

ABMS Maintenance of Certification Update

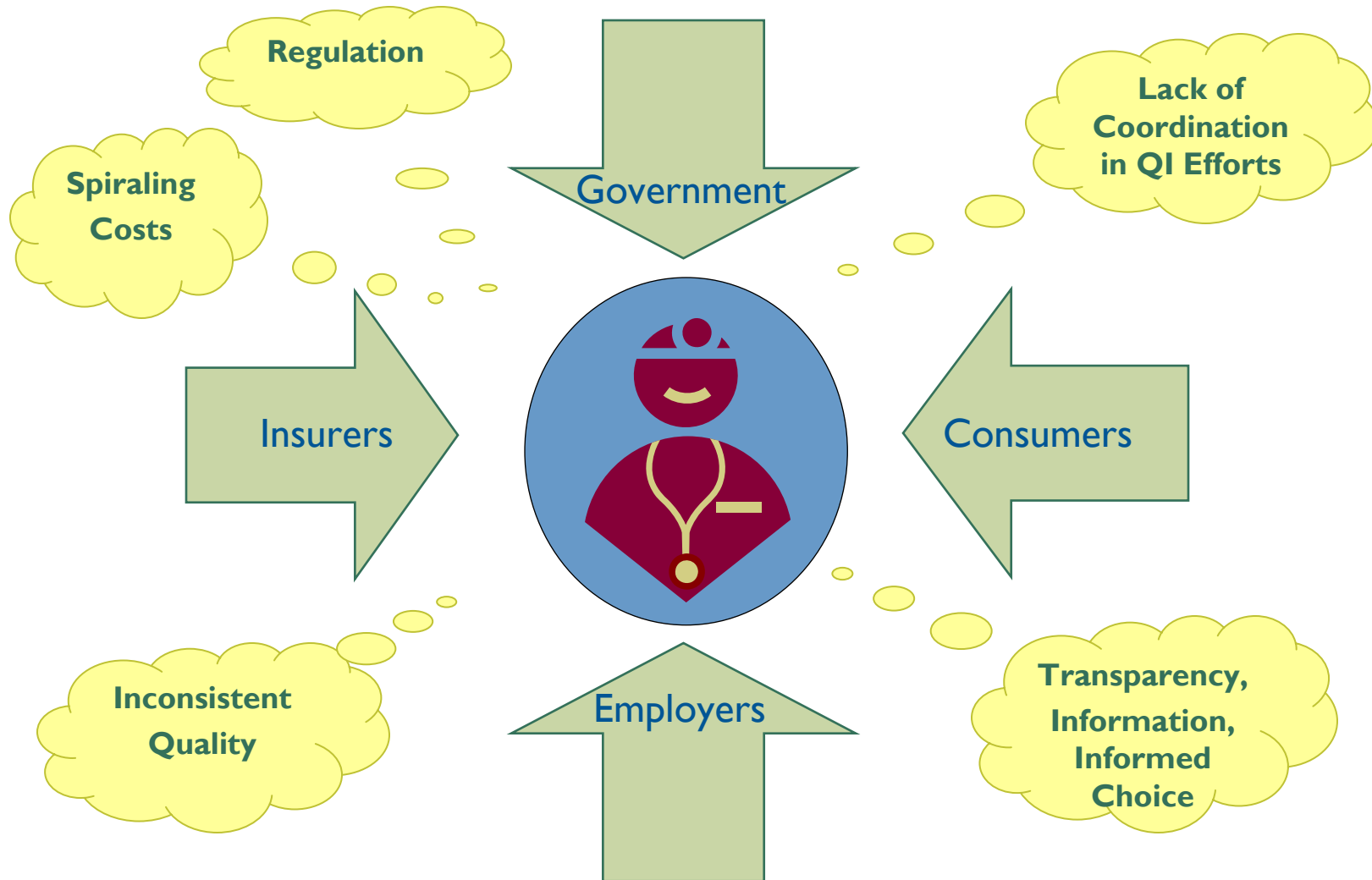
February 2009



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External Forces in Healthcare



Public Perception of Board Certification

- » Consumer survey results* find consumers care about board certification:
 - 91% rate it as very important
 - Board certification status rated #2 behind bedside manner/communication
 - 73% said they would care if they knew their doctor had let his/her certification expire
 - 45% check to see if their doctor is certified
 - 57% agreed that it is difficult to find clear, useful information on doctors

*Source: ABMS commissioned consumer survey: May 2008; Opinion Research Corporation



