Medicine Responds to Addiction: Implementing Physician Training

The ACGME Accreditation Process for Addiction Medicine Fellowships

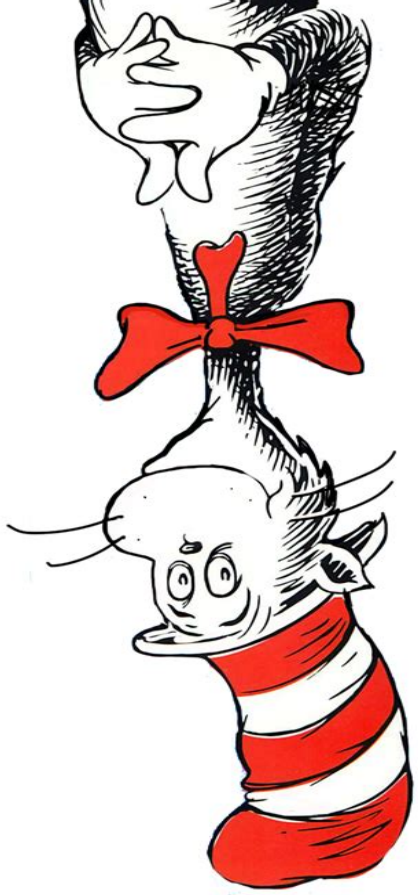
Jerry Vasilias, PhD
Executive Director, Review Committee for Internal Medicine

William Hart
Associate Executive Director, Review Committee for Internal Medicine

Disclosure

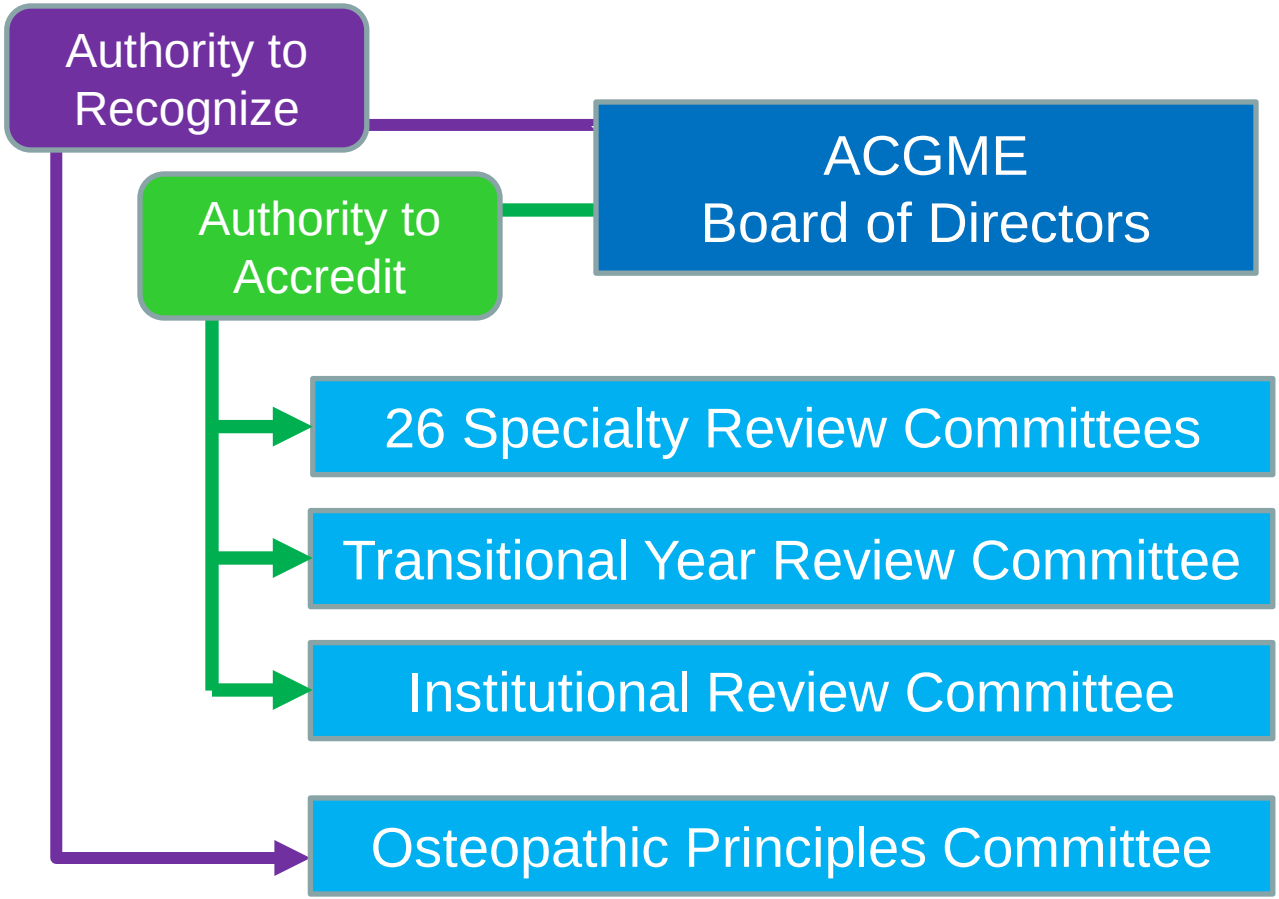
No conflicts to disclose

Our Goal: Clarity



Your Goal: Clarity

Review Committees (RCs)



