

# Updated Standards: Improving the Physician Experience

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# Disclosures

- » Salaried employee, American Board of Medical Specialties
  - *Major topics of today's conversation, ABMS Board Certification and Maintenance of Certification (MOC), are programs of the ABMS and its 24 Member Boards.*

# Goals

- » Introduce the American Board of Medical Specialties
- » Review ABMS Board Certification
  - Grounded in professionalism
  - A program undergoing its own transformation and poised to be a transformative continuing professional development process in medical practice and learning/assessment
- » Discuss how specialty societies can work collaboratively with Member Boards to enhance the MOC experience for physicians
- » Get your advice

# Fundamental Elements of a Profession - The Social Compact

- » Special knowledge and skills acquired by certain members of society and not others; often with the substantial investment of society in the educational process
- » The commitment of the profession's members to, and the trust by the other members of society that, the special knowledge and skills will be used – not in the professional's self-interest – for the good of society and its members
- » Trusting in that commitment, Society grants the profession substantial autonomy to determine educational standards, self-assess, and to self-regulate

# American Board of Medical Specialties

- » ABMS Board certification originated early 1900s
- » Umbrella organization of 24 Member Boards; high standards for inclusion
- » Member Boards are independent organizations
- » ABMS Board of Directors includes at-large members and members of the public
- » ***The mission of the American Board of Medical Specialties (ABMS) is to serve the public and the medical profession by improving the quality of health care through setting professional standards for lifelong certification in partnership with Member Boards.***

# ABMS Member Boards

## **24 ABMS Member Boards**

### **37 specialties and 123 Sub-specialties**

- Allergy and Immunology
- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Medical Genetics and Genomics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry and Neurology
- Radiology
- Surgery
- Thoracic Surgery
- Urology

# ABMS - Programs and Activities

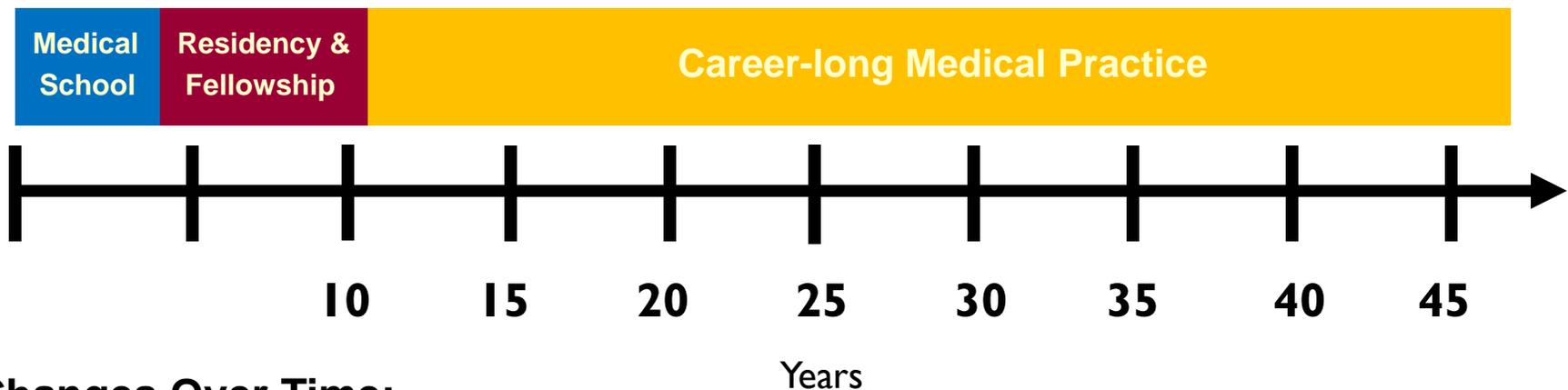
## Setting and Implementing Standards

- » Certification
  - Initial
  - Continuing
- » Programs to support Certification activities
- » Development of International Certification
- » Research

