

# Maintenance of Certification

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**What Does it Mean? What  
Does it Mean for YOU?**

*Anne Roberts, MD*

# What is Maintenance of Certification (MOC)?

A 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

Unlike recertification, MOC is a continuous process

# Maintenance of Certification

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Developed to provide the public, payers, healthcare organizations/entities, government agencies, members of the medical profession confidence that specialist physicians are competent and maintain their competency throughout the span of their professional careers

— Stephen Miller, MD, MPH  
Exec V. President, Am Board of Medical Specialties, 2003

# ABMS Member Boards Approved Certificates

*General Certificates* = 37 (some boards issue more than one primary certificate)

- Example: Radiology (Diagnostic, Oncology, Physics)

*Subspecialty Certificates* = 92 (some are shared by two or more boards examples VIR, Neuroradiology, Pediatrics)

Almost **90%** of all practicing physicians are certified by one (or more) of the 24 ABMS Member Boards

# Why Recertification?

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Changing scope of medical information

Public concern for need to re-credentialed physicians

Decline in knowledge and skills over time

*“The goal of recertification is to evaluate the **continuing competence** of a diplomate in the specialty in which he/she was certified initially.”*

September 1973

# Why the Change?

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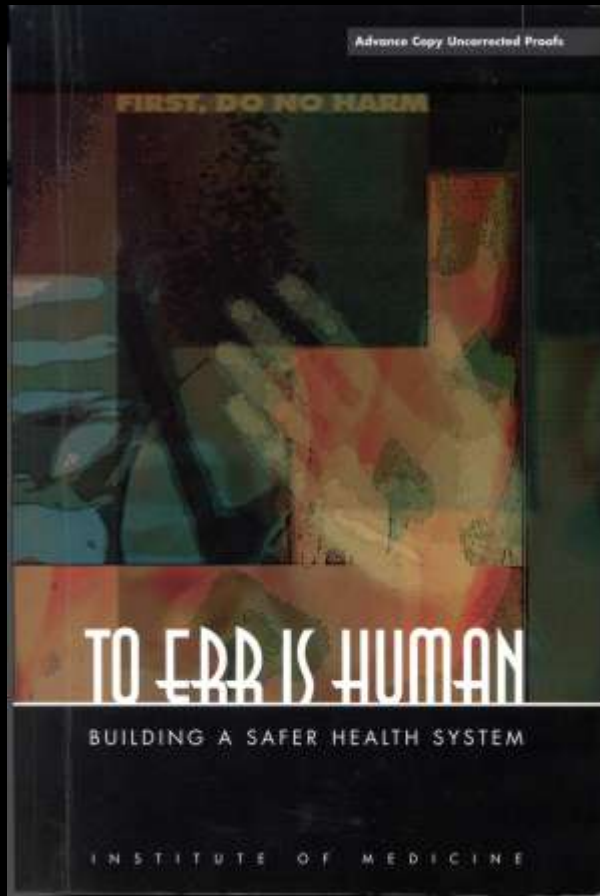
IOM reports

More scrutiny from the media  
and public on “quality of care”

Patient expectations

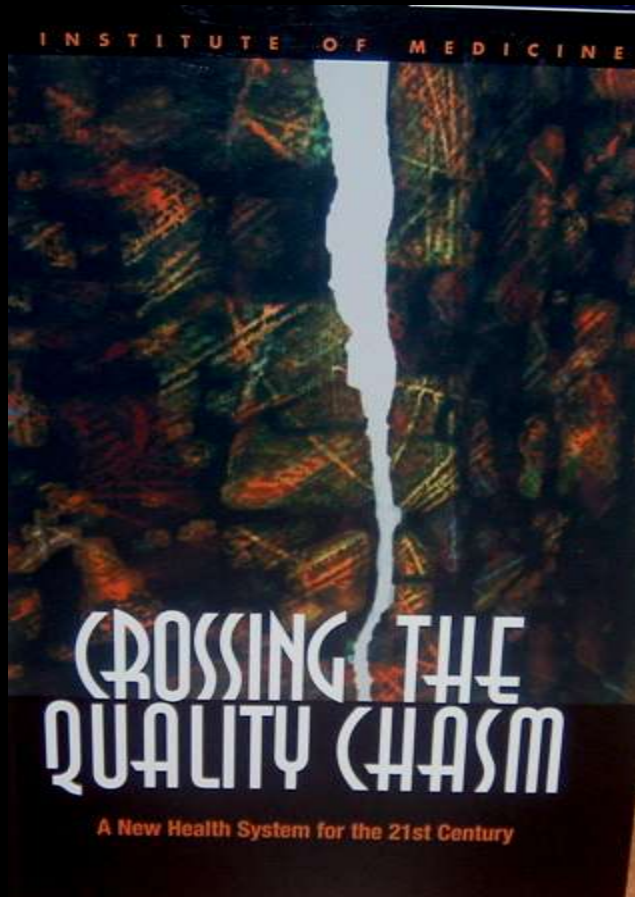
Rapid advances in science and  
technology

