ACGME Strategic Planning: Intentional Embrace of Uncertainty As a Strategic Management Tool

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Chief Executive Officer

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Introduction

- Internist Nephrologist
- Full Time employee of ACGME
- No Conflicts of Interest

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Who is the Accreditation Council for Graduate Medical Education (ACGME)

- Organization of the profession dedicated to improving health and healthcare through excellence in physician preparation, through:
  - Accreditation of Graduate Medical Education (Post Graduate Medical Education)
    - Oversee ~10,000 programs and >122,000 residents and fellows
  - Education of “Educators”
  - Educational Research
- Not for profit, non-governmental agency
- Accreditation model is volunteer peer review
- ACGME International

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ACGME Board of Directors

- Governance body for the 501 (c) 3 ACGME
- Actively Participate in Strategy Development and Oversee Implementation
- Function as a fiduciary of ACGME, not a “representative” of a Member Organization or in personal or home-institutional best interests

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ACGME Board of Directors

- 34 members, to expand to 36 members in 2018, and 38 members in 2020
  - 24 nominated by Member Organizations
  - 3 Public Members
  - 3 At-Large Members from the Profession
  - 2 Federal Representatives
  - 2 Resident Members
  - 1 Chair of the Council of Review Committee Chairs

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ACGME History, Strategic Initiatives, and Strategic Planning

- 1940's-60's Independent Specialty Review Committees
- 1970's Consolidation under the LCGME, with 5 participating organizations, housed in AMA
- 1981 ACGME formed, with 5 participating organizations, housed in AMA
- 1998 ACGME and ABMS developed the ACGME/ABMS Competencies
- 2000 ACGME is separated, into an independent, 501 (c) 3 corporation with 5 Member Organizations
- 2001 ACGME builds the Accreditation Data System (ADS)
- 2003 ACGME completes its separation from AMA
- 2005 ACGME publishes its first independent Strategic Plan
- 2008 ACGME completes and implements a major Governance revision

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ACGME History, Strategic Initiatives, and Strategic Planning

- 2009 ACGME creates ACGME International, LLC (ACGME-I)
- 2013 ACGME creates the Next Accreditation System (NAS)
  - Rebuild Data Infrastructure **(ADS)**
  - Clinical Learning Environment Review **(CLER)**
  - Milestones **(144 specialties and subspecialties)**
- 2013 ACGME initiates Scenario Planning as a discipline
- 2014 ACGME creates the Single Accreditation System (SAS) with 7 Member Organizations
- 2015 ACGME, with ECFMG and ABMS, creates Recognition Programs for Non-Standard Training
- 2015 ACGME convenes the profession to address Physician Suicide, Depression, Burnout, and Well Being

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The "Public's" Call for "ACGME Action"

The Short List… June, 2011

- Institute of Medicine –*To Err is Human, 1999*
- Institute of Medicine – *Crossing the Quality Chasm, 2001*
- Congressional introduction of resident duty hour regulation legislation, 2003
- Institute of Medicine – *Resident Duty Hours, 2008, precipitated by Letter from Congress 2007*
- Congress, House of Representatives Codification of Physician Competencies in Law *(Health Care Reform, Section 1505) 2009*
- Institute of Medicine – *Conflicts of Interest in Medical Research, Education, and Practice, 2009*
- Public Citizen OSHA Petition, 2010
- OSHA remarks by Dr. Michaels related to Public Citizen Petition, 2010, 2011
- MedPAC Report, June 2010
- Council on Graduate Medical Education (numerous reports, *Twentieth Report, Advancing Primary Care*, 2010)
- National Patient Safety Forum, 2010
- Carnegie Foundation Report – *"Flexner 2",* 2010
- Macy Foundation – *Draft Report*, January 2011
- National Coordinator for Health Information Technology – February 2011
- Numerous New England Journal Articles
- Numerous Lay Press Articles

