Federation of STATE MEDICAL BOARDS

PROMOTING THE HIGHEST STANDARDS FOR MEDICAL LICENSURE AND PRACTICE

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FSMB Update

Hedy L. Chang, FSMB Director
Humayun J. Chaudhry, DO, FACP, FSMB CEO & President

May 4, 2012
Medical Board of California

Greetings from the FSMB Board of Directors

What we'll cover today

FSMB: "New Directions"

Key Topics

- Vision & Mission
- Messages (Voice, Trust, People, Service)
- Structure
- Advocacy
- Education
- Data

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FSMB "New Directions"

FSMB is moving on many fronts to better serve you

- Vision & Mission
- Messages (Voice, Trust, People, Service)
- Structure

Federation of STATE MEDICAL BOARDS

FSMB Vision & Mission 2010-2015

Vision

The Federation of State Medical Boards is the leader in medical regulation, serving as an innovative catalyst for effective policy and standards.

Mission

FSMB leads by promoting excellence in medical practice, licensure, and regulation as the national resource and voice on behalf of state medical boards in their protection of the public.

FSMB Messages to the Public

- FSMB is the **VOICE** of the nation's state medical boards
- The end product of this professional community is **TRUST** extending in many directions
- We are a community of **PEOPLE** dedicated to service and focused on two key goals
- At the heart of FSMB's work are three key elements of **SERVICE**

How FSMB priorities are established

How FSMB policy is made

- **Step 1:** Resolutions submitted to House of Delegates via state member boards or FSMB Board of Directors

- **Step 2:** Resolutions assigned to Reference Committees for consideration

- **Step 3:** Reference Committees recommend for or against; House members vote

- **Step 4:** House adopted policy sent to FSMB Board of Directors for implementation

- FSMB is formally mandated to create policy
- House must vote on all FSMB public policy positions

FSMB Committee & Workgroup Structure

Committees Reporting to the House of Delegates	
Bylaws	Reference
Nominating	Rules

Committees & Workgroups Reporting to the Board of Directors	
Standing Committees: Audit, Editorial, Education, Ethics & Professionalism, and Finance	**Workgroups**: Define a Minimal Data Set, Examine Composite Action Index (CAI) and Board Metrics, Innovations in State Medical Licensure, International Collaboration, MOL on Non-Clinical Physicians, MOL Implementation, Office-Based Opioid Treatment, and Pain Policy
Special Committee on Physician Re-entry for Formerly Impaired Physicians	

Advisory	
Advisory Council of Board Executives	FCVS

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Advocacy

Significant upgrade to our capabilities

The creation of a new Washington, D.C. office and several new policy initiatives are aimed at serving better as your voice and partner

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FSMB Advocacy Network

- **More than 180 participants**
- **Summer Advocacy Meetings**
  - FSMB Members met with their U.S. Representative and/or Senator in districts across the U.S. to raise state medical board visibility and FSMB advocacy agenda
- **Continued "grassroots" efforts**
  - Raising awareness and communication within the regulatory community

Advocacy Updates from Washington, D.C.

Launch of FSMB Advocacy Network News – August 2010

Our e-newsletter provides legislative tracking and news analysis about Congress, the White House, and federal agencies

Want to subscribe?

