ACHIEVING IMPROVEMENT THROUGH ASSESSMENT AND LEARNING. TOGETHER.
ABAI and Societies Working Together

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Chief Operating Officer
American Board of Allergy & Immunology
Disclosure

• I have nothing to disclose.
Overview of ABAI MOC Program
MOC Program Consists of:

- Part I – Professional Standing
- Part II – Lifelong Learning and Self-Assessment
- Part III - Cognitive Expertise (Knowledge, Judgement and Skills)
  - Secure proctored examination every 10 years
  - Beginning January 2018, the ABAI transitioned to an article based Continuous Assessment Program (CAP) Pilot.
- Part IV – Practice Assessment / Quality Improvement
Feedback From Diplomates

• Part III – The secure exam was burdensome
• Diplomates did not like going to a CBT Center which had many rules and thought process was degrading
• Did not like having to take off a day of work to take the examination
• In 2015 Directors decide to formally survey diplomats
  • 1,053 diplomates responded to survey
PART III: COGNITIVE EXPERTISE – CAP PILOT

ABAI should keep current exam

ABAI should develop open book exam
Additional Findings from the Survey

• Diplomates wanted a more frequently offered open book exam

• Preferred an article based exam using current articles, benchmark articles and medical knowledge from textbooks
Changing Part III

• At 2016 Annual Meeting Director vote unanimously to move to article based assessment process
• Continuous Assessment Program Pilot would:
  • Be more closely aligned with rapidly changing physician practice environment
  • Leverage advances in technology to assess knowledge and clinical judgement
  • Be more flexible, continuous and dynamic model
  • Consist of two five-year cycles
  • Contain 10 Blocks within each cycle administered Jan – June and July - Dec
  • Be rolled out in January 2018
Structure of Examination

• In each six month block, diplomates must answer 30 questions from a selection of ten articles of their choosing (3 questions from each article)
• Six month block also contains 10 core questions (walking around knowledge that all A & I physicians should know)
ABAI Communications regarding CAP

• Individual e-mails to diplomates
• Articles in ABAI newsletter
• Information on ABAI BLOG
• Updates on ABAI Website
  • FAQ’s to answer additional questions and increase further questions and communication from diplomates
Additional Help from Societies

• Societies assisted with the development of modules for Part II and Part IV credit
• Offered symposiums/workshops at annual meetings for CME and Self-assessment credits to aid diplomates in achieving CME for the Part II requirement
• Societies provide CME for completion of each block of CAP Questions
• Societies provide CME completion data to ABAI on a quarterly basis
• Societies hold sessions at annual meetings to review CAP articles that are being used in each block
Hurdles ABAI Encountered

• Answers to questions should be able to be found in the articles
• Computer issues – some were user issues and some were bugs in the system
• Diplomates didn’t understand the timeclock (10 minutes to answer each question)
• Diplomates found that showing percentage correct was confusing – changed to showing number questions correct out of total answered
Hurdles ABAI Encountered cont.

• Approximately 22.5% diplomates waited till last week of block to begin – so many logged in on the last day that server crashed – had to add more memory and hard drive space to allow for such high traffic

• Thought communication is key – we tried everything to get the word out – they still waited till the last minute

• Diplomates had issues with their work computers due to fire wall issues – in the future we will inform them of this and suggest they check with their institution
Collaborations

Mary Carol Badat, MAdEd
Senior Director Education Solutions
American College of Allergy, Asthma & Immunology
Disclosure

• I have nothing to disclose.
Collaborations

• Shared Joint Providership - provide CME credit for CAP
• Educational strategies – support learners
• Websites – explain, promote, provide resources
Joint Providership: Providing CME credit

- Make the process easy for the Board!
- College and Academy agreed to certify alternating cycles
  
  Academy: January – June                 College: July – December

- Jointly determined credit
- 1 application for joint providership
- 1 report to transfer credit info from ABAI platform to College/Academy
- Collaborated on evaluation questions
Educational Strategies: Annual Meeting CAP Review

- Joint support strategy: Conduct review session at annual meeting
  - AAAAI: February meeting – June 30 CAP deadline
  - ACAAI: November meeting – December 31 CAP deadline
- Archived content for each CAP review available online post-meeting
Educational Strategies: Allergy Watch

• Bimonthly review publication
• 2 MOC issues per year
• For each article selected by Board:
  • Summary articles by category
  • Comment on the importance
  • Article reference
Educational Strategies: AAAAI

- Inaugural review course held March 1
- Promoted Literature Review opportunity in pre-conference member communications
- Online review course featured prominently on website and in member publications
Awareness

- Society Websites
- Regular emails
- Promote resources
- Use your meetings to get the word out
  - Sessions
  - Brown bags
  - Town Halls
Additional Thoughts

• Determine if this approach is right for your physicians
• Think about collaborations at the outset
• Define a set of relevant journals – get buy in (and free access)
• Consider training (NBME has program)
• Existing platform or new?
ABAI CAP: Results of Cycle 1

