

IOM Committee on Optimizing Graduate Medical Trainee (Resident) Hours and Work Schedules to Improve Patient Safety

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Comments

Kevin B. Weiss, MD

President and CEO

American Board of Medical Specialties (ABMS)



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Potential Areas of Impact of Decreased Resident Hours

- » Patient Safety
- » Quality of Care
- » Quality of Life during Residency
- » Resident Training Competency (Quality, Length)
- » Work Force



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What is ABMS ?

- » Umbrella organization for 24 medical specialty boards
- » Boards set standards for life-long voluntary certification process of physician specialists (initial certification and Maintenance of Certification (M.O.C.)).
- » Estimated 85% of licensed physicians in US certified by at least one ABMS board



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ABMS 24 Member Boards

The American Boards of:

- » Allergy and Immunology
- » Anesthesiology
- » Colon and Rectal Surgery
- » Dermatology
- » Emergency Medicine
- » Family Medicine
- » Internal Medicine
- » Medical Genetics
- » Neurological Surgery
- » Nuclear Medicine
- » Obstetrics and Gynecology
- » Ophthalmology
- » Orthopaedic Surgery
- » Otolaryngology
- » Pathology
- » Pediatrics
- » Physical Medicine and Rehabilitation
- » Plastic Surgery
- » Preventive Medicine
- » Psychiatry and Neurology
- » Radiology
- » Surgery
- » Thoracic Surgery
- » Urology



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ABMS History

- » 1908 – Dr. Derrick T. Vail, Sr. presidential address to the American Academy of Ophthalmology and Otolaryngology

“... and if he sound competent let him then be permitted and licensed to practice ophthalmology.”



Photograph: William L. Benedict, MD Collection, Museum of Vision and the American Academy of Ophthalmology



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ABMS History

1917: First Member Board incorporated

Ophthalmology

1933: First four Member Boards establish ABMS

Dermatology

Obstetrics and Gynecology

Ophthalmology

Otolaryngology

1991: 24th Member Board is approved

Medical Genetics



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ACGME

- Sets standards for residency programs
- Accredits residency training programs



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Six General Competencies

- » Medical knowledge
- » Patient care
- » Interpersonal and communication skills
- » Professionalism
- » Practice-based learning and improvement
- » Systems-based practice



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Boards set Standards for Resident Training

» Example: American Board of Colon and Rectal Surgery

- Developed list of minimum requirements in 17 operative categories

<u>Operative Procedures Guidelines</u>	<u>Minimum Requirements</u>
Colonoscopy	138
Segmental Colectomy	37
Abdominoperineal Resection	4
Resections for Crohn's	4



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Potential Areas of Impact of Decreased Resident Hours

- » Patient Safety
- » Quality of Care
- » Quality of Life during Residency
- » Resident Training Competencies (Preparedness for Board Certification)
- » Work Force



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Board Perspective on the Impact of Reduced Work Hours

- » Patient Safety, Quality of Care.
 - Only a little data to date – too early to fully assess impact on patient safety and quality of care.
- » Residents Quality of Life
 - Similarly on a little data to date – however likely improved.



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Board Perspective on the Impact of Reduced Work Hours

- » A few case studies
- » Cautions in interpreting the data.
 - No published studies on Board related experience on reduced work hours
 - Limitations of using current analyses of crude pass rates
 - Potential ecological fallacy in the interpretation of recent trend data
 - Potential study design limitations of evaluating outcomes of initial reductions at this time (lack of study cohort with enough experience).



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Impact of Reduced Work Hours on Resident Training

