

NBOME AND COMLEX-USA BRIEF UPDATE

AAOE MEETING AT AOA ANNUAL MEETING

Thursday, July 19, 2018

Chicago, IL



NBOME
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

2018



Presentation Overview

- Mission, Leadership Updates, Special Awards, National Faculty
- COMLEX-USA Program Updates, 2017-2018 Pass Rates
- Enhancing COMLEX-USA 2018-2019
- Continuous Professional Development and Assessment For Learning:
CATALYST
- Single Accreditation System for GME: Update
- Questions & Answers

OUR MISSION



**NATIONAL
BOARD OF
OSTEOPATHIC
MEDICAL
EXAMINERS**

The NBOME's mission is to protect the public by providing the means to assess competencies for osteopathic medicine and related health care professions.

NBOME Clark Award for Patient Advocacy



Martin M. Crane, MD (2017)

Executive Leadership Team Welcomes New Vice President for Clinical Skills Testing Gretta A. Gross, DO, MEd!



And New Vice President for
Assessment Services
Joel L. Dickerman, DO!

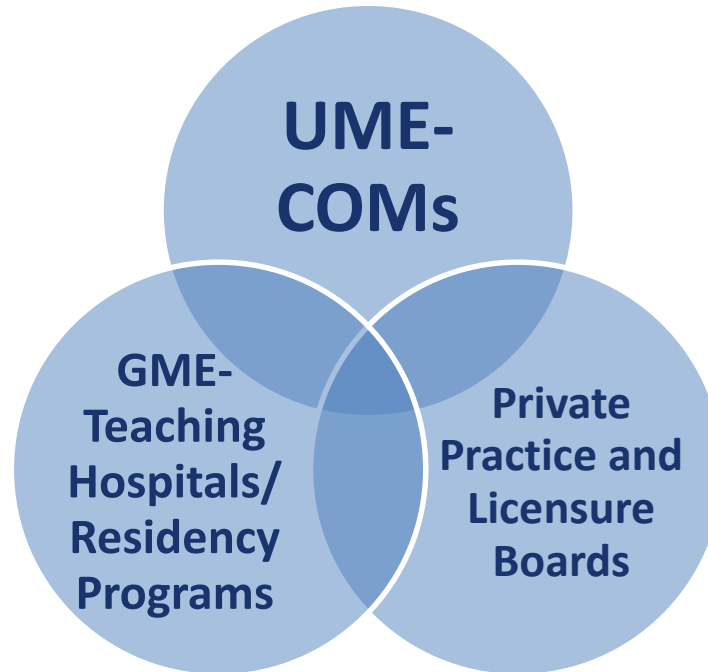


And New Senior Vice President
for Assessment
J. Michael Finley, DO!





