



ABP Update

APPD FALL MEETING - SEPTEMBER 22, 2016

KEY STAKEHOLDER'S SESSION

ARLINGTON, VA



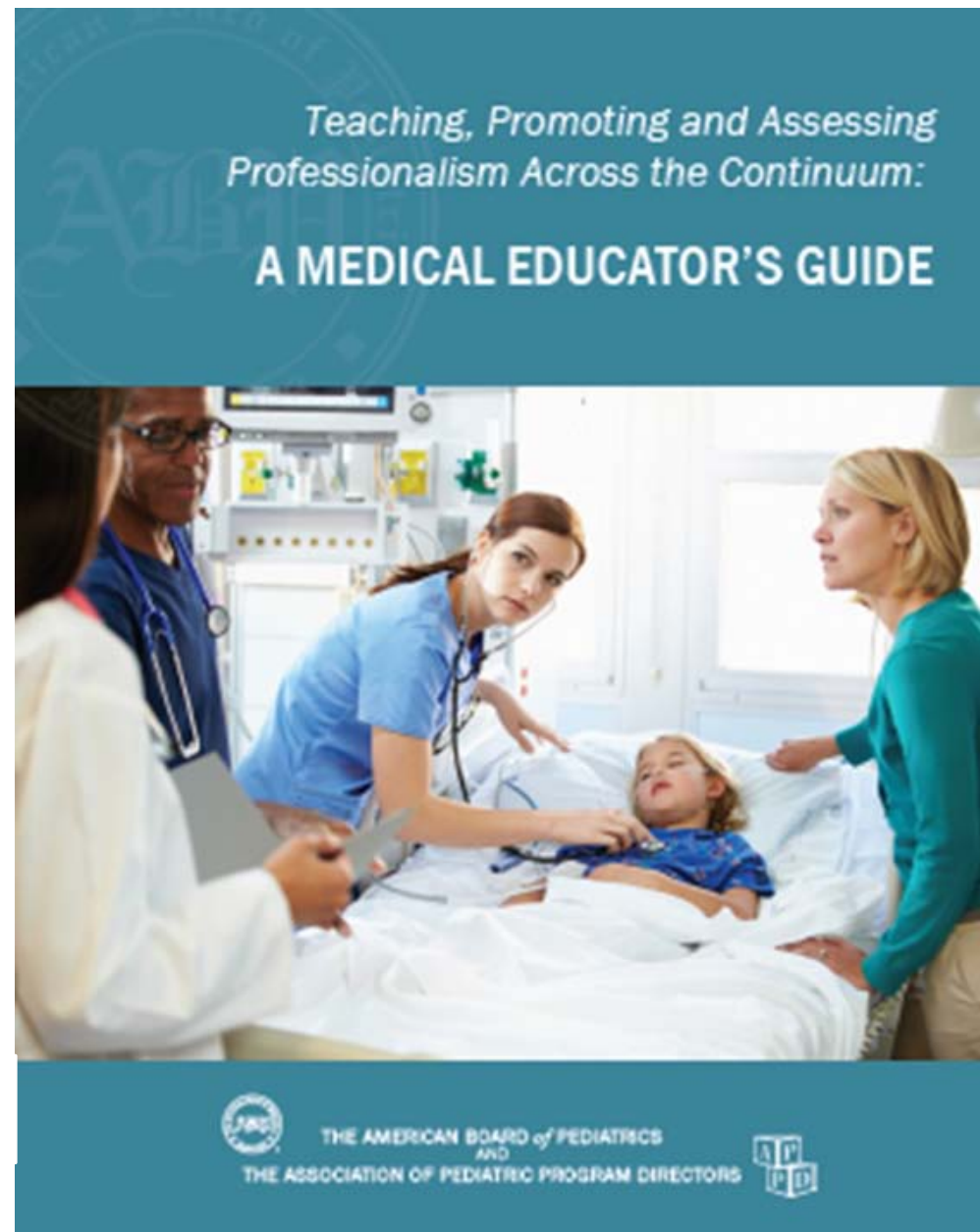
Update from the ABP

1. Revised Professionalism Guide
2. Mental Health Initiative
3. MOCA-Peds Pilot
4. Other News: PD Portal, Exam Fees, Testing and Breastfeeding Mothers



Revision of **Professionalism Guide for PDs**

- Expanded to address needs of continuum of learners
- On-line electronic format as well as PDF
- Reflects competency-based assessment
- Ability to search for milestones and linked content
- Updated vignettes and cases
- New chapters on e-professionalism and humanism





Thank you ETC and APPD!