– Send an email request to lrobin@fsmb.org

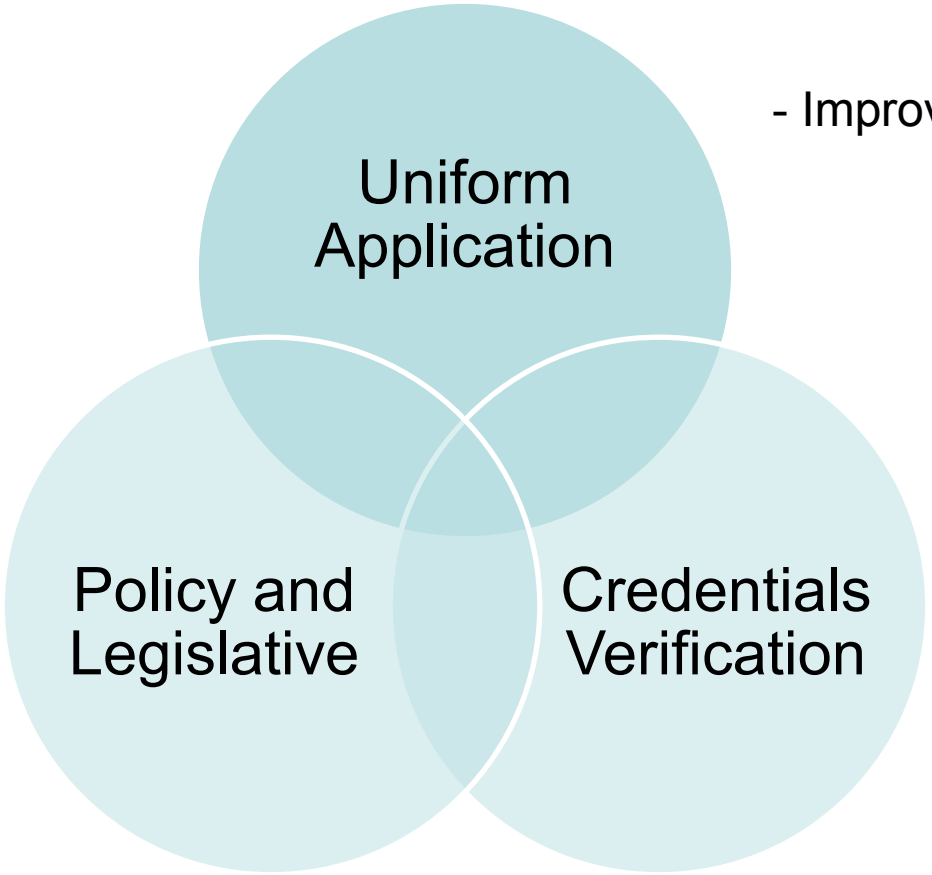
FSMB Support of State-based Licensure

- The U.S. medical regulatory structure limits physicians to practice only in the state(s) where they are licensed
- This provides optimal protection for patients by assuring physicians are qualified and fit to practice and provides the avenue for states and patients to address physician care that fails to meet an acceptable standard

History of Portability

- 1995 – A centralized repository of physician core credentials created
- 1996 – Technology supports alternative licensure model to reduce burden of multi-state licensure process
- 2002 – Call for license application with model for expedited endorsement
- 2004 – Common Licensure Application Form (CLAF) established
- 2006 – HRSA contracts FSMB to design multi-state demonstration project
- 2007 – First of two 3-year HRSA license portability grants awarded to FSMB
- 2008 – CLAF evolves to Uniform Application for State Medical Licensure (UA)
- 2009 – NGA/FSMB-sponsored licensure meeting = FSMB refines focus
- 2010 – Second of two 3-year HRSA license portability grants awarded to FSMB
- 2011 – Adoption of FCVS and UA continues to expand

3 components of the portability initiative and areas of focus



- Improve the UA

- Develop a set of credentials, criteria and acceptable verification sources that could be adopted for an expedited licensure process

- Improve FCVS

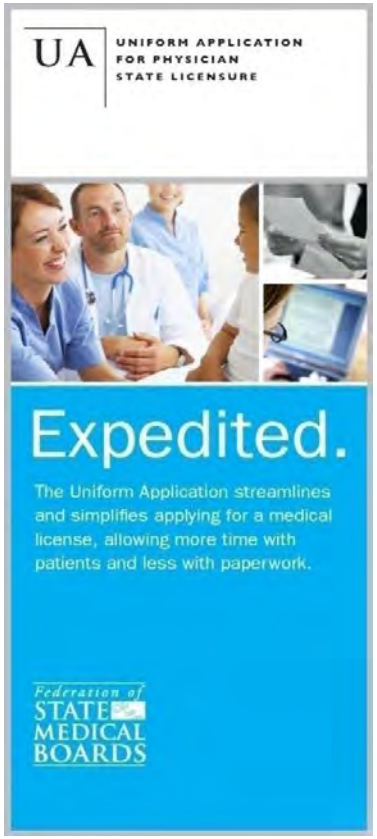
Significant Benefits

State Boards

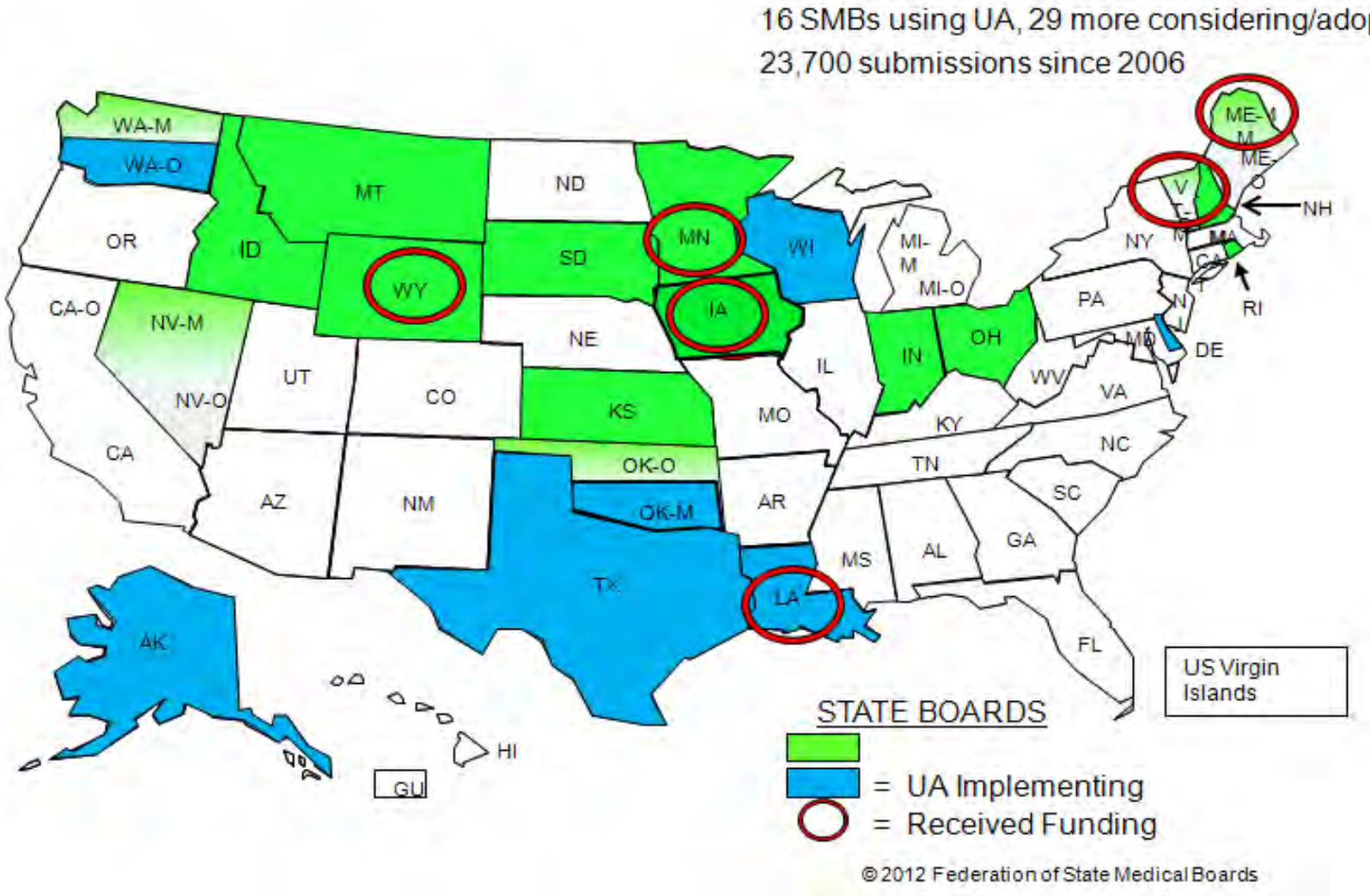
- **Cost effective**
  - Grant funds and technical support
- **Simplified data retrieval process**
  - pdf, XML, web service
- **Paperless office environment**
  - Electronic forms
- **Licensing staff time**
  - Improved quality of data
- **Integrates with licensing software**