RC Membership

- All members are **volunteers**
- Number of voting members (7-24) varies by RC
- Physician members are nominated by:
  - AMA
  - ABMS specialty board
  - Specialty academy/college
  - Each RC has at least one resident physician member
  - Most RCs have at least one AOA-nominated physician
- Most RCs have a non-physician public member with vote
- Each nominating org. may appoint an ex-officio member without vote

RC responsibilities and conduct

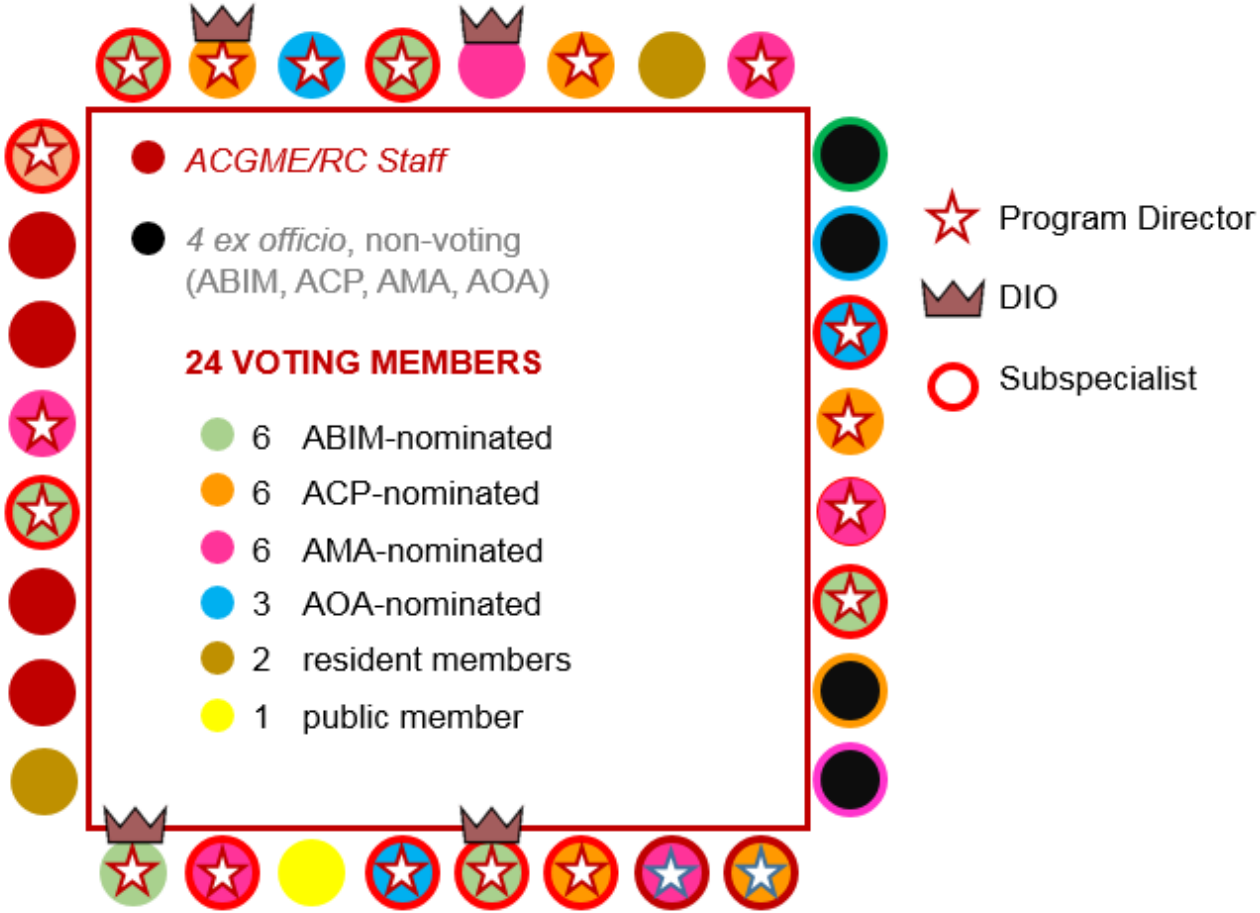
Responsibilities

- Accredit new GME programs
- Review established programs
- Confer an accreditation status for each program annually
  - Decision may include Citations, AFIs, Commendations
- Prepare and maintain program requirements
- Initiate discussion and recommend changes in GME policies

Conduct

- Meet regularly to conduct business (frequency determined by workload)
- Function in manner consistent with ACGME policies
  - Fiduciary duty
  - Conflict and duality of interest
  - Confidentiality