# *Board Certification, Quality and Competence*



“44,000 - 98,000 Americans die each year as a result of preventable errors caused by faulty systems or processes used in their care.”

# Board Certification, Quality and Competence



“Healthcare system fails to translate knowledge into practice.”

“A highly fragmented delivery system results in poorly designed care and duplication of services.”



# Why MOC?

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Physicians need to be out front on the quality issue... not reacting to proposals or mandates of others

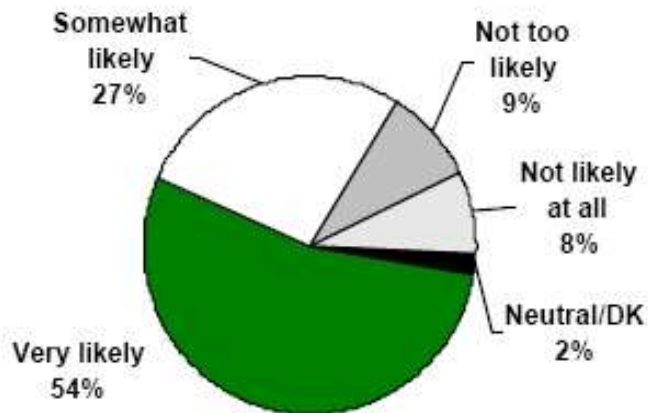
MOC not meant to replace efforts to improve quality of medical care generated outside of the profession

# “Awareness of and Attitudes Toward Board-Certification ) of Physicians”

— A Gallup Survey (JAMA, 292:Sept 2004)

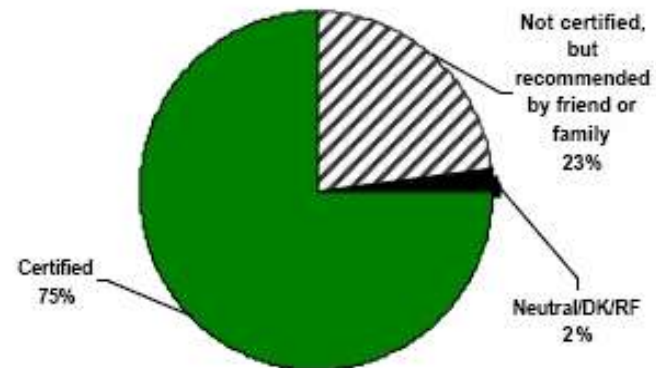
## 1. Likelihood of Finding Another Doctor if Current Doctor's Certification Has Expired

When asked how likely they would be to find a new doctor if they knew their doctor's board certification had expired, more than half (54%) said they would be very likely to do so. Another 27% reported they would be “somewhat likely.” Seventeen percent would not be likely to change doctors.



## 2. Preference Between Board-Certified Physician vs. Recommendation of Trusted Friend/Family Member

When given the choice between a board-certified physician and a physician who was not board certified but was recommended by a trusted friend or family member, 75% opted for the board-certified physician, while 23% select the physician who was recommended by a friend or family member.



# Shift from Lifetime Certification to Continuous Certification

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Lifetime certification is no longer the benchmark of quality

Continuous certification will be the benchmark of the future

# MOC is supported by...

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)

Joint Commission on Accreditation of Healthcare Organizations  
(JCAHO)

# A New Role for ABMS

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**Our profession is becoming increasingly marginalized** through the actions of health plans, insurance companies, Medicare, and many other organizations working to determine public health policy. Our way out of this problem, as Rosemary Stevens puts it, is “to **convince the public** that the profession has different, and perhaps loftier goals than the other players.”

# A New Role for ABMS

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The template for practicing **patient-centered, evidence-based medicine is certification and maintenance of certification (MOC)**. Through MOC the profession can demonstrate the patient-centered six general competencies, which are those desired in the contemporary physician by our patients and the public at large.