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Public Perception of Board Certification

- » Consumers prefer Board Certified physicians:*
- Choice between board certified physician vs. not certified...
 - 75% opted for board certified
- If you knew your doctor's certification lapsed...
 - 81% were somewhat or very likely to change doctors

*Source: American Board of Internal Medicine: July 2003; Gallup Survey



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Certification of a Medical Specialist

Maintenance of Certification

Subspecialty Certification

Subspecialty Fellowship Program

General Certification

License to Practice

Residency Training

Medical School

Bachelor's Degree



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What is Maintenance of Certification? (MOC)

A lifelong learning process designed to document that physician specialists, certified by one of the Member Boards of ABMS, maintain the necessary competencies to provide quality patient care.



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MOC Supported By

- Accreditation Council for Continuing Medical Education (ACCME)
- Accreditation Council for Graduate Medical Education (ACGME)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMSS)
- Educational Commission for Foreign Medical Graduates (ECFMG)
- Federation of State Medical Boards of the U.S. (FSMB)
- National Board of Medical Examiners (NBME)
- National Committee for Quality Assurance (NCQA)
- The Joint Commission (TJC)



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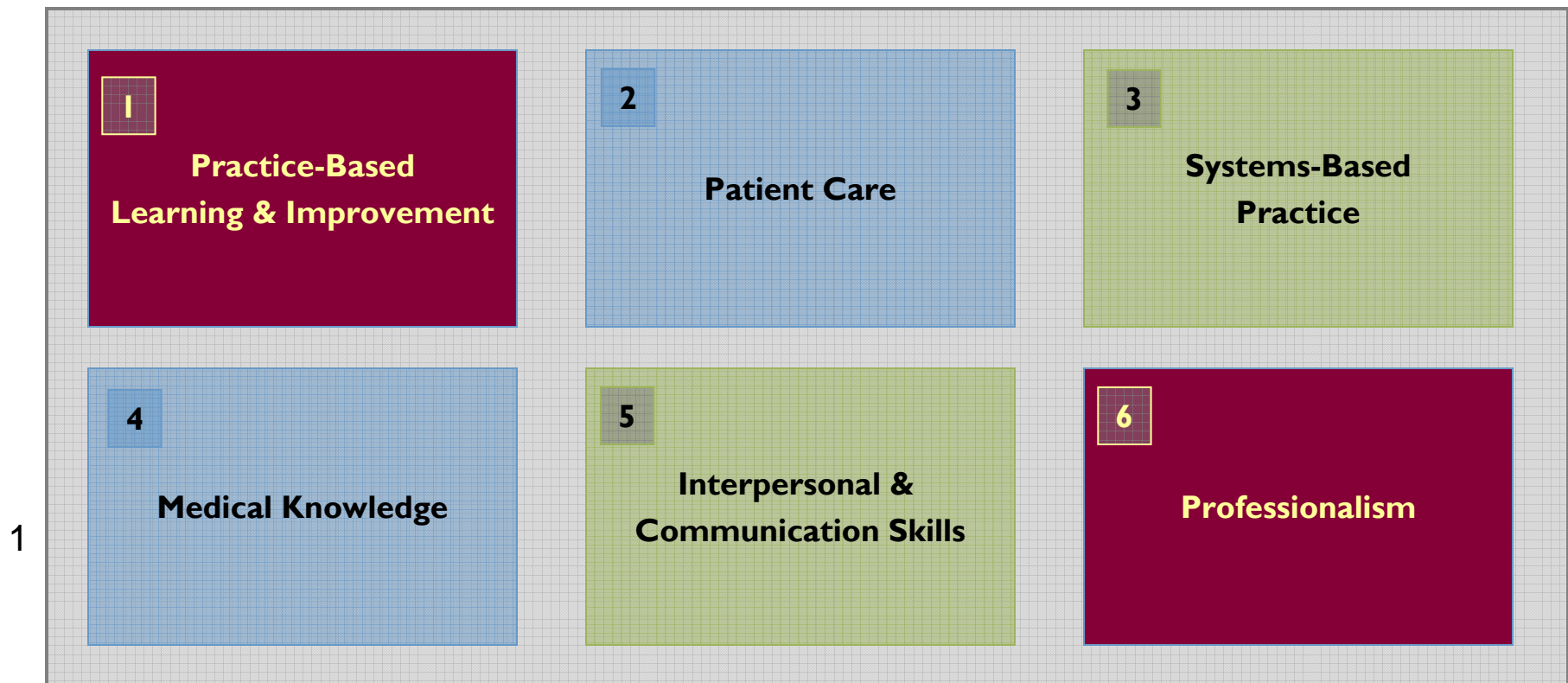
ABMS MOC Timeline