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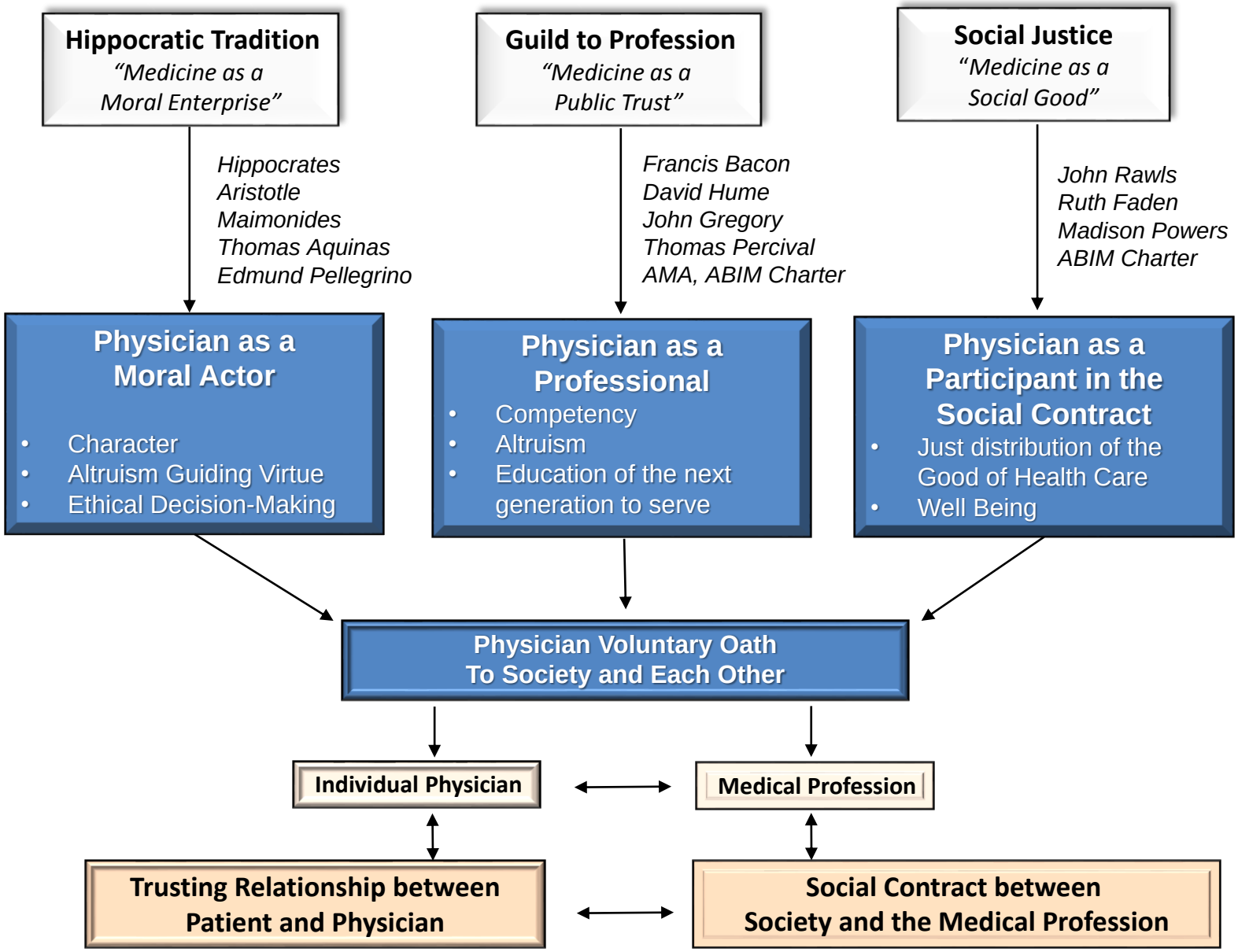
Traditions Contributing to the American Concept of Physician Professionalism

Nasca, T.J. Viewpoint. Professionalism and its Implications for Accountability in Graduate Medical Education in the United States. **JAMA. 2015. 313(18):1801-1802.** Graphic available at www.jama.com



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The 2005 ACGME Strategic Plan[1]: Emergence of "The New Accreditation Model"

"At its November 2005 retreat, the ACGME Executive Committee endorsed four strategic priorities designed to *enable emergence* of the new accreditation model:

- Foster innovation and improvement in the learning environment
- Increase the accreditation emphasis on educational outcomes
- Increase efficiency and reduce burden in accreditation
- Improve communication and collaboration with key internal and external stakeholders "

[1] ACGME 2005 Strategic Plan. *(Emphasis Added, TJN)*

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The New Accreditation System Emerges

- The Next Accreditation System **(NAS)** 2009-Present
  - Annual Program Screening
  - Concentration on Programs that Underperform
  - Emphasis on Departmental and Institutional Oversight

- The Culmination of the Outcomes Project, **Milestones** 2008-Present
  - National Agreement on Key Elements of Specialty Competency
  - Stimulation of Investigation in Evaluation, Feedback, Mentorship

- The Clinical Learning Environment Review **(CLER)** 2011-Present
  - Recognition of the Impact of Quality and Safety on Long-Term Educational and Clinical Care Outcomes
  - National Imperative to Educate Physicians in Quality and Safety Systems through engagement

The ACGME Mission

We improve health care and public health
by assessing and advancing
the quality of resident physicians' education
through exemplary accreditation.