Physicians

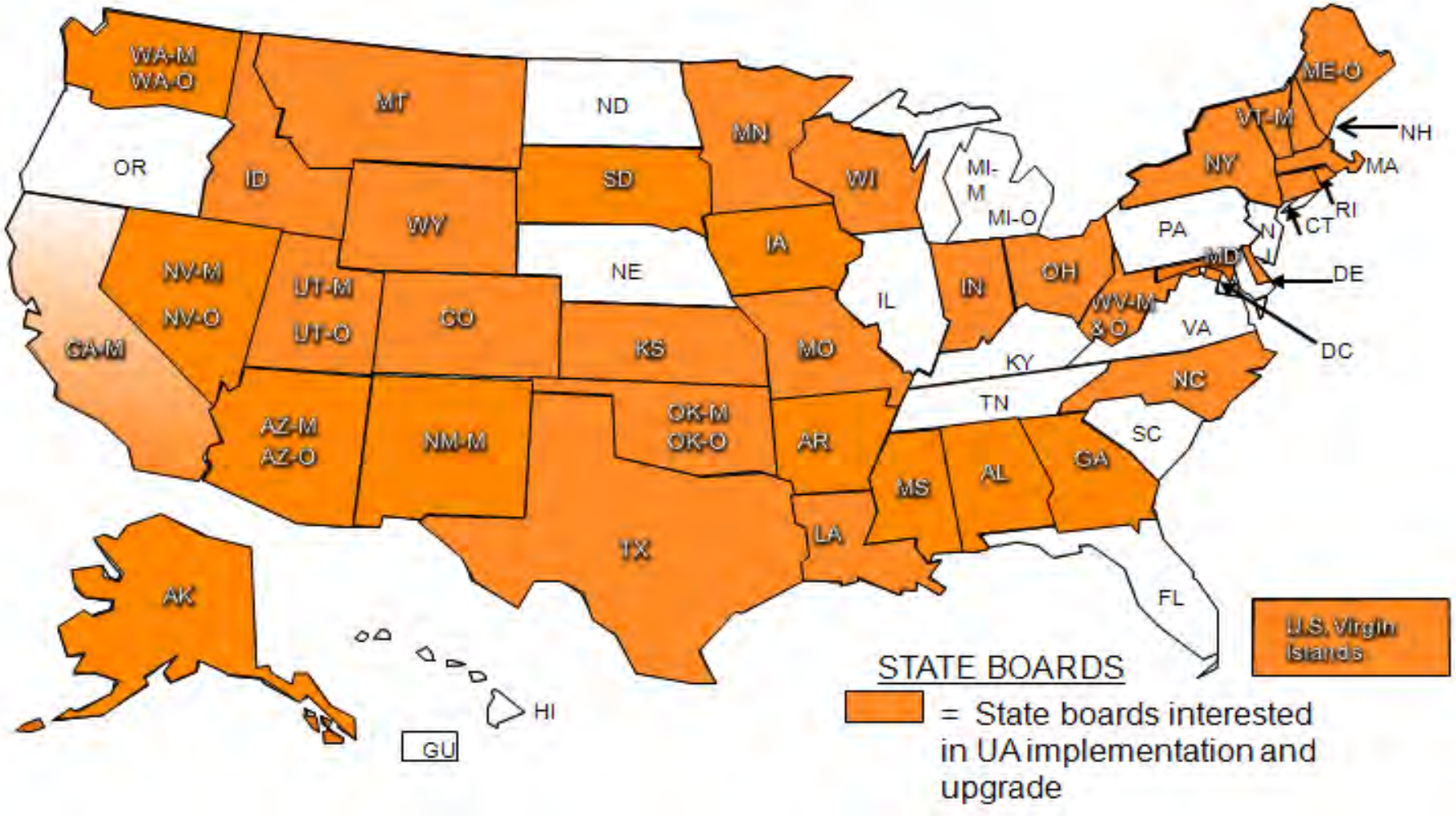
- **Reduces redundancy in the application process**
- **Easy to use**
  - Smart fields, pre-population of data
- **Integration between FCVS and UA**
  - Data flows bi-directionally between the applications
  - 70% of the UA is pre-populated when FCVS is used
- **Secure data repository**



