Breakout Session for Medical Specialties

JAMES A. ARRIGHI, M.D.
CHAIR, RC-MEDICAL, ACGME-I

Overview of NAS-I

- To achieve promise of outcomes-based accreditation
- Annual review of programs to identify “problem programs” to help them improve
- Reduce burden of accreditation

Some key elements of NAS:
- Most data used in NAS already in place
- Annual ADS data entry continues as usual
- Self-study process every 7 years
- Site visited only when “issues” arise
- “Internal Reviews” no longer required
- Annual feedback (citations, areas for improvement)

Building Blocks of NAS-I

- 7 year Accreditation Visit
- 7 year Self-Study
- prn Site Visits (Program or Institution)
- Continuous RRC and IRC Oversight and Accreditation
- Local GME Committee Oversight and Guidance

Annual Data Elements

- Resident Survey
- Clinical Experience
- Board Pass Rate (if available)
- Faculty Survey
- Scholarly Activity
- Attrition/Changes
- Subspecialty Performance (for cores)
- Omission of Data

How are data elements used?

Analysis to determine what combination of data elements may predict a “problem” program.

- History of prior accreditation decisions
- Data analysis & modeling

Adequate sensitivity
Minimize false negatives and positives
Importance of trends

Understand that this is an iterative process; new data elements will likely be developed over time.

Data Elements: Resident Survey

- Duty hours
- Faculty
- Evaluation
- Educational content
- Resources
- Overall experience
Data Elements: Clinical Experience and Board Pass Rate

- Data elements and benchmarks to be determined
- In the United States
  - Aggregate pass rate data, most often 5-year averages and trends in pass rates, are carefully reviewed by the RC-I
  - Specialty-specific questions are provided to graduating residents regarding satisfaction with clinical experiences
- Whatever is decided, data needed from the program will not change

Data Elements: Faculty Survey

- General questions on engagement in program, observations related to program quality, scholarly activities

Data Elements: Scholarly Activity

- No change in expectations for scholarship in NAS
- As usual, ensure ADS entries are accurate and complete

Data Elements: Attrition/Changes

- Composite variable related to the degree to which there are changes to faculty, trainees, leadership, or program structure
  - Examples: PD changes, loss of faculty, changes to participating sites
  - These may have positive or negative implications on program

Core and Subs: Linked in NAS

- There is a link between the core residency and its fellowships: resources, faculty, quality improvement, etc
- Factors that effect the quality of the residency may also effect a fellowship (and vice versa)
- Thus, in annual data reviews, the RC will review data from core and subs together

The Annual “Rhythm of NAS”
NAS-I Annual Data Submission

Aggregate pass rate data received directly from Ministry of Health to ACGME-I

Good practice for annual ADS update...

- Proactively use the "major changes/updates" field in ADS
  - If you see high non-compliance rates on survey and you start implementing corrections, inform the RC via "major changes"
  - Provides RC context if program is flagged
  - Reminder: RC reviews data from previous AY

Best Practice:
- Review ADS at end of academic year
- Update as needed
- Program changes after APE
- Confirms citation responses

ADS: Pay Attention to Detail

"Your resume says you pay attention to detail, which I’d have an easier time believing if your fly wasn’t uncuffed."

RC Review Process (slide reviewed in earlier session)

QUESTION #1: Are flags real?
- Which data elements were flagged?
  - Not all data elements have same weight/importance
- How many elements were flagged?
- Are there trends?
- Has RC cited program for this issue in the past?
- Are other data elements corroborating?

If reviewer believes the signal is real…

QUESTION #2: Is more information (clarifying information or site visit) necessary?
Accreditation Decision Must Be Made Annually!

Letter of notification will include accreditation status and feedback from RC

What’s the point of the feedback?

- Citation
  - Clear area of noncompliance that RC wants you to fix
- Extended citation
  - RC may provide feedback as to whether we are seeing improvement or not, but still expects this to be addressed
- Area for Improvement (AFI)
  - RC has some concern in a particular area, but it’s probable that it is easily fixable and you are already tending to it
- Resolved citations
  - Good job!

What will most likely happen at most good programs?

- AFI’s → Never become citations
- Citations → Resolve in 1-2 years

What happened in the US?

Data shown will be for internal medicine, but the experiences of the RC’s in pediatrics, family medicine, and psychiatry were similar

US Experience in IM

Observation 1: The vast majority of programs remained in favorable accreditation status
US Experience in IM

**Observation 2:**
The number of citations granted by the RC decreased.

**US Experience in IM: Citations**

**% Programs with No Citations**

<table>
<thead>
<tr>
<th>Year</th>
<th>Pre-NAS</th>
<th>NAS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21</td>
<td>95</td>
</tr>
</tbody>
</table>

Areas For Improvement

- **AFI** = concerning area on review of annual data or site visit.
  - Why AFI? No trend, lesser “magnitude” signal
  - Unlike citations, AFI's do not require specific response in ADS.
- The RC assumes the program and institution has been and will be addressing such concerns, and they will only draw scrutiny if the trend continues
  - i.e., if they are again indicated as potential areas of noncompliance during the following year’s annual review.

**US Experience in IM**

**Observation 3:**
AFI’s were used more frequently than citations to provide feedback to programs.

**US Experience in IM**

**Observation 4:**
Site visits were used judiciously to investigate potential issues.

**Site Visit Scenario #1**
- In NAS YR2, program was flagged for...
  1. RS: 5 areas poor
  2. Clinical Experience
  3. BPR downturn
  4. Identified as having DH in 2011.
  5. In NAS YR1, program received AFI’s.

**Site Visit Scenario #2**
- In NAS YR2, program was flagged for...
  1. RS: precipitous drop in DH and workload metrics (did not make sense).
  2. In NAS YR1, program was OK.

US Experience in IM

**Observation 5:**
Most programs with major issues fixed themselves within a year.

**NAS Year 1 → NAS Year 2**
- 60% of programs on probation moved to continued accreditation
  - Note: Site visit required
- 66% of programs on warning moved to continued accreditation
  - Note: Site visit was not always necessary
A couple of tips…

1. Review and enter missing faculty and resident scholarly activity, as well as new certifications, before June 30
2. PD must review all data before hitting the “submit” button
3. DIO should also review before submission
4. Inaccurate information could result in a clarifying report or further follow-up by the RRC
5. **Watch out** for common data errors/omissions:
   - Faculty credentials (degree, certification, recertification)
   - Incomplete scholarly activity
   - Updated response to citation(s)

Save all updates as PDF so you have a copy for your records

Timing APE Relative to ADS

<table>
<thead>
<tr>
<th></th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>APE</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADS Update</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APE to Self Study

Tracking Action Plans Longitudinally

Don’t be afraid!

To contact ACGME-I staff with questions

Thank you!