…for example, the RC-IM



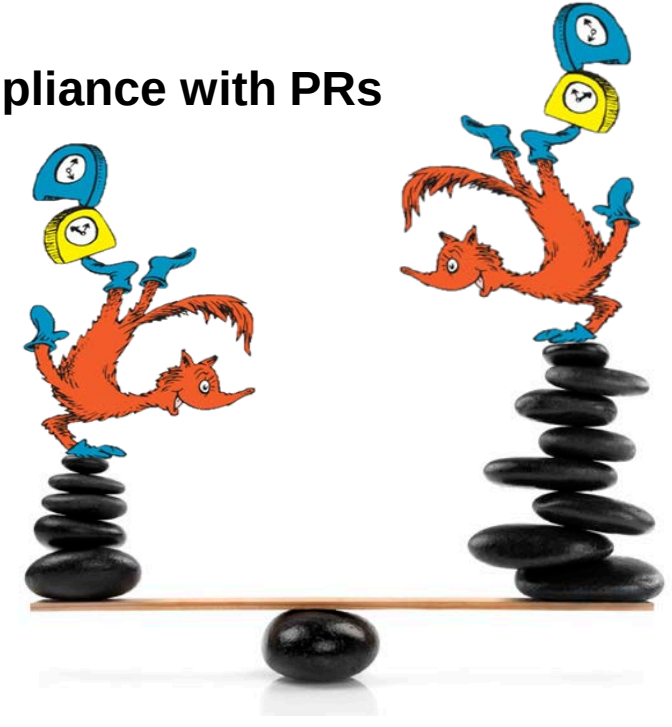
Multiple RCs involved in ADM…

ADM = *Multidisciplinary* subspecialty

Although multiple RCs involved in ADM…

Same…

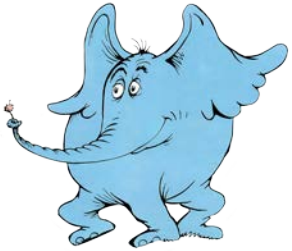
- **Program Requirements (PRs)**
- **Application form**
- **Application process**
- **Objective review process to determine compliance with PRs**



3 different types of reviews…

- **Applications/new programs**
- **Annual data reviews of established programs**
- **Self-Study>10-year reviews of established programs**

3 different types of reviews…



- **Applications/new programs**
- **Annual data reviews of established programs**
- **Self-Study>10-year reviews of established programs**

CHECK OUT THIS PAGE!

http://www.acgme.org/Program-Directors-and-Coordinators/Resources-for-New-Program-Directors

Accreditation Council for Graduate Medical Education

LOGIN

Accreditation Data System (ADS)
ACGME Surveys
Resident Case Log System

What We Do | Designated Institutional Officials | Program Directors and Coordinators | Residents and Fellows | Meetings and Events | Data Collection Systems | Specialties

Home > Program Directors and Coordinators > Resources for New Program Directors

Resources for New Program Directors

The ACGME has developed a set of educational resources to assist new program directors as they prepare applications for new programs at their institutions.

Before using the below resources, download and read the 2015 and 2016 versions of the applicable specialty-specific Program Requirements (accessed on the Applications and Requirements page of each specialty's section on the website); this will inform development of a focused list of questions to ask of the specialty Review Committee's Executive Director—the best resource for effectively navigating the application process. Programs will need to be in compliance with the Requirements that go into effect July 1, 2016.

1. Introductory Resources to the Application Process

An Instruction/Process Guide for Program Directors Completing an Application for ACGME Accreditation During the Transition to a Single GME Accreditation System »

Why not watch a tutorial?

http://www.acgme.org/Program-Directors-and-Coordinators/Resources-for-New-Program-Directors

ACGME

Application process

- **DIO needs to initiate application process in ACGME's Accreditation Data System (ADS)**

- **Application is 3 parts:**
  1. ***General application for all programs- online data entry***

ACGME

Look at your handouts…

http://www.acgme.org/Portals/0/application_guide.pdf

Application process

- **DIO needs to initiate application process in ACGME's Accreditation Data System (ADS)**

- **Application is 3 parts:**
  1. ***General application for all programs- online data entry***
  2. ***Specialty-specific application- word processing document to be completed and uploaded***

ACGME

Not unlike…

New Application: Addiction Medicine

Training & Accreditation Committee

The Addiction Medicine Foundation

INSTRUCTIONS

All text boxes in this form may be expanded as necessary.

ACGME

Application process

- **DIO needs to initiate application process in ACGME's Accreditation Data System (ADS)**

- **Application is 3 parts:**
  1. ***General application for all programs- online data entry***
  2. ***Specialty-specific application- word processing document to be completed and uploaded***
  3. ***Other Attachments***
     - ***Policies (Supervision, Work Hours, Moonlighting)***
     - ***Evaluation Tools (Fellows, Faculty, Program)***
     - ***Program Letters of Agreement***
     - ***Block Diagram***
     - ***Goals and Objectives***

ACGME

When will application be reviewed?

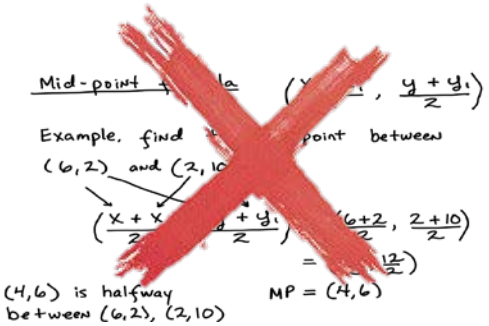
- **Check agenda closing dates on the website**
  - **Core specialty applications need a site visit.**
  - **Subspecialty applications do not need a site visit.**
  - **Addiction Medicine is a subspecialty.**

How compliant is substantial?