» Thoracic Surgery: a case study

- Methods

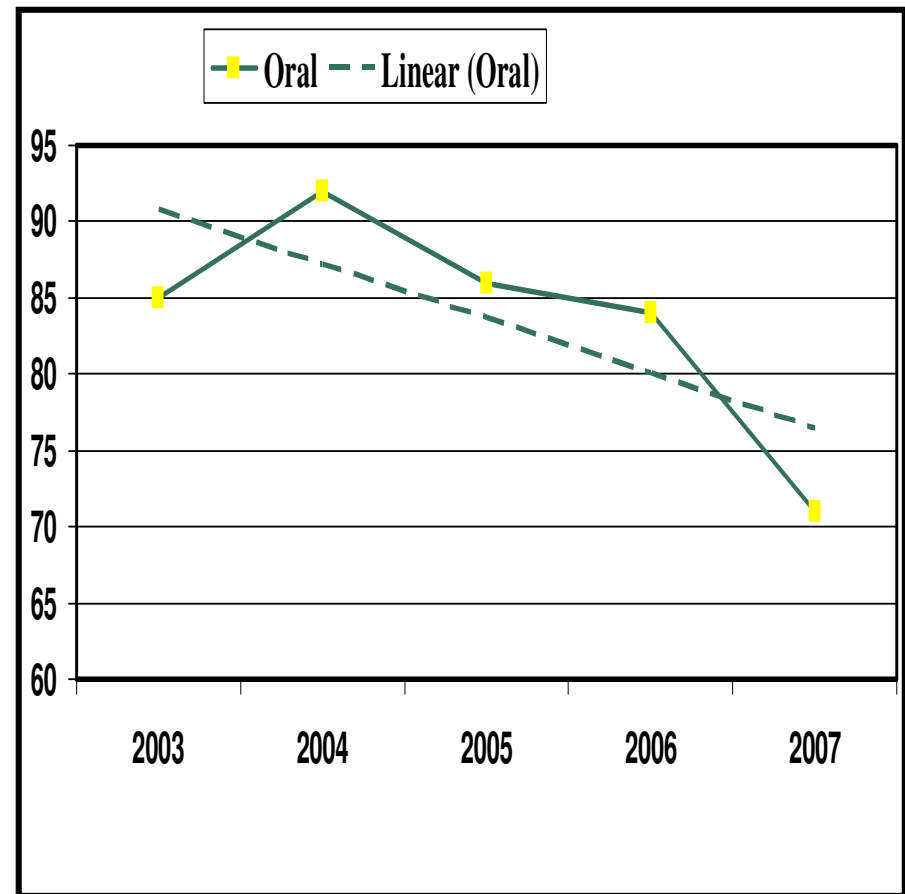
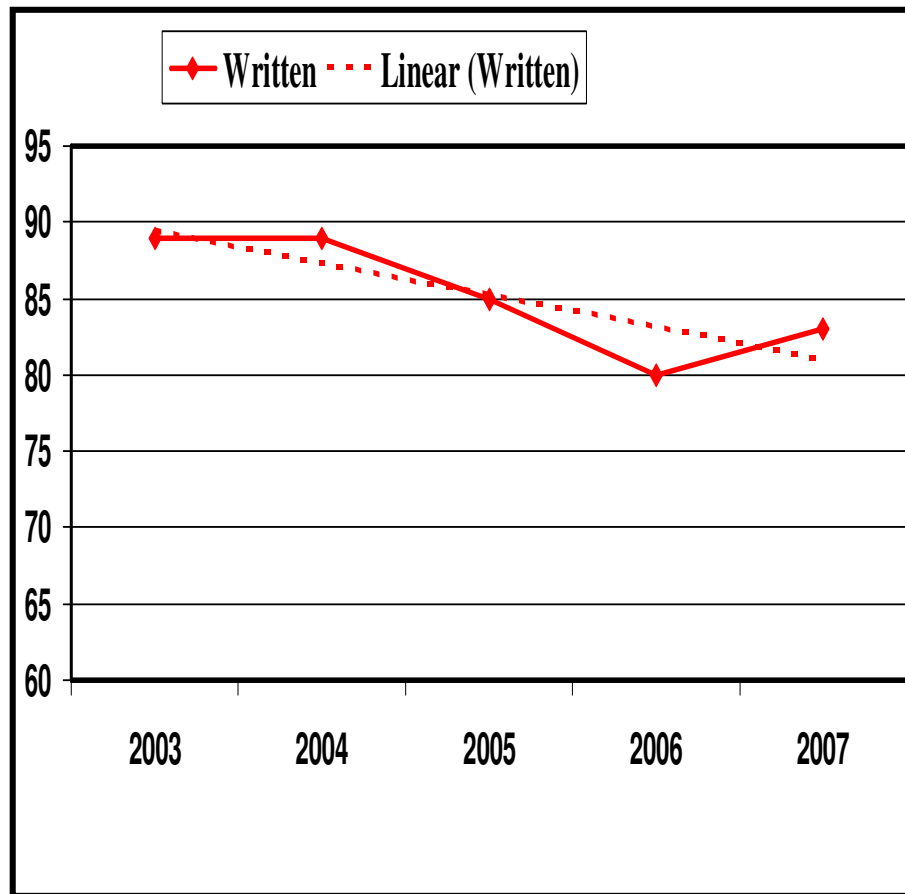
- Program and resident data between 2002 to 2006 were obtained from the NRMP and ABTS.



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Passing Rate (%) of ABTS Written and Oral Examinations for Thoracic Residents Who Took ABTS Exams Between 2002-2007



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Procedures: Thoracic Surgery Training

- » Including all programs, there was a significant decrease in revascularization cases ($p < 0.01$)
- » an modest increase in acquired valvular cases ($p < 0.05$),
- » and no change in total thoracic, congenital, or cardiac cases over the last five years ($p > 0.1$).



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Impact of Reduced Work Hours on Resident Training

» Orthopaedic Surgery

- Procedures

- ACGME case log data showed that PGY 2 and PGY 3 residents performed 21.5% fewer operative cases in 2003-04 than in 2002-03.

- Average number of cases per rotation decreased by 20.4%



Impact of Reduced Work Hours on Resident Training

» Pediatrics

- Exams

- Board certification pass rates have declined slightly since 2006
- This effect appeared earlier for programs in New York state

Potter C et al. Unpublished Analysis, 2007.



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Impact on Training and Continuity of Care could be Significant for:

- » Emergency/trauma patients
- » Complex, infrequent patients
- » Long cases
- » Managing some types of post-operative complications



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Impact of Reduced Work Hours on Workforce

- » Impact on current change in workforce uncertain
- » Improvements in resident quality of life important
- » Expect that there are gains in patient safety and quality of care
- » There appears to be evidence of negative impact on preparation for Board Certification.
 - The impact of this opens the question of the need to revise requirements (in terms of work hours on time (years) required to meet eligibility for Board Certification for some specialties.



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ABMS Conclusions and Recommendations

- » The evidence does not support further reductions in work hours until impact of previous reduction has been better elucidated.
- » It is therefore unclear if the public safety will benefit from further reductions in work hours.



ABMS Conclusions and Recommendations (cont'd)

- » AHRQ, CMS, ACGME, ABMS, and other relevant stakeholders should engage in research to build an evidence-based understanding of the impact of the recent reduction in residency work hours on the following outcomes:
 - Patient safety and quality of care / Training experience / Trainee preparedness for Board Certification / Work force implications

- » Any consideration of further reductions should be based on evidence of prospective specialty-based outcomes studies.



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