Cut to the Core!

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Background

• NCCPA is the only national certifying body for physician assistants.
• We are an independent, not-for-profit organization.
• More than 150,000 PAs have been certified by NCCPA since 1975.
• Certification and certification maintenance includes:
  • Passing an initial secure MCQ certification exam
  • Earning and logging 100 continuing medical education credits every 2 years
  • Taking and passing a recertification exam every 10 years (changed from 6 years in 2014)
Challenge we face

- PAs have a general certification that supports their ability to work in any specialty and many PAs work in several specialties throughout their career.

- Approximately 73% of PAs work in non-primary care specialties.

- Recertification exam includes general medical content to support the flexibility to move between specialties, but it causes angst with PAs:
  - PAs feel they are taking a primary care test that is not relevant to what they do in their specialty practice.
  - But maintaining certification is required for licensure in some states and required by most employers.
PA Practice

- Surgery
- Emergency Medicine
- Primary Care
- Psychiatry
Move to a “core” recertification exam

• Launched a multi-year process to transition the recertification exam from “general” to “core” medical knowledge

• **Entry level**: What is needed to *enter* PA practice in any specialty?

• **Recertification**: What is needed to switch specialties?
What is core?

• Essential and critical to PA practice
• What all PAs would be expected to know regardless of specialty
• Knowledge and skills needed to support PAs’ ability to change specialties throughout their careers
Identifying “Core”

- **2015**: NCCPA Conducts Practice Analysis
- **2016**: 2016 Core Meeting
- **2017**: Core Survey Administered
- **2018**: Blueprint Meeting

- **Analysis**
  - Practice Analysis Data Analyzed
  - Analysis of Initial Core Findings
  - Survey Analysis
Highlights from this initiative

2015 Practice Analysis

• Previous studies gathered data at the organ system level
• 2015 study gathered data at the disease and disorder level
• 2015 study gathered data for primary care and 11 specialties
Highlights from this initiative

2016 Core Meeting
• SMEs reviewed diseases and disorders to categorize as:
  • Core
  • Not Core
  • Undecided
• Created a rank-ordered list of diseases and disorders

How this contributed to our process:
• Used “Bookmark” process to separate “core” and “not core” diseases and disorders
• Discovered it was important to know the depth of knowledge that should be expected for each disease and disorder
Highlights from this initiative

2017 Core Meetings

Three meetings with SMEs

• Continued review of D&D list for relevance, categorization, duplicates, etc.
• Identified aspects of diseases and disorders that would be considered basic, intermediate, or advanced
• Provided information that was used to develop definitions of these three levels

How this contributed to our process:

• Information used to develop an online survey
• 356 diseases and disorders were included for rating
Example

<table>
<thead>
<tr>
<th>Diseases and Disorders</th>
<th>Ranking</th>
<th>Frequency</th>
<th>Criticality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angina pectoris (Stable)</td>
<td>130</td>
<td>3.38</td>
<td>3.07</td>
</tr>
</tbody>
</table>

- **Basic**
  - Risk factors
  - Presenting Sxs that differentiate stable vs. unstable
  - Patient education re: triggers, when to seek emergent attention
  - Rx nitro PRN

- **Intermediate**
  - Dx studies (i.e. baseline ECG, referring for stress tests)
  - Ongoing medical management
  - Typical presenting sxs and represented populations (i.e. women, diabetes)
  - Indications for Cardiology referral

- **Advanced**
  - Heart sounds
  - Contraindications for medical management
  - Specific meds, incl. contraindications to first line tmt. Ex – bleed, hypotension, drug-drug interactions
## Refined Level Descriptors

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Recognize</strong> signs, symptoms, and risks and <strong>refer</strong> appropriately</td>
</tr>
<tr>
<td>2</td>
<td>Make appropriate <strong>diagnosis</strong> and have knowledge of routine <strong>first line treatment</strong></td>
</tr>
<tr>
<td>3</td>
<td>Make appropriate diagnosis, have knowledge of routine first line treatment, plus have knowledge of well-known <strong>comorbid conditions</strong>, standard <strong>contraindications and</strong> standard <strong>complications</strong></td>
</tr>
<tr>
<td>0</td>
<td>Content should not be included on a core assessment</td>
</tr>
</tbody>
</table>
Core Survey & Results

Sampling Design, Survey Tasks, and Rating Scale
Highlights from this initiative

2017 Core Survey

• Survey invitation was sent to all currently certified PAs with an email address.
• Sampling strategy was used to ensure sufficient feedback while reducing survey burden on PAs
• 20.6% overall response rate, representative sampling in key areas

How this contributed to the process:

• Provided data to develop new core recertification blueprint
Sampling Design

Potential Respondents
• The list of 114,452 currently certified PAs was divided into 5 groups.
• These 5 groups were approximately equal in distribution of demographic variables of interest (practice region, gender, # of years certified, practice setting, race, level of clinical practice).

Disease/Diagnosis List
• The list of 356 diseases/diagnoses was divided into 5 groups with equal numbers by organ system.
• Each sample of respondents rated 71 or 72 diseases/diagnoses.
• Response rates were relatively equal among respondent groups.
Rating Scale Design

• Respondents asked to provide input regarding how extensively each disease/diagnosis should be covered on a core recertification examination.

• Three levels of depth of knowledge provided (each level built on the one prior).

