



# Report to the American College of Emergency Physicians

## **MYEMCERT REPORT**

Robert L. Muelleman, M.D.  
President  
American Board of Emergency Medicine

Submitted: September 25, 2018

## **ABEM Report: MyEMCert**

The American Board of Emergency Medicine (ABEM) appreciates the opportunity to submit the following report to the American College of Emergency Physicians (ACEP) Council and the ACEP Board of Directors. *Some of the information contained in this report is currently embargoed and subject to change. This report should not be reproduced or externally distributed beyond the ACEP Board, ACEP Education Committee, and ACEP Council.*

### **Introduction**

At the 2017 ACEP Council Meeting, ABEM announced that it would develop an alternative to the Continuous Certification Examination (ConCert™). ABEM also announced that modifications to ConCert would be expeditiously introduced while the alternative model was being developed.

The purpose of this report is to review the concerns raised about ConCert, review ABEM activities, and discuss how the ConCert modifications and an alternative (called “MyEMCert”) address various concerns.

### **Concerns**

ABEM-certified physicians expressed several concerns about ConCert. The primary concerns were related to career- and test-anxiety, variable perceptions of relevance, variable perceptions about learning, costs (especially indirect costs), inconvenience, and variable perceptions of value.

#### Anxiety

The most emphatic complaint ABEM heard about ConCert was the “high-stakes” nature of the examination. More specifically, the consequences of failing the examination in the final year of certification can be considerable.

A prior study of emergency physicians demonstrated that the professional benefits of continuing certification include higher income, job opportunities, and prestige.[1] It would follow that losing certification could lead to loss of job opportunities or position, loss of income (including insurance payment), and loss of standing within a medical community.

ABEM had already mitigated this risk to some degree by allowing physicians to take ConCert early. Physicians can take ConCert in such a way as to give them five opportunities to take ConCert prior to having certification lapse. In taking the examination early, certification is maintained through the physician’s current certification cycle, even if the physician fails the exam. For the 2017 examination, 42 percent of physicians who took the exam took advantage of this risk mitigation strategy.

Physicians continued to express frustration that ConCert is available only once each year. If a physician fails the examination, she or he does not have the opportunity to retake the test for a full year.

#### Relevance

Physicians complained that ConCert is not relevant. Concerns about relevance involve several different issues including: 1) there is a limited amount of new knowledge tested; 2) there are esoteric questions asked; 3) ConCert does not measure all important competencies; and 4) the testing experience does not assess how a physician manages information in the emergency department, especially the use of information resources.

ConCert assesses complex cognitive skills, as well as the core content found in the *Model of the Clinical Practice of Emergency Medicine* (EM Model). The bulk of the EM Model is established information with an emphasis on the diagnosis and treatment of conditions seen in the emergency department.

Despite the perception by some physicians, ConCert asks very few knowledge recall questions. The majority of questions require sophisticated cognitive skills, such as clinical synthesis and diagnostic processing. Every ConCert involves the inclusion of field test questions. Field test questions are not scored and more often result in physicians providing negative comments about relevancy.

ConCert is a closed book examination. Emergency physicians practice in an information-rich environment and routinely access external information sources. Although ConCert contains very few questions for which physicians would need to look up information, the current testing experience does not allow for the use of reference materials even when a physician might find such information helpful.

### Learning

ConCert serves as an independent, objective, validated assessment of the physician's self-directed learning over a 10-year span. The primary purpose of ConCert is to assess a physician's cognitive skills and medical knowledge; it is not designed to be a learning exercise.

The relationship between learning and assessment is complex. Some physicians see ConCert as an assessment devoid of any learning dimension. Based on research in cognitive science, this assumption is incorrect. There is substantial evidence that testing intrinsically results in learning. However, the once-every-10-year periodicity reduces the long-term learning benefits of ConCert. Despite this, more than 90 percent of physicians, when surveyed immediately after taking ConCert, reported that their medical knowledge was reinforced or increased by preparing for and taking the exam.

ConCert results provide feedback regarding the general content areas of the incorrect items. Nonetheless, the exact testing points are not provided to the test-taker. In addition, the results are provided around 40 days after the test is taken.