President's Message, D.L. Nahrwold, MD – 2004

# MOC History

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**1998** – Task Force on Competence established

**1999** – General Competencies established

**2000** – Member Board Commitment to Maintenance of Certification

**2002** – Four Components of Maintenance of Certification©

**2003** – Board of Directors and ABMS Officers and Executive Committee Members commitment to MOC participation

# Benefits for Physicians

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- Improve effectiveness of practice
- Improve patient, staff and physician satisfaction
- Reduce duplicate assessments and applications
- Improve learning opportunities based on practice needs
- Minimize re-licensure difficulties
- Possible reduction in malpractice premiums



# American Board of Radiology

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## Maintenance of Certification Program

Diagnostic Radiology

Radiation Oncology

Medical Physics

# American Board of Radiology

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## Mission

“To serve patients, the public, and the medical profession . . .”

“By certifying that its diplomates have acquired, demonstrated, and ***maintained*** a requisite standard of knowledge, skill and understanding . . .”

**Where are we? Where are we going?**

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**PAST**



**TRANSITION**



**FUTURE**

# Time Unlimited Certificates Diagnostic Radiology

## PAST

Present

Future

1968 Written Examinations

1987 4-Year Program

1992 Clinical Year

96–01 Computer Based Oral Exams implemented

2001 Diagnostic Radiology Primary Certificates

# Time Limited Certificates

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Past

PRESENT

Future

1995      Radiation Oncology

1994-95      Subspecialties (CAQ – VIR, Peds, Neuro)

2002      Diagnostic Radiology & Radiologic Physics

2004      Subspecialty Certificates (CAQ)

ABR Maintenance of Certification Program  
(ABR-MOCP)

# Paradigm Shift

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## Certification

Past

Time unlimited

Future

Time limited  
maintenance  
of certification

# Paradigm Shift

## *Process*

### Past

Training focused on  
knowledge acquisition  
Teacher centered

### Future

Training focused on  
knowledge application and  
outcome  
Learner based

## *Focus*

### Past

- Examination Centric

### Future

- Continuous Professional Development
- Life Long Learning
- Self Assessment
- Practice Performance

# Transition from “Lifetime” to “Time-Limited” Certification

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Before 2002 – Diagnostic ABR Certification valid for life

Since 2002 – 10 year time-limited ABR certificates

CAQ certificates first issued in 1994 - 10 year time-limited certificates

Neuroradiology, VIR, Pediatrics

Now having to be renewed



# Transition from “Lifetime” to “Time-Limited” Certification

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Before 1995 – Radiation Oncology ABR Certification valid for life

Since 1995 – 10 year time-limited ABR certificates

First ABR Recertification Examination (RO) offered in 1999

~25% of practicing radiation oncologists have time limited certificates

~120 time-limited certificates will lapse in 2005

# MOC – The General Competencies

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Maintenance of competence should be demonstrated throughout the physician's career by evidence of lifelong learning and ongoing improvement of practice

— *ABMS Task Force, '99*

# MOC – The General Competencies

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- medical knowledge
- patient care
- interpersonal and communication skills
- medical professionalism
- practice-based learning and improvement
- systems-based practice

# MOC - 4 Components

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Professional standing

Lifelong learning and self-assessment

Cognitive expertise

Practice performance

# MATRIX

<b>MOC Components</b>	<b>Professional Standing</b>	<b>Lifelong Learning and Self-Assessment</b>	<b>Cognitive Expertise</b>	<b>Practice Performance</b>
<b>Competencies</b>				
<b>Professionalism</b>	Verification of valid non-restricted medical license	Records of professional activities associated with Lifelong Learning & Self-Assessment	TBD	TBD
<b>Practice-Based Learning and Self Improvement</b>	Documentation: special certificates, diplomas, licensure	Minimum of 500 hours CME credit over 10-year cycle. Minimum of 250 hours Category 1 credits, at least 70% must be specialty specific or related areas	Computer-based self-assessment and cognitive exams given over a 10-year period focused on essential core knowledge and practice.	TBD
<b>Practice Knowledge</b>	TBD	Documentation and completion of 500 hours CME credit. Minimum of 250 hours Cat 1, personal assessment of performance and practice with education plan.	Achieve a passing score on the ABR MOC cognitive exams	TBD
<b>Patient Care</b>	TBD	Documentation: New or review of techniques and protocol as part of Lifelong Learning & Self Assessment	Achieve a passing score on the ABR MOC cognitive exams that includes a patient care component.	TBD
<b>Interpersonal &amp; Communication Skills</b>	TBD	Considering evaluation from patients and colleagues	TBD	TBD
<b>System-based Practice</b>	TBD	Utilization of continuous quality improvement principles related to analysis of practice based systems	Achieve a passing score on the ABR MOC cognitive exam, completion of self assessment and review of assigned materials	TBD