- » 1998 – Task Force on Competency chartered
- » 1999 – General Competencies established
- » 2000 – Statement on Commitment to MOC issued
- » 2000 – Four Components of MOC adopted by all ABMS Member Boards
- » 2006 – All Member Boards received approval for their MOC programs
- » 2009 – Standards developed to synchronize Board efforts, assure stakeholders
- » 2010 - Begin implementing harmonized standards



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Physician Competencies*



* Core competencies adopted by ABMS/ACGME in 1999

Four Components of MOC (Parts I-IV)

- » **Part I: Professional standing (licensure)**
 - Hold a valid, unrestricted medical license
- » **Part II: Lifelong learning and self-assessment (CME)**
 - Evidence of participation
 - Conform to general and specialty-specific standards
- » **Part III: Cognitive expertise (examination)**
 - Covers the scope, range of the discipline
 - Clinically relevant
- » **Part IV: Practice performance assessment**
 - Proven scientific, educational and assessment methodology
 - Reflects patient care
 - Should result in quality improvement



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Why MOC?

- » Proactive
- » Transparent, credible
- » Ongoing
- » Looks at care, outcomes
- » Tailored to specialty, scope of practice
- » Requires improvement
- » Uses evidence-based standards and measures
- » Will become higher stakes in future as measures, standards evolve



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ABMS MOC

» The good news...

- Public Trust
 - Commitment to quality
 - Commitment to transparency in physician accountability
 - Enhancing MOC value to public, institutions, government

» The bad news...

- Long ramp times
 - Boards have early adopters and laggards
- Change is certain
 - Standards will evolve



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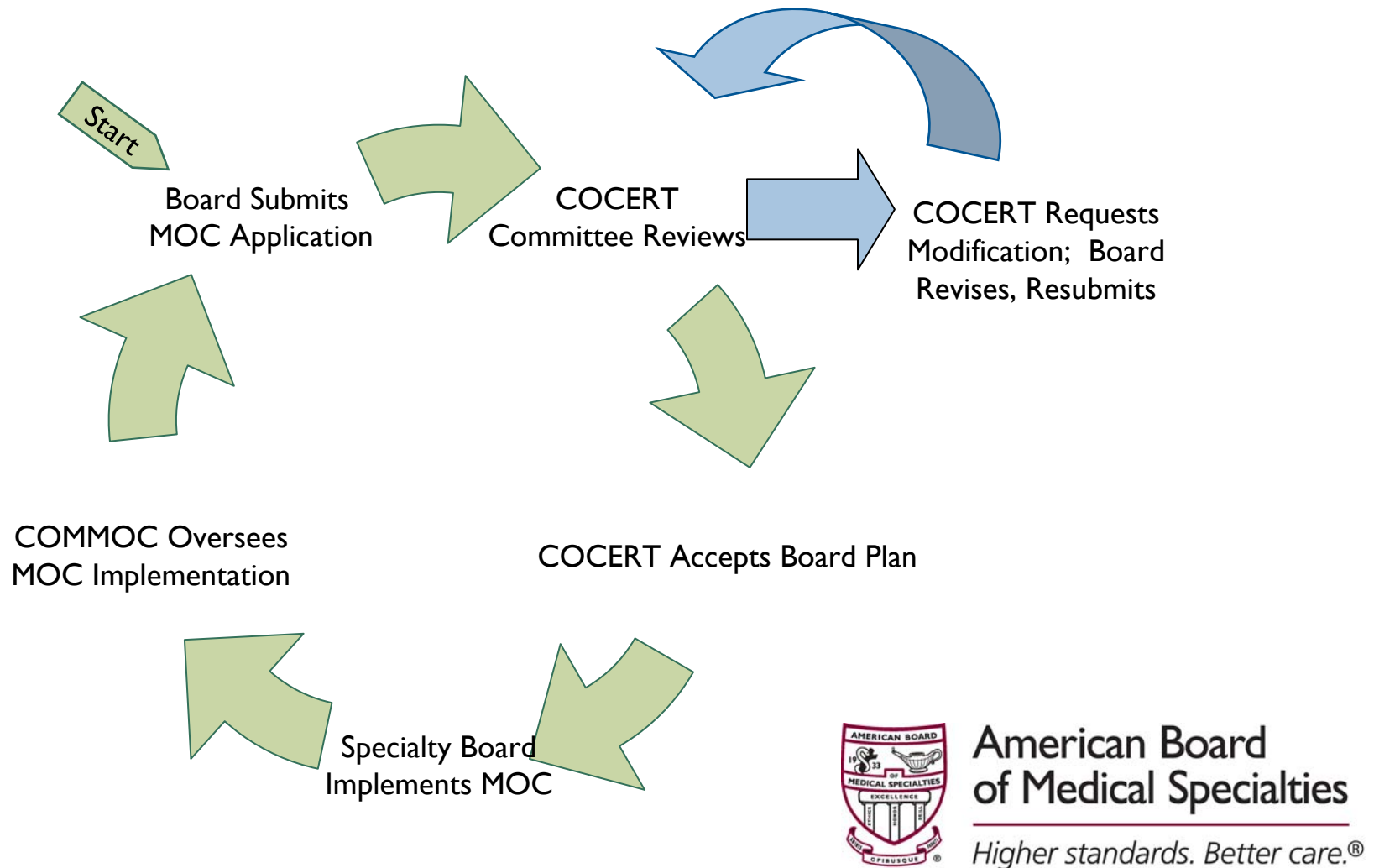
MOC Implementation Timeframe

