CREDENTIALING FORUM

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AGENDA

- Review the value of ABMS Board Certification data to the organizations who perform credentialing
- Identify consumer needs for board certification data
- Assess issues and concerns currently being discussed by organizations who utilize the data
ABMS CERTIFICATION BOARDS

✓ A trusted credential
✓ Built upon professional standards
✓ Continuous professional development through MOC
✓ Portfolio Program
✓ Support opportunities for physicians to learn and achieve better patient care

ABMS WEBSITE SAYS
What Is The Value of Certification to the End User?

END USERS:

- Hospitals
- Health Plans
- Medical Groups
- ACO’s
- PHO’s
- Clinics
- Consumers
Board Certification provides…..

✓ Professional status
✓ For Hospitals:
  ✓ Qualifying criteria for Medical Staff membership and/or clinical privileges
✓ For Health Plans:
  ✓ Qualifying criteria for employment/contract agreement
✓ For Medical Groups:
  ✓ Qualifying criteria for employment/partnership
✓ For Clinics:
  ✓ Qualifying criteria for employment/contract agreement
Board Certification provides.....

✓ For The Public Consumer
  ✓ Professional achievement – looking for the document on the wall, not sure what it means

✓ To healthcare institutions:
  ✓ A professional achievement that must be verified and remain current

“Certificate has an academic and legal sense.”
For Hospitals

- Initial application from physician must provide documentation of current board certification status
- The Medical Staff Bylaws will either:
  - require current certification at time of application or
  - encourage that it be achieved within so many years of completion of training or
  - so many years of being appointed
- At Reappointment/reappraisal or renewal of privileges
  - Maintenance of certification is required or
  - There is no requirement or the document is silent
For Health Plans:

✓ Most health plans require board certification at time of initial credentialing or
✓ the achievement of certification within so many years of completion of residency/fellowship training
✓ Recredentialing takes place every 2-3 years and typically current certification is required
SPECIALTY BOARDS

• Are there competitors to the ABMS boards?
  • YES there are…
    ✓ American Osteopathic Association Boards
    ✓ Royal College of Physicians and Surgeons of Canada
    ✓ Royal College of Physicians (UK)
    ✓ American Board of Physician Specialties (www.abpsus.org)
    ✓ National Board of Physicians and Surgeons (https://nbps.org) [Website lists 40 hospitals in US who have broadened their Bylaws language to accepting ABMS, AOA or other alternative boards]
Is There Confusion Out There?

- Do the ABMS boards identify their differences from the other non-ABMS boards?
- What’s the situation with MOC?
- What additional education can be provided to help healthcare organizations better understand MOC and “buy” into it as a required criteria?

YES!!
EDUCATION & MARKETING ARE KEY

Physicians know about certification – but they need to:

✓ re-learn why it is necessary so they can educate others
✓ understand the advantages of participating in MOC
✓ Become your “champions”
WHICH WAY DO YOU GO?

Credentialing professionals deal with a lot of details and data tracking.
Not all credentialing professionals are computerized – even in 2016!

The challenge for ABMS boards is to:
- provide consistent information in a timely manner
- To better explain the MOC process
- Coordinate with ABMS/display agents notification of changes in board status
CONFUSION IS HIGH....

From American Board of Pediatrics certification guidelines

This is just one board – a credentialing professional has to be educated and knowledgeable about 24+ MOC programs!

• Important: Please be sure to correctly state your certification status. In addition, pay attention to your group practice listings. A blanket statement that everyone in a group is Board Certified may be misleading if multiple specialties are listed and some group members are certified in certain specialties and others are not currently certified. The ABP expects that certifications will be listed individually or stated in a way that is not misleading. Aside from accuracy and ABP requirements, inaccurate statements of certification may create embarrassment or legal issues. The ABP understands that maintaining currency in stating the certification status of groups of physicians may not be easy. We encourage you to work with your colleagues to be sure the certifications you represent to the public are current and accurate.

CHALLENGES

✓ Educating the end users about MOC
✓ Educating the end users when time limits change and how to perform timely verification
✓ Providing timely information – coordinating with display agents to provide change in data
✓ How to verify status of those in process – either initial certification or those in MOC and what does that status mean
MOST IMPORTANT TO EVERYONE

Does board certification provide a mechanism for identifying

**CURRENT CLINICAL COMPETENCE?**

*If yes, then how can you share that with end users?*

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**MILLER’S PRISM OF CLINICAL COMPETENCE (aka Miller’s Pyramid)**

- **KNOWLEDGE**
  - **KNOWS**
    - Fact Gathering: eg traditional true/false MCQs
  - **KNOWS HOW**
    - Interpretation/Application: eg through case presentations, essays, extended matching type MCQs
  - **SHOWS**
    - Demonstration of Learning: eg via simulations, OSCEs
  - **DOES**
    - Performance Integrated Into Practice: eg through direct observation, workplace based assessment

*It is only in the "does" triangle that the doctor truly performs*

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Adapted by Drs. P. Meiyapp & R. Burris, UK (Jan 2009)
QUESTIONS AND DISCUSSION?

THANK YOU!