



STARFIELD SUMMIT

...where primary care research inspires policy and practice

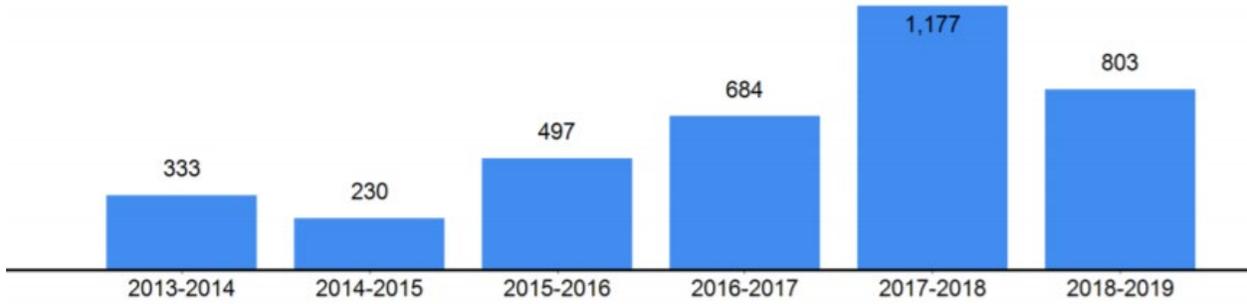
Trends in citations issued by ACGME Family Medicine Review Committee and the implications for future major revisions in Family Medicine program requirements.

Why this is important (brief description):

The Accreditation Council for Graduate Medical Education (ACGME) Institutional and Program Requirements are a set of basic standards (requirements) in training and preparing resident physicians for autonomous practice. These requirements set forth expectations that resident education occur in a learning and working environment that fosters excellence in the safety and quality of patient care delivered while also recognizing physician well-being. ACGME accreditation is overseen by a Review Committee comprised of volunteer experts in the specialty. The ACGME collects specialty specific data each year on all programs through the Accreditation Data System. This data, along with data collected via periodic on-site visits is used to assess a programs' compliance with specialty specific Program Requirements. The Review Committee meets three times a year and programs not demonstrating substantial compliance with a program requirement are issued a citation. In addition, in the last several years, programs may be made aware of areas for improvement (AFI's), which represent concerning trends or opportunities to evaluate accreditation standards before they reach the level of non-compliance. Citation frequency, when matched with the appropriate program requirement, can bring insight into which accreditation standards programs struggle to meet. Program requirements that garner repeated high levels of citations year after year may indicate opportunities for change or may also represent surrogate markers of forces outside of GME that influence training program accreditation. The data trends in citations for family medicine programs over the last six years will be critical in informing the development of future program requirements.

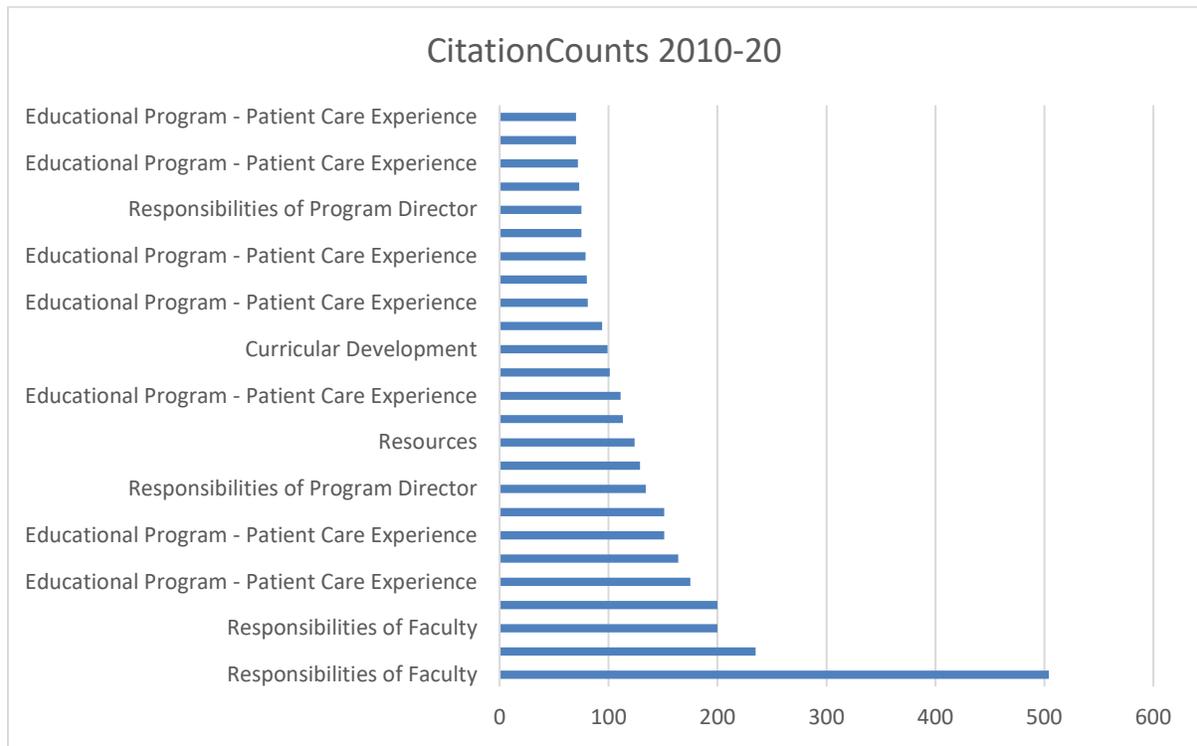
What We Think We Know (Bulleted evidence + Seminal references):