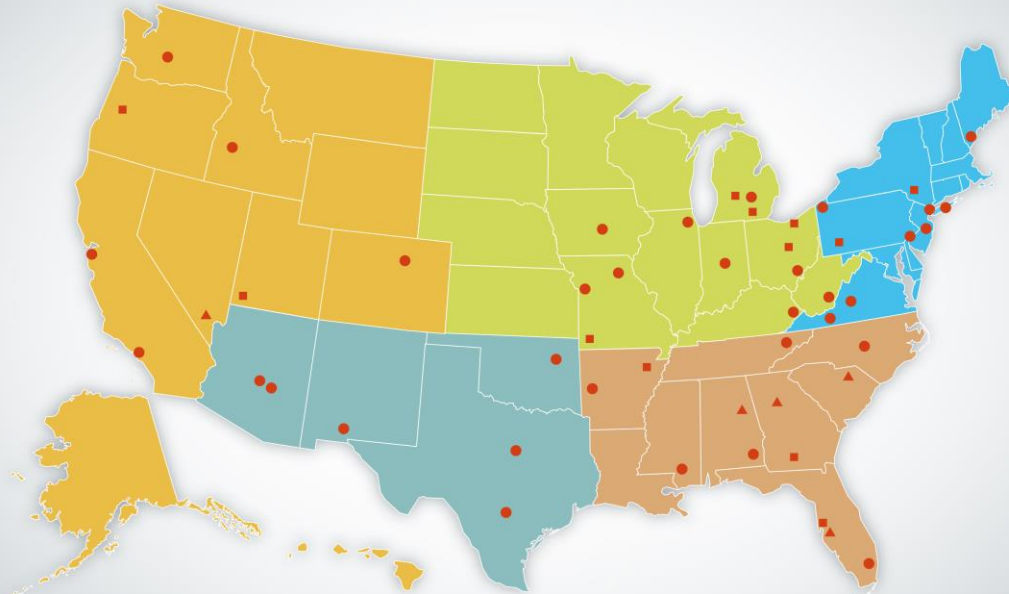
NBOME's Credentialed National Faculty





NATIONAL FACULTY BY REGION

NORTHEAST 241 | **SOUTH 113** | **MIDWEST 226** | **SOUTHWEST 110** | **WEST 98**



COLLEGES OF OSTEOPATHIC MEDICINE

● CIRCLES INDICATE MAIN CAMPUS ■ SQUARES INDICATE ADDITIONAL SITE ▲ TRIANGLES INDICATE BRANCH CAMPUS

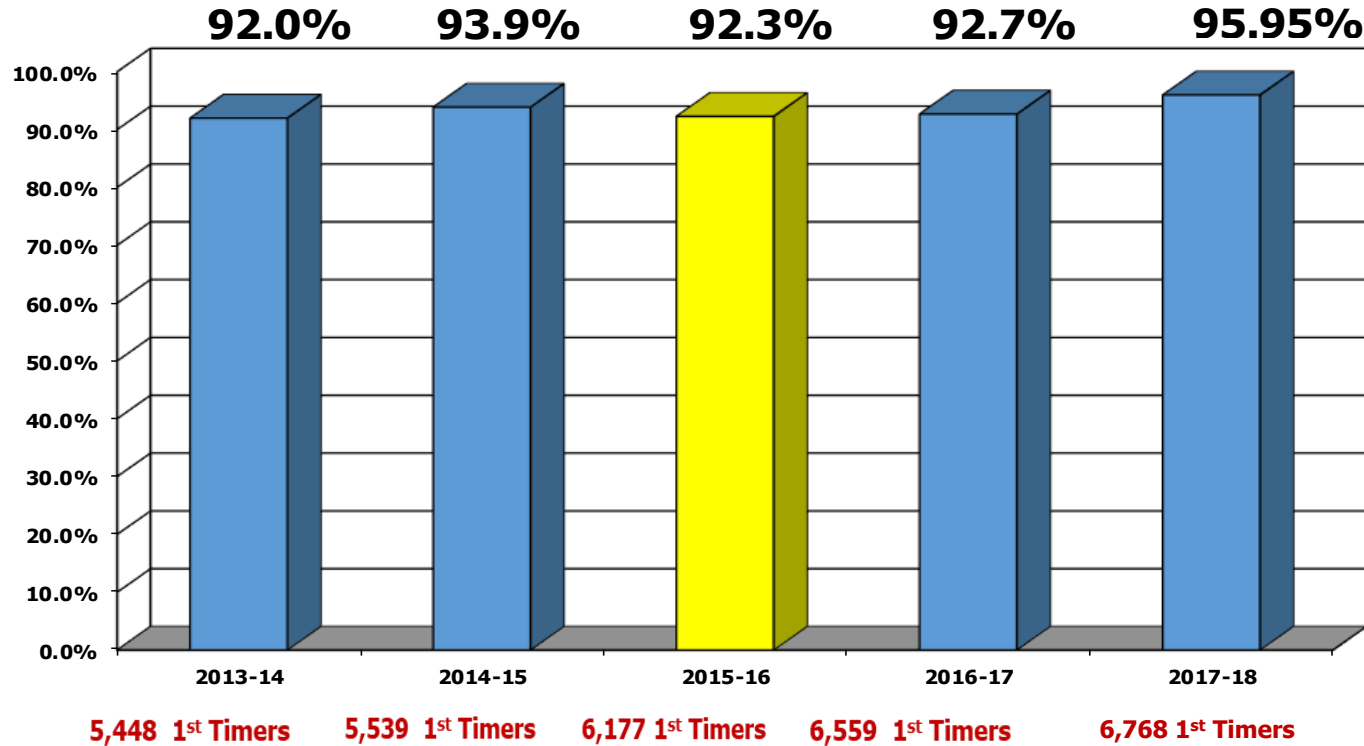


COMPLEX-USA

National Board of Osteopathic Medical Examiners

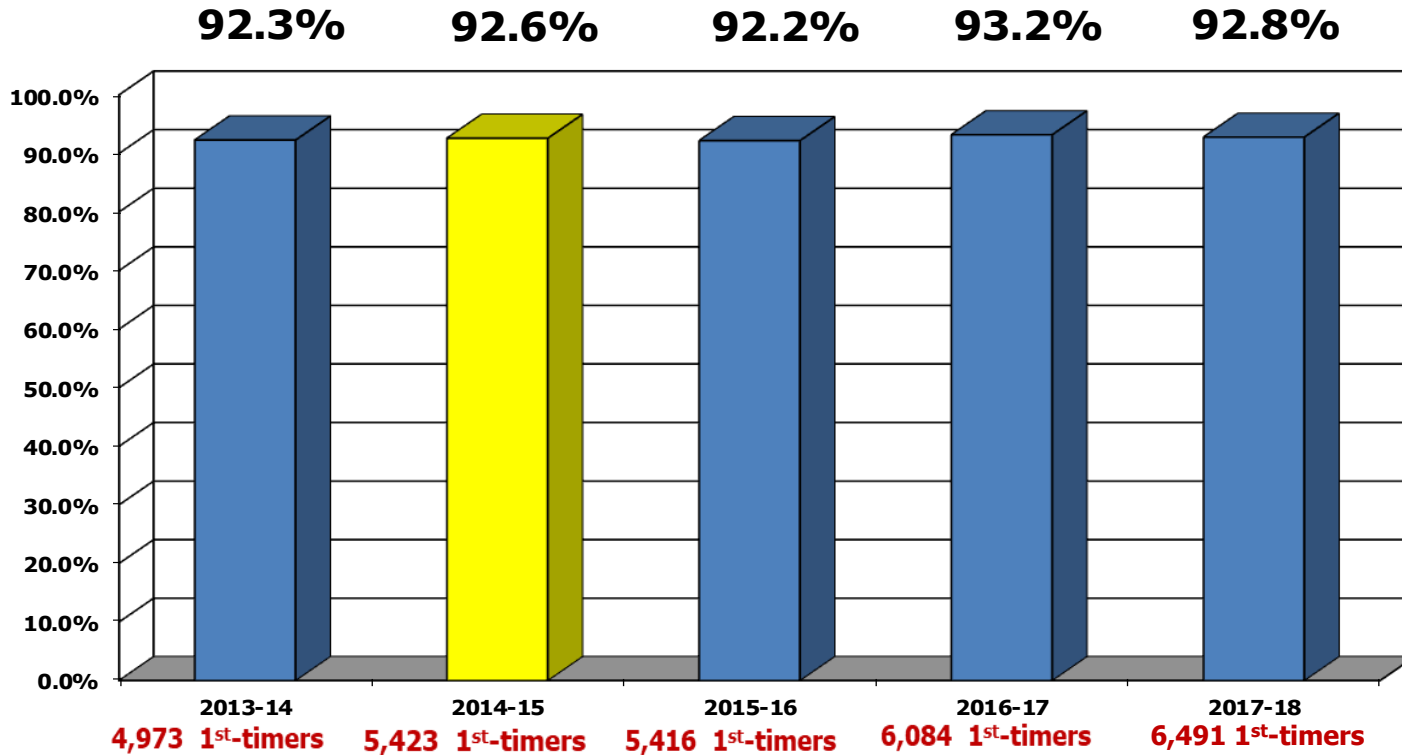
Comprehensive Osteopathic Medical
Licensing Examination-USA

