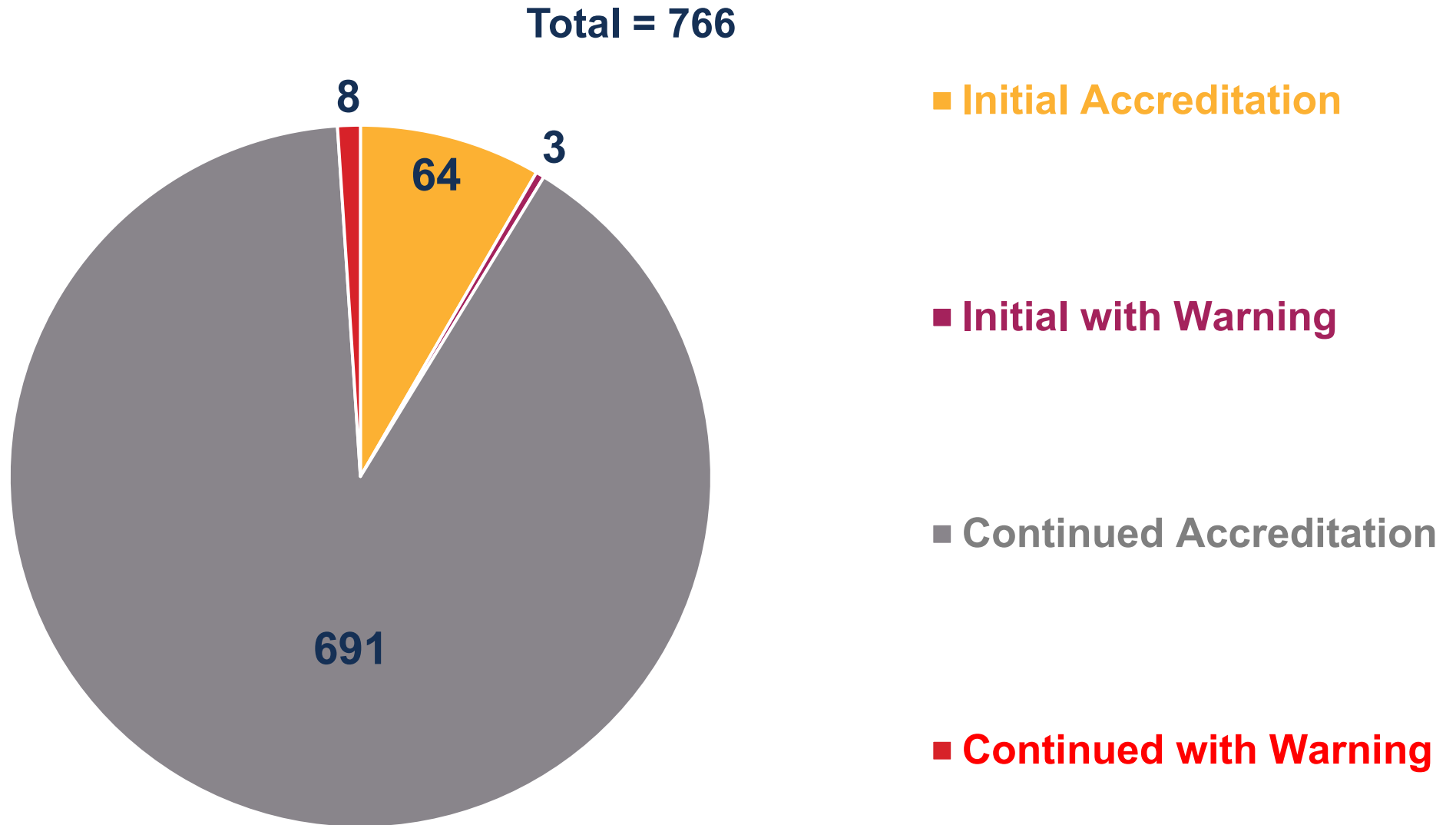
October Meeting

- Program Reviews
- Program Requirement Revisions
- FAQs
- 'Other' Business

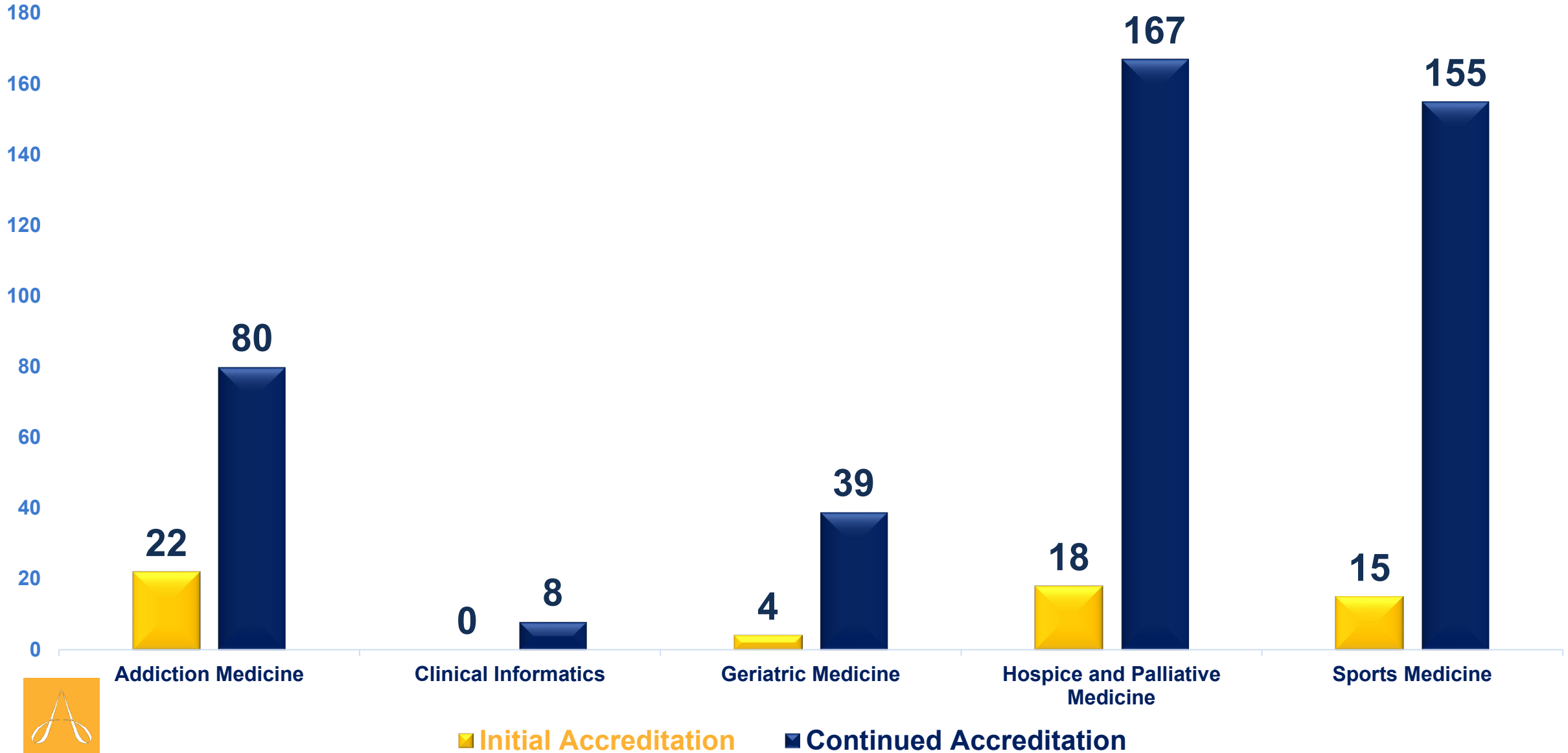
Annual Program Review



Accreditation Outcomes (Core) as of February 1, 2024



Accreditation Outcomes (Fellowships) as of February 1, 2024



AY 2022-2023

Top Citation Categories for Family Medicine

Program Director Responsibilities [Section II.A.4.a) and OLD Program Requirement IV.C.4.e)]

- ADS Annual Data/New Applications – Errors/incomplete information
- Resident Survey – Any of the eight domains may trace back to the program director

Faculty Responsibilities [Section II.B.2. of the Program Requirements]

- Resident Survey

Patient Care and Procedural Skills [OLD Program Requirement IV.C.4.]