# MOC – The Essential Components

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## Document evidence of:

- Professional standing
  - *ABR*
- Lifelong learning and self-assessment
  - *Related societies*
- Cognitive expertise
  - *ABR*
- Practice performance
  - *Related societies*

# ABR - MOCP Essentials

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Verification of a valid unrestricted medical license

Minimum of 500 hours of CME over 10-year cycle

Minimum of 250 hours of Category 1

At least 70% must be specialty specific or related

# ABR - MOCP Essentials

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Two or more Self-Assessment Modules (SAM) per year

Computer-based cognitive examination relevant to practice

Practice performance – TBD 12-31-04

Emphasis on Continuous Professional Development and continuous quality improvement

Interactive website for data entry and CME repository

Collaborative efforts with National Societies, Subspecialty Societies and Council of Medical Specialty Societies(CMSS)



# MOC – Fulfilling Requirements for Periodic Self-Assessment

Participation in educational venues and completing (passing) post-program test; feedback to participant

- *10 units required over 10 years*
- *on-line self-assessment exam (RSNA, ACR PREP™, Specialty Societies, . . .)*

# ABR - MOCP

## 10-Year Time

2000 - 2004

## Time-Limited Certificates

Development of

Part 1 (Professionalism)

Part 2 (Lifelong Learning and Self-Assessment)

Part 3 (Cognitive Examinations)

2005

Part 4 (Practice Performance)

2004 - 2012

Continue development for ABR-MOCP, relevant and practice specific components and competencies.

American College of Radiology

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ACR PREP™

*(ACR PRioritized Education for  
Physicians)*

Lifelong Learning & Self  
Assessment Program

# ACR PREP™ Components

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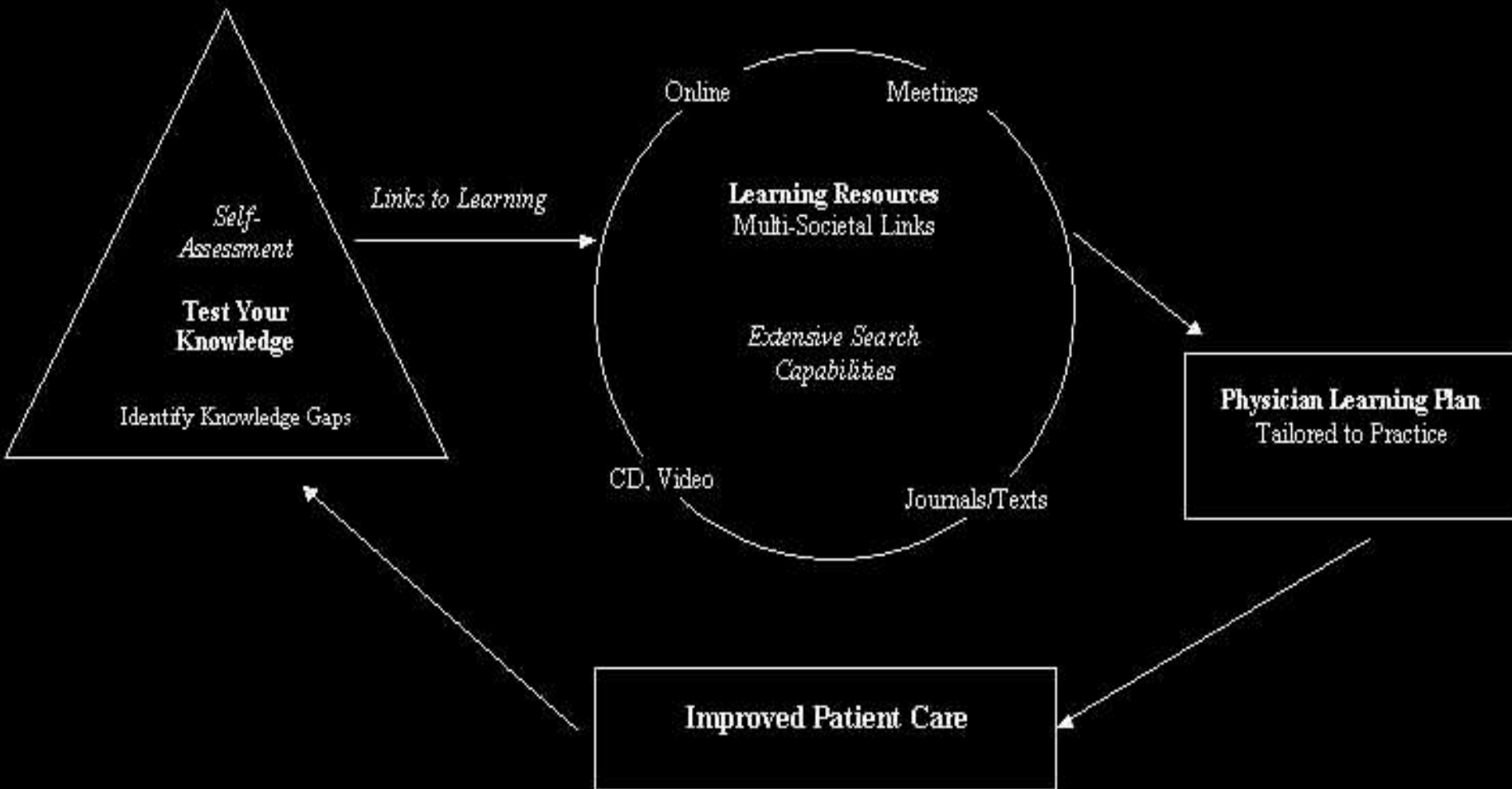
Online self-assessment exam to guide lifelong learning choices