### Cost

Cost is another complex issue. For the past seven years the ConCert fee has remained fixed at \$1,850. This fee is paid once every 10 years, and the annualized cost of \$185 amounts to less than .05 percent of an emergency physician's annual compensation. Physician-reported survey data revealed that ABEM-certified physicians are compensated at a higher level than non-certified physicians. On average, total annual compensation was reported to be \$7,000 higher for an ABEM-certified physician or \$70,000 over the course of a 10-year certification cycle.

For most physicians, there are indirect costs to preparing for ConCert. About 32 percent of ConCert takers attended a board preparation course.[2] The cost of attending such a course can be considerable. Off-setting the cost of these courses is the amount of CME that is awarded, which is 35-50 CME credits. Written course materials can lead to 150 CME credits awarded.

An additional cost is that of time. One report that monetized physician time concluded that certification costs are approximately \$2,000.[3] There are several methodologic flaws with this cost analysis. If the model was applied to commuting to and from work (assuming a 20-minute commute one way four-times weekly), the cost would be \$100,000 over a certification cycle. Likewise, the cost of meeting state licensing CME requirements would be at or above \$25,000.

### Convenience

Prior to administering ConCert at more than 200 Pearson VUE testing centers, the recertification examination was administered on a single day each year at only six regional testing sites. The move to Pearson VUE testing centers represented a quantum improvement in convenience for physicians. Despite the ability to select one of several days every year and the expanded number of testing locations, physicians expressed frustration over the temporal and location restrictions. There is no question that some physicians are not able to select their first choice for the day and location for taking ConCert.

Physicians also complained that the Pearson VUE security procedures reflect a lack of trust and diminish their sense of professionalism. Unfortunately, there are a small number of physicians who cheat, even when the dissatisfying security procedures are applied.

### Value

Determining the value of ABEM certification is enigmatic. Over 90 percent of physicians found a learning benefit to preparing for ConCert. In addition, over 90 percent also found a professional benefit, which included more employment options (74 percent), being more positively viewed by other physicians (57 percent), and better financial compensation (30 percent). Forty percent reported that preparing for and taking the ConCert made them better physicians. Some physicians might not realize these benefits.

ABEM believes that emergency physicians are motivated primarily by altruistic factors such as the ability to provide safe, compassionate, and high-quality care. Physicians express concern that ConCert has limited value because it does not sufficiently contribute to improving their care of patients.

### **Validity Research and ConCert**

There is mounting validity evidence for a medical knowledge examination in multiple specialties. For ConCert, recent studies have examined the association of performance with age, practice type (community versus academic), and risk of state medical board disciplinary actions.

ConCert does not measure every important competency, primarily because it is not designed to assess many competencies. That does not invalidate the value of ConCert as an objective, structured, validated assessment of cognitive skills and medical knowledge. ConCert provides valuable information to the physician so that she or he can make an informed, data-driven decision about self-directed learning and practice decisions. ConCert can detect a decay in cognitive skills and medical knowledge over time.[4]

ConCert is designed to assess physicians who practice in a variety of practice settings. The ConCert examination avoids obscure, esoterica that might be more likely known in an academic practice setting. A recent study shows that the practice setting (community versus academic) does not affect performance on the ConCert examination.[5]

Finally, maintaining board certification is associated with a lower risk of state medical board disciplinary action in many specialties.[6, 7] This association appears to also occur in Emergency Medicine. Having ABEM certification lapse is associated with a significantly greater risk of having a state medical board disciplinary action (ABEM unpublished data 2018, manuscript in preparation).