These states use the UA or are actively adopting the UA



With overall interest growing significantly as 45 boards are now interested



FSMB House of Delegates' 2004 Policy Statement focus

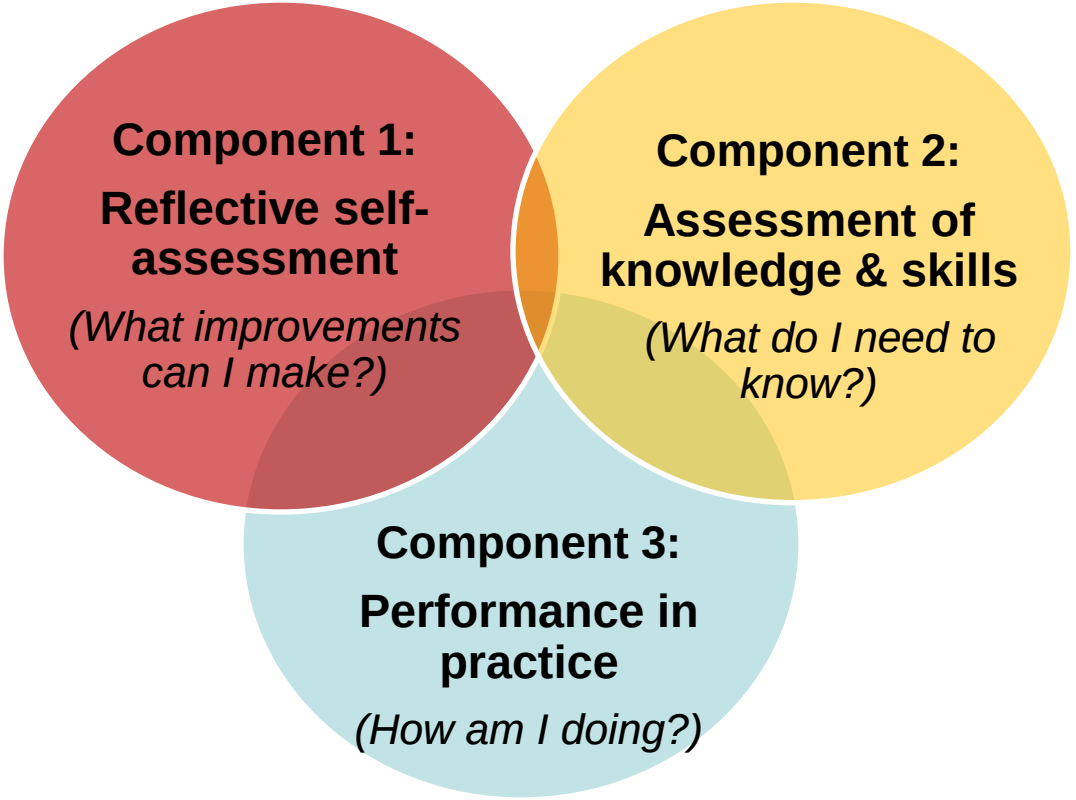
"State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure."

What is Maintenance of Licensure (MOL)?

- **Process by which a licensed physician provides, as a condition of license renewal, evidence of participation in continuous professional development that**
  - Is practice-relevant
  - Is informed by objective data sources
  - Includes activities aimed at improving performance in practice
- **MOL Pilots are in development for 2012**

MOL Framework
(adopted by FSMB HOD in 2010)

3 major components of effective lifelong learning



GOAL	STRATEGY (HOW)	OPTION/EXAMPLES
Reflective self-assessment	• External measures of knowledge and skills or performance benchmarks	Assessment tools: • Self-review tests – MOC and OCC – Home study – Web-based – Medical society simulations Professional development activities: •Literature review •CME in practice area
Assessment of knowledge and skills	• Structured, valid, practice relevant • Produce data to identify learning opportunities	• Practice-relevant MCQ exams (e.g., MOC/OCC) • Standardized patients • Computer-based case simulations • Patient and peer surveys • Procedural hospital privileging • Mentored/proctored observation of procedures • Others approved by state board
Performance in practice	• Incorporates data to assess performance in practice and guide improvement	• 360º evaluations • Patient reviews • Analysis of practice data • MOC/OCC Practice Improvement activity • AOA-BOS Clinical Assessment Program • CMS measures • Performance improvement CME & projects, e.g., SCIP, IHI. IPIP, HEDIS • Other performance projects

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Education

Supporting your mission of public protection
Our goal: Be the primary source for educational materials to help you keep up with best practices and trends in licensing and regulation

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Education: What's New?