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How Should the ACGME Plan For The Future?

- Health Care Delivery in the USA is not systematically planned at a national level
- Advances in Specialty Care cannot be predicted (discipline, direction)
- Scope of Practice is “Fluid” and “Politically” determined
- Physician Knowledge and Skills must be Adaptive over a 35-40 year career

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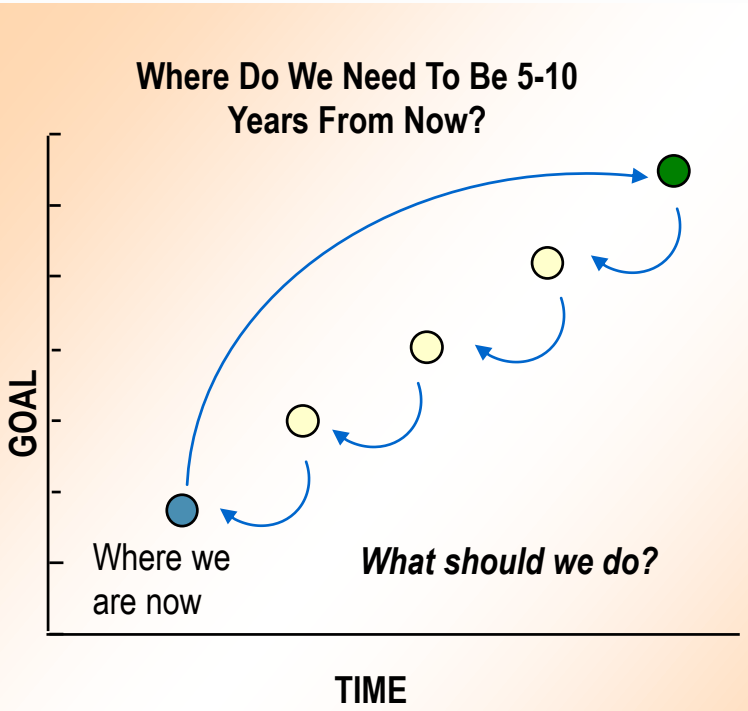
Annual Planning and Scenario Planning

Different Roles, Mutual Support

Incrementalism and Negotiation

Annual Planning

Versus and Plus



Strategic Insight and Future Mission Pull

Scenario Planning

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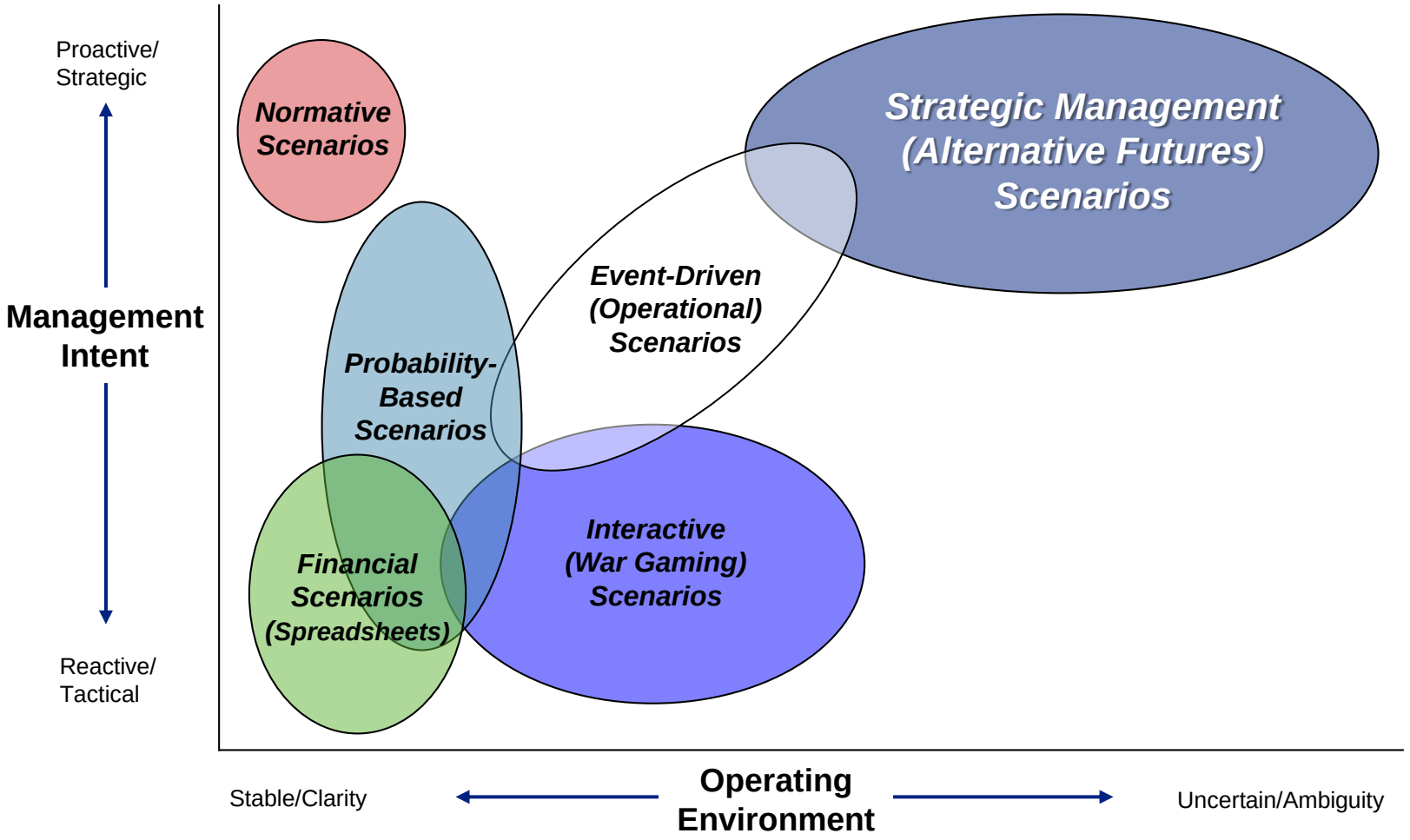
Types of Scenario Planning