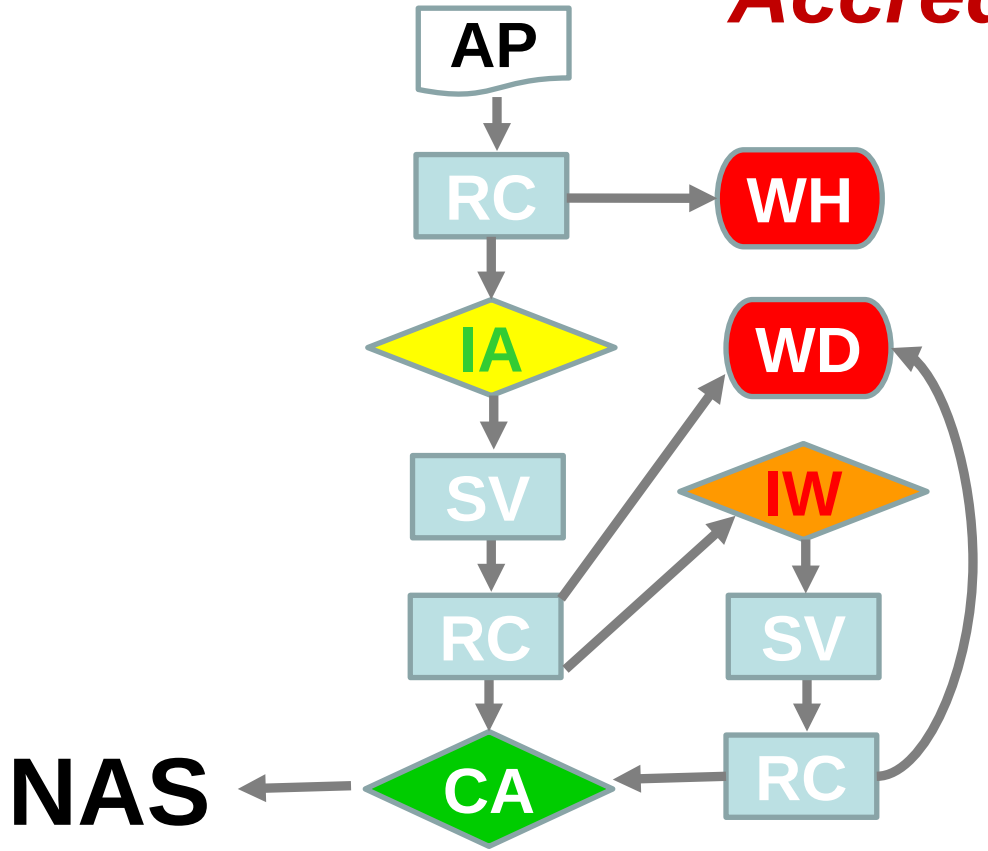
- **RC reviews applications and programs to determine *substantial compliance* with minimum PRs**
  - **It's *not* total compliance with ever PR**

- **Areas of noncompliance may be identified**
  - ***Substantial compliance* even with areas of noncompliance**

- **The big question…**
  - **W*hat's the tipping point?***
  - **There is no formula.**



Accreditation options



Application success rate…

95%!

Typically, an applications does not receive Initial Accreditation because of a combination of many things

- **You can achieve substantial compliance even with a few areas of non-compliance**

Citations and Areas for Improvement

Citations

- **Require response in ADS**
- **Identify areas of non-compliance linked to specific PRs**

Program Requirement N.1.
The program must do this. (Core)

The program is not doing this.

Areas for Improvement

- **Can represent “general concerns” (but are usually tied to PRs)**
- **Do not require response in ADS**

Program Requirement N.1.a.
The program should do this. (Detail)

This area could be improved by doing this.

Citations associated with not receiving Initial Accreditation

- **Inaccurate/incomplete information in the application**
  - ***CVs not complete***
  - ***Required attachments not provided (PLAs; supervision policy; sample G&Os; block diagram; evaluation forms)***
  - ***Data discrepancies***
  - ***Sections/items left blank***
- **Minimum required # of certified faculty**
- **Block diagram doesn't document required educational experiences**
- **No evidence of scholarly activity**

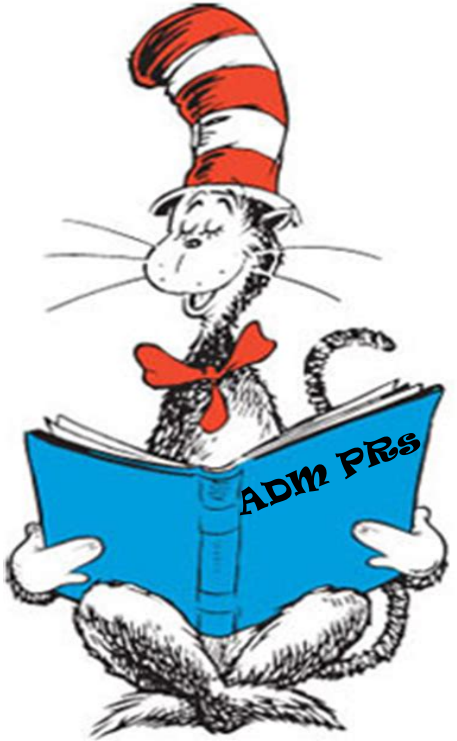
General tips

- **Be honest and *accurate.***
- **Be concise but complete.**
- **Be internally consistent.**
- **When necessary, change verb tense (i.e., it is appropriate to respond to how x *does* happen with how x *will* happen).**
- **Start early when possible, but keep information up-to-date.**
- **Spelling, grammar, neatness…count.**
- **Translate local jargon.**
- **Don’t include unsolicited information.***
- **and…**

PRs = Application Instructions

- **Write with PRs in mind and *in hand.***
  - **“*Must*” is a *must.***

- ***Ask yourself:* Why are they asking?**



Hurry up and wait…

- **PD + DIO will receive an email with RC's accreditation decision within *5 business days* of the RC meeting.**
- **A letter of notification follows 6-8 weeks later that will detail any noted areas of noncompliance.**

April 29, 2015

ACGME

Tiffany J Lewis, MD
Internal Medicine Program Director
Baptist Medical Center-Princeton
701 Princeton Ave SW
Birmingham, AL 35211