COMPLEX-USA LEVEL 1 FIRST-TIME TAKER PASSING RATES



The yellow bar indicates the admin year when a new/revalidated pass standard is applied.

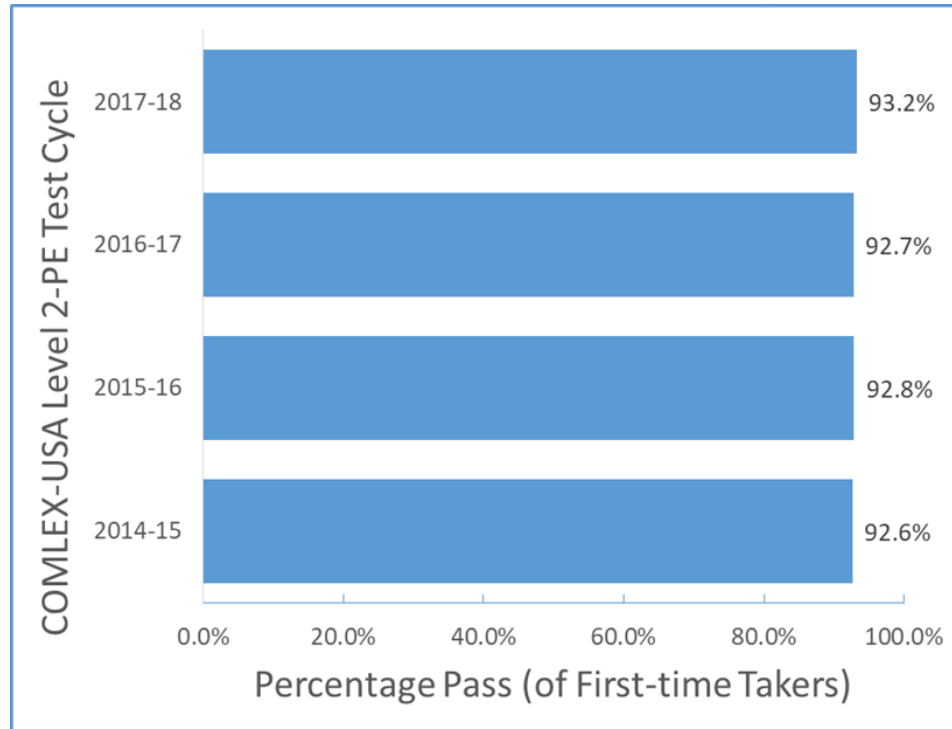
COMPLEX-USA LEVEL 2-CE FIRST-TIME TAKER PASSING RATES



The yellow bar indicates the admin year when a new/revalidated pass standard is applied.

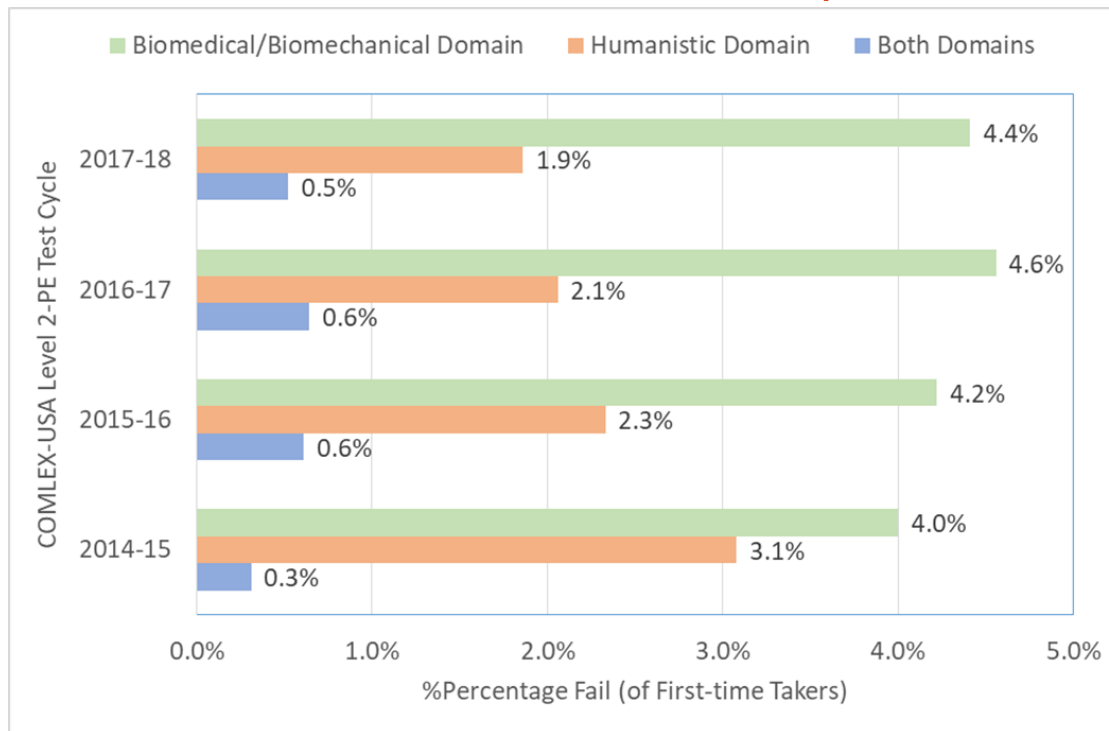


Level 2-PE Performance Data (First-Time Takers)

