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
No conflicts to disclose
Our Goal: Clarity
Your Goal: Clarity
Review Committees (RCs)

ACGME Board of Directors

Authority to Recognize

Authority to Accredit

26 Specialty Review Committees

Transitional Year Review Committee

Institutional Review Committee

Osteopathic Principles Committee
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
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

ACGME/RC Staff

4 ex officio, non-voting (ABIM, ACP, AMA, AOA)

24 Voting Members

- 6 ABIM-nominated
- 6 ACP-nominated
- 6 AMA-nominated
- 3 AOA-nominated
- 2 resident members
- 1 public member

Program Director
DIO
Subspecialist
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
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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

Completing a Program Application for ACGME Accreditation
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
Look at your handouts…

http://www.acgme.org/Portals/0/application_guide.pdf
• 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
New Application: Addiction Medicine
Training & Accreditation Committee
The Addiction Medicine Foundation

INSTRUCTIONS
All text boxes in this form may be expanded as necessary.
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
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…
  • *What’s the tipping point?*
  • There is no formula.
Accreditation options
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
• 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
• 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?
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.
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

SELF-STUDY & 10-year visit
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?

Warning or Probation? NO

Citations? NO

Annual Data issues? NO

PASS (Continued Accreditation)

Further Review

* (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
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
In addition to annual review, every 10 years programs undergo a self-study and a full accreditation site visit.
- **Annual** Data Submission
- **Annual** ACGME Review
- **Annual** Program Evaluation (PEC)

**Self-Study / 10-year Site Visit**

10-Year Review
Betty Cervantes  
Accreditation Assistant  
brc@acgme.org  
312.755.7470

Christine Gillard  
Accreditation Administrator  
cgillard@acgme.org  
312.755.5085

William Hart  
Associate Executive Director  
whart@acgme.org  
312.755.5002

Karen Lambert  
Associate Executive Director  
kl@acgme.org  
312.755.5785

Jerry Vasilias  
Executive Director  
jvasili@acgme.org  
312.755.7477
And will you succeed?

YES!

You will, indeed

(98 and 1/4 percent guaranteed.)