Association of Pediatric Program Directors

6728 Old McLean Village Drive ❖ McLean, VA 22101-3906
Phone: (703) 556-9222 ❖ Fax: (703) 556-8729
E-Mail: info@appd.org ❖ www.appd.org

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December 18, 2013

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60654

Dear Dr. Nasca,

The Association of Pediatric Program Directors (APPD), the Association of Family Medicine Residency Directors (AFMRD) and the ACGME share the common goal of optimizing resident education for the purpose of developing competent physicians. Our organizations strive to maintain this commitment to the public through efforts to improve outcomes-based assessment. The Milestones Project represents one tangible example of our collaborative efforts towards competency-based outcomes assessment. Although this important project has yet to realize its full potential, the APPD and the AFMRD and other organizations are committed to continuing to study and develop these milestones into meaningful assessment instruments that provide the evidence necessary to inform both individual learner progression decisions and program evaluation. In partnership with ACGME, we believe our work can have implications for all programs nationally, as we work towards meeting the goal of competency-based medical education outcomes.

Within the medical education community, there has been significant discussion regarding whether the proposed process of associating personal identifying data (names, birthdates, social security numbers) with summative milestone data reported to the ACGME is necessary, and whether this association risks learner confidentiality and quality of performance scores. Many of us feel that ACGME's very important mission to "improve health care by assessing and advancing the quality of resident physicians' education through exemplary accreditation" could be better accomplished with de-identified data. Likewise, there has been significant concern over the administrative burden and quality of performance scores provided via the current WebADs front-end manual data entry process, which would seem to contradict the ACGME's strategic objective to "increase efficiency and reduce burden in accreditation."

These concerns have been discussed at three national APPD meetings over the past 18 months, where APPD members have participated in large group interactive discussions with ACGME staff. Most recently, 147 APPD members representing over 69 programs participated in two conference calls to discuss these issues in detail. During all of these discussions, there has been complete consensus among the membership on the requested points below.

We respectfully request that:

1. The reporting of milestones summative performance data to the ACGME should take place using encrypted learner unique identifiers rather than names, birthdates, and social security numbers. These unique identifiers would be double-encrypted, such that the actual learner personal identifiers are held only at the program level and/or at the specialty board. This process will preserve the ACGME's ability to carry out program evaluation for accreditation purposes by a) following uniquely identified performance data over time; and b) assembling uniquely identified learner scores in the aggregate by program. These encryption systems are widely available and would be accessible to each specialty at no charge. The double encryption process makes use of learner specific unique identifiers on the first step and a program-specified password for the second step. More information on the availability and feasibility of this commonly available process could be provided, if helpful.

    RATIONALE for request:

    a. Reporting resident milestones summative scores associated with an encrypted unique identifier will provide the data that the ACGME needs while avoiding the risk of associating that data with the learner's birthdate, name, or social security number (all three are currently associated). Even though the ACGME has provided assurance that these personal identifiers are secure and subsequently encrypted by the ACGME, we believe the risk of transfer and storage of personal data such as birthdates and social security numbers by the ACGME is not justified, given that the encrypted unique identifier-associated PM summative data provides for all of the uses that the ACGME has for this data. Residency programs and high-stakes assessment organizations need to store learner-identified performance data due to the nature of their roles and responsibilities. Every effort is made to secure learner confidential data, although sometimes breaches in security occur – a highly unfortunate outcome. The risks of a security breach during transfer and storage of personally identifiable data would only be justified if there was no other way to accomplish the organization's mission. The use of social security numbers, however, is no longer consistent with best practice. So although we fully support ACGME's important mission, as noted above we believe this can be better and more safely accomplished with de-identified resident data.