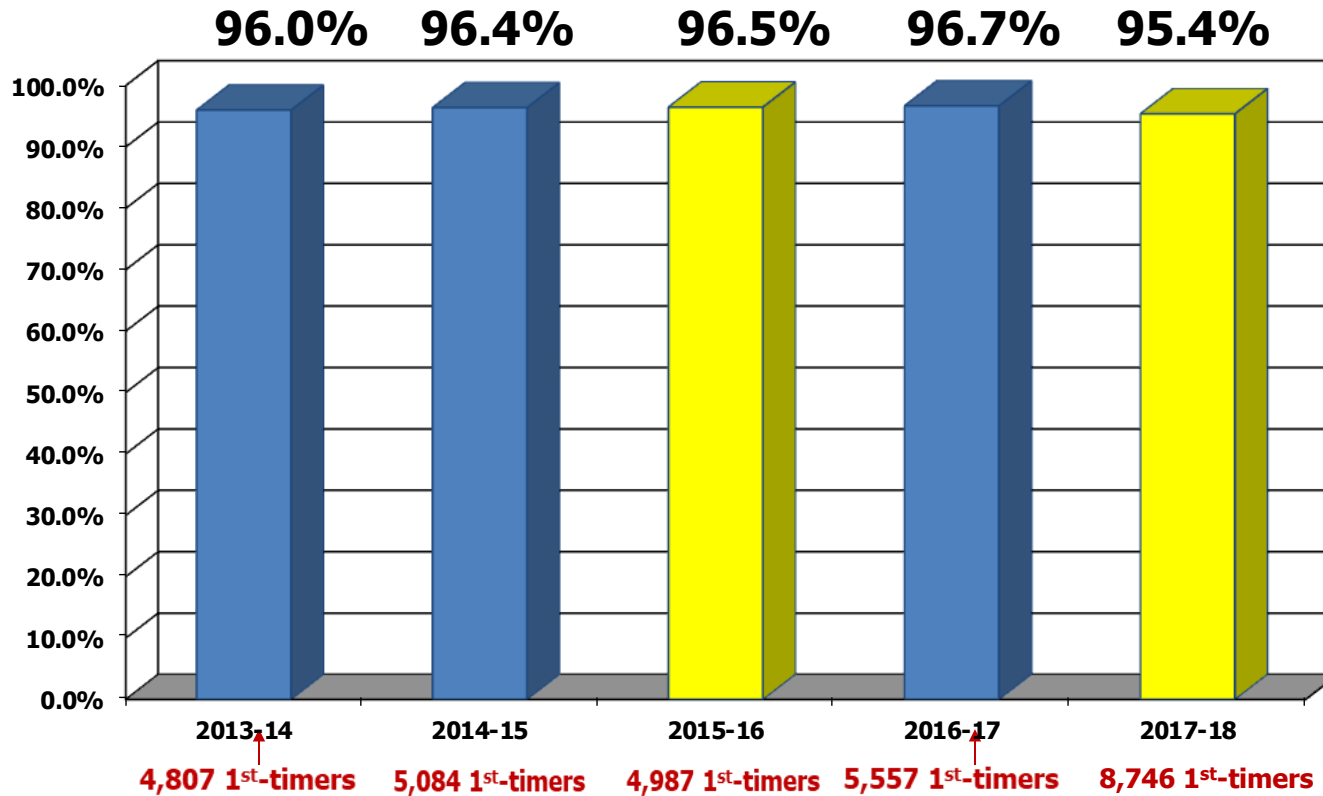




Level 2-PE Performance Data (First-Time Takers)



COMLEX-USA LEVEL 3 FIRST-TIME TAKER PASSING RATES



The yellow bar indicates the admin year when a new/revalidated pass standard is applied.



New Passing Standards Level 1 and Level 3

- Score release dates for candidates taking COMLEX-USA Level 1 from May 21 to June 15, 2018 are anticipated to be released July 18-19. Thereafter, we anticipate a normal reporting time for Level 1 score release.
- Level 3 for candidates from September-November 2018 likely ready for release after new year.
- Score release dates are typically longer than normal when a new passing standard is set, which will be the case again for Levels 1 and 2-CE in 2019 when enhanced COMLEX-USA Blueprint is implemented.



COMLEX-USA

National Board of Osteopathic Medical Examiners

Enhanced COMLEX-USA Blueprint 2018-2019



NBOME UPDATE



 **NBOME**
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

**COMLEX-USA
MASTER BLUEPRINT**
EFFECTIVE BEGINNING SEPTEMBER 2018



COMLEX-USA EXAMINATIONS

LEVEL 1

400 predominantly multiple-choice questions (MCQs)
New Blueprint test specifications

MAY 2019

LEVEL 2-CE

400 predominantly MCQs

JUNE 2019

LEVEL 2-PE

12 station SP-based/OSCE-type Performance Evaluation

MARCH 2019

LEVEL 3A

MCQs and novel item formats to assess expanded competency subsets including clinical decision making/key features and portfolio components

2018

LEVEL 3B

MCQs and novel item formats to assess expanded competency subsets including clinical decision making/key features and portfolio components