- Over a six-year period, (2013-2019) there was an increasing number of total citations (combined Institutional and Program Requirements) issued to FM programs, with a mean of 620 citations per academic year. (Figure)
- 95.4 % (n=3552) of the total citations issued in the previous six-years, related to non-compliance with Program Requirements, whereas a small percentage 4.6% (n=172) were citations were a result of non-compliance with Institutional Requirements.
- The two most commonly cited Institutional Requirements were (1.C) Institutional Support – Participating Institution (2.2% of all citations, n=83) and (I.A.) Institutional Support -Sponsoring Institution (1.9% of all citations, n=69).
- The total number of citations issued was highest in AY2017-2018 (n=1,177). This period coincides with the peak period of accreditation activity related to the implementation of the Single Accreditation System (SAS), when osteopathic-accredited programs were transitioned into the ACGME.
- The most common issued citation over all citations in the past six years related to Responsibilities of Faculty (22.0%, n=818). There is an increasing trend of this citation over the last six years. It was the most common citation in AY2017-2018, representing close to a third of all citations (30.8%, n=362) and in AY2018-2019 (20.7%, n=166). Although the data have not been analyzed in detail, it is the opinion of the Review Committee leadership that these citations revolve primarily around the lack of faculty in programs who provide role modeling of the inpatient care of children or adults, and maternity care.
- The 2nd most common overall citation in the prior six-years, related to Responsibilities of the Program Director (7.0%, n=261) and revealed an increasing trend over the past two-years. It is possible that this citation represents a high frequency of administrative documentation or data errors in the application and annual update process. If this is the case, it would represent an opportunity for process improvement at the ACGME level, to reduce the accreditation documentation burden on program directors and coordinators.
- The 3rd most common overall citation in the past six-years related to Educational Program – Patient Care Experience, specifically to Family Medicine Center (FMC) patient population and visits (4 F.1 6.8%, n=252). Once again, the specificity of the citation data did not allow further delineation of this category, but it is the opinion of the RC leadership that this represents a lack of adequate pediatric encounters under the age of 10 in residency continuity clinics and lack of total encounters seen by residents in FMC.
- The next most common overall citation related to Educational Program- Patient Care Experience with no further details provided. 4.F (6.3%, n=235).
- Citations concerning program Resources were also common over the past six-years (6.3%, n=236). Resources pertain to the Family Medicine Practice (FMP) site, FMP patient population, ensuring a healthy safe learning and working environment that promotes resident well-being, and the presence of other learners.
- Citations for maternity care experience (4.4%, n=163) are reflected in Curricular Development (4.B.4) and increased over the six-year period and reflected in citations related to the Educational Program – Patient Experiences (0.5%, n=18) which was stable over the six-year period (4.F.4).
- There was a substantial increase in AY2018-2019 in the number of citations related to Learning and Work Environment – 80 hours per week requirement. In AY2018-2019, 136 citations were issued (16.9% of all total citations in AY2018-2019). In the five years prior, the percentage of overall citations in this category were close to zero (0.0% - 0.3%, n=0-4).