# ABMS Board Certification

- » ABMS Board Certification
  - Initial
  - Continuing (Maintenance of Certification)
- » Initial Board Certification
  - Meet all requirements for licensure
  - Requires completion of an extended high-quality period of training and assessment in knowledge, skills, and professionalism (usually ACGME-approved residency/fellowship)
  - Complete additional assessments of knowledge, clinical skills, and professionalism specific to the discipline
- » Alternate pathways to initial certification

# Why Transition from “Diploma-style” Board Certification to ABMS Continuing Certification?



## Changes Over Time:

- **Science** (HIV, Genomics);
- **Practice** (Peptic Ulcer, Acute MI);
- **Setting** (In-patient to Ambulatory);
- **Dangers** (From limited efficacy & safe to substantial efficacy & dangerous);
- **Construct** (From Captain of the ship to Team member);
- **Social culture** (Beneficent paternalism to Patient autonomy);
- **Pace of change** (Rapid to super-rapid)
- **Physician** (Roles, Wisdom, Age, Abilities, Life stressors)

# ABMS - Movement to Continuing Certification

- » Early history, single point-in-time Board Certification
- » This approach did not meet our obligation to the public; was inconsistent with performance science, adult learning principles, and certification in other high consequence industries
- » 1970s: Movement to periodic recertification
- » 2000: Entire ABMS Boards Community moved toward program for continuing certification (Maintenance of Certification; MOC)
- » 2006: MOC Programs in place across ABMS Boards

# Goals of Program for MOC

- » Improve the quality of care provided to patients and communities
- » Improve health outcomes
- » Provide a systematic, rigorous, relevant method for on-going professional learning and assessment in knowledge, skills, judgment, and professionalism
  - Trusted by the public
  - Believed in by the profession

# ABMS Maintenance of Certification

- » Must have achieved Initial ABMS Board Certification
- » Career-long process
- » Based in the six ABMS/ACGME Competencies
  - Professionalism; Knowledge; Interpersonal Communication, Patient Care and Procedural Skills; Practice-based Learning; Systems-based Practice
- » Four Elements (reflecting 2015 standards)
  - Professionalism and Professional Standing
  - Lifelong Learning and Self Assessment
  - Assessment of Knowledge, Judgment and Skills
  - Improvement in Medical Practice

# MOC - Making a Difference

- » ABMS Evidence Library <http://evidencelibrary.abms.org/>
  - Evidence about the value of Board Certification
  - Developing evidence base related to MOC
  - Evidence about the value of the modes of education/assessment used in MOC
- » MOC improving evidence-based testing
  - Urology – Urine creatinine
- » MOC improving physician learning, patient care and teaching
- » MOC impacting population health
  - Pediatrics learning collaborative and childhood asthma
  - Adult immunization – ACP
- » MOC improving quality of care across health systems
  - Mayo experience – Harvard Business Review blog

# Three Broad Types of Challenges to MOC

- » Board certification should be a “once and done” diploma; can’t take away
- » MOC is a tool of the government and is another way to control what physicians do
  - But..... MOC has been developed by physicians
- » MOC is necessary but concerns exist with one or more aspects of MOC
- » In all cases, rapidity/magnitude of change that the medical profession is experiencing is mentioned

# Maintenance of Certification - Concerns

- » Limited research
- » Differential treatment of lifetime certificate holders
- » The Exam
  - Should the exam reflect how Medicine is practiced today
- » Concerns about availability of enough relevant learning materials-especially for focused areas of practice
  - Geriatrics, Sleep, Pain, Hospice and Palliative Care
- » Burdens associated with participating
- » Questions about roles and potential conflicts of interest in ABMS, ABMS Member Boards, Specialty Societies, and others

# Continuous Quality Improvement of MOC

## ABMS Program for Maintenance of Certification 2015 Standards



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# MOC 2015 Development Activities

- » Framing document – 2012
- » Community Reviews of Each Part (Jan, Apr, June 2013)
- » On-going ABMS Member Board Executive discussions
- » ABMS Committee Meetings (COCERT, MOC, COMMOC, HPPC, EPCOM)
- » ABMS Board Meetings
- » Dialogue about potential standards – over 40 distinct opportunities with diplomates, public, boards, education communities and others
- » MOC/COMMOC Joint Retreats – May and July, 2013