• One option provided for disease/diagnoses the respondent felt should not be covered on a core recertification examination.
## 2017 Core Survey – Format Schematic

<table>
<thead>
<tr>
<th></th>
<th>Recognize signs, symptoms, and risks and refer appropriately (1)</th>
<th>Make appropriate diagnosis and have knowledge of routine first line treatment (2)</th>
<th>Make appropriate diagnosis, have knowledge of routine first line treatment, plus have knowledge of well-known comorbid conditions, contraindications, and complications (3)</th>
<th>Content should not be included on a core assessment (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential hypertension (in adults)</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>Neurally mediated hypotension</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Unstable angina</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
### Respondent Demographics

#### Gender (Percent)
- **Female**: 68.2% (Total PA Population) vs. 70.7% (Survey Respondents)
- **Male**: 31.8% (Total PA Population) vs. 29.3% (Survey Respondents)

#### Racial Groups (Percent)
- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- Other
- Prefer Not to Answer
- White

#### Geographic Region (Percent)
- Southeast Sunbelt
- Great Lakes
- National Capital Region
- Northeast & Carribean
- Pacific Rim
- Greater Southwest
- New Englad
- Northwest
- Rocky Mountain
- Heartland
- Other

The charts illustrate the comparison between the total PA population and survey respondents for gender, racial groups, and geographic regions.
Bringing it all together…

• SMEs met in late 2017 to review initial data from the survey and provide recommendations for the new core blueprint.
  • Representation from range of practice areas
  • Reviewed diseases and disorders with 10% or more of the respondents indicating that the content should not be included on the core exam
  • Reviewed response data to determine the level at which each disease and disorder should be tested.
  • Made determinations on “clustering” and “splitting”
<table>
<thead>
<tr>
<th>Body System (# D/Ds rated on survey)</th>
<th># of D/Ds retained</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Blueprint Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular System (n=46)</td>
<td>45</td>
<td>35.60%</td>
<td>48.90%</td>
<td>15.60%</td>
<td>13%</td>
</tr>
<tr>
<td>Dermatologic System (n=33)</td>
<td>27</td>
<td>18.50%</td>
<td>77.80%</td>
<td>3.70%</td>
<td>6%</td>
</tr>
<tr>
<td>EENT (n=39)</td>
<td>38</td>
<td>34.20%</td>
<td>57.90%</td>
<td>7.90%</td>
<td>8%</td>
</tr>
<tr>
<td>Endocrine System (n=15)</td>
<td>14</td>
<td>50.00%</td>
<td>14.30%</td>
<td>35.70%</td>
<td>6%</td>
</tr>
<tr>
<td>Gastrointestinal System/Nutrition (n=39)</td>
<td>37</td>
<td>40.50%</td>
<td>51.40%</td>
<td>8.10%</td>
<td>11%</td>
</tr>
<tr>
<td>Genitourinary System (n=16)</td>
<td>17</td>
<td>35.30%</td>
<td>64.70%</td>
<td>0.00%</td>
<td>5%</td>
</tr>
<tr>
<td>Hematologic System (n=14)</td>
<td>12</td>
<td>75.00%</td>
<td>25.00%</td>
<td>0.00%</td>
<td>4%</td>
</tr>
<tr>
<td>Infectious Diseases (n=20)</td>
<td>20</td>
<td>15.00%</td>
<td>75.00%</td>
<td>10.00%</td>
<td>6%</td>
</tr>
<tr>
<td>Musculoskeletal System (n=42)</td>
<td>27</td>
<td>40.70%</td>
<td>59.30%</td>
<td>0.00%</td>
<td>9%</td>
</tr>
<tr>
<td>Neurologic System (n=23)</td>
<td>22</td>
<td>45.50%</td>
<td>40.90%</td>
<td>13.60%</td>
<td>7%</td>
</tr>
<tr>
<td>Psychiatry/Behavioral Science (n=18)</td>
<td>12</td>
<td>58.30%</td>
<td>41.70%</td>
<td>0.00%</td>
<td>5%</td>
</tr>
<tr>
<td>Pulmonary System (n=20)</td>
<td>18</td>
<td>11.10%</td>
<td>55.60%</td>
<td>33.30%</td>
<td>10%</td>
</tr>
<tr>
<td>Renal System (n=6)</td>
<td>5</td>
<td>50.00%</td>
<td>50.00%</td>
<td>0.00%</td>
<td>3%</td>
</tr>
<tr>
<td>Reproductive System (n=25)</td>
<td>25</td>
<td>60.00%</td>
<td>40.00%</td>
<td>0.00%</td>
<td>7%</td>
</tr>
<tr>
<td>Totals</td>
<td>319</td>
<td>38.1%</td>
<td>52.5%</td>
<td>9.4%</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Example of Blueprint Provided to PAs

### Eyes, Ears, Nose, and Throat: 8%

<table>
<thead>
<tr>
<th>Disease or Disorder</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute epiglottitis</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Acute pharyngitis</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Acute/chronic otitis media</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Acute/chronic sinusitis</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Allergic rhinitis</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Aphthous ulcers</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Blepharitis</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>
2018 and Beyond

• Conducted thorough review of item bank to identify items available for new core blueprint
• Launching a 2-year pilot for a “longitudinal assessment” recertification option in 2019 – 2020
• Secure recertification exam and the pilot alternative will utilize the new core blueprint, effective in 2019.
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