Update from NCCPA
...and the Proposed PANRE Model

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Presentation Outline

• About NCCPA
• What’s This I Hear about a Proposed Model for PANRE??
• The Certification Maintenance Process

A Brief Overview of NCCPA
About NCCPA

- Only national certifying body for PAs
- Certifying PAs since 1975
- Passionate about PAs and the patients you serve
  - Promote qualifications and roles of certified PAs to various audiences (physicians, employers, state medical boards, public, etc.)
  - Have significantly ramped up communications/PR efforts in past year to promote certified PAs

Current Board of Directors

10 PAs, 6 physicians and 2 public members, including...

- 4 PA directors at large and PA nominees from:
  - American Academy of Physician Assistants
  - PA Education Association
  - Federation of State Medical Boards
  - Department of Veterans Affairs

- Physician nominees from:
  - American Academy of Family Physicians
  - American Academy of Pediatrics
  - American College of Physicians
  - American Medical Association
  - American Osteopathic Association
  - Association of American Medical Colleges

Future Board of Directors

10 PAs, 5 physicians and 2 public members, including...

- 6 PA directors at large and PA nominees from:
  - American Academy of Physician Assistants
  - PA Education Association
  - Federation of State Medical Boards

- 3 physician directors at large and physician nominees from:
  - American Medical Association
  - American Osteopathic Association

But that’s only part of the story...
PA Involvement with NCCPA

- 72 PAs served on 2015 Practice Analysis workgroups, helping identify the knowledge, skills and abilities that were included on that survey
- Approximately 16,000 PAs responded to the Practice Analysis survey
- Nearly 100,000 PAs have completed the PA Professional Profile
- 15 PAs serve on promotion and publicity councils, supporting our efforts to generate story ideas and press coverage for the profession

PA Involvement With NCCPA

- 77 PA item writers serve on item writing committees, writing questions that appear on PANCE, PANRE and the CAQ exams
- In 2015, NCCPA hosted 34 PA team meetings to develop and validate exam questions, set passing standards
- In 2015, 29 PAs participated in a 3-day focus group to talk about PANRE
- In 2015, approximately 10,000 PAs participated in a survey about the recertification exam.
- In progress: a profession wide survey about proposed PANRE model

What’s This I Hear about a Proposed Model for PANRE??

NCCPA
Exploring a New Approach to PANRE

• Why?
• Challenges
• What is the model?
• Benefits?
• Myth-busting
• For more information and how to comment

Why Explore a New Approach?

• PA practice has changed (currently 73% practicing in specialties other than primary care)
  – Are we still most effectively fulfilling our obligation to the public with today’s generalist exam?

• PAs have asked for change
  – Desire to be tested on content relevant to their current role
  – Questions about the difficulty of PANRE
  – Cost and time required to prepare for today’s PANRE

Challenges for NCCPA

• Maintain the generalist nature of the PA-C
  – Protect PAs’ flexibility to change specialties

• Improve the relevance and value of the exam by addressing its content and its educational value
  – Should facilitate lifelong learning

• Maintain the integrity and appropriate rigor of the process
  – Validity in the eyes of external stakeholders to the certification process
What is the Proposed Model?

1. Assessment of general or core knowledge through “open book,” take-at-home exams during the 10-year certification maintenance cycle
   - Opportunity for remediation through CME for those whose performance is below the passing standard but within a defined performance range
2. Assessment of specialty-related knowledge through secure, proctored, timed exams at the end of the 10-year certification maintenance cycle
   - 10-12 exam options at the start
   - Multiple performance levels to allow remediation through CME for some

Benefits of this Approach

- Responds to concerns raised by PAs who have asked for:
  - More relevant exams
  - Relief from the significant time and cost of preparing for a generalist timed exam
  - A take-at-home exam
- Maintains the generalist nature of the PA-C credential
  - Critical to flexibility
- Promotes continuing professional development and better knowledge retention
- Maintains the level of rigor stakeholders expect

Myth Busting

- **MYTH:** This new model will force all PAs to earn a CAQ.
  - **FACT:** CAQs will still be entirely optional – available for those who want them.
- **MYTH:** Specialty exams will only be offered in family medicine and general surgery
  - **FACT:** We estimate 10-12 specialty exams will be offered at the start, with the possibility of more over time.
  - **FACT:** Much more choice for all PAs!
- **MYTH:** This will go into effect soon.
  - **FACT:** This will take at least five years to implement.
I would say much more choice for many PAs...some folks, like dermatology PAs, will probably find themselves in the same situation they are now.

Matthew Burke, 2/1/2016
Myth Busting

- **MYTH:** Standardized exams have no real value.
  - **FACTS:** Recertifying by exam...
    - Supports knowledge retention
    - Improves patient outcomes
    - Illuminates areas of knowledge deficiency that many are unable to self-identify
    - Matters to the public and other stakeholders
    - Represents the high standards of the PA profession that have contributed to the profession’s success for 40 years

For More Information …

- [https://www.nccpa.net/panre-model](https://www.nccpa.net/panre-model)
  - Explanation of new PANRE model
  - Q&A
  - White paper
- Survey – best way for all PAs to provide feedback directly to NCCPA!
- Comment period
Certification Maintenance Process

10
• PANRE every 6 years
• 100 CME credits every two years
  – Still 50 Category 1 credits
  – In the first 4 of 5 CME cycles: 20 of the Category 1 credits must be designated as self-assessment and/or performance improvement CME
  • New requirements go into effect when you transition to the new 10-year cycle

Certification Maintenance Illustrated

| 1st CME Cycle | During each cycle, earn 100 CME credits including 50 Category 1 credits with 20 earned through self-assessment and/or PI-CME activities. |
| 2nd CME Cycle | By the end of the 4th CME cycle, you must have 40 Category 1 CME credits through SA activities and 40 Category 1 CME credits through PI activities. |
| 3rd CME Cycle |  |
| 4th CME Cycle |  |
| 5th CME Cycle | Earn 100 CME credits including 50 Category 1 and pass PANRE |

When Do I Start the 10 year Process?