2018

COMLEX-USA Level 3

ADMINISTRATIVE CHANGES 2018



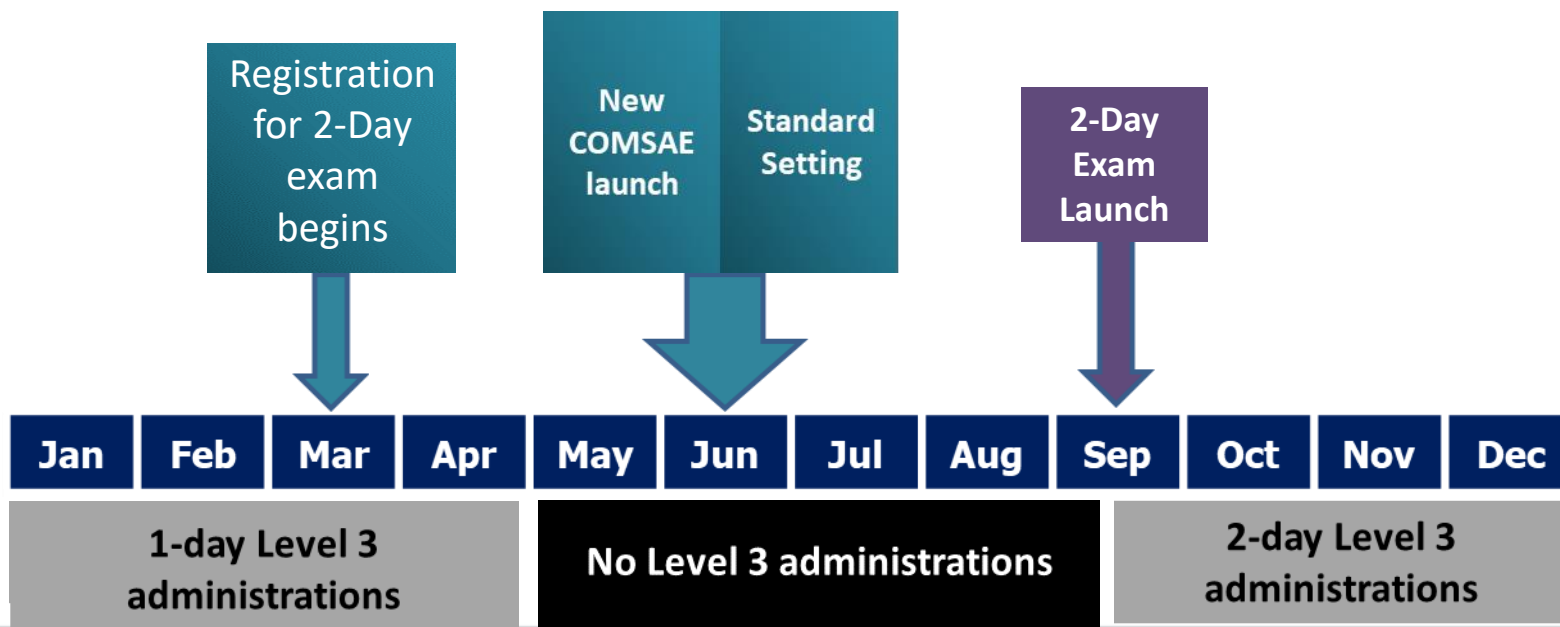
NBOME
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

2018



Two-Day Milestones

2018





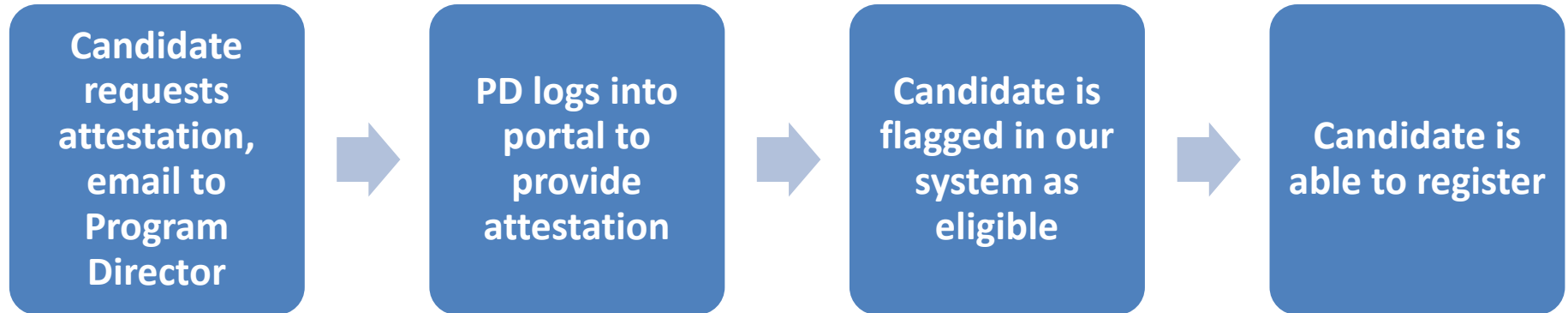
Two-Day Level 3 Highlights

- Initial two-day exam cycle runs from September 2018 through December 2019 (16 months)
- New candidate eligibility requirements effective March 2018
- Residents must complete both exam days within a 14-day time period (including ADA candidates)
- Score reports will be revised to reflect the Master Blueprint
- Score release turnaround may be longer than for the 1-day exam due to standard setting and CDM scoring/equating



Two-Day Level 3 Attestation for Eligibility

- User Acceptance Testing successfully completed with RPDs
- Incorporates a database of every RPD in the U.S.
- Over 1700 attestations already completed





Two-Day Level 3 Attestation Statement

“I attest that I am the residency program director and this licensure examination candidate is a resident in good academic and professional standing at the residency program. Good standing denotes that s/he meets the academic and professional requirements of the residency program and is eligible to continue as a resident in the program.”