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Mental Health Crisis – ABP Blog July 2014

Official Blog of the American Board of Pediatrics

HOME ABOUT

Mental Health Crisis among America's Children — What Should We Do?

57 Replies

Bottom Line: Pediatricians have always stepped forward to answer urgent child health needs when no one else could or would. Today's pediatricians are carrying forward that tradition and tackling the mental health crisis among the young.



As I travel around the country, I have the opportunity to pediatricians who share with me information about the practice. Many report seeing a swelling tide of children behavioral and mental health problems. I use the swell just because of the numbers of patients, but also in the overwhelmed by a subject area for which there was in during residency. The [American Academy of Pediatrics](#) several reports drawing attention to this problem. Are the blog also seeing developmental, behavioral and mental the major chronic disease in their primary care practice you are seeing, then please share what are the most pr your practice.) Do you feel prepared to meet the needs of patients with these problems? All of this has got me thinking how AB apply if mental health is as important in primary care as my conversation partners have suggested. So let me offer a few opinion dilemmas.

- ABP will need to encourage training programs to enhance the preparation of the graduates in mental health. This involves collaboration with training programs and the [Accreditation Council for Graduate Medical Education](#), but also a declared intent by ABP to

Official Blog of the American Board of Pediatrics

HOME ABOUT

Responding to the Mental Health Crisis among America's Children

19 Replies

Thanks to all of you who responded to [my last post](#) about the mental health crisis among American children. Your comments confirm the impression I've received from pediatricians I've spoken with from around the country – that mental health diagnoses are increasing among our children and we're not prepared to deal effectively with the crisis.

The big question is, what should we be doing about it?

The "we" here is inclusive – the ABP, general pediatricians, subspecialists and others. Your replies offered descriptions of several innovative models and best practices. I feel it's worth highlighting a few representative ones.

A thoughtful post from Dr. Ellen Perrin sums up many of your concerns. She is Tufts University professor and director of research at the Center for Children with Special Needs – and incidentally, was the first chair of the ABP's Developmental and Behavioral Pediatrics subboard. She makes these recommendations ([view her entire post](#) for additional details):

Bottom Line: There are several innovative models and best practices that can be employed to better enable pediatricians to more effectively confront the growing mental health crisis among America's youth.





Mental Health Crisis

- Developmental, behavioral, and mental health disorders are major chronic diseases seen in primary care practices
- Many pediatricians feel unprepared to meet the needs of these patients
- What should “we” be doing about it?
The ABP, APPD, general pediatricians, subspecialists, and others?





What is ABP's Role?

- ABP and AAP are actively engaged in a National Academy of Medicine Forum (round table to explore the topic and assess capacity to implement effective programs in communities and institutions)
- ABP can be a powerful driver for competency development and assessment through its requirements for certification, content of certifying examinations, and MOC activities
- Dialogue and collaboration with training programs and ACGME to enhance preparation of graduates in mental health
- Work of the ABP: Strategic Planning Committee – focus on role of the general pediatrician and competencies needed



ABP Strategic Planning Committee (SPC)

- ❑ What scope of practice, duties, knowledge, skills, and attitudes does a general pediatrician need to provide excellent health care for children over a 5-10 year horizon?

AND

- ❑ How should ABP influence the training, assessment, testing, credentialing, professionalism, and quality improvement for general pediatricians with the ultimate goal of healthier outcomes for America's children?



Importance of Mental/Behavioral Health as a Gap in Care for Children

- ✓ Number of children and youth affected
- ✓ Ineffective preparation of pediatricians
- ✓ Systems of pediatric practice don't support mental health/behavioral health care
 - Time, reimbursement, personnel
- ✓ Inadequate number and distribution of non-pediatrician providers



Education and Training

The SPC recommends that the ABP engage in activities to ensure that graduating residents are prepared to prevent and recognize behavioral and mental health problems and provide knowledgeable, effective, efficient, coordinated care for children affected by these conditions.