Dear Dr. Lewis,

The Residency Review Committee for Internal Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Internal medicine

Baptist Health System Program
Baptist Health System Inc
Birmingham, AL

Program 1400121020

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents: 34
Effective Date: 02/20/2015

AREAS NOT IN COMPLIANCE (Citations)
The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:

EXTENDED CITATIONS

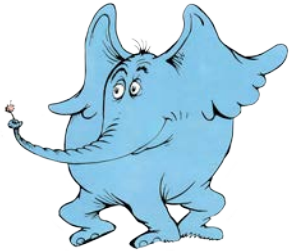
Performance on Board Exams | Since: 10/01/2010 | Status: Extended

Evaluation/Program/Minimum 80% Pass Rate on Certifying Exam
Program Requirement: V.C.1.a)(2)
A program's graduates must achieve a pass rate on the certifying examination of the ABIM of at least 80% for first-time takers of the examination in the most recently-defined three-year period.
At the time of the site visit, the program's 2007-2009 pass rate was 77%. The Review Committee recognizes that the program has had a better pass rate performance in the past.

Continued Non-Compliance: 02/20/2015
The Committee notes that the program continues to improve; however, until the rate increases beyond the 80% threshold specified in the program requirements, this citation is extended.

3 different types of reviews…

Applications/new programs



Annual data review of established programs

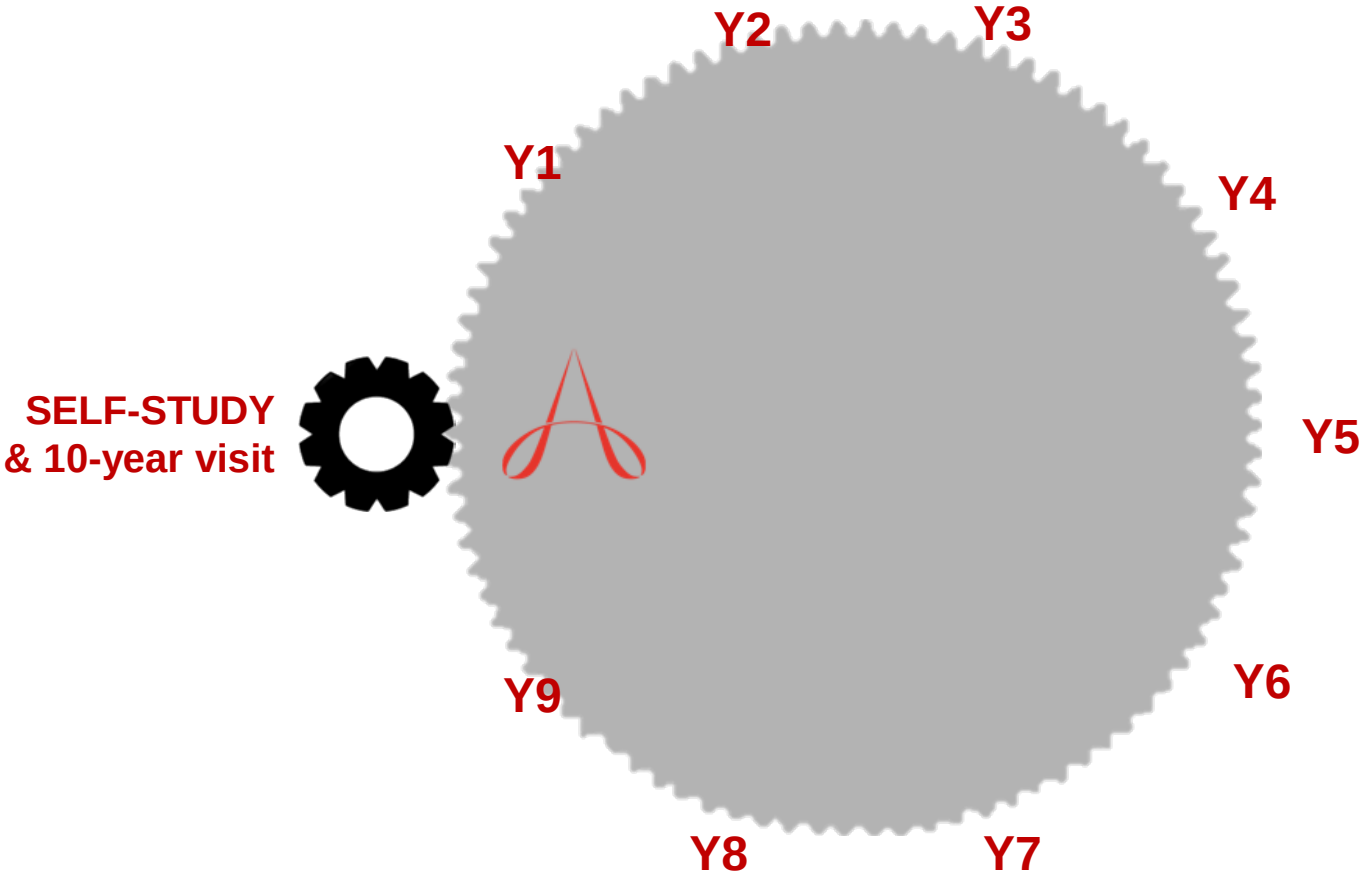
Self-study/10-year compliance visit review of established programs

How do RCs review established programs?

NAS – ~~*Next*~~ *NOW Accreditation System*

All programs are reviewed *annually* using data and screening tools.