American Board of	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Allergy & Immunology																
Anesthesiology																
Colon & Rectal Surgery																
Dermatology																
Emergency Medicine																
Family Medicine																
Internal Medicine																
Medical Genetics																
Neurological Surgery																
Nuclear Medicine																
Obstetrics & Gynecology																
Ophthalmology																
Orthopaedic Surgery																
Otolaryngology																
Pathology																
Pediatrics																
Physical Medicine & Rehabilitation																
Plastic Surgery																
Preventive Medicine																
Psychiatry & Neurology																
Radiology																
Surgery																
Thoracic Surgery																
Urology																

By 2008 all Boards will have started MOC implementation →

By 2016 all Boards will have completed MOC implementation →

MOC Oversight Process



How Boards Measure MOC

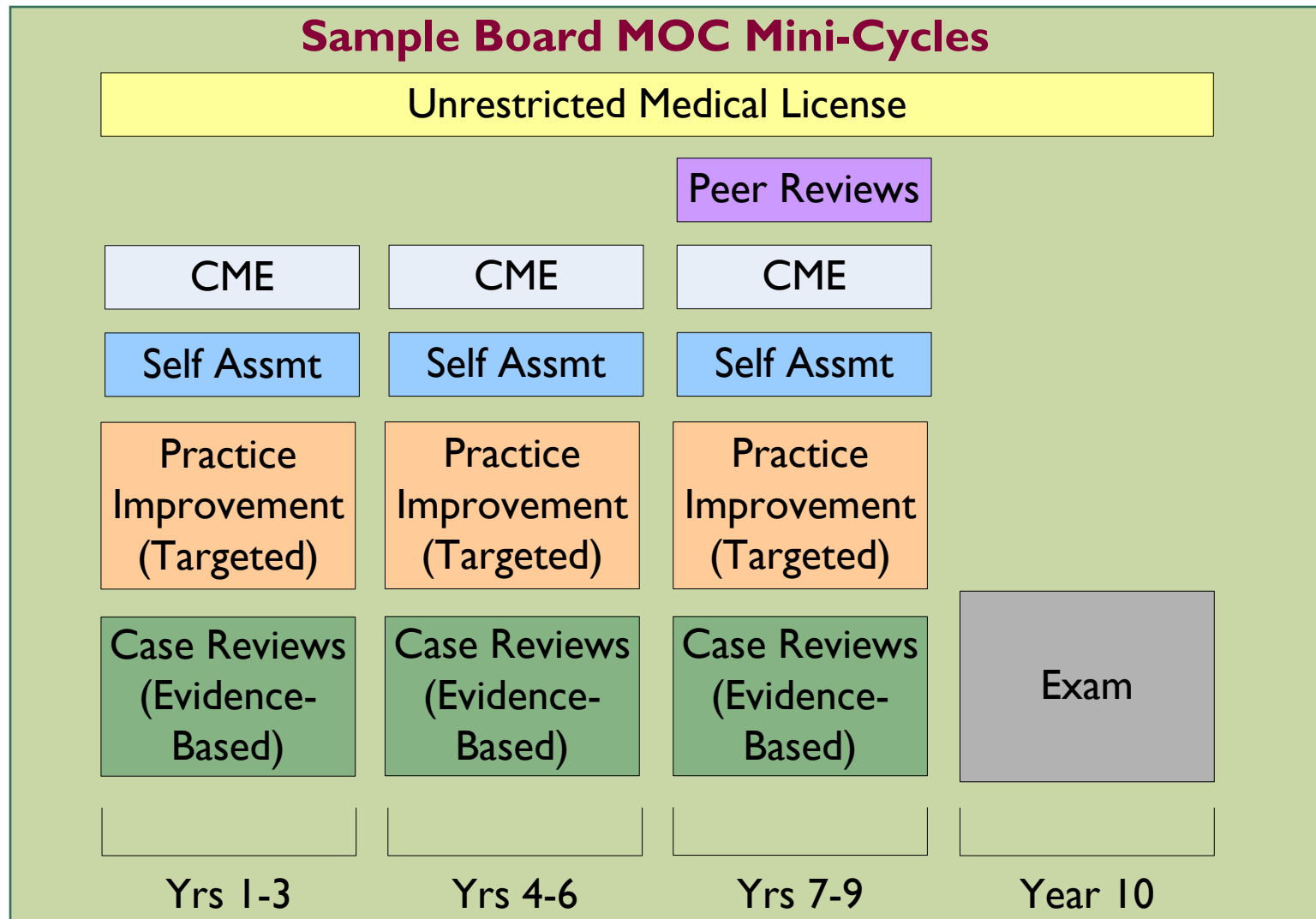
- » **MOC Cycle Length**
 - Most are 10 years
- » **Professional Standing (licensure)**
 - Most assess annually / continuously
- » **Lifelong Learning**
 - Most assess annually or 1x/2-3 years
- » **Self-Assessment**
 - Most assess every 2-3 years
- » **Practice Performance Assessment**
 - Most assess 3x per 10-year cycle



