

# THE AMERICAN BOARD OF SURGERY (ABS)

## Request for Proposal (RFP) in support of Entrustable Professional Activities (EPAs) Data Collection Platform

### I. EXECUTIVE SUMMARY

The American Board of Surgery is seeking proposal to create a secure, interactive platform and data repository to facilitate the implementation of Entrustable Professional Activities (EPAs) at more than 350 ACGME certified surgical residencies in the United States and its territories.

### II. OFFERER

The American Board of Surgery is an independent, nonprofit organization founded in 1937 to provide board certification to individuals who have met a defined standard of education, training and knowledge in the field of surgery. Surgeons certified by the ABS, known as diplomates, have completed at least 5 years of residency training following medical school, met all ABS training requirements, and successfully completed the ABS examination process.

The mission of the ABS is to serve the public and the specialty of surgery by providing leadership in surgical education and practice, by promoting excellence through rigorous evaluation and examination, and by promoting the highest standards for professionalism, lifelong learning, and the continuous certification of surgeons in practice.

The American Board of Surgery is a private, nonprofit, autonomous organization formed for the following purposes:

- To conduct examinations of acceptable candidates who seek certification or continuous certification by the board
- To issue certificates to all candidates meeting the board's requirements and satisfactorily completing its prescribed examinations
- To improve and broaden the opportunities for the graduate education and training of surgeons

The ABS considers certification to be voluntary and limits its responsibilities to fulfilling the purposes stated above. Its principal objective is to pass judgment on the education, training and knowledge of broadly qualified and responsible surgeons and not to designate who shall or shall not perform surgical operations. It is not concerned with the attainment of special recognition in the practice of surgery. Furthermore, it is neither the intent nor the purpose of the board to define the requirements for membership on the staff of hospitals or institutions involved in the practice or teaching of surgery.

### Why is the RFP Needed?

Surgical education in the 21st century must transform to accommodate dynamic change within the surgical profession. Although current processes are rigorous, program directors seek greater

transparency and documentation regarding residents' competence. Residents seek a road map guiding them to successful completion of their training with the support of plentiful feedback along the way.

Entrustable Professional Activities (EPAs) represent a promising tool that enables meaningful, representative and regular workplace-based assessment that in turn informs, guides, and documents progression of competence through direct observation in the clinical performance environment. An EPA is an essential activity of a discipline that an individual can be trusted to perform without supervision in a given health care context, once sufficient competence has been demonstrated. The EPA evaluation technique is iterative, requiring multiple observations of a trainee. Via EPA-based assessments, residents receive detailed, tangible, and contextualized feedback. As a foundational assessment tool, EPAs are one critical piece of a competency-based educational model. To explore the utility and feasibility of this assessment model in graduate surgical education, the ABS convened representatives from key stakeholder groups to develop five initial EPAs for general surgery, which map to the Accreditation Council for Graduate Medical Education (ACGME) milestones, and have been piloted in 28 programs from 2018-2020. The pilot primarily focused on identifying barriers to and enabling factors for implementation, explored related best practices in the collection and reporting of data, and evaluated whether EPAs informed and correlated with ACGME and RRC-S specialty-specific milestones. In response to the lessons gathered and the promise demonstrated, the ABS is now in the process of developing 14 additional EPAs to complete a full representative complement for general surgery (to be completed by the end of calendar year 2022), and will subsequently (in future years) plan for a similar process for its other component boards, namely vascular surgery, complex general surgical oncology, pediatric surgery, and trauma/burns/surgical critical care.

This RFP follows on the above intensive multicenter longitudinal pilot program examining the first 5 general surgery EPA assessments. Beginning in July of 2023, all general surgery residency programs in the US will be required to use the fully developed suite of EPAs as a tool for resident assessment and feedback. In turn, the resident class commencing training that year and completing training in 2028 will be required to provide attestation of entrustment decisions across and 19 EPAs to the ABS as part of resident application for admission to the ABS certifying process.

### **III. SCOPE OF WORK**

The ABS seeks a vendor to provide a mobile platform for the collection of EPA micro-assessments, the secure management of aggregated assessment data, and output reporting for key stakeholder groups so as to facilitate the above processes. It is hoped that such a tool will facilitate more frequent assessment across a representative and relatively comprehensive range of professional activities, and will provide outputs and dashboards that help inform resident, faculty, and program behaviors, and inform accrediting and certifying agency documentation requirements. The platform must be mobile app-based, and be capable of collecting EPA micro-assessment data from 100% of the existing ACGME surgical residencies (currently approximately 345 programs nationwide) by July 1, 2023. Ease of secure access and use for all residents and faculty raters will be required. The platform will need to provide anchoring access to the text description for all EPAs written by the ABS, specifically including the 19 mentioned above, and allow for future refinements or potential additions. The failure to allow for the capture of micro-assessments by 100% of the existing surgical residencies by the planned launch date as above shall result in financial penalties, to be specified in the contract awarded to the

winning vendor. ABS will not dictate a preferred operating system or database for the platform, but will require a number of technical requirements to facilitate use by program administrators, faculty raters and residents. The winning vendor may not charge subscription or usage fees to surgical programs or individual users during the 5 year term of the contract to be awarded.