NAS is about continuous review



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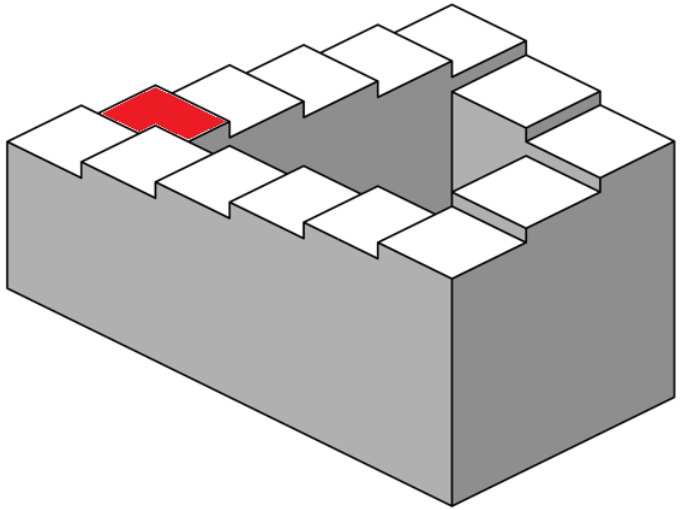
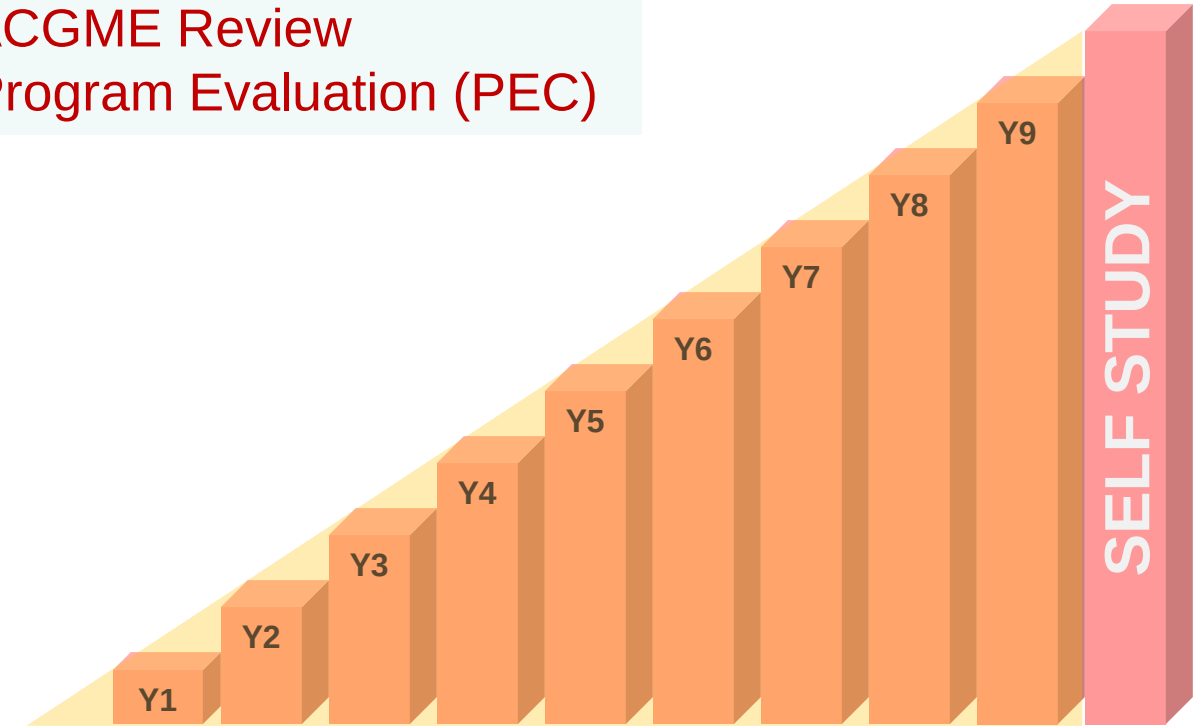
NAS is about continuous improvement