### **MyEMCert Activity – July 2017 to September 2018**

July 2017	ABEM Board of Directors decides to create an alternative to ConCert.
September 2017	ABEM conducts Senior Director Focus Group calls to provide input on guiding principles for changes to the ABEM MOC Program.
September 2017	ABEM convenes a Special Board of Directors meeting to define options for alternatives and modifications to ConCert.
September/ October 2017	ABEM conducts focus group calls with ACEP state chapter leaders and American Academy of Emergency Medicine (AAEM) leadership to gather additional feedback about changes to the ABEM MOC Program.
October 2017	ABEM convenes a ConCert Summit of all major EM organizations to gather input about a preliminary set of options for ConCert alternatives and modifications.
October 2017	ABEM presents progress-to-date to the ACEP 2017 Council meeting.
February 2018	At its Board of Directors and committee meetings, ABEM selects a single option for a ConCert alternative and additional modifications to the existing ConCert. The ABEM Board commissions the ConCert Alternative and Modifications Task Force (CAMTF) to develop the alternative and modifications.
March 2018	ABEM conducts an external search and hires a Project Manager to lead the project.
April 2018	At its first meeting conducted by conference call, the CAMTF agrees on the charge, scope, and overall content of the alternative named MyEMCert.
May 2018	During its first in-person meeting, the CAMTF defines the overall structure of ABEM MOC when MyEMCert is completed.
June 2018	The CAMTF explores a new purpose of ABEM continuing certification.
June 2018	During an in-person meeting, the CAMTF reaches a consensus on the purpose of initial certification and of Continuing Certification (MOC).
June 2018	The CAMTF meets to begin the design for security features for MyEMCert.
June 2018	ABEM conducts a survey of every ABEM-certified physician to determine physician preferences for the design of MyEMCert ( <a href="https://user-0rx2ahc.cld.bz/ABEM-Update-August-2018">https://user-0rx2ahc.cld.bz/ABEM-Update-August-2018</a> ).
July 2018	The CAMTF meets in-person to refine MyEMCert module content, develop a plan for a job analysis (that informs the scope and density of the content to be assessed), and explores ways to maintain the security of module content.

July 2018	At the ABEM Board of Directors and committee meetings, the plan to integrate MyEMCert into the ABEM Continuing Certification Program is explored. The content and security features are refined.
July 2018	The CAMTF meets to continue to refine MyEMCert security.
August 2018	The CAMTF meets to discuss the ability to use references/resources on the existing ConCert.
September 2018	The ABEM Executive Committee discusses proposals for a pilot and a phase-in plan.
September 2018	The CAMTF meets to further define MyEMCert module design and to prioritize the order of module development.
September 2018	Senior Director Focus Group calls are held to review and seek feedback on the general features of MyEMCert.

### **MyEMCert: The Basics**

ABEM has determined that the purpose of assessment in Continuing Certification is to serve as a vehicle to enhance learning. While ConCert will remain an assessment **of** learning, the alternative—MyEMCert—will be an assessment **for** learning. MyEMCert will consist of eight shorter assessments that emphasize many principles of adult learning. Modules will each focus on a specific content area. Much of the content will be presentation-based and a portion in each module will focus on recent advances in Emergency Medicine.

MyEMCert assessments are designed to be taken the first time without studying. It will be possible to retake any failed assessment multiple times if needed.

Physicians who choose to participate in MyEMCert will be required to complete eight assessments over their ten-year certification. Current plans are that MyEMCert participants will not be required to complete separate LLSA tests since LLSA-like material will be embedded within each MyEMCert assessment. Participants will be able to complete each MyEMCert assessment online from home or work and will be able to access references.

### **Building a Stronger Program**

#### Addressing Anxiety

Beginning in 2019, ABEM will offer ConCert twice yearly. This schedule will give physicians up to 10 opportunities to take ConCert to maintain certification. By doubling the opportunities to pass ConCert, the career risk to the physician is dramatically reduced.

#### Addressing Relevance

The content of MyEMCert will have enhanced relevance by focusing on how patients present to the emergency department, having a focus on new advances in the specialty, and testing in a manner that is more accustomed to how physicians function in the emergency department.

There will be a designated portion of every MyEMCert module that emphasizes new advances in Emergency Medicine.

ConCert will soon include the ability for a look-it-up resource. Access to the resource will begin in 2020. What resource will be available (e.g., UpToDate) is uncertain at this time. Finally, MyEMCert will be an open-book assessment.

### Addressing Learning

A key to taking MyEMCert is that the modules are designed to be first taken without studying. In this way, the physician can have a greater indication of any medical knowledge gaps in the MyEMCert module's presentation area.

ABEM will identify the key testing points for each MyEMCert presentation area, as well as for the advances in Emergency Medicine section. There will be more question-specific, detailed feedback provided for each question.

### Addressing Cost

Because MyEMCert will be designed to be taken without studying, many of the costs associated with board prep courses will be eliminated. In addition, physicians will save considerable time in taking the modules without studying. It is estimated that it will take 45-75 minutes to complete a MyEMCert module.

The cost for Continuing Certification will be more evenly distributed annually if the physician takes a MyEMCert module nearly every year since there would be no ConCert fee. ABEM is exploring a fee structure that approximates the annualized costs of MOC with the addition of any extra costs associated with the new format.