Steven Folstein, M.Ed.
Director of Education
American Academy of Allergy, Asthma & Immunology
Disclosure

• I have nothing to disclose
Participation

• 2700 Participants Successfully Completed CAP in January-June 2018
• ≈ 500 Pre-Registrations for the CAP Literature Review Course in March 2018 BUT ≈ Half Actually Attended
• 300 Enrollments for the Online CAP Literature Review Course between April 16 and June 30, 2018 BUT 95 Completed the Online Course as of June 30, 2018
Live Course Feedback

• Main reason for not attending: Travel Delays or Changes
• 30% found the course helpful in preparing for CAP, 57% very or extremely helpful
• 90% felt the course was a valuable use of their time at the meeting
• Of those who had completed CAP, 47% felt the review course impacted their results for the better
• Over 80% indicated they would participate in another literature review course related to CAP
Online Course Feedback

Of those who completed the online literature review course:

• 89% felt the articles were relevant or highly relevant to their practices
• 59% indicated an intention to change practice based on the content of the articles; 45% described a specific change they planned to implement
• Primary reason for not changing practice = The readings reinforced their current practice behaviors
July 2018 Follow-Up Assessment

- Follow-up survey sent to all participants in both the live and the online literature review courses
- ≈ 800 recipients; 97 responses = 12% response rate
- 67% of respondents completed the online review course; 7% completed both the live and the online review courses
- 92% had completed the CAP program at the time of the survey, 89% of those successfully
## July 2018 Follow-Up Assessment

<table>
<thead>
<tr>
<th>Activity</th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>UNSURE/NEUTRAL</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
<th>TOTAL</th>
<th>WEIGHTED AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completing the CAP Literature Review was a valuable learning activity for me.</td>
<td>8.08%</td>
<td>4.04%</td>
<td>19.19%</td>
<td>43.43%</td>
<td>25.25%</td>
<td>99</td>
<td>3.74</td>
</tr>
<tr>
<td>The CAP Literature Review included content that was relevant to my practice.</td>
<td>5.10%</td>
<td>5.10%</td>
<td>16.33%</td>
<td>48.98%</td>
<td>24.49%</td>
<td>98</td>
<td>3.83</td>
</tr>
<tr>
<td>The CAP Literature Review helped me to provide optimal care to my patients.</td>
<td>8.16%</td>
<td>6.12%</td>
<td>20.41%</td>
<td>43.88%</td>
<td>21.43%</td>
<td>98</td>
<td>3.64</td>
</tr>
</tbody>
</table>
## July 2018 Follow-Up Assessment

<table>
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<tr>
<th>Statement</th>
<th>STRONGLY DISAGREE</th>
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<th>UNSURE/NEUTRAL</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
<th>TOTAL</th>
<th>WEIGHTED AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completing the literature review helped me to successfully complete the Continuous Assessment Program.</td>
<td>6.98% 6</td>
<td>12.79% 11</td>
<td>25.58% 22</td>
<td>39.53% 34</td>
<td>15.12% 13</td>
<td>86</td>
<td>3.43</td>
</tr>
<tr>
<td>I will participate in the literature review during the next cycle of the CAP.</td>
<td>1.16% 1</td>
<td>3.49% 3</td>
<td>25.58% 22</td>
<td>46.51% 40</td>
<td>23.26% 20</td>
<td>86</td>
<td>3.87</td>
</tr>
<tr>
<td>The Continuous Assessment Program helps me to provide high quality care to my patients.</td>
<td>5.81% 5</td>
<td>12.79% 11</td>
<td>27.91% 24</td>
<td>39.53% 34</td>
<td>13.95% 12</td>
<td>86</td>
<td>3.43</td>
</tr>
<tr>
<td>The ability to earn CME credit for participating in the CAP added value for me.</td>
<td>3.49% 3</td>
<td>8.14% 7</td>
<td>13.95% 12</td>
<td>53.49% 46</td>
<td>20.93% 18</td>
<td>86</td>
<td>3.80</td>
</tr>
</tbody>
</table>
July 2018 Follow-Up Assessment

- 70% stated they were likely or highly likely to participate in a future CAP literature review activity
- 23% were unsure
- Most common reasons for not completing the CAP program:
  - No longer practicing so not participating in MOC
  - Director of ABAI so not eligible/required
  - Only two respondents indicated they tried and were unsuccessful
Thoughts for Discussion & Questions
Broader Applications & Implications

Share the love:
- Partner with subspecialty organizations for content and questions
- Use outcomes as needs assessment
- Outcomes can help inform education (GME – CME)
- Opportunity to provide new resources
- Informing better practice
- Utilize your journal club
- Happier campers
- Promote your successes
- Human nature - they will wait until the last minute - just prepare for it
What does success look like?

Too early to tell but the expected benefits include:

• Less stressful approach to maintaining Board certification
• Increased engagement of physicians leading to good will with membership
• More relevant and timely
• Helping physicians stay up to date
• Improving practice