This effort will require collaboration with other organizations.

- AAP, AACAP, APPD, APA, AMSPDC, SDBP, SAHM, ACGME, NAM, ABP
- And more. . . .



Mental Health Education Meeting-April 2016

❖ **Goals:** Share information and develop a strategy to help ensure that current and future pediatric residents develop the knowledge and competence needed to provide appropriate care for children with mental and behavioral health problems, along with mental health professionals.



Goals of Mental Health Education Meeting- April 2016

- Collect information about resources that are currently available to develop resident competence to provide mental and behavioral health care
- Propose goals for mental and behavioral health competence on the part of pediatricians
- Explore partnerships for development of curricula, faculty development, training models, assessment tools, and evaluation of programs



Common Themes

- Non-pediatrician partners will be needed
- Faculty development will be needed
- Need for assessment strategies and tools
- Changing the training of pediatricians is difficult, will require innovation and significant resources
- Collaboration amongst societies/organizations is key
- ABP has a significant (though not the only) role in the education/training of pediatricians
- Need for continued advocacy for appropriate reimbursement



Next Steps

- ✓ **ABP:** Publish Call to Action paper
- ✓ **Partner to gain public endorsement** for enhanced B/MH training from other organizations
- ✓ **ABP/APPD:** Complete development and deployment of M/BH curricular elements contained in MH EPA
- ✓ **ABP/ABPF/APPD:** Endorse and support a day-long faculty development event at APPD spring meeting



MOCA-Peds Pilot - 2017



- ABP to pilot shorter, more frequent physician assessment called **MOCA-Peds**
(Maintenance of Certification Assessment for Pediatrics)
- Test Questions to be delivered by computer and mobile device
 - 20 multiple-choice questions quarterly based on 40 learning objectives from General Pediatrics Content Outline
 - To be answered anytime during quarter at diplomate's convenience
 - Immediate feedback with references, with brief explanation of correct answer to enhance learning



MOCA-Peds Pilot - 2017



- Questions focus on application of fundamental knowledge used in everyday practice
- Resources maybe used, excluding assistance from others, but questions must be answered in allotted five minutes

Eligibility for Pilot:

- Diplomates who have MOC Part 3 Exam in general pediatrics due in 2017
- Must be actively meeting MOC requirements

If pilot is successful

- MOC-Peds will replace 10 year secure exam and align with diplomate's 5 year MOC cycle



Resident and Fellow Tracking (Online)

•Goals

- Create secure electronic system that allows ABP to record trainee progression through training
- Provide Program Directors and Coordinators electronic access for updating trainee data, including final level summative evaluations, credit, dates of training
- Decrease incomplete or inconsistent trainee data
- Increase efficiency of ABP processes



Program Director Portal – Now Available!

- ❖ Secure Portal Log-in for Program Directors and Coordinators
 - View and update program profile data
 - Manage coordinator data and grant access
- ❖ Order and pay for GP ITE examinations
 - No longer accepting checks
 - Use credit card , eCheck, and electronic funds transfer (EFT)



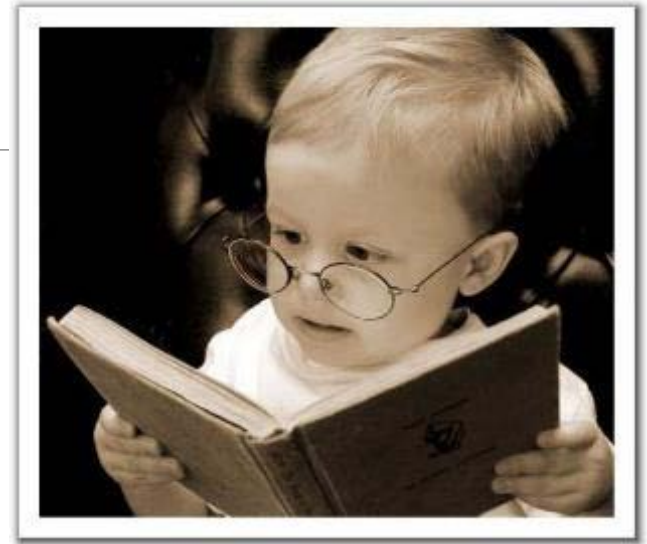
Program Director Portal – Now Available!