INTRODUCTION TO NBOME'S CATALYST



CATALYST – A Continuous Assessment and Learning Platform

- Accessible on smartphones/tablets
- Email notification of new questions
- Short questions fit busy schedules
- Immediate performance feedback
- Directed to improvement resources
- Content determined by Board/Client
- Exploring adaptive learning engines

Question 1
Answer saved
Marked out of 1

A 24-year-old male presents to the office with a 7-day history of anorexia, malaise, and vague abdominal pain. He denies any vomiting or diarrhea. He states his urine looked "funny" yesterday which prompted him to call for an appointment. He has a negative history of drug or tobacco usage. He drinks an average of two beers each weekend, but stated he attended a family barbeque a week ago where he admitted to drinking 6 beers on Saturday. The patient has faint icterus and jaundice noted on inspection. Abdomen reveals active bowel sounds, mild fullness and tenderness in both the right and left upper quadrants. The remainder of the physical examination is unremarkable.

Vital signs are:

Temperature	38.0°C (100.4°F)
Blood pressure	118/72 mmHg
Heart rate	88/min
Respiratory rate	20/min

Laboratory evaluation reveals:

Test	Patient's Value	Reference Range
Aspartate aminotransferase	460 U/L	< 35 U/L
Alanine aminotransferase	522 U/L	<45 U/L
Total bilirubin	3.8 mg/dL	0.3-1.2 mg/dL
Direct bilirubin	1.8 mg/dL	0.0-0.2 mg/dL
Amylase	52 U/L	28-100 U/L

The most likely diagnosis is

CATALYST - AOA-OCC PILOTS



AOBP

- 38 Pediatricians—certified in last 3 years
- Included 16 AOBP Board Members

AOBIM

- 69 Internists—certified in last year
- Accessed on smartphones by 46% of participants

AOBOG

- 108 OB/GYNs—many due to recertify in six months
- Included AOBOG Board Members & Examiners

Each pilot included two questions/week for 16 weeks



AOBIM, AOBP and AOBORG Pilot Take-Aways

- Boards provided items; NBOME wrote test item rationales
- Feedback from all 3 pilots was incredibly positive
 - CATALYST will help me provide better care to patients **(92+%)**
 - Would recommend CATALYST to my colleagues **(96+%)**
 - CATALYST is convenient to use **(92+%)**
- AOBIM pilot revealed a statistically significant positive correlation with recent certification exam

SINGLE ACCREDITATION SYSTEM FOR GME

*Volatility and Change, but Good Progress
toward full implementation in 2020!*



NBOME
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

2018



2018 NRMP Match Results by Applicant Type

	Matched		Not Matched	
	#	%	#	%
DO Students/Grads	3,771	81.7	846	18.3
MD Seniors/Grads	25,264	77.8	7,207	22.2
US MD Seniors	17,740	94.3	1,078	5.7
US MD Grads	662	43.8	849	56.2
US Citizen Students/Grads International Medical Schools	2,900	57.1	2,175	42.9
Non-US Citizen Students/Grads International Medical Schools	3,962	56.1	3,105	43.9



NRMP Program Director Survey 2016

ACGME Residency Program Directors
Use COMLEX-USA for DOs

(same as 2012 and 2014 PD Surveys)...

77%



<http://www.nrmp.org/wp-content/uploads/2016/09/NRMP-2016-Program-Director-Survey.pdf>



Initiatives to Reach Residency Program Directors

- NBOME Liaison Committee
- Organization of Program Director Associations/Council of Medical Specialty Societies—presentations twice annually
- ACGME Annual Meeting Exhibit, Presentations at ACGME Annual Educational Conference 2018
- Research: presentations and publications with CORD (EM), SAEM (EM), ACP (IM), JAOA, JGME, etc.
- ERAS links regarding interpretation of COMLEX-USA scores
- Percentile score converter on website; PD Resources on website
- AACOM UME-GME Task Force; Resident Ambassador Program
- Grass-roots efforts - **DOs and Students have a key role!**

#PERFECTLYMATCHED 2018!



#PerfectlyMatched



“I only took COMLEX successfully matched ACGME program have matched at South Dakota State Children's Pediatric Program!

—Caleb B. Hentges, OMS IV
Arizona College of Osteopathic Medicine of Midwestern University

#PerfectlyMatched



“I took COMLEX-USA and landed interviews at a number of General Surgery residencies. I'm excited to say that I matched at my top choice Doctors Hospital in Columbus, OH.

—Jared Wenn, OMS IV
Pacific Northwest University of Health Sciences
College of Osteopathic Medicine

#PerfectlyMatched



“The Match process is very stressful, so knowing that I only had to take COMLEX-USA to match into my top choices for residency helped calm my nerves. I was able to match into the psychiatry residency at Providence Sacred Heart Medical Center in Spokane, WA!

—Kelsey Martell, OMS IV
Pacific Northwest University of Health Sciences
College of Osteopathic Medicine

#PerfectlyMatched



“I matched at Providence-Providence Park Hospital/ Michigan State University College of Human Medicine in neurosurgery. My COMLEX-USA scores were all I needed to match into my number one choice!

—Gustavo Anton, MA, OMS IV
Arizona College of Osteopathic Medicine of Midwestern University

COMLEX-USA COMPLEX-USA COMPLEX-USA COMPLEX-USA



My COMLEX-USA scores allowed for me to match into my top choice for residency at Lehigh Valley. I'm looking forward to starting my residency in Emergency Medicine!