- ADS Annual Data

Common Areas for Improvement

Scholarship

“The Review Committee noted that program-level faculty scholarship will be monitored annually for improvement and evidence of substantial compliance. *(Example: Over 50 percent of the program faculty members reported zero scholarly productivity.)*”

Board Scores

“As board pass rates are a critical cognitive outcome for accredited family medicine programs, the Review Committee strongly encourages the program to ensure that all graduates pass the respective board exams. Board passage rates are monitored annually to assist the Review Committee to determine whether a program is in substantial compliance with the requirements, for accreditation decision-making purposes.”

Clinical Experience

“The Review Committee noted that not all the recent graduates recorded 1,650 patient encounters, and although not a current Program Requirement, the program should focus on attaining and maintaining compliance with new Program Requirements IV.C.3. *(Required Clinical and Didactic Experiences) - IV.C.3.c).(5).(b) (Each resident’s panel of continuity patients must be of sufficient size and diversity to ensure adequate education, as well as patient access and continuity of care.)*” *(Core)*

NEW – ACGME Site Visit Update

- Currently, of the 13,000+ accredited programs, more than 6,000 have not had an accreditation site visit in over 15 years (*due to a multitude of reasons, including the two+ year pandemic disruption to scheduling*).
- The plan for 2024 is to site visit approximately 100 programs across specialties; of those, six are family medicine (core) program and one is a hospice and palliative medicine fellowship program.
- Programs will be selected through a random sampling process.
- The site visits will help assess program compliance with the Common Program Requirements and applicable specialty-specific Program Requirements in support of the ACGME's Mission.

NEW Program Requirements and Review Committee for Family Medicine Expectations for Compliance

IV.C. Curriculum Organization and Resident Experiences

IV.C.3. Required Clinical and Didactic Experiences

IV.C.3.c).(5).(b) Each resident's panel of continuity patients must be of sufficient size and diversity to ensure adequate education, as well as patient access and continuity of care. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirements. Specifically, based upon peer judgement, the data provided are not sufficient to satisfy the requirement.

NEW Program Requirements and Review Committee for Family Medicine Expectations for Compliance

II.B.1.d).(1) Programs must have family medicine physician faculty members teaching and providing adult inpatient medicine care. (Core)

II.B.1.d).(2) Programs providing maternity care competency training to the level of independent practice must have family medicine physician faculty members teaching and providing family-centered, pregnancy-related care, including prenatal, intra-partum, vaginal delivery, and post-partum care. (Core)

II.B.1.d).(3) Programs should have family medicine physician faculty members providing care outside of an FMP [family medicine practice], including inpatient pediatric, pregnancy-related care, skilled nursing, and home-based care facilities and settings. (Detail)

NEW 2024: Family Medicine Annual Data Collection

Step 5: Resident FMP volume and continuity information

For each resident active in the program during the last academic year (2023-2024) provide information for the panel, paneled patients, and resident FMP experience for each academic year. The resident panel, paneled patient, and resident data should be calculated and reported for the panel of patients assigned to the resident at the end of each academic year. “Resident PCP” is the resident clinician who is assigned as the patient’s primary care physician. “Hours in the FMP” are the scheduled hours residents spend caring providing in-person or telemedicine care to patients in the resident’s assigned FMP. The patient-sided and resident-sided continuity will be assessed from the reported information

