ABMS Maintenance of Certification Update

February 2009
External Forces in Healthcare

- Regulation
- Spiraling Costs
- Inconsistent Quality
- Lack of Coordination in QI Efforts
- Transparency, Information, Informed Choice

Government

Employers

Consumers
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
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
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.
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)
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
Physician Competencies

1. Practice-Based Learning & Improvement
2. Patient Care
3. Systems-Based Practice
4. Medical Knowledge
5. Interpersonal & Communication Skills
6. Professionalism

* 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
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
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
### MOC Implementation Timeframe

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By 2008 all Boards will have started MOC implementation. By 2016 all Boards will have completed MOC implementation.
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
Sample Board MOC Mini-Cycles

Unrestricted Medical License

Yrs 1-3
Yrs 4-6
Yrs 7-9
Year 10

CME
Self Assmt
Practice Improvement (Targeted)
Case Reviews (Evidence-Based)

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Peer Reviews
Exam
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
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
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
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
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 1 (e.g., Clinician CAHPS or equivalent)
3. Required patient safety component to Part 2 (e.g., ABMS Patient Safety Foundations or equivalent)
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)
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”?
More Information

» Check Specialty Board websites for detailed MOC implementation
  • [http://www.abms.org/Who_We_Help/Member_Boards/contactinfo.aspx](http://www.abms.org/Who_We_Help/Member_Boards/contactinfo.aspx)

» Check ABMS website for MOC Standards
  • [www.abms.org](http://www.abms.org)
Thank you!