- **Expanded Annual Meeting**
  - Virtual sessions, "value-added" thematic content (2012 meeting: Celebrating Service, Partnership, Innovation and Leadership)
- **Improvements to *Journal of Medical Regulation***
  - Redesigned for better readability, expanded and improved content
- **"Responsible Opioid Prescribing"**

Education Events

- **Annual Meeting**
  - Board Member Workshops
- **Annual Educational Series**
- **Board Attorney Workshops**
  - (Fall and Spring)
- **New Executives Orientation**
- **Monthly Roundtable**
- **Executive Institute Program***
- **Board Investigator Certification Program***

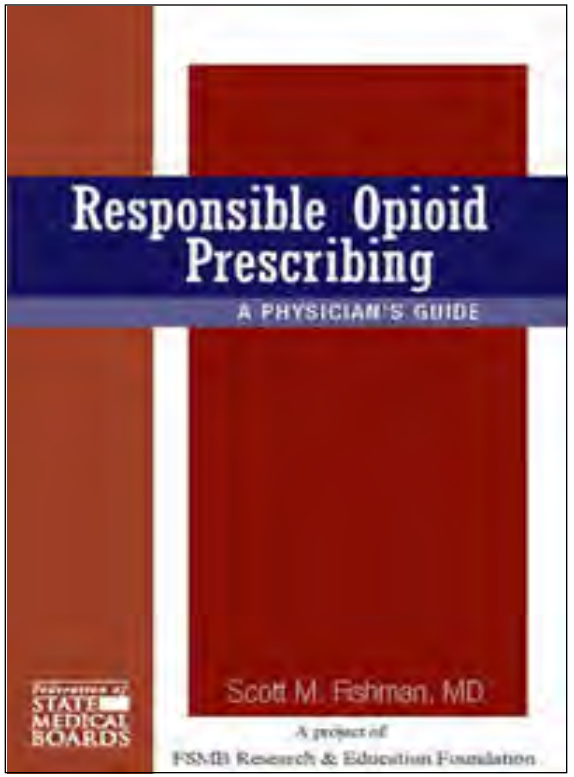
**Programs administered by AIM and supported by FSMB*

Multiple Channels/Multiple Audiences

- **FSMB Annual Report**
- ***Journal of Medical Regulation***
- ***Newsline***
- ***FSMB eNews***
- **Website - www.fsmb.org**

Educating Physicians About Opioid Use

- **"Responsible Opioid Prescribing: A Physician's Guide**
- **Written by Scott M. Fishman, M.D.**
- **Details:**
  - 162,000 hard copies distributed to physicians in 23 states
  - Eligible for 7.5 credits - AMA PRA Category 1
  - **2nd edition now available**



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Data

Data is at the core of what we do as an organization
We have the nation's most comprehensive repository of physician licensing and credentialing information, with data on more than 850,000 physicians –
Our data plays a key role in ensuring patient safety

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Federation Credentials Verification Service (FCVS)

- **Primary Source Verification:**
  - Identity
  - Medical Education (Domestic and/or ECFMG Certification)
  - Graduate Medical Education Training
  - Licensure Exam History
  - Board Action History
  - ABMS Board Certification
- **Low cost** (compared with other CVOs)
- **Authentic** (process, rigor and quality)
- **Security, storage and transmission of data**

Federation Credentials Verification Service (FCVS)

- **Goal**
  - Create and maintain a high quality, permanent file of a medical professional's core credentials for use in licensure

- **Benefits**
  - Low cost (compared to other CVOs)
  - Decreases costs to physician and SMB
  - Reduces duplication of effort by physician and SMB
  - Discrepancies identified and summarized
  - Extensive data repository facilitates license portability

FCVS is widely accepted

- **Primary Source Verification of Core Credentials**
- **Accepted by 64 of 69 Licensing Boards**
- **Over 140,000 M.D.s, D.O.s and P.A.s Enrolled**
- **Implementation of Fast Track in 2011**
  - Redesigned Work Groups
  - Improved Data Repository
  - Improved Communication with Boards and Physicians
- **NCQA Certification in Progress**

FCVS and Your Board

- **Medical Board of California**
  - 1 of 64 accepting boards
  - In 2011, 827 FCVS profiles were created for the Medical Board of California
  - This represents about 2.8% of the total FCVS files completed in 2011

FCVS Fast Track

- **Substantial upgrades**
  - Online platform that gives applicants much more control, efficiency and ease of use
  - Aligns FCVS staff with key customer groups
  - Fundamentally improved service
- **Establishes a portfolio**
  - Enhanced data and processing capabilities
  - Positions us to lead the way in credentialing
  - Building a portfolio is a time consuming process
- **Major transition**
  - Addressing adjustments and “fixes”
  - Customer migration
  - Natural continuous improvement
  - Remain committed to customer service

Medical Board Participation in USMLE

- **Item Writing and Test Development**
- **Standard setting**
- **Governance committees**
- **Quality Assurance Program**
- **Special committees and projects**

Comprehensive Review of the USMLE (CRU) : Why Change?