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Board MOC Structure (Example)



MOC in Evolution

- » Evolving from “guidelines” to “standards”
 - First iteration of MOC Standards will harmonize across boards and assure parity between specialties
 - Stay tuned for how it plays out in reporting and database
- » Part IV (Practice Improvement)
 - Uses patient data
 - Compared to evidence based guidelines
 - Uses nationally approved/endorsed measures where available (e.g., NQF, AQA)
 - Offers mentorship, remediation



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MOC Status

» MOC requirements vary

- By specialty and/or subspecialty
- By scope of practice
- By circumstance (practicing, clinically inactive, academic, high/low case volumes, re-entry, locum tenens, etc.)

» MOC is “under construction”

- Boards specifying individual program elements
- Specialty Societies building tools
- Boards, others building tracking, reporting infrastructure



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Next Up: MOC Standards

- » Prescribes activities, frequency, periodicity
 - How much?
 - What type?
 - How often?
 - By when?
 - Within what timeframe?
 - Who participates?
 - Exemptions?
- » Discussion of draft expected in March, 2009
 - Major releases every 5 years
 - Subject to continuous review, evolution



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MOC Standards: Guiding Principles

- » All certificates time limited; all diplomates automatically enrolled in MOC
- » Participation information available to the public
- » Approved activities to count for MOC and other programs (bi-directional credit)
- » Major releases every 5 years
 - Introduce modifications to keep pace with scientific evidence, regulatory, or public needs
- » Before implementing, assess impact, integrate with existing processes



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MOC in Evolution

Recent changes (in discussion)

1. Development of a common point-based system (Parts 2, 4) for use by all Member Boards
2. Consumer assessment component to Part I (e.g., Clinician CAHPS or equivalent)
3. Required patient safety component to Part 2 (e.g., ABMS Patient Safety Foundations or equivalent)



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MOC in Evolution

» Other Initiatives

- Enhancing simulation-based evaluation opportunities
- Health system partnerships for Part IV (practice improvement opportunities)
- Performance measurement
- Aligning MOC with Maintenance of Licensure (MOL)



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What Changes for Credentialers?

» Nothing...yet

- Goal is to report participation status, milestones
- Requires alignment with other standards, coordination

» You have questions; Boards have answers

- How can I help direct physicians?
- What are policies for “physicians with special circumstances”?



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More Information

- » Check Specialty Board websites for detailed MOC implementation
 - http://www.abms.org/Who_We_Help/Member_Boards/contactinfo.aspx
- » Check ABMS website for MOC Standards
 - www.abms.org



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Thank you!



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