Resident Panel Size and Age Distribution

	Year 1	Year 2	Year 3
Total Number of Patients			
% above 65 yrs. old			
% 18 yrs. old or below			

Resident Patient Panel

Total Visits in the FMP

In Person			
Telehealth			

NEW 2024: Family Medicine Annual Data Collection

Resident Visits

Total Visits in the FMP

In Person

Telehealth

Visits with patients on their panel

In Person

Telehealth

Additional Information

Weeks in FMP

Hours in the FMP

NEW 2024: Family Medicine Annual Data Collection

Total Number of Deliveries for Most Recent Graduates

Resident Name*	Vaginal Deliveries	# of Deliveries that Were Continuity Patients
John Smith	70	60
Mary Jane	60	40
*Jane Dean	100	150

**If programs are providing comprehensive maternity care, they will label/identify those residents in the table.*



Digital Transformation Update

Current Environment: Key Stakeholder Perspectives

We have far too much reliance upon PDFs and reports that are not customizable.

Many processes are not automated leading to inefficiencies and too many work arounds.

Self service, intuitive access to data, trends, and benchmarks would be powerful for our organization and the GME community.

It can take a long time to get reports given a reliance on Information Services and their limited bandwidth.

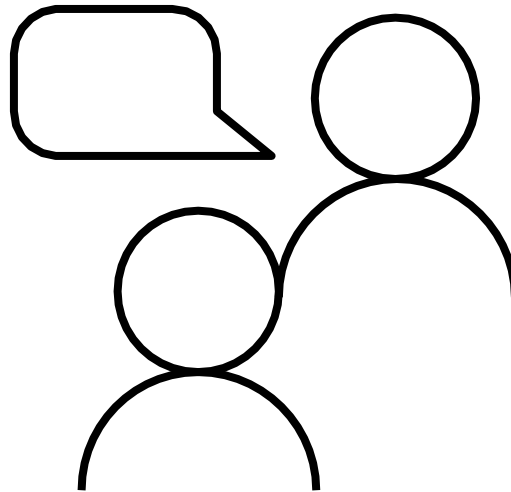
Data is not the same and is inconsistent across our systems.

We do not know what data exists and doesn't exist in our systems. There is so much more we can get out of the data.

We are unsure about what data can be shared, and need to improve our understanding and governance of data.

User interfaces are challenging with too many clicks to get to the data and repetitive tasks increasing errors.

Some of our biggest concerns are understanding and being prepared for what changes are coming.

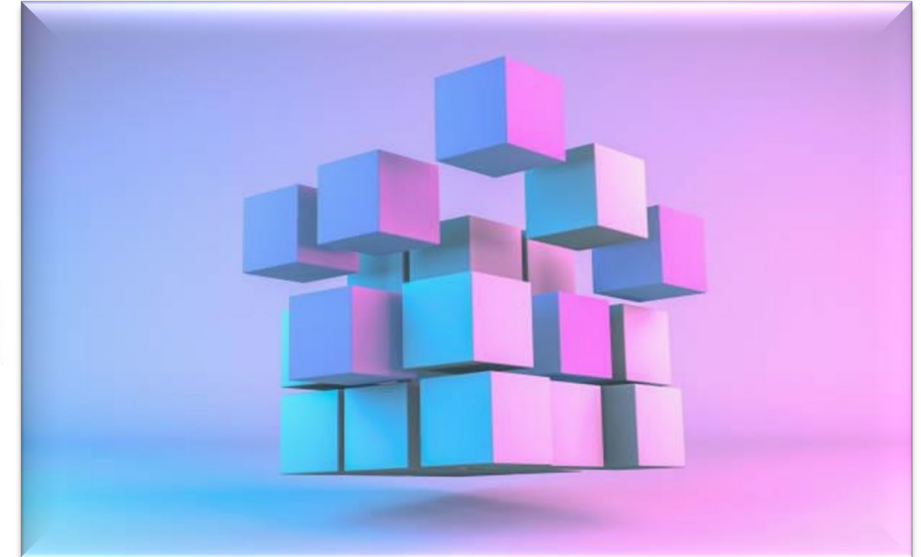


A Digital Transformation Challenge



Current “Monolithic” Environment

- Based on older technology, this architecture is inefficient, costly to maintain, and difficult to add new capabilities.