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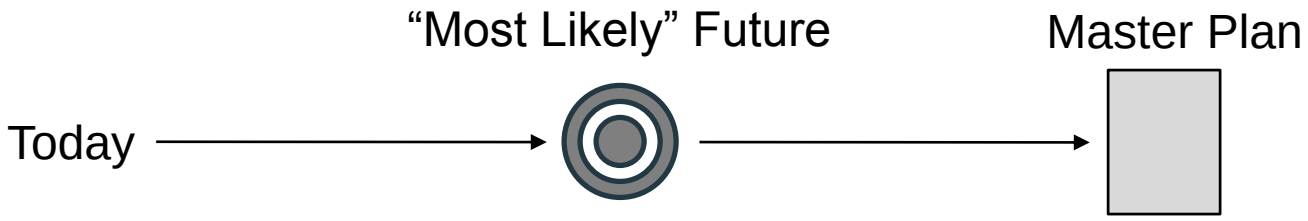
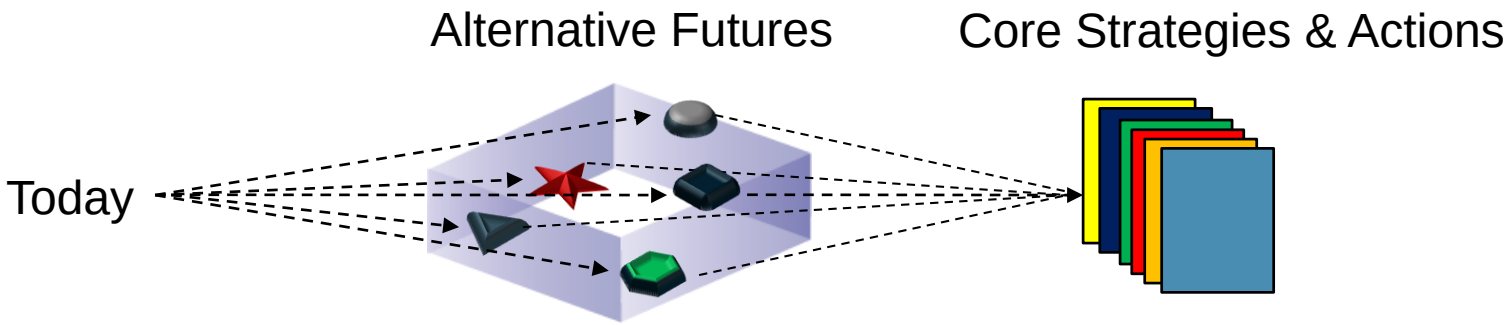
Scenario planning is about avoiding the trap of a "most likely future" ...