Existing Step examinations are excellent but:

- Technology has advanced
- Medical education has evolved
- USMLE rate of change needs to adapt

Even existing assessments may benefit from reorganization and refinement to address observed unintended consequences

Milestones Toward

2004

USMLE Composite Committee calls for in-depth review of program design, structure, format

2006-08

- Extensive information gathering process through surveys, webinars, focus groups, meetings
- Review & subsequent recommendations by the Committee to Evaluate the USMLE Program

2009

Approval by FSMB and NBME governance

Ongoing Strategic Enhancements to USMLE

- Better support licensing decisions (supervised /independent practice)
- Reinforce prominence of foundational sciences
- Introduce additional measures related to competencies
- Reflect changes in information technology and usage
- Build on experience from Step 2 Clinical Skills (CS)

Comprehensive Review of USMLE

Committee to Evaluate the USMLE Program (CEUP) • Summary of the Final Report and Recommendations

EXECUTIVE SUMMARY

This document is a summary of the work and recommendations of the Committee to Evaluate the USMLE Program (CEUP), a committee constituted by the USMLE Composite Committee and comprising students, residents, clinicians, and members of the licensing, graduate, and undergraduate education communities. The goal of the committee was to determine if the mission and purpose of USMLE were effectively and efficiently supported by the current design, structure, and format of the USMLE. This process was to be guided, in part, by an analysis of information gathered from stakeholders, and was to result in recommendations to USMLE governance. The CEUP worked from 2006 to early 2008.

The USMLE examination program was designed in the late-1980s and introduced during the period 1992 to 1994. The program replaced the NBME Part Examination program and the Federation Licensing Examination (FLEX) program, which were the widely accepted medical licensing examination programs at that time. Since the introduction of USMLE, one major change in format/delivery and one major addition to the examination sequence have been implemented: these were, respectively, the transition from paper-based to computer delivery in 1999 and the introduction of a standardized patient examination in 2004. Except for these changes, and for the gradual evolution of content that occurred in response to shifts in medical practice and education, the overall structure and focus of the Step examinations have remained relatively unchanged.

To understand the rationale behind the recommendations described in this document, it is important to recognize and understand the nature of the framework that supports USMLE design, structure, and process. The values and priorities of the profession and the patients and society it serves should be reflected in the knowledge and skills tested within the licensing examination. When USMLE was first designed, early planners were clear to note that the structure of the Step examinations would reflect the knowledge and skills expected to have been acquired by students and residents as they move successfully through their training toward initial medical licensure. In recent years, educational leaders have more formally recognized and prioritized competencies that extend beyond the domains of medical science and clinical skills—competencies that are deemed important to the profession and the patients they serve but more difficult to assess using standard tools. At the same time, knowledge is expanding progressively, and the expectations that clinicians be able to draw on these fundamental insights in their approach to patients has become ever more critical. The desire to elevate the breadth and quality of assessment to meet the expectations of the broader profession and the public was a major theme in the committee's deliberations, and it has had a significant impact on the recommendations that resulted. The committee also acknowledged that any new or additional assessment tools implied by the recommendations must be rigorous, and should respect the balance between cost and value to the examinee and licensing authorities.

Adopted by FSMB House of Delegates in 2009

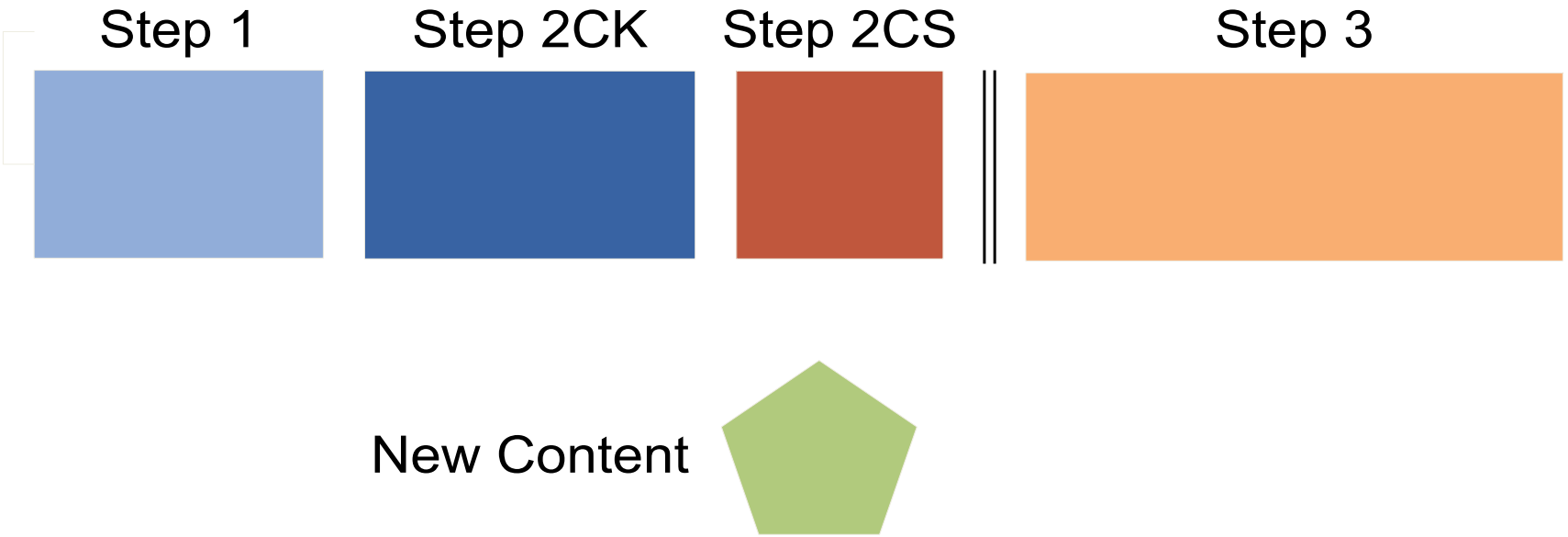
Current USMLE Sequence Compared with Envisioned Final Structure