- ❖ View and download results of certifying examinations and ITE/SITE
- ❖ Access resources for program directors
 - Also available on public site
- ❖ Future goal: All resident and fellow tracking and verification of competence will be on-line.
 - Develop Resident Portfolio to display ITE scores and evaluations
 - Timeline – Spring 2018



Exam Fees

- ✓ The ABP is conducting a comprehensive review of its fee structure and strives to keep its fees as low as possible
- ✓ Fees for the initial certifying exams (general peds and subspecialties) have remained unchanged since 2014 (ie: 2014, 2015, 2016)
- ✓ Fees cover exam development and administration including:
 - Meeting for question writers
 - Development of test items
 - Work of medical editors
 - Credentialing of applicants for exam
 - Psychometric analysis of results
 - Administration of computer-based exam





Exam Fees

- Subspecialty exams do not generate sufficient revenues to cover expenses due to small numbers of candidates, so there is cost sharing to prevent fees from being prohibitive.



- GP exam fee is one of the lowest among 24 ABMS boards. ABIM and ABFM do have lower fees because they examine far more candidates generating significant economies of scale.

- **2017 exam fees will remain unchanged!**



Testing and Breast-Feeding Mothers

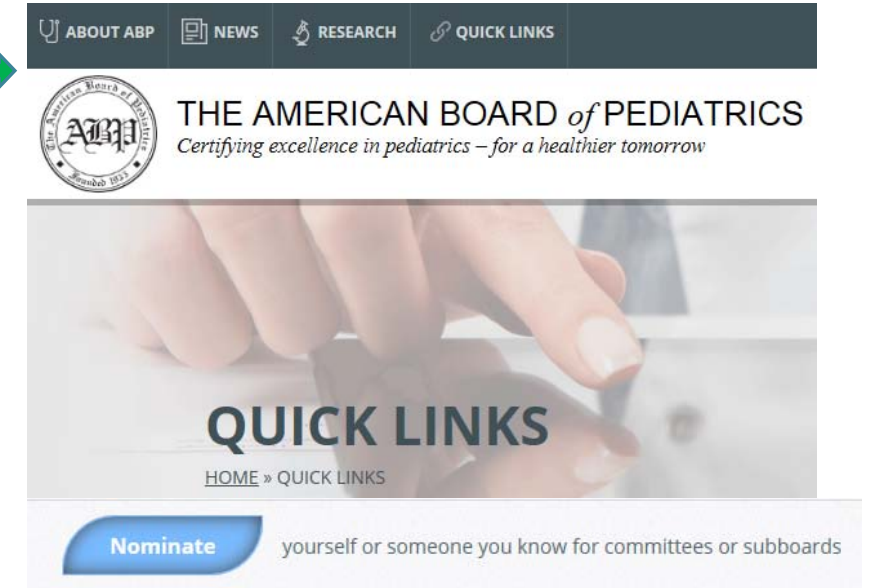
- ABP offers courtesy accommodations for breast-feeding mothers who may request additional break time to accommodate needs.
- Breast pump may be stored in a personal locker or at test center administrator's desk.
- Request must be made at least 8 weeks prior to test date
- Not all Prometric Centers have an extra space for lactation purposes, but will work with examinees to identify an acceptable testing site.





Nominating Tool: GP Committees and Subboards

- **Online tool** can be found @ www.abpeds.org
- Nominate Yourself or Someone Else
- Appointees serve a six-year term
- Must be board certified in the area of interest



Seeking candidates who represent:

Diversity of pediatric practice: everything from rural, private practices to medical centers in major metropolitan areas

Reflection of today's trends in pediatric practice: well-seasoned pediatricians, new practitioners, part-time providers



ABP Web Site

www.abp.org

- Eligibility and training requirements for general pediatrics and all subspecialties, PD information, ABP policies, etc.
- 2015–2016 Workforce Data available for viewing and downloading from ABP Web site
- Resources for Program Directors
 - www.abp.org
 - Click the Program Directors button