Future “Building Block” Environment

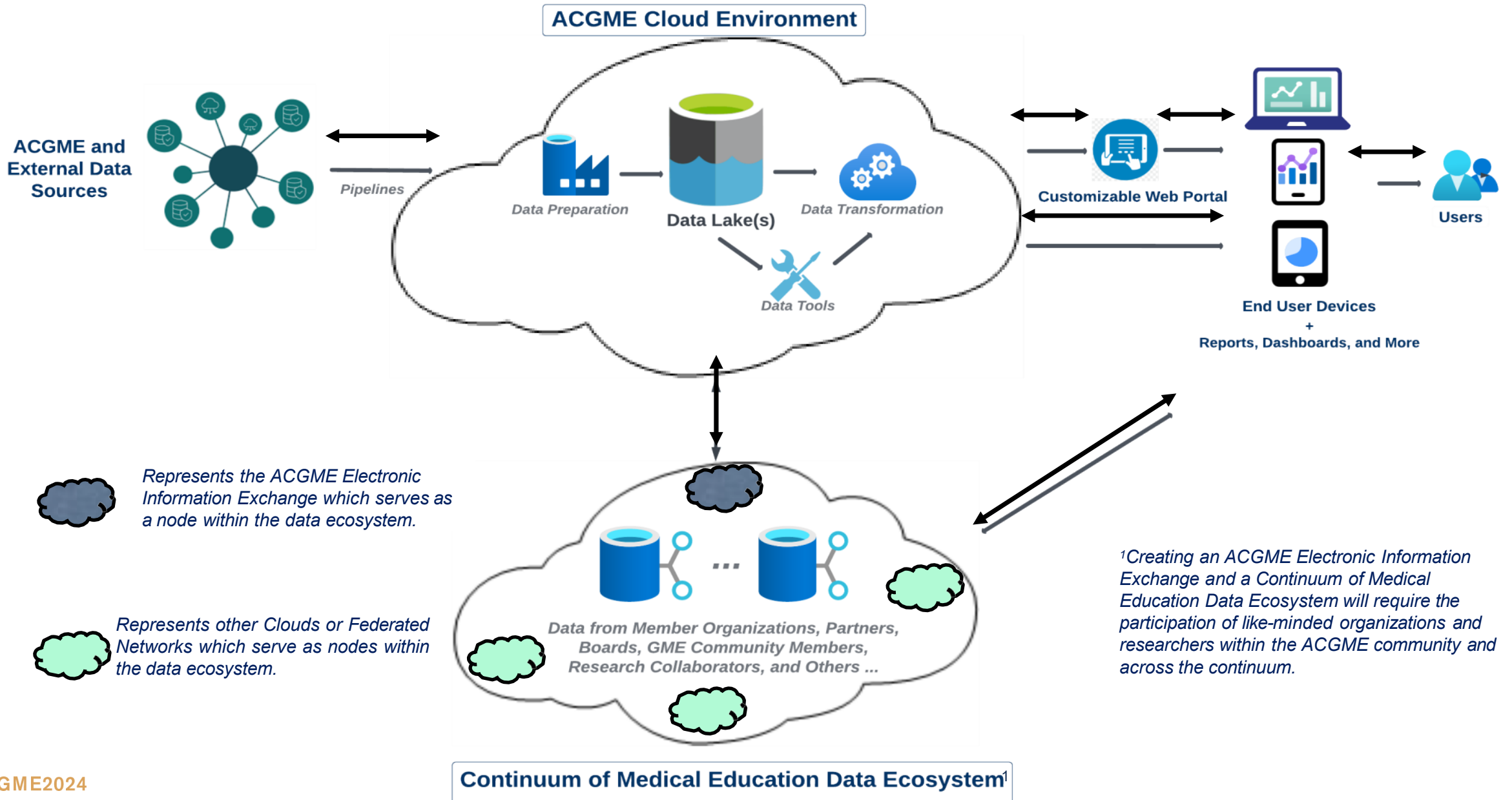
- Leveraging advances in cloud technology, the starting point is data that needs to be simplified, easily accessible, and readily available to other components.