Predictive Planning:



... And building plans on alternative futures

Scenario Planning:



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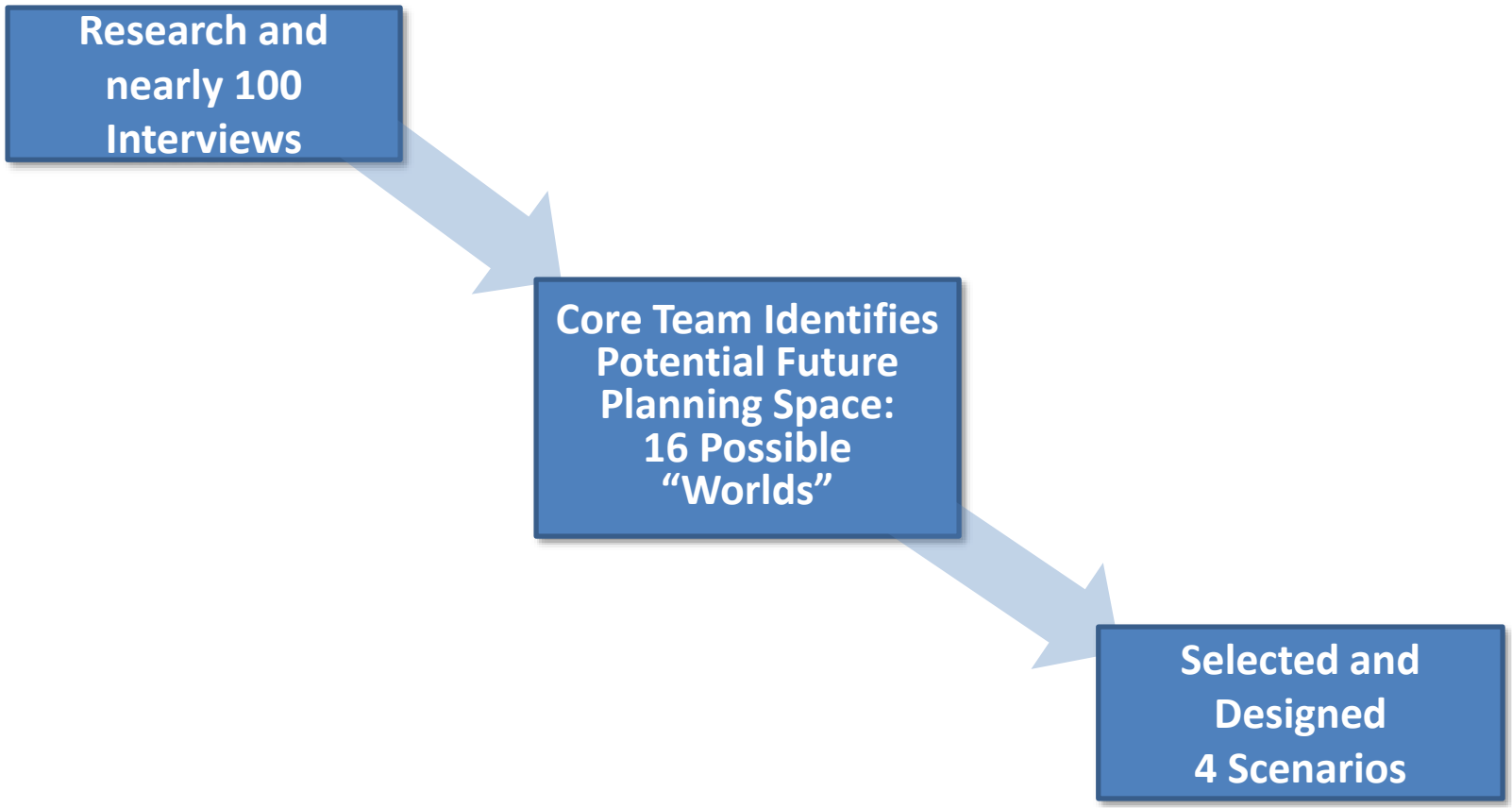
Research and nearly 100 Interviews
Core Team Identifies Potential Future Planning Space: 16 Possible "Worlds"
Selected and Designed 4 Scenarios
• Cloudburst
• There's an App for That, Too?
• Boom-Doggle
• Free Markets Unchained

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Individuals Interviewed in Preparation for the Strategic Planning Process

William Pinsky
Jordan Cohen
John Duval
William McDade
Ed Zalneraitis
Malcolm Cox
Kenneth Ludmerer
Carol Bernstein
Kathleen Klink
Norm Ferrari
Stephen Albanese
Rowan Zetterman
Anjali Dogra
Timothy Goldfarb
James Hebert
Paul Grundy
Henry Schultz
Lynn Kirk
Lorrie Langsdale
Rosemary Gibson
Carmen Hooker Odom

David Brown
Ken Simons
Tim Daskivich
Peter Rapp
Stanley Ashley
Dorothy Lane
Baretta Casey
Jeffery Gold
Tim Brigham
Dick Murphy
John Potts
Kevin Weiss
Mary Lieh-Lai
Paul Rockey
Ingrid Philibert
Doug Carlson
Rebecca Miller
Karen Sanders
Barbara Chang
Norm Kahn
David Irby

