Single GME Accreditation System

Presented to AHA Hospital Leaders
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Presenters

Thomas Nasca, MD, MACP
CEO, ACGME

Adrienne White-Faines, MPA
Executive Director and CEO, AOA

Robert Juhasz, DO, FACOI, FACP
President, AOA
Meeting Agenda

• Review of history that led to the single GME accreditation system
• Overview of integration of osteopathic medicine into ACGME
• Overview of single GME structure and timing
• CEO perspective: Considerations for transition
• Discussion and Q&A
The medical professions are at a crossroads. We must evolve and adapt.
ACGME Advances in Accreditation

• Next Accreditation System (NAS)
  • Designed to Promote Innovation
  • Reduce Process Standards
  • Focus on Educational Outcomes

• Milestones Project

• Clinical Learning Environment Review (CLER)
  • Focus on Enhancing Quality, Improving Safety, Reduction of Disparities, Fatigue Management and Professionalism
  • Pathways – Developmental Steps towards Excellence
  • Collaborative efforts with IHI, AAMC, ABMS, AIAMC, AHME, AHA, ACCME and others to provide faculty development and solutions
How Did We Get Here?

- Desire by ACGME, AOA and AACOM to align GME structures and standard to improve public health
- Growth in osteopathic medicine fostered integration of training
  - Of nearly 5,000 DO grads seeking GME in 2014, 45% directly entered ACGME programs and 48% entered AOA programs
- A single GME system aligned with the goals of the Next Accreditation System
  - Enhance the ability of the peer-review system to prepare physicians for practice in the 21st century
  - Accelerate the movement of the ACGME toward accreditation on the basis of educational outcomes
  - Reduce the burden associated with the current dual accreditation structure and process-based approach
Overall, seek to enhance efficiency, relevance and innovation in post-graduate GME in the U.S.
DOs will serve on Residency Review Committees in specialties where there are osteopathic ACGME programs.

New committees will be formed to oversee development and application of osteopathic principles in osteopathic-focused programs.

New ACGME staff will support osteopathic programs.

AOA and AACOM will become ACGME member organizations with representation on the board of directors.
Single GME System Timeline

Education & Application Processes

2014-2015

July Aug Sept Oct Nov Dec Jan Feb Mar Apr

Educate Program Directors on application process, preparation and timeframe

Curriculum Development

Standards review meetings between RRCs and Specialty Committees

Meeting started in 2013 and will continue through transition

Institutions may apply for “pre-application” status

Begin April 2015

Individual programs able to apply for “pre-accreditation” status

Begin July 2015
Considerations for Hospitals

- **Financial implications**
  - Hospitals with dually accredited and parallel accredited programs should realize cost savings as they no longer have to maintain two separate GME accreditation systems

- **Institutional sponsorship**
  - Choice of self-sponsor, third-party sponsor or OPTI sponsor

- **Benefits of maintaining osteopathic certification**
  - Goal is to grow and strengthen programs to meet demand
Why Maintain Osteopathic Programs?

- DOs’ holistic approach to care aligns with national health care objectives
- DOs tend to train and practice in community-based settings, and understand the unique health care needs of their communities
- DOs mostly practice in the primary care specialties of family medicine, internal medicine, pediatrics and OB/GYN
- DOs who provide specialty care in communities tend to be more involved in patients’ continuum of care
- DOs help to fill a critical need for physicians in rural, urban and other medically underserved communities
Discussion and Q&A
For More Information