Future Environment: Modern Data Estate

- **Establish new Cloud environment** taking advantage of the latest Cloud functionality to;
 - Transform data, analytics and research assets at the ACGME
 - Provide the capability for integration with federated data sources¹ within the continuum of medical education
- **Empower users** by means of self-service capabilities that provide easy access to data and tools
- **Modernize and re-platform legacy reports**, consolidating and rethinking report design
- **Create a single source of truth** by means of common data model
- **Reduce complexity** by using an automated approach and a set of standard tools
- **Establish a robust data quality assurance** process to help ensure data accuracy and completeness
- **Provide the highest level of value** by enabling analyses that explore questions and drive decisions
- **Improve users understanding of data** by clearly identifying and cataloging data
- **Ensure new platform adoption** by means of broad Organizational Change Management, Communication and Training plans

¹ Data Federation is the process of querying and accessing data from different sources leaving the data in the location it already resides.

Modern Data Estate Future State Schematic



Modern Data Estate: Phase 1 Key Realized Benefits

Creation of a single source of truth and enterprise data catalog

Development of a robust QA and data validation process

Access to self-service data, analytics, and interactive dashboards/reports

Ability to easily incorporate trend data and insights for research/decision support

Application of AI/ML in use cases that add value

Family Medicine Advancing Innovation in Residency Education (AIRE) – Program Innovation Project

- Cahaba (UAB)
- Greater Lawrence Family Health Center
- John Peter Smith
- Mercy Hospital (St. Louis)
- Middlesex Hospital
- Oregon Health & Sciences University
- Riverside (Ohio)
- Ventura County Medical Center

ACGME Coordinator Advisory Group

The Coordinator Advisory Group serves as a consultative body to the ACGME administration concerning coordinator, graduate medical education, learning environment, and accreditation matters.

If interested...

- The Call for Nominations for the 2026-2029 Coordinator Advisory Group will begin in early 2025 and announced in the ACGME's *e-Communication*.
- To be considered for membership, eligible coordinators must be nominated by their program director or designated institutional official.
- Nominees must have a minimum of five years of experience as an institutional or program coordinator.

All things accreditation... who should I contact?

Review Committee Team

- Program Requirements
- FAQs
- Applications
- Letters of Notification
- Complement requests

Field Activities Team

fieldrepresentatives@acgme.org

- Site Visits

Accreditation Data System Team

- ADS@acgme.org (312.755.7474)
- Annual Data
- Case Logs
- Resident/Fellow and Faculty Surveys
- Milestones



Did You Know...



- Family medicine has the *highest* number of newly accredited core programs across all specialties (*core and fellowships*) in AY 2022-2023, with 39 of the 401 total.
- Family medicine has the *second highest* number of residents across all specialties in AY 2022-2023, with 15,017 (9.5%) of the 158,079 total positions.
- Family medicine has the *highest* number of accredited core programs across all specialties in AY 2022-2023, with 701 (5.8%) of the 12,092 total.

Did You Know...



Of the 15,017 residents across 756 accredited family medicine programs:

- 7,055 are White
- 3,677 are Asian
- 1,655 are Hispanic, Latino, or of Spanish origin
- 1,236 are Black or African American
- 40 are American Indian or Alaskan Native
- 449 are Multiple Race/Ethnicity with 72 reported as “Other or Unknown”

Of the 15,017 residents across 756 accredited family medicine programs:

- 8,216/54.7% identify as female
- 6,732/44.9% identify as male
- 62/0.4% not reported

Questions?

Thank You