Desired Technical Features:

- Deployable on mobile app interface
- User friendly
- Has ‘behavioral economic’ habit-inducing features
- Allows individual resident data to be stored in fashion that is:
  - Identifiable at granular level to residency program of origin for formative assessment
  - Able to provide automated summative data on level of entrustment to ABS on annual or semi-annual basis
  - De-identified and secure central repository for composite benchmarking and research purposes by ABS and partners
  - Compliant with legal expectation/requirements of individual institutions and regulatory bodies (research, AHRQ, HIPAA)
- Allows downstream interface with other key quality initiatives (none necessary at outset, but planned for as future potential desirables)
  - Residency program quality: EQIP or APDS
  - Patient outcomes: NSQIP or ACS
  - Medical record systems (Epic, Cerner as minimum) for automatic clinical prompts
  - Residency management systems (e.g., New Innovations, MedHub)
- Allows “under the hood” mapping to Milestones 2.0 and potentially other ACGME/RRC required systems to inform Clinical Competency Committee deliberations as well as be adaptable to future program requirements.
- Allows creative and iterative adaptation to resource-variable settings and project evolution in future based on user feedback
- Has capacity to capture box-check assessments from drop down menus with available anchoring behaviors as reference points delivered in app; basic data needs to be captured in 4-8 ‘clicks’ for each assessment
- Has capacity for word processing via dictation and text/type function, with natural language processing function
- Includes ability for resident self-assessment as well as faculty assessment
- Can be triggered by resident, faculty, program administrator, and ideally Electronic Health Records
- Desirable that it could be adapted to other specialties (must have for surgical disciplines, desirable for others)
- Desirable to be able to build in automated suggestions for best practice and next step strategies linked to entrustment level
- Has future adaptability to AI strategies and potential economies/utilities thereof
- For lowest tech settings, scanning hand-written forms to populate database a desirable
  - Has summary and benchmarking report/dashboard function specifically for residents, program directors and faculty use built in

- Has capacity for output of anonymized entrustment decision data for purposes of research and psychometric validation
- Ability to link to educational resources and specifically the ABS SCORE curriculum

#### **IV. TIMELINE**

RFP offered: 24 March 2022

Vendor proposal deadline: 11 April 2022 - no later than 5 p.m. (EST)

Notification winning proposal submission: 15 May 2022

#### **V. VENDOR PROPOSAL REQUIREMENTS**

Section 1: Executive Summary

Section 2: Proposed services and Deliverables

- Data collection and data storage
- Data analysis, creation of predictive models
- Program level registrar/coordinator, faculty, and resident training (NB, the ABS will develop materials for these purposes, but would want there to be help/support function for implementation in line with above timelines)
- Output to program directors, residents, faculty, program administrators, accrediting and certifying bodies in customizable dashboard format
- Iterative improvement capacity based on user feedback

Section 3: Timeline and Budget

- Itemized cost of each portion of the proposal
- Provide a list of enhancements and associated costs for items that may be desirable but are not specifically outlined in this RFP
- Provide an estimate of the annual recurring cost to participating programs if the program were adjusted to a subscription service after initial period of deployment

Section 4: Company Portfolio

- Describe your company and why it is best suited for this project
- Provide information about your team. How many people are at the company and what is their background. Who would be assigned to work with the ABS and in what capacity?
- Provide examples of other similar work your organization has completed

Section 5: Supporting Documents

- A critical path timeline outlining deadlines for implementation.
- Listing of all additional services and related costs that the company can provide.

#### **VI. EVALUATION METRICS**

The ABS will evaluate bidders and proposals based on the following criteria:

- Previous experience/past performance history
- Projected costs
- Experience and technical expertise

#### **VII. PROPOSAL TERMS & CONDITIONS**

- This Request for Proposal does not in any way obligate the American Board of Surgery

- to accept any proposal.
- The American Board of Surgery reserves the right to reject all or part of vendor proposals, to have a partial award, or to award multiple vendors.
  - American Board of Surgery may exercise its right to negotiate price and terms with the vendor whose bid affords the most benefit.
  - The American Board of Surgery will retain all proposals received for one year, and will not distribute or disseminate them to any outside organizations.

### INTELLECTUAL PROPERTY

The following shall apply with respect to all data, ideas, and content (collectively, “Intellectual Property”) received by the American Board of Surgery (ABS) while conducting this Request for Proposal and resulting proposal collection. All intellectual property items received or collected by the ABS shall be the sole property of ABS. Any vendor selected pursuant to this RFP shall not have any rights regarding the data/content, and no data/content may be used by or distributed to a third party without the express written permission of the ABS.

Distinct from the intellectual property itself, all work product completed by a selected vendor for this project (including, but not limited to, programming code, project plans and related communication, reports and functionality shall, without exception, be considered as, and ownership ceded to, ABS as ‘work for hire’ to the completion of the project term.

### INDEMNIFICATION

Each party shall indemnify and hold harmless the other party and its affiliates and their officers, directors, agents and employees (collectively “Indemnitees”) against and from any and all claims, liabilities, damages, fines, penalties, or costs and expenses (including reasonable attorney fees), and whether by reason of death or injury to any person or loss of or damage to any property or otherwise, arising of or in any way connected with this agreement, the services provided by registration company or any sub-contractors of chosen registration company, its agents, servants, employees, licensees, or invitees, and whether or not occurring during the term hereof occasioned or contributed to by the negligence of either party’s agent, employee, director, officer or staff.

### **VIII. PROPOSAL SUBMISSION**

Final submissions will be accepted by email only. All proposals must be submitted as an attachment in PDF format. Please email your proposal to the EPA Review Committee at ***hkakrecha@absurgery.org***.