NAS is about…

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

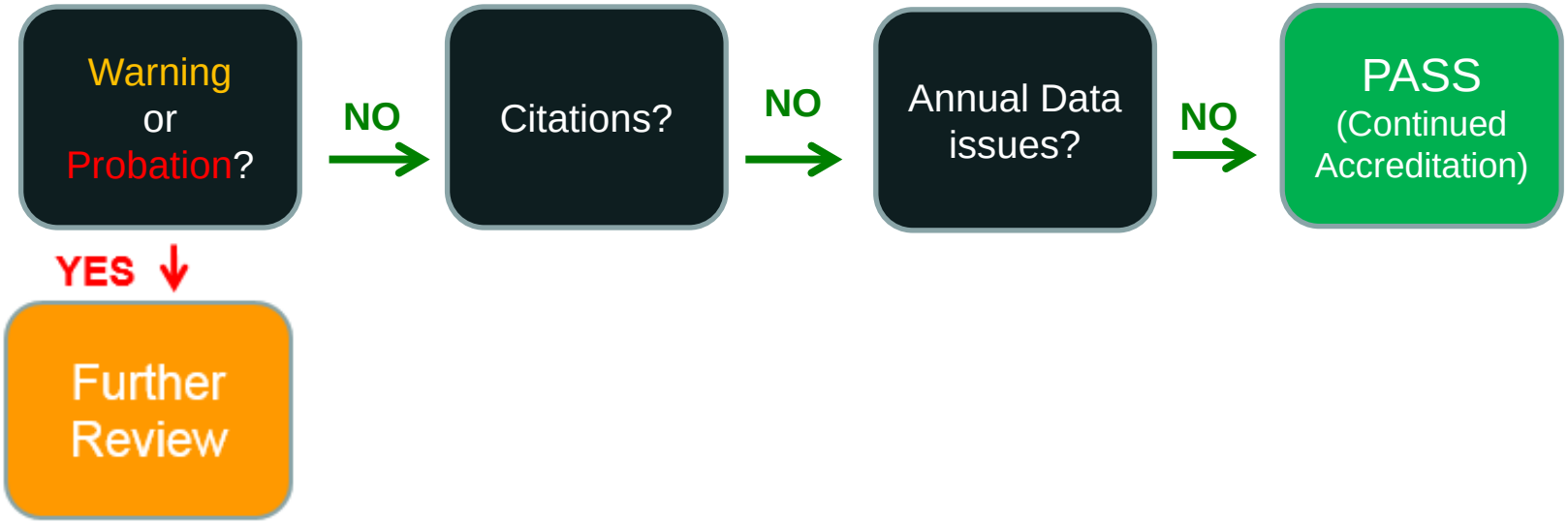


What data are used for annual review?

Using these "data elements"

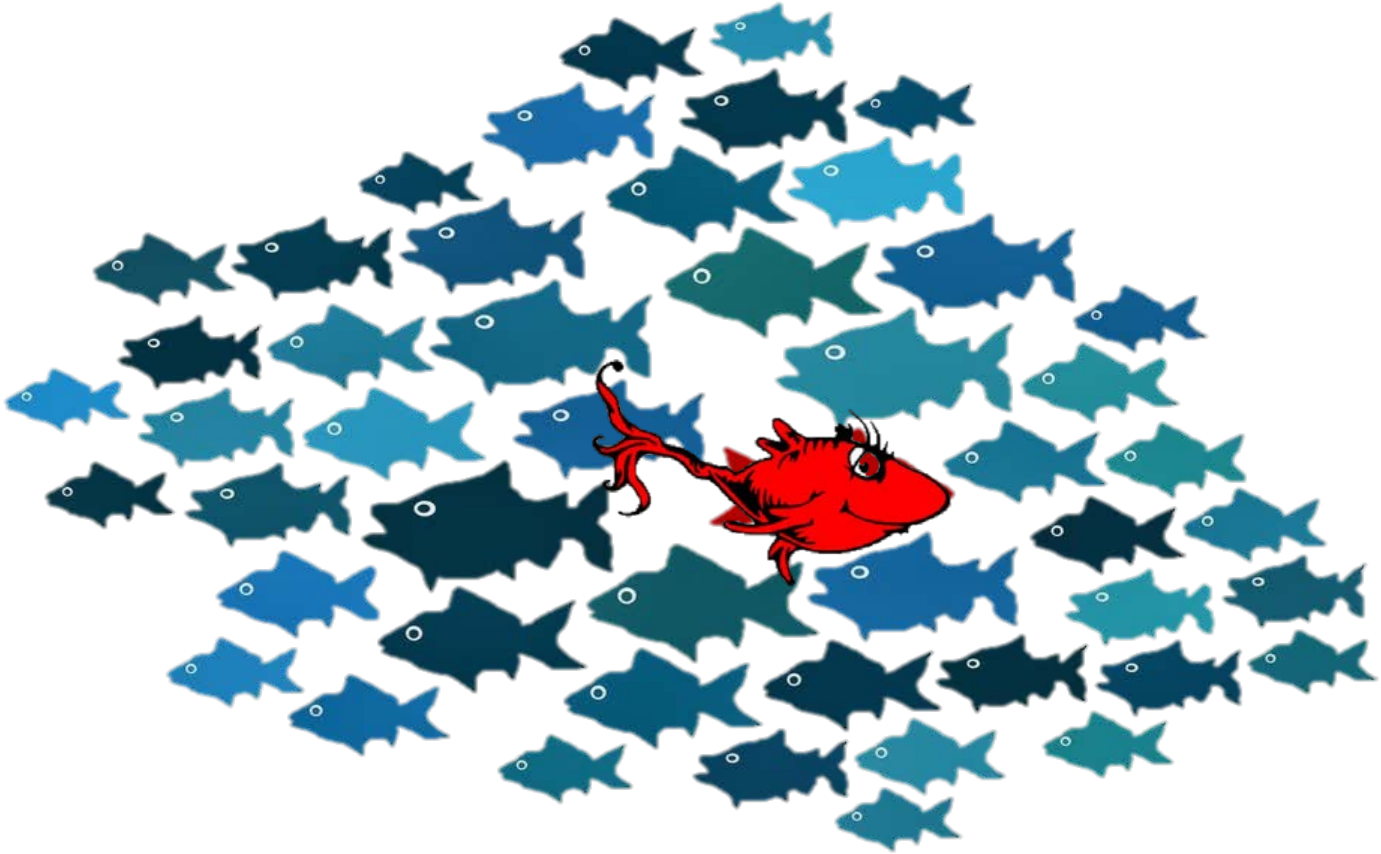
- Resident/Fellow Survey
- Clinical Experience
- Certification Exam Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Subspecialty Performance
- Omission of Data

What does annual review look like?