—William Spinosi, OMS IV
Rowan University School of Osteopathic Medicine



I was best served focusing on doing well on COMLEX-USA and COMLEX-USA alone. In the end, I matched at my first choice. I'm excited to begin my residency at Nemours/Alfred I. duPont Hospital for Children in Pediatrics.

—Heather Fackelman, OMS IV
Rowan University
School of Osteopathic Medicine



I prepared to get interviews at a number of Internal Medicine residencies throughout the New England region, and to match at my top choice UMass. Program directors were very positive about DO student applicants and COMLEX-USA credentials.

—Linsey Barker, OMS IV
Matched into the internal medicine residency program at UMass



I was able to match into a variety of places - community hospitals, major hospitals, large academic centers. I'm incredibly excited and blessed to have matched at Ohio State University Medical Center in Family Medicine!

—Dan Krajcik, OMS-IV
Matched into the family medicine residency program at Ohio State University Medical Center in Family Medicine

COMPLEX-USA COMPLEX-USA COMPLEX-USA COMPLEX-USA

NBOME



Thank you!

Like us on [Facebook](#)

National Board of Osteopathic Medical Examiners

Follow us on Twitter [@NBOME](#)

Follow Dr. Gimpel on Twitter [@JohnGimp](#)

Subscribe to our [YouTube account](#)

National Board of Osteopathic Medical Examiners

Follow us on [LinkedIn](#)

NBOME

Protecting
Advocating
Serving

Licensing Questions and Safe Haven Non-Reporting: FSMB Recommendations for State Medical Boards

Scott Steingard, D.O.

**Chair-elect, Federation of State
Medical Boards**

**Humayun J. Chaudhry, D.O.,
M.S., MACP, MACOI**

**President and CEO, Federation of
State Medical Boards**

AAOE Annual Business Meeting

July 19, 2018, Chicago, IL



Background

- Initial Discussions Focused on Disruptive Physicians
- Realization that Disruptive Behavior often has Roots in Burnout
- Dual Focus on Professionalism/Professional Self-Care **AND** Systems Factors
- Dr. Hengerer creates FSMB Workgroup on Physician Wellness and Burnout



Workgroup on Physician Wellness and Burnout

- **Education:** Educate state medical boards and physicians
- **Research and Evaluation:** Evaluate current data/research on the impact of physician burnout on patient care
- **Collaboration:** Convene stakeholder organizations and experts to discuss physician wellness and recommend best practices
- **Stigma Reduction:** Raise awareness about the prevalence of burnout; help reduce stigma associated with help-seeking

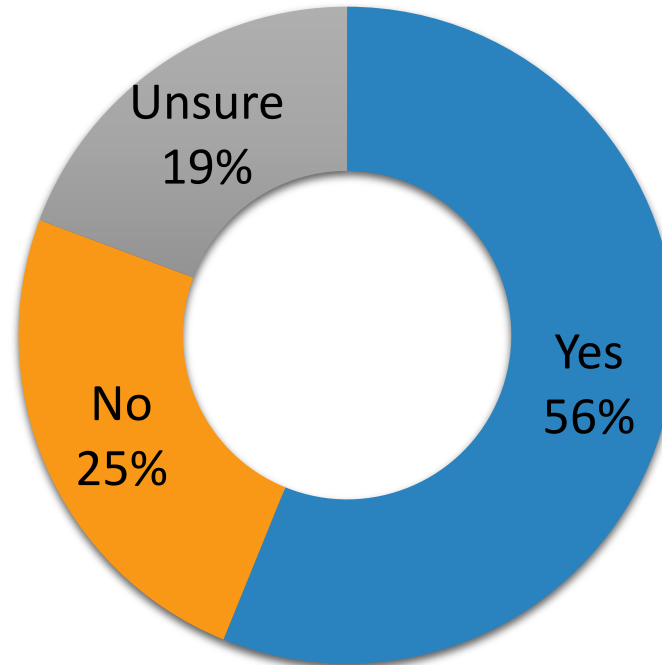


Survey of State Medical Boards (2016)

- Formal Discussions at Board level
- Importance/Prioritization of the Issue
- Review of Licensure Application Questionnaire
- Licensee Perceptions of Board's Role and Influence



Is your board aware of physicians reluctant to report issues related to their well-being or burnout to state boards due to fear that it might negatively impact their ability to obtain or retain a medical license?



n=57/70 Boards



Stakeholder Summit



Federation of State Physician Health Programs



License Application Question Design

- Trigger point for many stakeholders in healthcare
- Each state has its own application questionnaire and requirements
- Questions addressing disease or impairment can cause deferral or avoidance of help and treatment
- Physicians may feel compelled to submit inaccurate responses, thereby defeating public protection goals of questions

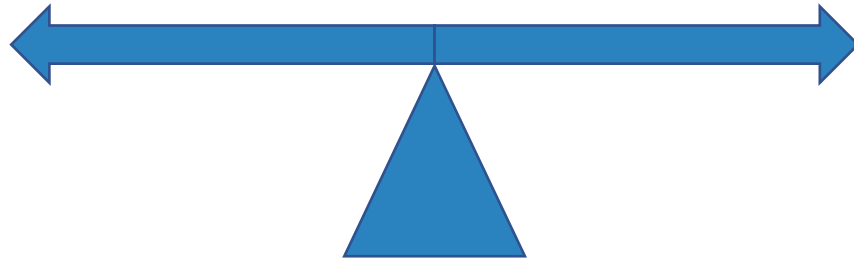


Balance Required

How can boards obtain information necessary for public protection without negatively impacting physician wellness?

