Maintenance of Certification

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.
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
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?

Changing scope of medical information
Public concern for need to re-credentialled 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?

- IOM reports
- More scrutiny from the media and public on “quality of care”
- Patient expectations
- Rapid advances in science and technology
“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.”
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”

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

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)
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.”

President’s Message, D.L. Nahrwold, MD – 2004
A New Role for ABMS

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

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

- 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

Maintenance of Certification Program

Diagnostic Radiology
Radiation Oncology
Medical Physics
American Board of Radiology

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?

PAST

TRANSITION

FUTURE
# Time Unlimited Certificates
## Diagnostic Radiology

<table>
<thead>
<tr>
<th>PAST</th>
<th>Present</th>
<th>Future</th>
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</thead>
<tbody>
<tr>
<td>1968</td>
<td>Written Examinations</td>
<td></td>
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<tr>
<td>1987</td>
<td>4-Year Program</td>
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<tr>
<td>1992</td>
<td>Clinical Year</td>
<td></td>
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<tr>
<td>96–01</td>
<td>Computer Based Oral Exams implemented</td>
<td></td>
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<tr>
<td>2001</td>
<td>Diagnostic Radiology Primary Certificates</td>
<td></td>
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</tbody>
</table>
## Time Limited Certificates

<table>
<thead>
<tr>
<th>Past</th>
<th>Present</th>
<th>Future</th>
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</thead>
<tbody>
<tr>
<td>1995</td>
<td>Radiation Oncology</td>
<td></td>
</tr>
<tr>
<td>1994-95</td>
<td>Subspecialties (CAQ – VIR, Peds, Neuro)</td>
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<tr>
<td>2002</td>
<td>Diagnostic Radiology &amp; Radiologic Physics</td>
<td></td>
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<tr>
<td>2004</td>
<td>Subspecialty Certificates (CAQ)</td>
<td></td>
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<tr>
<td></td>
<td>ABR Maintenance of Certification Program (ABR-MOCP)</td>
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</table>
Paradigm Shift

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

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

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
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

- medical knowledge
- patient care
- interpersonal and communication skills
- medical professionalism
- practice-based learning and improvement
- systems-based practice
MOC - 4 Components

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

Document evidence of:

➢ Professional standing
  • ABR

➢ Lifelong learning and self-assessment
  • Related societies

➢ Cognitive expertise
  • ABR

➢ Practice performance
  • Related societies
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

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, . . .)**
<table>
<thead>
<tr>
<th>10-Year Time</th>
<th>Time-Limited Certificates</th>
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<tbody>
<tr>
<td>2000 - 2004</td>
<td>Development of Part 1 (Professionalism)</td>
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<tr>
<td></td>
<td>Part 2 (Lifelong Learning and Self-Assessment)</td>
</tr>
<tr>
<td></td>
<td>Part 3 (Cognitive Examinations)</td>
</tr>
<tr>
<td>2005</td>
<td>Part 4 (Practice Performance)</td>
</tr>
<tr>
<td>2004 - 2012</td>
<td>Continue development for ABR-MOCP, relevant and practice specific components and competencies.</td>
</tr>
</tbody>
</table>
American College of Radiology

ACR PREP™

(ACR PRioritized Education for Physicians)

Lifelong Learning & Self Assessment Program
ACR PREP™ Components

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

Self-Assessment
Test Your Knowledge
Identify Knowledge Gaps

Learning Resources
Multi-Societal Links
Extensive Search Capabilities

Online
Meetings
CD, Video
Journals/Texts

Physician Learning Plan
Tailored to Practice

Improved Patient Care
MOC — *Lifelong Learning and Self-Assessment*

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)
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

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
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

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

Relevant Content

New Curriculum
- Genomics
- Proteomics
- Pharmacogenomics
- Molecular Medicine & Imaging

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

Present

Competencies
- Outcome science
- Critical Thinking

FUTURE

Web cast exam
- Computer Based
- Simulators
Paradigm Shift

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 20th Century physicist once remarked, “Scientific progress moves forward, one funeral at a time.”
In the End:

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.