Mira Irons
Linda Andrews
Deborah Powell
Hunt Batjer
Fitzhugh Mullan
Eugene Passamani
John Combes
Christopher Thomas
Neal Cohen
Earl Reissdorf
Susan Day
Paul Schyve
Joseph Gilhooly
Robert Miller
Susan Skochelak
Gary Becker
Arlene Tyler
Bob Lokken
Darrell Kirch
E. Stephen Amis
Mary Louise Spencer

Lois Nora
Stephen Ludwig
Frank Lewis
Joseph Gonnella
Paul Jeffery
George Thibault
Annie Nguyen
Wally Carter
Shep Hurwitz
David Nichols
Doug Coursin
Mary Post
Stuart Gilman
Robert Graumann
David Leach
Kevin Johnson
James Puffer
Timothy Flynn
Anders Ericsson
Carolyn Clancy

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Individuals Participating in the Planning Workshops

Paige Amidon
Stan Ashley
Carol Bernstein
Dave Brown
Wally Carter
Jordan Cohen
Malcolm Cox
Tim Daskivich
Anjali Dogra
John Duval
Ted Epperly
Norm Ferrari
David Fine
Rosemary Gibson
Jeff Gold
Tim Goldfarb
Paul Grundy
Jim Hebert
Carmen Hooker Odom
Lynne Kirk
Kathleen Klink
Dorothy Lane
Lorrie Langdale
Ken Ludmerer
Bill McDade
Bill Pinsky
Peter Rapp
Henry Schultz
Ed Zalneraitis
Rowan Zetterman
Bruce Orkin, MD (colon & rectal surgery)
James A. Arrighi, MD (internal medicine)
V. Reid Sutton, MD (medical genetics)
Sukgi S. Choi, MD (otolaryngology)
Teresa L. Massagli, MD (physical medicine & rehabilitation)
Robert Johnson, MD, MPH (preventive medicine)
Hunt Batjer, MD (neurological surgery)
Michael Coburn, MD (urology)
Joseph Gilhooly, MD (pediatrics)
Brian Aboff, MD (transitional year)
Peter Nalin, MD (institutional review)
Mary Ciotti, MD (obstetrics & gynecology)
John R. Combes, MD (American Hospital Association)
Carol Aschenbrener, MD (Association of American Medical Colleges)
Norman B. Kahn Jr, MD (Council of Medical Specialty Societies)
Mira Irons, MD (American Board of Medical Specialties)
Susan Skochelak, MD (American Medical Association)
Frank R. Lewis Jr., MD (American Board of Surgery)
Shepard R. Hurwitz, MD (American Board of Orthopaedic Surgery
Robert H. Miller, MD, MBA (American Board of Otolaryngology)
James C. Puffer, MD (American Board of Family Medicine)
Cynthia Lien, MD (American Board of Anesthesiology)
Earl J. Reisdorff, MD (American Board of Emergency Medicine)
Eric Holmboe, MD (American Board of Internal Medicine)
Ralph G. Dacey Jr. MD (neurosurgery)
E. Stephen Amis, Jr., MD (radiology)
Neal H. Cohen, MD (anesthesiology)
Steve Ludwig, MD (pediatrics)
Timothy Flynn, MD (CMO, University of Florida)
Paula Wilson (CEO, Joint Commission International)
David B. Hoyt, MD, FACS (Executive Director, American College Surgeons)
Paul Schyve, MD (Joint Commission)
Joseph S. Gonnella, MD (Dean Emeritus, Jefferson)
Jim Bagian, MD (University of Michigan)
Jon Thomas, MD, MBA (Chair, FSMB)
Hatem Faraj Al Ameri , MD, FRCPc, FCCP (Abu Dhabi)
Don Goldman, MD (Institute for Healthcare Improvement)
James O. Woolliscroft, MD (Dean, University of Michigan)
Lawrence Robinson, MD (Vice Dean, Washington School of Medicine)
D. Craig Brater, MD (Dean, Indiana University)
Joseph C. Kolars, MD (Senior Associate Dean, University of Michigan)
Denise Koo, MD, MPH -- CAPT, USPHS (CDC)
Suzanne Allen, MD (University of Washington)
Eugene Passamani, MD (NIH – genomics)
John Iglehart (writer – NEJM)

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The Core Team

- Bud Baldwin
- Tim Brigham
- Doug Carlson
- Mary Lieh-Lai
- Louis Ling
- Rebecca Miller
- Dick Murphy
- Tom Nasca
- John Ogunkeye
- Ingrid Philibert
- John Potts
- Bill Rodak
- Emily Vasiliou, *Project Manager*
- Kevin Weiss

