

New EMCC Component Integrated: Implications of the ‘Assessment of Performance Practice’ Requirement

New Requirements Phased In Based on Certification Expiration Date

The **Assessment of Performance Practice (APP)**, which is the **fourth component** of the ABEM Emergency Medicine Continuous Certification (EMCC) program, became available in January 2010.

It requires **clinically active** diplomates to be involved in an acceptable national, regional or local practice improvement plan and involves the completion of both **patient care practice improvement and patient survey activities** that meet the ABEM guidelines.

The requirements for this component are being **phased in based upon your current certification expiration date**.

Diplomates whose certificates expire in 2013 and in 2017 have APP deadlines in 2011. They should consider initiating patient care practice improvement activities in 2010 to meet these deadlines.

All diplomates should familiarize themselves with their personal APP requirements. They can do this on the ABEM website by signing in and selecting “Check EMCC Status” on their Personal Page. These requirements were also detailed in a personal mailing to all diplomates from ABEM in December of 2009.

The phase-in of the APP requirements will be completed by 2019. From that point forward diplomates will be **required to complete 3 APP activities** during the 10 years after certification **to maintain their clinically active designation**:

- One **patient care practice improvement activity (PI)** in the first 4 years after certification
- A **second PI** in the following 4 years, and
- **One communication/professionalism activity (CP)** in the first 8 years after certification

An APP patient care **practice improvement activity** must include the following 4 steps:

- The review of patient clinical care data from 10 patients that relates to a single presentation, disease or clinical care process that is part of the EM Model; the patient data may include clinical care processes, feedback from patients that relates to the clinical care administered, outcome of clinical care or access to care
- Comparison of the data to evidence-based guidelines; if evidence-based guidelines are not available, explicit expert consensus or comparable peer data may be used
- Development and implementation of a practice improvement plan, and
- The review of patient care data from 10 additional patients with the same presentation,



disease or clinical care process as the initial patient data review to assess whether clinical practice performance has positively changed or if acceptable performance is maintained

Patient questionnaires will be the usual method used to meet the communication/professionalism activity (CP), though other methods (e.g., interviews and focus groups) are acceptable.

The **communication/professionalism activity** must include:

- The collection of appropriate feedback from ≥ 10 of your patients, and
- The measurement of one physician behavior from each of the following 3 categories: communications/listening, providing information, and showing concern for the patient

Diplomates are required to specify an **independent verifier** for each APP activity. The verifier must be someone with oversight or knowledge of practice performance that meets ABEM requirements, such as:

- Hospital board chair or other member of the board
- Department chair
- Chief of staff

- Medical director
- Practice administrator in non-hospital settings

Completion of the American Board of Medical Specialties (ABMS) Patient Safety Improvement Program (PSIP) meets the requirement of the APP patient care improvement activity (not the communication/professionalism activity) if diplomates use their own patients’ data.

This program is available to diplomates in 3 forms; 2 independent programs and a third program that is a combination of the two.

Only the **ABMS Quality Improvement in Practice (QIP) and the Patient Safety Improvement Program (PSIP)** can be used to **fulfill the ABEM APP patient care improvement activity**. ABEM will receive independent verification for diplomates who complete these programs, which can be purchased for \$35 and \$55, respectively.

Each APP activity must be begun, completed and reported within the designated time frames for that activity. If you fail to do this, your certification will remain valid, but your clinical activity status will be changed to **clinically inactive**. This status will be reported to the ABMS and will be public information, but will not be identified on diplomates’ certificates.

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You can revert your status of clinically inactive to clinically active by completing any one of the required APP activities.

There are no APP requirements for clinically inactive diplomates. ABEM will assume that all diplomates are clinically active until diplomates inform ABEM that they are clinically inactive or until diplomates fail to complete the APP requirements.

If you have additional questions about the APP requirements, please send your questions via email to ICEP staff member Kate Blackwelder at kateb@icep.org. Questions and answers will be printed in a follow-up article in one of the next issues of the EPIC so that all members can learn more about this new component.

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Your current certification expires	LLSA & Assessment of Performance Practice (APP) Requirements
2009	To register for and take 2009 ConCert examination: <ul style="list-style-type: none"> Pass at least 4 LLSA tests dated 2004 through 2009
2010	To register for and take 2010 ConCert examination: <ul style="list-style-type: none"> Pass at least 5 LLSA tests dated 2004 through 2010
2011	To register for and take 2011 ConCert examination: <ul style="list-style-type: none"> Pass at least 6 LLSA tests dated 2004 through 2011
2012	To register for and take 2012 ConCert examination: <ul style="list-style-type: none"> Pass at least 7 LLSA tests dated 2004 through 2012
2013	To register for and take 2013 ConCert examination: <ul style="list-style-type: none"> Pass at least 8 LLSA tests dated 2004 through 2013 To maintain clinically active status: <ul style="list-style-type: none"> Complete 1 patient care practice improvement activity and attest to its completion in 2010 through 2011
2014	To register for and take 2014 ConCert examination: <ul style="list-style-type: none"> Pass at least 8 LLSA tests dated 2005 through 2014 To maintain clinically active status: <ul style="list-style-type: none"> Complete 1 patient care practice improvement activity and attest to its completion in 2010 through 2012
2015	To register for and take 2015 ConCert examination: <ul style="list-style-type: none"> Pass at least 8 LLSA tests dated 2006 through 2015 To maintain clinically active status: <ul style="list-style-type: none"> Complete 1 patient care practice improvement activity and attest to its completion in 2010 through 2013
2016	To register for and take 2016 ConCert examination: <ul style="list-style-type: none"> Pass at least 8 LLSA tests dated 2007 through 2016 To maintain clinically active status: <ul style="list-style-type: none"> Complete 1 patient care practice improvement activity and attest to its completion in 2011 through 2014
2017	To register for and take 2017 ConCert examination: <ul style="list-style-type: none"> Pass at least 8 LLSA tests dated 2008 through 2017 To maintain clinically active status: <ul style="list-style-type: none"> Complete 2 patient care practice improvement activities. Attest to completion of 1 activity in 2010 through 2011 and 1 in 2012 through 2015. Complete the requirements for communication/professionalism feedback and attest to its completion in 2010 through 2015.
2018	To register for and take 2018 ConCert examination: <ul style="list-style-type: none"> Pass at least 8 LLSA tests dated 2009 through 2018 To maintain clinically active status; <ul style="list-style-type: none"> Complete 2 patient care practice improvement activities. Attest to completion of 1 activity in 2010 through 2012 and 1 in 2013 through 2016. Complete the requirements for communication/professionalism feedback and attest to its completion in 2010 through 2016.