Citation Statistics by Academic Year Specialty: Family medicine

Number of Total Citations by Year

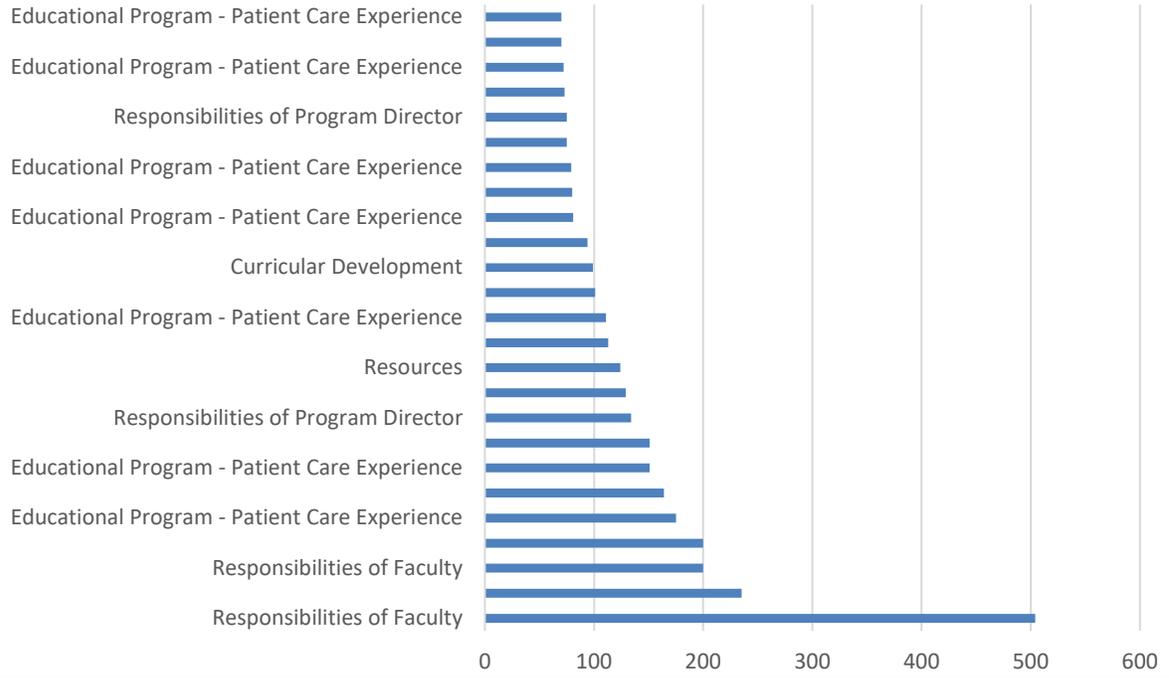


Top 25 Citations by Category 2010-20

- Prog Pers & Resources ■ The Education Program ■ Prog Pers & Resources
- The Education Program ■ Prog Pers & Resources ■ The Education Program
- Prog Pers & Resources ■ The Education Program ■ Prog Pers & Resources
- The Education Program ■ Evaluation ■ Prog Pers & Resources
- The Education Program



CitationCounts



Questions for Group Consideration at the Starfield Summit:

- Can the Citation data be linked to a specific PR instead of just to a general section or category of PRs?
- Is the increasing number of citations issued each year related to the increase in number of programs (both new applications and programs in the SAS system)?
- What are the underlying issues that explain the rise in citations related to Responsibilities of Faculty and Responsibilities of Program Director? Is this scope of supervision, number of faculty, qualifications of faculty and or PD?
- Is the requirement of board-certified Family Medicine faculty role modeling of inpatient care and maternity care too onerous and should innovation around this requirement be allowed? Or would that change the perception of residents and other learners that a broad scope of practice is not achievable?
- What are the forecasts for growth and development of residency faculty and PDs?
- FMP patient populations and visits remains a common top citation across this six-year period. Is this driven by location, population changes, support for program to market and recruit patients, institutional support, patient choice, etc.?
- Resources remain a challenge for many programs. How can these issues be better understood?
- Maternity care experience citations continue to rise despite elimination of specific volume requirement. Should this remain a core common program requirement?
- What is the relationship of the abrupt rise in 80-hour work week citation and the continued citations for FMP population and FMP visits? Does an increase in patient encounters explain this expanded work or is it related to the rise in administrative duties (i.e. documentation, etc.).
- When were the major PR changes made to reduce the total number of PR's and how do the major changes relate to the trend in overall citations?
- Total number of FM programs from 2010 – 2020 increased by 250.
- Total number of FM residents increased from 2010 – 2020 by 3850.
- Programs must overcome substantial regulatory hurdles to achieve compliance with accreditation standards, yet despite these hurdles, the growth in family medicine training capacity has grown by almost 30% in the last decade. Is this push to meet the quadruple aim and improve health of the nation driven purely by altruistic motives? Are there federal or state programs that have evidence of success in spurring this growth?
- How can citation data around challenges with faculty skills and patient demographic patterns influence policy?
- Can program requirements be designed or written in such a way so as to drive change in population health?
- Data sharing agreements between the ACGME, ABMS and CMS with subsequent tracking of graduate outcomes would afford a rich data set that could inform such questions.
- In an era of competency/outcomes-based education and value-based purchasing and population health metrics, which data is best collected regarding citations going forward?
- On a more granular level, how should the care of women and children specifically be addressed to change the current trends in FM training?