

# ABMS Maintenance of Certification<sup>®</sup> *Raising the Bar in Measuring Physician Competency*

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For 75 years, board certification of medical doctors by one of the 24 Member Boards of the American Board of Medical Specialties (ABMS) has been considered the gold standard for ensuring physician qualifications and quality care. As credentialers, board certification by an ABMS Member Board is a specific qualification you look for to judge the competency of physicians. But beyond board certification status, how can you verify for your organization – and its patients – that these doctors have met the criteria that is demanded? ABMS is rising to that challenge with the development of ABMS Maintenance of Certification® (ABMS MOC®).

Just as medicine has evolved, so has board certification. ABMS and its Member Boards transitioned to time-limited certification in the 1970s. But as the new millennium dawned and reports detailed stunning gaps and disparity in quality care, it became apparent that time-limited certification wasn't enough. The "Quality Movement" was born to address the demand for change.

ABMS and its Member Boards had already begun envisioning a new era in quality assurance before the Institute of Medicine's landmark reports, *To Err is Human* (1999) and *Crossing the Quality Chasm* (2001). ABMS MOC was introduced in 1998 as a new process to promote physician specialists' continuous lifelong learning, resulting in better patient care. The ultimate goal of MOC is to provide specific, beneficial information about participating physicians to all stakeholders, including credentialers. Just what the doctor – and patients – ordered.

Since its inception, ABMS MOC has made continual and significant progress.

- In 1999, ABMS and ACGME established the six general competencies that MOC will evaluate in each participating physician.

- 1. Patient Care:** Provide care that is compassionate, appropriate, and effective treatment to promote health.
- 2. Medical Knowledge:** Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and their application in patient care.
- 3. Interpersonal and Communication Skills:** Demonstrate skills that result in

effective information exchange and teaming with patients, their families, and professional associates (e.g. fostering a therapeutic relationship that is ethically sound and using effective listening skills with nonverbal and verbal communication; and working as both a team member and at times as a leader).

- 4. Professionalism:** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.
- 5. Systems-based Practice:** Demonstrate awareness of and responsibility to the larger context and systems of healthcare. Be able to call on system resourcing to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when

care involves multiple specialties, professions, or sites).

- 6. Practice-based Learning and Improvement:** Able to investigate and evaluate patient care practices, appraise and assimilate scientific evidence and improve the practice of medicine.

- In 2000, all 24 Member Boards adopted the four-component process for ensuring continual quality care.

- 1. Part 1 – Licensure and Professional Standing:** Physician specialists must hold a valid, unrestricted medical license in at least one state or jurisdiction in the United States, its territories or Canada.


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## 2. Part 2 – Lifelong Learning and

**Self-assessment:** Physicians participate in educational and self-assessment programs that meet specialty-specific standards that are set by their Member Board.

**3. Part 3 – Cognitive Expertise:** Physicians demonstrate, through formalized examination, that they have the fundamental, practice-related and practice environment-related knowledge to provide quality care in their specialties.

## 4. Part 4 – Practice Performance

**Assessment:** Physicians are evaluated in their clinical practices according to specialty-specific standards for patient care. They are asked to demonstrate that they can assess the quality of care they provide compared to peers and national benchmarks and then apply the best evidence or consensus recommendations to improve that care using follow-up assessments.

- In 2006, all Member Boards received approval of their MOC programs.

ABMS and its Member Boards have come a long way in the development of MOC and are working to develop a program that, in the future, will provide tools that prove physicians' ongoing competency. Each Member Board is responsible for establishing content and modules to deliver this promise of competency within its specialty – whether surgery or physical medicine – developing relevant and targeted learning tools that are appropriate for the Board's diplomates.

Examples of tools that have been developed or are being developed include:

- Feedback modules, consisting of patient and/or peer review.
- Chart reviews to allow physicians to learn of how their performance compares to national standards and benchmarks, identify opportunities for improvement, implement changes in their practice, and then collect data from patients to see if improvement in care has occurred.
- Dynamically generated Web-based patient care scenarios based on a specific topics.
- Patient safety improvement activities based on patient data – from hand hygiene to allergy lists.

Credentialers are key stakeholders in the MOC endeavor. Their work verifying physician certification makes a difference in the lives of patients and their families. As the premier source for board certification information, ABMS intends to raise the bar and become a one-stop shop for credentialers and other stakeholders. Therefore, ABMS continues to work with NAMSS to gain insight into tools and activities that would be most valuable for credentialers' needs. MOC's intent is to support credentialers and their organizations by providing specific tools and information regarding how to hire, compensate, and reward physicians. ABMS and its Member

public trust in physicians is central to MOC, ABMS launched the "2008-2011 Enhanced Public Trust Initiative," which aims to elevate the role ABMS and its Member Boards are taking in ensuring physician accountability. ABMS wants to ensure that MOC leads to better outcomes and that patients are, in fact, more satisfied with their care.

The MOC initiative verifies that ABMS and its Member Boards have a strong sense of purpose and continued commitment to serving the profession and the public. The intent is to continue to lead the quality care movement, with the ultimate goal of ensuring the excellent healthcare for all Americans. ■

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Boards are working hard to be able to provide credentialers, other stakeholders (even the public) with this important information for the future.

ABMS works with other stakeholders as well, from consumer groups, purchaser groups and the public sector to health plans, hospitals, and CME providers. Not only does this provide valuable insight that can be used to ensure the successful development of MOC, but it also helps ensure buy-in from those entities.

ABMS also seeks input from other quality initiative groups to achieve synergies and avoid duplication of efforts, as well as prevent lack of uniformity and rigor. After all, we are all moving in the same direction. Other potential synergies, for instance, include linking pay-for-performance initiatives with MOC and tying MOC to a reduction in malpractice premiums.

From a consumer standpoint, it is important that patients realize that by participating in MOC, board-certified physicians' knowledge and skills are continually tested. Because



Dr. Kevin B. Weiss joined the American Board of Medical Specialties (ABMS) in December 2007 as president and CEO. Dr. Weiss also directs the Institute for Healthcare Studies at

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Dr. Weiss completed his medical degree at Chicago Medical School, and master's degrees in community health sciences at the University of Illinois School of Public Health, and in health services administration at the Harvard School of Public Health. He is certified by the American Board of Internal Medicine. If readers would like to learn more about ABMS or MOC, they are encouraged to visit the ABMS Web site at [www.abms.org](http://www.abms.org).