# Standards Directed Toward Five Areas

- » General Standards (3)
- » Professionalism and Professional Standing (3)
- » Lifelong Learning and Self-Assessment (2)
- » Assessment of Knowledge, Judgment, and Skills (2)
- » Improvement in Medical Practice (2)
  
- » Standards with associated explanatory annotations

## *Standards: General Standards*

- » MOC Programs will incorporate all six ABMS/ACGME Core Competencies
  - Throughout the Program for MOC
  - In a manner that best serves the needs of patients and is relevant to the specialty and the practice of the diplomate
- » ABMS Member Boards will work to increase the Program's value, relevance, and meaning and be sensitive to the time, administrative burden, and cost associated with participation.
- » ABMS Member Boards will engage in CQI of their Program for MOC and engage in ABMS-wide review process.
  - Diplomate and Public engagement in CQI and review processes

## *Standards: Professionalism and Professional Standing*

- » Each Member Board will identify and convey professionalism expectations to diplomates and incorporate professionalism learning and assessment activities into MOC
- » Each Member Board will establish and maintain a process to facilitate re-entry to Certification
- » Each Member Board will have a process to consider the circumstances of actions taken against a diplomate's license or other determination of unprofessional conduct and act appropriately

## *Standards: Lifelong Learning and Self-Assessment*

- » Each Member Board will establish requirements for LLS-A and document that diplomates meet these requirements
  - Current relevant knowledge in the specialty
  - On-going advances relevant to the specialty
  - Activities free of commercial bias, control of commercial interest
  - Work to ensure access to tools to identify professional practice gaps and in own practice, and learning tools that are of high quality
- » Broad incorporation of Patient Safety into MOC across diplomates' careers

## *Standards:*

# Assessment of Knowledge, Judgment, and Skills

- » Examination of diplomates' knowledge of core content, judgment, and skills no less often than every ten years.
  - Encourage new methods of evaluating these items; may ultimately impact format and ways of meeting this standard
- » In order to assist in Lifelong Learning and Self-assessment, feedback to diplomates about exam performance

## *Standards: Improvement in Medical Practice*

- » Each Member Board will incorporate practice assessment and improvement activities into MOC requirements across a diplomate's career, in ways that allow specialty-relevant, performance-in-practice assessment followed by improvement activities when practice gaps are identified.
- » Each Member Board should encourage diplomate involvement in performance improvement activities within the context of the healthcare team and system of practice, and in alignment with other care-related quality improvement programs.

# MOC - Patient Centric (selected examples)

- » All the competencies are reflected in MOC programs
- » Broadened emphasis on professionalism
- » Member Boards will have a mechanism to evaluate licensure restrictions to assess their relevance to certification and to take action where appropriate regarding professional behavior irrespective of licensure status.
- » All MOC programs will incorporate safety into their MOC programs, including acquisition of safety knowledge and implementation of practices to reduce harm and complications from care
- » Examinations will incorporate “Judgment” – not just what the physician knows but what the physician does with that knowledge
- » Part IV is all about on-going improvement of patient care and patient care systems
- » Public involvement in review of Programs for MOC

# MOC - Physician Sensitive (selected examples)

- » Increased flexibility in the construction and delivery of the high-stakes exam
- » Feedback from the examination to help self-assessment and individual developmental programs
- » Member Boards will evaluate licensure restrictions to assess their relevance to certification and to take certification-related action where appropriate
- » Process for re-entry to certification
- » Explicit attention to on-going increase in value for diplomates, including sensitivity to cost, time and administrative burdens
- » Diplomates incorporated into review processes for MOC Programs
- » Encourage MOC credit for system and team-based quality improvement activities

# MOC Needs Greater Input and Involvement From the Specialty Society Educational Community

A Call for Engagement



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# Opportunities Related to Engagement

- » Call for activities
  - Patient safety and quality
  - Communication, systems-based care, transitions of care
  - Academic faculty
- » Creation of inventory of ABMS Member Board-approved MOC activities
- » Dialogue regarding how educational activities developed by specialty societies can be made available to non-members
- » How to facilitate the conversation?

**More than 450,000 practicing physicians  
participate in Maintenance of Certification**



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