** (applies to established programs (not on Initial Accreditation))*

NAS = Innovation

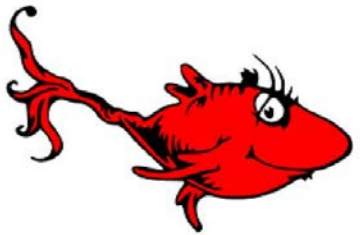


How does NAS promote innovation?

In NAS PRs are categorized as *Outcome, Core* and *Detail*

- ***Outcome -*** ***Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents at key stages of their GME***
- ***Core -*** ***Statements that define structure, resource, or process elements essential to every GME program.***
- ***Detail -*** ***Statements that describe a specific structure, resource, or process, for achieving compliance with a Core PR. Programs and sponsoring institutions in substantial compliance with the Outcome PRs may use alternative or innovative approaches to meet Core PRs.***

Programs in substantial compliance with *Outcome* and *Core* PRs can innovate with *Detail* PRs.



“Detail” PRs

Hey, how can I innovate ?

- **Applications and new programs at *Initial Accreditation* are expected to comply with all PRs.**
- **Innovation is a privilege of demonstrating substantial compliance with PRs over time → *Good Standing***

Take away message…

- ***There are different types of PRs***
- ***Something to consider in the future***

NAS Objectives

Identify poor performance and motivate RAPID IMPROVEMENT

NAS Objectives

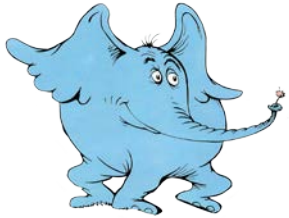
Identify poor performance and motivate RAPID IMPROVEMENT

Identify good performance and promote INNOVATION

3 different types of reviews…

Applications/new programs

Annual review of established programs



Self-study/10-year compliance visit review of established programs

Self-Study/10-year Compliance Visit

In addition to annual review, every 10 years programs undergo a self-study and a full accreditation site visit.

10-Year Review

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

Self-Study / 10-year Site Visit

Other Resources…

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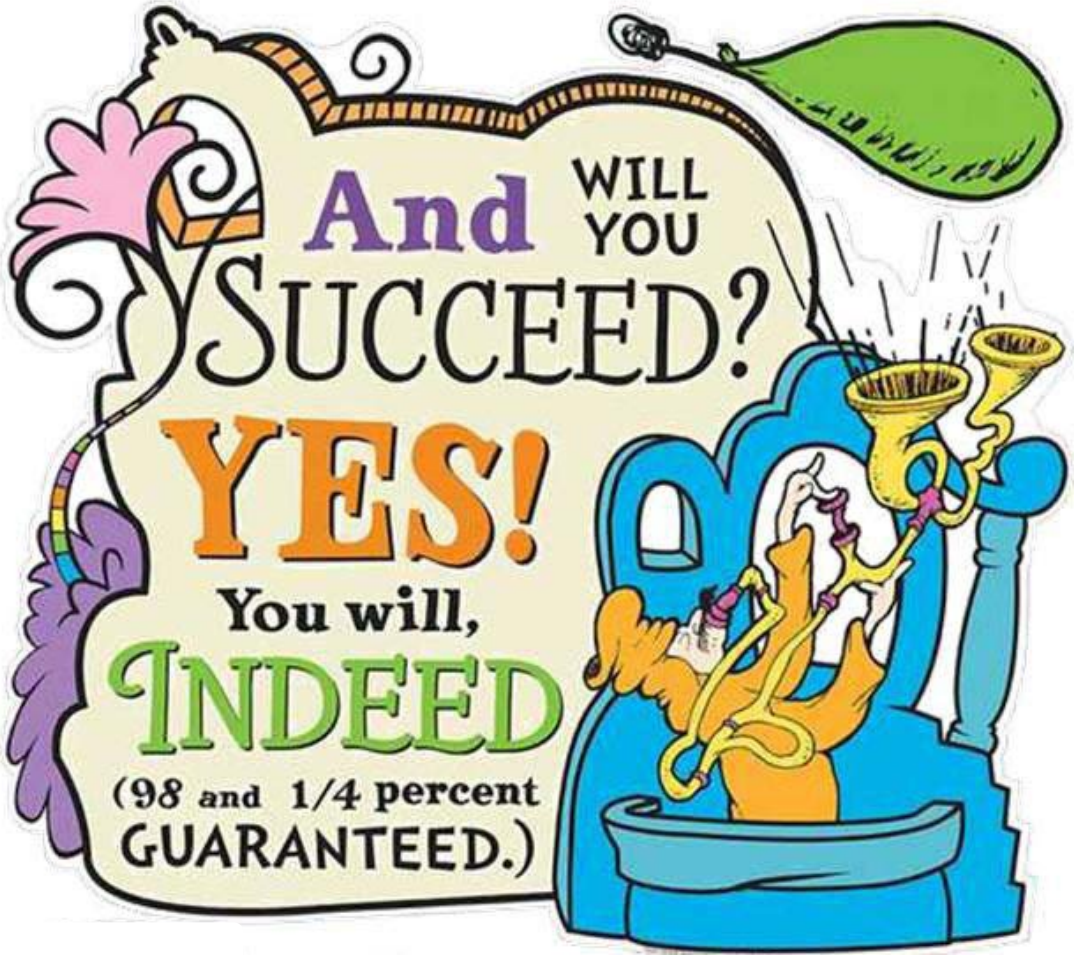
Jerry Vasilias *jvasilias@acgme.org*
Executive Director *312.755.7477*


And WILL YOU SUCCEED?
YES!
You will, INDEED
(98 and 1/4 percent GUARANTEED.)