PUBLIC PROTECTION

TRANSPARENCY



Licensing Process

45 of 52 Licensure Applications reviewed contained questions about applicant mental health

Polfliet, S. *J AAPL* 2008; 36(3)

Presence of questions about mental health or substance use may cause physicians to avoid or delay treatment

Schroeder R, et al. *Acad Med* 2009; 84(6)

“Women physicians report substantial and persistent fear regarding stigma which inhibits both treatment and disclosure”

Gold K, Andrew L et al. *Gen Hosp Psychiatry* 2016; 43



Licensing Process

69% of physicians surveyed who were experiencing symptoms of burnout were significantly more likely to avoid seeking treatment if required to report this on licensing applications or renewals

Survey of NY Licensees by FSMB and MSSNY

Privitera M, et al., Journal of Hospital Administration, 2018, Vol. 7, No. 4

N.B. NY does not currently include any questions about mental health or substance use on licensing applications



Licensing Process

21. Have you used or are you currently using any chemical substance(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice medicine in a safe and competent manner? Yes No

22. Have you ever been voluntarily or involuntarily committed or confined to any facility for mental health care? Yes No

23. Have you ever been diagnosed with, treated for, or do you currently have: Yes No

Check each condition you have ever been diagnosed with, treated for, or currently have:

Bipolar Disorder

Hypomania

Schizophrenia

Depression

Seasonal Affective

Depressive Neurosis

Any Dissociative Disorder

Any Psychotic Disorder

Any Organic Mental Disorder

Any condition requiring chronic medical or behavioral treatment

Kleptomania

Pyromania

Delirium

Paranoia

24. Have you ever taken, or are you currently taking, any controlled substance for any of these disorders? Yes No

25. Have you ever been adjudicated, or declared incompetent, or been the subject of an incompetency proceeding? Yes No

MENTAL / PHYSICAL

Recommendations

If questions are used, FSMB recommends the following phrasing:

Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No)



Recommendations

“Consider offering the option of “safe haven non-reporting” to applicants for licensure who are receiving appropriate treatment for mental health or addiction”

“Work with state legislatures to ensure that the personal health information of licensees related to an illness or diagnosis is not publicly disclosed as part of a board’s processes”



Goals of Recommendations

- Encourage physicians to seek help early
- Remove stigma associated with acknowledging a need for help
- Improve physician well-being
- Change perception of medical board role as always punitive
- Promote understanding of “Duty to Report” to assist earlier intervention
- Improve quality of care delivered to patients
- Support public protection efforts of state medical boards



Future Considerations

- Encourage self-care without fear of repercussions against license
- Clarify distinction between burnout/impairment and disruptive behavior
- Use proxies and prospective data to help identify/address issues early
- Examine SMB investigations, discipline, and communication processes
 - Evaluate practice environment (systems issues)
 - Consider using wellness/burnout inventories as tools
 - Include broad range of wellness interventions in remediation and monitoring
 - Insist on prioritizing wellness and healthy work-life balance



Key Takeaway

- State Medical Boards' duty to protect the public includes a responsibility to support physician wellness



Thank You!

Contact:

Scott Steingard
ssteingard@fsmb.org

Hank Chaudhry
hchaudhry@fsmb.org



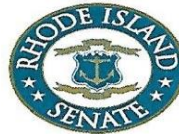
PROMOTING THE HIGHEST STANDARDS FOR
MEDICAL LICENSURE AND PRACTICE



Protecting
Advocating
Serving

*American Association of
Osteopathic Examiners Annual
Meeting
Chicago, IL
July 19, 2018*

**Special Legislative Commission
to Examine the Advisability of RI
Joining the Interstate Medical
Licensure Compact**



- IMLC legislation introduced annually since 2015
- Small, vocal group of opponents
- Misinformation regarding the compact and MOC
- Special legislative commission was formed in 2017 to focus on pros and cons of the compact

“That said legislative commission shall also *consider the issue of maintenance of certification* while examining the advisability of Rhode Island joining the Interstate Medical Licensure Compact.”

Two meetings were held:

April 12, 2018

Presenters:

- Rick Masters, Legal Counsel, Interstate Medical Licensure Compact Commission
- Kristen Schleiter, Senior Legislative Attorney, American Medical Association's Advocacy Resource Center

May 23, 2018

Presenters:

- Marti Rosenberg, Director of State Innovation Model Test Grant
- Pamela Hoffman, MD, Assistant Director, Hasbro Psychiatric Emergency Services

Subsequently...

- Opposition continued with \$15,000 lobbying effort
- Bills introduced for reciprocal licensure from other jurisdictions
- Other bills introduced to prohibit RIBMLD, hospitals and health care insurers from denying a license, hospital privileges and network providers equal reimbursement status to physicians based on absence of MOC
- Pushback from RI Medical Society-conflicts with ability of hospitals and medical staffs to act as self-governing entities
- Amended bills for medical staffs to ***decide by majority*** whether to require participation in MOC
- “Staff shall also ***decide by majority*** vote which medical specialty board the staff will utilize to implement the MOC program.”

- Compact passed in the Senate but not in the House
- Two or more additional meetings will be scheduled during the next session
- Per IMLCC, we can amend the IMLCC language to indicate that MOC will not be a requirement for licensure in Rhode Island (opposition continues to conflate initial vs. maintenance of licensure)

Takeaways

Get involved:

- BMLD members- most knowledgeable about this issue
- Medical/specialty societies (attend public laws meetings, PAC meetings)
- Key contacts/ familiar faces with elected officials (attending fund raisers)
- Become a resource (testifying at the State House, meetings with elected reps)
- Letters to the Editor (Westerly Sun debate-public exposure to the issue)
- Suggest a Special Legislative Commission in your state
- Impact of Rick Masters presentation-credibility
- Be prepared, review, anticipate opposition arguments and have responses ready