Extensive Web search capability

Links to multi-societal learning resources

Online multi-societal CME Gateway – 10 year MOC (ACR/RSNA joint initiative)

# ACR PREP™ Learning Model



# MOC – *Lifelong Learning and Self-Assessment*

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## CME Repository

- society-based
- on-line multi-society “CME Gateway” (ACR, RSNA)
  - society/organization links
  - self-reporting

## ABR Audit

- voluntary confirmation MOC status
- validated vs. indicated credits (source documentation)

# MOC – Fulfilling Requirements in Cognitive Expertise

- There will be a cognitive exam
- It will be the smallest part of this whole process
- CAQ examination
  - 4-hour computerized exam (doesn't take this long)
  - practice-oriented, clinically relevant
  - offered 2-3 times per year
  - approximately 250 true-false, multiple choice, matching questions (→ all multiple choice)

# MOC – Developing Practice Performance Measures

evaluation of physician's practice based on

- practice systems
- patient safety
- physician standards

reflects patient care and should result in quality improvement

“ . . . phased in, periodically evaluated for its effectiveness, and systematically improved.”



# MOC – Developing Practice Performance Measures

Initial proposal due to ABMS December '04

potential practice performance modules:

- ACR /PEER™
- Trying to make measures fit with items that are already being required by JACHO, and other regulatory bodies

# RADPEER™ Model

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Allows peer review during routine interpretation of current images

- Summary statistics and comparison for each participating radiologist by modality
- Summary data for the facility by modality
- Data summed across all participating facilities by modality

Assesses adherence to evidence based practice and outcomes

# Practice Performance—ACR RADPEER™

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## Pathway 1

Physicians in facilities that are undergoing review for ACR accreditation will have patient cases reviewed for assessment of their individual practice performance.

## Pathway 2

For physicians seeking practice assessment outside of facility accreditation, the ACR will offer practice performance assessment through remote review of patient cases.

# Maintenance of Certification Program

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Diplomates with non time-limited certificates:

- Encouraged to participate; issued additional certificate

Diplomates with time-limited certificates:

- Will need to comply with ABR MOC program

Candidates for initial certification:

- Certificates subject to terms/conditions of MOC program

# Examination of the Future

Past

Present

FUTURE

## Relevant Content

### New Curriculum

- Genomics
- Proteomics
- Pharmacogenomics
- Molecular Medicine & Imaging

- Competencies
- Outcome science
- Critical Thinking

### Technology

- Internet Search for Knowledge
- Computer Adaptive Testing
- Voice recognition & key word testing

- Web cast exam
- Computer Based
- Simulators

# Paradigm Shift

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Deming – “You don’t have to (change), survival is not compulsory.”

Darwin – “It’s not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.”

Hendee – a 20<sup>th</sup> Century physicist once remarked, “Scientific progress moves forward, one funeral at a time.”

# In the End:

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We may say we have trained “better” physicians based on higher board scores or decrease in the number of medical errors; however, the “real differences” can be measured only in the quality of care delivered to our patients.