						Total
Current USMLE	Step 1	Step 2 CK	Step 2 CS	Step 3		
Current testing hours	*7*	*8*	*5*	*14**		*34*
Envisioned Change	Step 1	Step 2 CK	Step 2 CS	Step 3A	Step 3B	
Estimated testing hours			*5*	*6-8***	*6-8*	*34*

Time is divided over two days.* * Time may be divided over two days.*

NOTE: Naming convention TBD but anticipate retaining Step language.
Testing time remains 15 hours (Steps 1, 2 CK) and 14 hours (Step 3) respectively.

Current USMLE Sequence and Content



Envisioned Future Content

SPEX

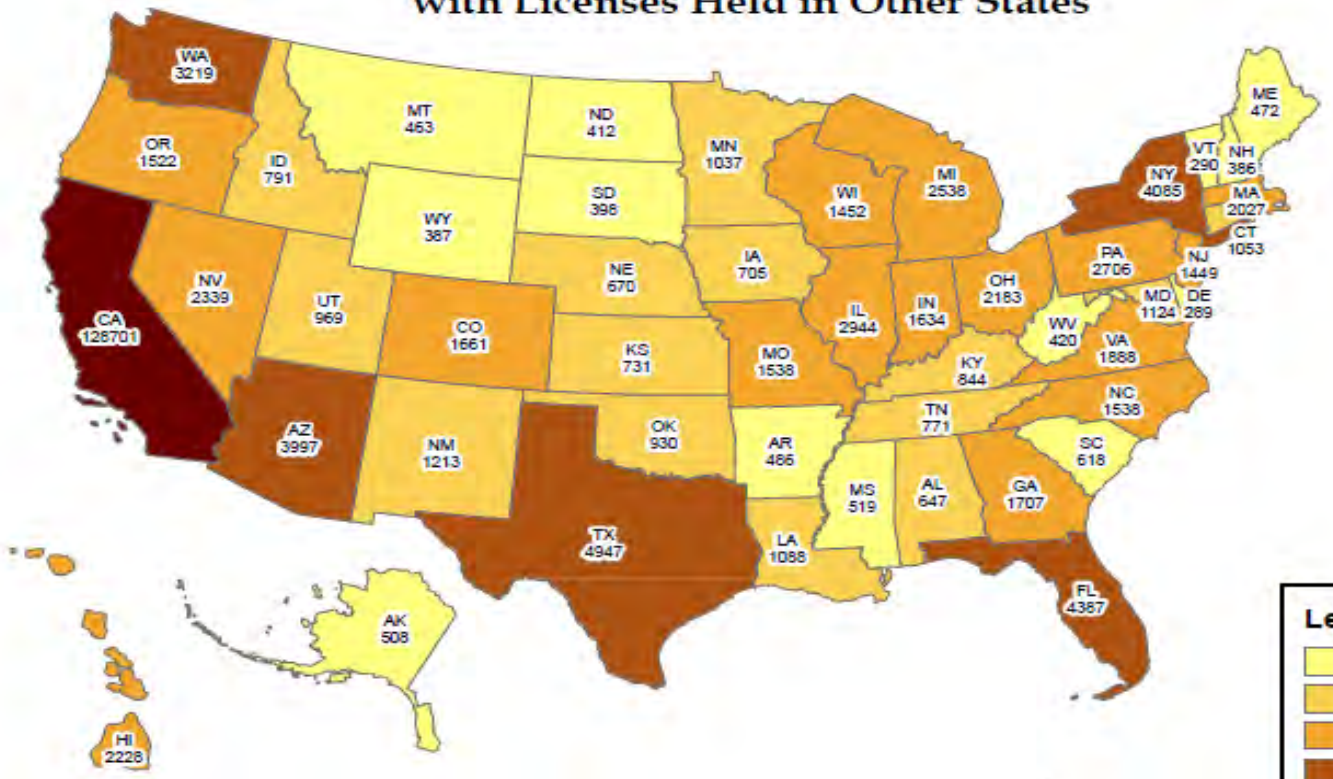
- **One-day multiple choice examination to evaluate general medical knowledge**
- **Enhanced in 2010**
  - Live items from USMLE Step 3 pool
  - More focus on tasks physicians do in practice (e.g., patient management/care items); less focus on mechanisms of disease
  - More descriptive performance reports provide better information about examinee strengths and weaknesses
- **Free take offer for state board member**

Physician Data Center

- **Board Action Data Bank**
  - Collects & reports data on disciplinary actions taken against physicians and physician assistants by medical boards and other authorities
  - Querying – www.drdata.org
  - Annual Data Compilation Release
- **All Licensed Physicians Information**
  - Consolidated physician information
  - Disciplinary Alert – in 2011, 743 alerts were sent to the Medical Board of California
  - Public access – www.docinfo.org

Medical Board of California: Licensed Medical Professionals with Licenses Held in Other States

Updated June 1, 2010



Legend

- 1 - 618
- 618 - 1213
- 1213 - 2944
- 2944 - 4947
- Home State

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Other FSMB Initiatives

- **FSMB Foundation**
- **FSMB Centennial**
- **Service Initiative**

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Other Initiatives: What's New?