Futures Strategy Group

- Tom Thomas
- Pat Marren
- Charles Perrottet
- Gerard Smith

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ACGME Scenario Space

	U.S. Economic Vitality		Social Contract		Societal Change		Health Care as Percentage of GDP		World Name
	Strong	Weak	Broad-Inclusive	Limited-Exclusive	Evolutionary	Revolutionary	Decreasing	Increasing	
1	X		X		X		X		**AFTA but move to regional structure**
2	X		X		X			X	**WTO world**
3	X		X			X	X		**Security State**
4	X		X			X		X	**There's an App for That, Too?**
5	X			X	X		X		**You are on your own/Live and Let Die**
6	X			X	X			X	**The Web are us.**
7	X			X		X	X		**Free Markets Unchained**
8	X			X		X		X	**Mr Smith Goes to Springfield, but weird**
9		X	X		X		X		**"Stuck in the muddle with you"**
10		X	X		X			X	**Trading Places**
11		X	X			X	X		**Cloudburst**
12		X	X			X		X	**Not Nice to Fool (with) Mother Nature**
13		X		X	X		X		**Number 2 and NOT trying harder**
14		X		X	X			X	**Boom-doggle**
15		X		X		X	X		**Dim Sum**
16		X		X		X		X	**Just turn off the lights**

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Building Scenarios: Characteristics Matrix

Scenario Set / Drivers	App for That, Too?	Cloudburst	Free Markets Unchained	Boom-Doggle
Energy				
Demographics/migration				
Social entitlements				
U.S. sense of trust in the government				
U.S. government fiscal condition				
Education				
Science/technology				
Conflict/terror				
Public health				
Etc.				

56 Drivers

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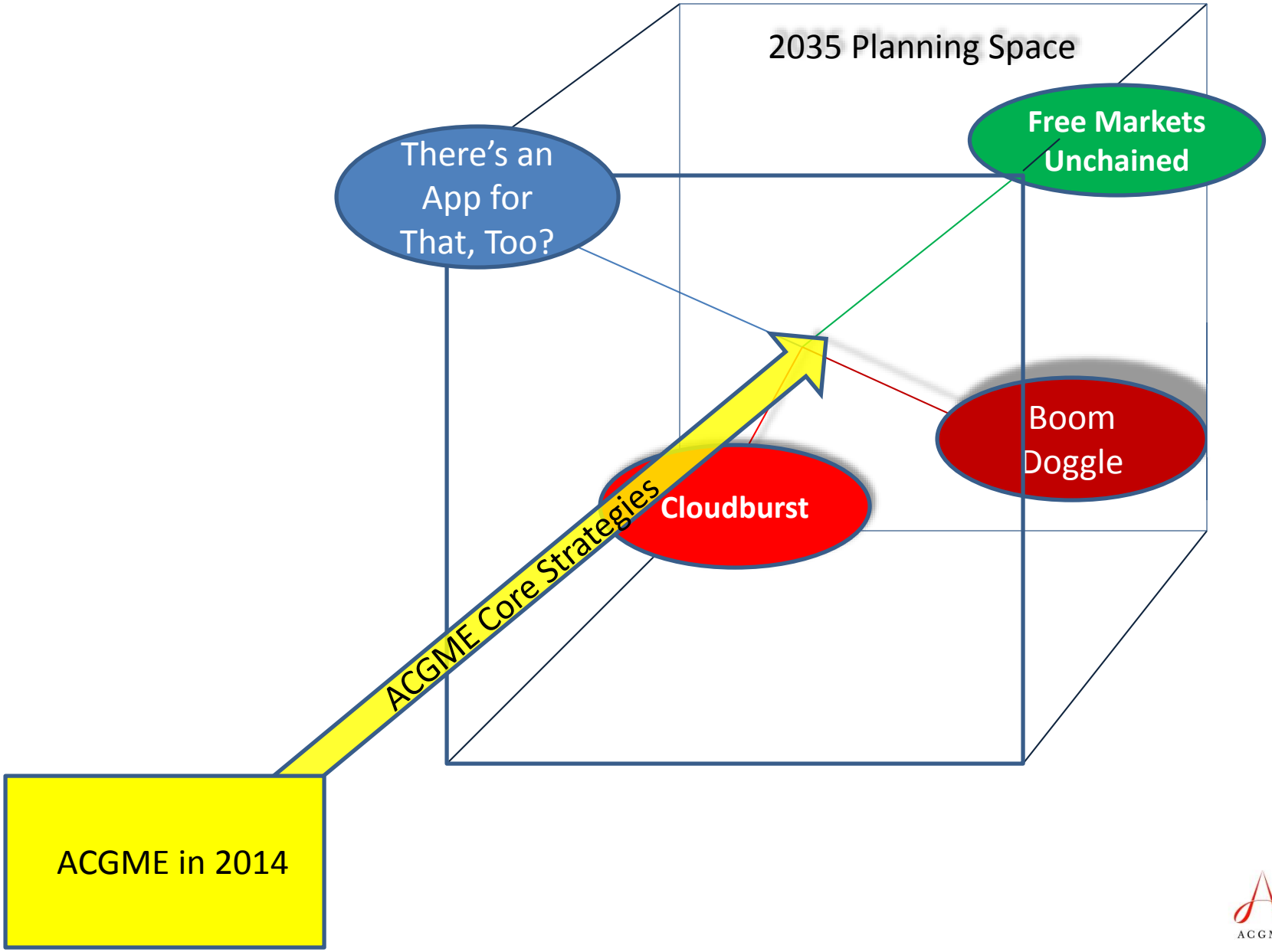
ACGME Scenario Planning Space