### Addressing Convenience

MyEMCert modules can be completed online in an office or home, away from a testing center. Physicians will have greater choice for when they take a MyEMCert module. Physicians can also determine the order in which they take the modules.

### Addressing Value

Determining the value of ABEM Continuing Certification will remain a matter of perspective. Nonetheless, ABEM believes that if there is an enhanced learning benefit, reduced indirect costs, greater convenience, and improved relevance, ABEM-certified physicians will find greater value to continued ABEM certification.

An additional source of value is the strength of ABEM certification as a credential. All major Emergency Medicine organizations have formed the Coalition to Oppose Medical Merit Badges (COMMB). COMMB seeks to leverage the rigor of ABEM MOC along with the strength of specialty training, a vibrant research base, and rich educational milieu to eliminate merit badge requirements such as ACLS for ABEM-certified physicians. Largely through the work of ACEP, trauma-based CME requirements for physicians working at trauma centers were eliminated. This decision by the American College of Surgeons was, in part, supported by the rigor of the ABEM MOC program.

ABEM Continuing Certification will remain a rigorous process. ABEM is committed to maintaining the strength of ABEM certification as a credential. The specialty has greater opportunity to influence external stakeholders if ABEM certification continues to be recognized as a potent indicator that physicians are committed to professional excellence.

### **Next Steps**

- ABEM will continue developing MyEMCert and will conduct a limited pilot in 2020. The size and nature of the pilot is still being determined. The pilot is not a launch of MyEMCert, but a feasibility trial.
- ABEM hopes to make the first MyEMCert modules available in 2021 after the pilot.

- ABEM is attempting to define the first cohort that can achieve Continuing Certification through MyEMCert. ABEM has tentatively determined that physicians with certification ending in 2023 will be able to continue certification through MyEMCert. Physicians with certification ending in 2019 and 2020 will still need to take the modified ConCert (recall that in 2020, a look-up reference will be available).
- ABEM is aware of the desire of many physicians with certificate end-dates of 2021 and 2022 to participate in MyEMCert. ABEM is exploring the earliest possible time to make certification through MyEMCert available (if at all) to these physicians.
- ABEM will continue to seek input from ABEM-certified physicians for its Continuing Certification Program.
- ABEM will continue to inform the Emergency Medicine community about the transformation of ABEM's Continuing Certification Program.

## References

1. Marco CA, Wahl RP, Counselman FL, Heller BN, Harvey AL, Joldersma KB, Kowalenko T, Coombs AB, Reisdorff EJ. The American Board of Emergency Medicine ConCert Examination: Emergency physicians' perceptions of learning and career benefits. *Acad Emerg Med.* 2016;23:1082-5.
2. Marco CA, Wahl RP, Counselman FL, Heller BN, Kowalenko T, Harvey AL, Joldersma KB, Reisdorff EJ. Physician preparation for the American Board of Emergency Medicine ConCert Examination. *Acad Emerg Med.* 2016;23:191-6.
3. Sandhu AT, Dudley RA, Kazi DS. A Cost Analysis of the American Board of Internal Medicine's Maintenance-of-Certification Program. *Ann Intern Med.* 2015;163:401-8.
4. Marco CA, Wahl RP, House HR, Goyal DG, Keim SM, Ma OJ, Joldersma KB, Johnston MM, Harvey AL. Physician age and performance on the American Board of Emergency Medicine ConCert Examination. *Acad Emerg Med.* 2018 Apr 2. doi: 10.1111/acem.13420.
5. Marco CA, Wahl RP, Thomas JD, Johnson RW, Ma OJ, Harvey AL, Reisdorff EJ. Emergency medicine practice environment and impact on concert examination performance. *Am J Emerg Med.* 2018 Aug 1. pii: S0735-6757(18)30635-1. doi: 10.1016/j.ajem.2018.07.055.
6. Jones AT, Kopp, JP, Malangoni MA. Association between maintaining certification in general surgery and loss-of-license actions. *JAMA* 2018;320:1195-96.
7. McDonald FS, Duhigg LM, Arnold GK, Hafer RM, Lipner RS. The American Board of Internal Medicine maintenance of certification examination and state medical board disciplinary actions: a population cohort study. *J Gen Intern Med.* 2018;33:1292-1298.