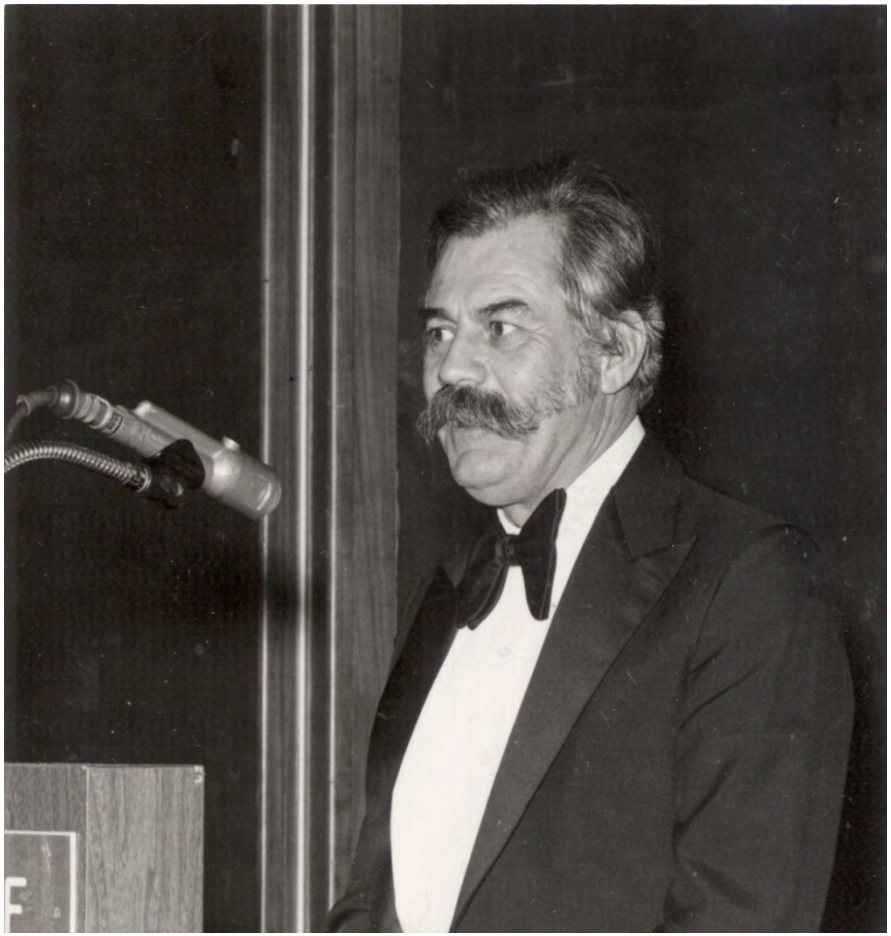
- **FSMB Foundation**
  - Renewed brand was launched in 2009, with new projects
    - Public Member Project
    - Violence Against Medical Boards Project
    - 2nd edition "Responsible Opioid Prescribing: A Physician's Guide" now available

California FSMB Leaders

- Charles Pinkham, MD
- FSMB President,1930-1931
- Expert on board disciplinary and administrative procedures
- Widely published in national journals including the Federation *Bulletin*
- One of the dominant figures in medical licensure during the first half of the 20th century along with Walter Bierring (Iowa), Herbert Platter (Ohio)

California FSMB Leaders

- Louis Jones, MD
- FSMB President,1961-1962
- FSMB acquires its first national office during Jones' tenure
- President during FSMB's 50th anniversary
- In 1962, Jones thought in terms of assuring competence when he said *"…the challenge of the future in licensure is that of integrating total experience with multiple evaluations since fitness will change over time."*



California FSMB Leaders

- Harold Wilkins, MD
- FSMB President, 1977-1978
- Service on the FLEX Clinical Science Committee
- Editorial advisor to the *Federation Bulletin*
- Interested in scope of practice issues as evidenced by his service representing FSMB on the National Commission on Certification of Physician Assistants (NCCPA)

California FSMB Leaders

- Alan Shumacher, MD
- FSMB President, 1999-2000
- Established FSMB Special Committee on Physician Profiling in 1999
- Served FSMB on multiple USMLE committees, e.g., Composite Committee; Committee on Irregular Behavior

Questions/Discussion/Contact Us

Hedy L. Chang
Member, Board of Directors / Liaison Director to CA (M)
hchang@fsmb.org

Humayun J. Chaudhry, DO, FACP
Chief Executive Officer & President
hchaudhry@fsmb.org

FEDERATION OF STATE MEDICAL BOARDS
400 Fuller Wiser Road, Suite 300
Euless, TX 76039
Tel: 817.868.4000 ● Fax: 817.868.4097

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