ACGME Strategic Planning
Eight Insights Durable Across the Worlds

Across the worlds, it was seen that **there will be**:

- increased complexity in society and medicine, calling for seamless inter-professional team-based approaches.
- increased information transparency, with accompanying challenges to the veracity of competing offerings of data and analyses.
- little tolerance for approaches to accreditation, credentialing and licensing with burdensome process inefficiencies.
- commoditization of healthcare services accelerated across the scenarios, placing a premium on inculcation of professionalism

ACGME Strategic Planning
Eight Insights Durable Across the Worlds

Across the worlds, it was seen that:

- there is no consensus on the future shape (and stability) of healthcare delivery; maximization of provider career flexibility will be crucial.
- no single “specialist mix” distribution fits all scenarios
- the medical education system must be capable of supplying a wide variety of physicians by specialty
- the current dichotomous conceptualization of the physician workforce (e.g., primary care vs. subspecialist, “generalist-specialist mix”) is not a useful approach for planning

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ACGME Strategic Planning: Pivotal Observations

Regardless of the future state, medical education **must**:

- Be responsive to societal needs
- Be forward-facing and anticipatory of the needs of those we serve
- Be outcomes-oriented and evidence-based, whenever possible
- Promote effective inter-professional team-based care

ACGME Strategic Planning: Pivotal Observations

Regardless of the future state, medical education **must** result in graduates who:

- provide and promote the safety and highest quality patient care throughout their careers
- appreciate how both individual patients and society view value in medical care
  - understand both the biologic and social determinants of health
  - understand how to deliver patient centered health care to all
- manifest professionalism and effacement of self-interest to meet the needs of all their patients

ACGME Strategic Planning: Pivotal Observations

Regardless of the future state, ACGME **must**:

- Promote Institutional and Program Excellence
- Facilitate Innovation
- Be Responsive to Public Need
- Fulfill our portion of the Social Contract
- Partner with other organizations to achieve our goals

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ACGME Strategic Direction Statements

2005 - 2014

- Foster innovation and improvement in the learning environment
- Increase the accreditation emphasis on educational outcomes
- Increase efficiency and reduce burden in accreditation
- Improve communication and collaboration with key internal and external stakeholders “

2014 - Future

- Prepare the Profession to Meet Future Public Needs
- Pursue Knowledge Development in Medical Education
- Harmonize the Continuum of Medical Education
- Enhance Inter-Professional Team-Based Care
- Increase Engagement on Behalf of the Public
- Enhance ACGME’s Flexibility and Adaptability

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Optimism

"What lies behind us
and what lies before us
are tiny matters compared to
what lies within us."

Oliver Wendell Holmes

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“The Future ain’t
what it used to be!”

Yogi Berra

Philosopher, New York Yankees Catcher

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Thank You!

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The ACGME Values

- Honesty and Integrity
- Excellence and Innovation
- Accountability and Transparency
- Fairness and Equity
- Stewardship and Service
- Engagement of Stakeholders
- Leadership and Collaboration

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The ACGME Vision
We Imagine a World Characterised by:

- a structured approach to evaluating the competency of all residents and fellows,
- motivated physician role models leading all GME programs,
- high quality, supervised, humanistic clinical educational experience, with customized formative feedback,
- clinical learning environments characterized by excellence in clinical care, safety, and professionalism
- residents and fellows achieving specialty specific proficiency prior to graduation,
- residents and fellows prepared to be Virtuous Physicians who place the needs and well being of patients first.

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