    b. APPD's Longitudinal Educational Assessment Research Network (APPD LEARN) is already providing a similar encryption process as part of APPD LEARN, IRB-approved research studies of the Pediatrics Milestones. Optimizing outcomes-based assessment using milestones requires rigorous research. Our first research

project focused on the feasibility of using the Pediatrics Milestones-based assessment instruments in the authentic educational-clinical environment. The project's data quality was aided by the IRB-driven protection of individual learner personal information. As a result of this and other APPD LEARN supported studies, a substantial number of APPD members appreciate the importance of uniquely identifying data through de-identification of personal information. As a result, APPD members are now acutely aware of the risk to any data integrity if the data reporter is unmasking the individual identity of the learner.

c. We will continue to work with our respective certifying boards to maintain a system for assessing individually-identified learner competency and partner with the ACGME to focus on program evaluation. The ACGME can continue to make important contributions to medical education by continuing to focus on program evaluation, an initiative that appears most closely aligned with its mission. The ACGME currently collects numeric performance data for specialties with procedure-counting requirements. These same specialties, however, may not want detailed descriptions of the level of competence associated with the counting of procedures, as these details at the identified learner level are not necessary for accreditation.

2. Encrypted unique identifier-associated summative milestones data should be reported to the ACGME by direct upload of scores. The APPD proposes to have programs use the file type and format specified by the ACGME – a csv file or Excel file or another format specified by the ACGME - for direct file transfer.

RATIONALE for request:

a. Key-entry or translation errors in transferring scores from a spreadsheet to a web-based entry screen (such as WebADs) are well-known threats to data quality. Work-arounds such as double-entry or other verification mechanisms to reduce such error are neither feasible nor sufficient to ensure accuracy of the data. Uploading a verified spreadsheet (in the required format) would reduce this error. Summative data, electronically compiled, is already provided to programs by the current commercial vendors. Transfer of those scores manually into a web-based entry interface risks the well-studied error in manual transfer of data.[1]

b. The administrative tasks of selecting individual learners from a drop-down menu or otherwise entering or selecting learner personal identifiers and then selecting the corresponding radio-button scores of 21 Pediatrics Milestones is not a feasible process and will require hours for each program to complete.

c. Programs with summative milestones data in spreadsheet format for the purpose of upload to the ACGME are more likely to use that formatted data for program evaluation and assessment of individual learners' progression since analysis would be much easier than other score-display formats that may be constructed to make radio-button entry of data easier.

3. The membership favors direct, one-time reporting of identified data to our specialty boards, as is already done with other performance data. We realize that the specialty boards not going to use milestones data for advancement or certification decisions until there is evidence that the data derived from PM-based assessment instruments has demonstrated reasonable validity.

The APPD has reached out to the several organizations, seeking a shared vision for how to optimize confidentiality for individual learner performance data while assuring the highest quality of performance scores reported. Signees of this letter endorse the requests made in this letter for their organizations. Other organizations have asked to submit these same requests by separate letter. All agree on the two requests for (1) de-identification of personal identifiers at the program level for milestones summative score reporting to the ACGME, and, (2) direct upload of that performance data through a process developed in collaboration with the ACGME.

We welcome a discussion about how the graduate medical education community, and program director organizations in particular, can collaborate with the ACGME to optimize the accuracy and feasibility of all Milestones-based performance data while our entire community continues to conduct research to develop assessment instruments that yield valid evidence of resident outcomes. We certainly understand the complexities of developing and maintaining large new databases and data transfer systems and would welcome an opportunity to work with you on the technical details and data sharing agreements.

Sincerely,

Patricia Hicks, MD, MHPE
President
Association of Pediatric
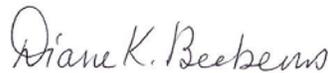Program Directors (APPD)

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Directors (AFMRD)

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President and CEO,
American Board of
Pediatrics (ABP)

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Medical School Pediatric
Department Chairs (AMSPDC)

Diane K. Beebe, MD
Board Chair, American
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(ABFM)

William A. Baumgartner, MD
Executive Director,
American Board of
Thoracic Surgery (ABTS)

1. Atkinson I. Accuracy of data transfer: double data entry and estimating levels of error. *J Clin Nurs.* 2012;21:2730-2735.