• After you pass PANCE or PANRE, you will begin the 10-year cycle.
• New SA and PI-CME requirements don’t go into effect until you transition to the new 10-year cycle
• Sign in to your record at www.nccpa.net to find out when you transition.
Why Self-Assessment (SA)?

- Self-assessment is the process of conducting a systematic review of one's own performance, knowledge base or skill set for the purpose of improving future performance, expanding knowledge, or honing skills.
- 2012 study concluded that more than 20% of core information guiding clinical practice is changed within one year based on new evidence or guidelines.

Disclosure Information

NCCPA has no financial relationship with any of the other organizations or products included in this presentation.

They are included here as examples only.
Finding Self-Assessment CME

Currently:

**260+ Self-Assessment CME examples** in many different specialty areas (with more under review)

**Prices range from FREE to $400** depending on the sponsor and the number of credits offered. Ongoing efforts to ensure lowest cost possible

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RoshReview

- 400 clinical vignette based questions
- Topics derived from the NCCPA Content Blueprint
- Comprehensive explanation of the correct and incorrect answer choices
- A follow up One Step Further question to reinforce the content just tested
- Performance analysis to track strengths and weaknesses
- Cumulative 50% correct to receive credit
- Approved for 20 AAPA Category 1 Self-Assessment CME credits

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Fun with Kidneys

- 9 different modules
- Approved for up to 10 Category 1 Self-assessment credits
Finding Self-Assessment CME

Currently approved Self-Assessment CME activities include topics in:

- General medicine
- Orthopaedic surgery
- Neurology
- Hospice and palliative medicine
- Pediatrics
- Cardiology
- Emergency medicine
- Gastroenterology
- Nephrology
- Urology
- Neurosurgery
- Rheumatology
- OB/GYN
- Dermatology
- Hospital medicine
- Endocrinology
- Critical care medicine
- Psychiatry
- Hematology
- Allergy and immunology
- Surgical oncology
- Pediatric surgery
- Hand surgery

Why Performance Improvement (PI) CME?

PI-CME is a process of active learning and the application of learning to improve your practice and ultimately to enhance patient care.
What is Performance Improvement (PI) CME?

- A traditional, approved PI-CME activity includes three stages for which you can earn CME credit:
  - Stage A - Identify evidence-based measure and assess practice (5 PI-CME credits)
  - Stage B - Intervention(s) (5 PI-CME credits)
  - Stage C - Re-measure; document improvement (5 PI-CME credits)
- Completing all 3 stages (bonus of 5 PI-CME credits)

Finding PI-CME Opportunities

Currently:

- Over 50 PI-CME examples in many different specialty areas (with more under review)
- Prices range from FREE to $400 depending on the sponsor. Ongoing efforts to ensure lowest cost possible

- METRIC is offered by the American Academy of Family Physicians
- Can be completed individually or as group
- Modules available in
  - Diabetes
  - Asthma
  - Hypertension
  - Geriatrics
- Each module = 20 PI-CME credits
The first module is applicable to virtually all surgical specialties
Other PI and SA modules to follow in 2015
Module will be approved for 20 PI-CME credits

Currently approved PI-CME activities include topics in:
- General medicine
- Neurology
- Pediatrics
- Emergency medicine
- Rheumatology
- Nephrology
- Dermatology
- Psychiatry
- Allergy and immunology

Non-practicing PAs
- Patient safety
- Interprofessional education competencies (for PA educators and administrators)
More on Performance Improvement (PI) CME

- Can be done in partnership with PAs, physicians, and others in your practice
  - Board-certified physicians also have this requirement
- Where can I find these programs
  - A traditional PI CME activity (like METRIC or EQIPP)
  - An activity or project that has been developed by an employer or institution and approved by AAPA (e.g., Cleveland Clinic, MD Anderson) — could also be a QI activity that a PA is already doing
  - An activity or project that has been developed by an individual PA or group of PAs and approved by AAPA (coming in early 2016)

Coming Soon!
AAPA’s PI-CME Builder

- Will allow an individual PA to customize her/his own PI-CME module by selecting clinical measures from a library
- Process facilitated online
- Low cost: $75 for AAPA members
- Projected availability: March 2016

Common Myths About PI-CME

- **MYTH:** PI-CME takes more time than traditional CME
  - **FACT:** Completed over a longer period of time, but not necessarily requiring more actual time
- **MYTH:** I can’t complete a PI-CME activity because I don’t have continuity of care
  - **FACT:** Requires practice level data related to a process that impacts patient care (e.g., time to provider, handoffs, timeouts, prescribing)
  - **FACT:** Process measures focus on repetitive activities, not individual patient outcomes
Common Myths About PI-CME

- **MYTH:** PI-CME requires Institutional Review Board (IRB) approval
  - **FACT:** Not intended to generate scientific knowledge or be applied beyond your practice
  - **FACT:** In 2011, IOM developed “common rule” supporting PI-CME exemption from IRB review

- **MYTH:** PI-CME is just another QI or research project
  - **FACT:** No final “paper” to get credit, there is value in the process itself

Positive Implications for PAs

- Proactively addresses elevated expectations
  - FSMB has recommended that states implement a “maintenance of licensure” process for physicians that requires just this sort of activity
  - Follows ABMS MOC process for physicians

- Elevates the relevance of CME activities
- Focuses more on performance as related to patient and community health
- Fewer exams

Thank You!

[www.nccpa.net](http://www.nccpa.net)