Presentation to the Chief Medical Officers

American Board of Medical Specialties

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Disclosures and Acknowledgments

• Disclosures
  • Salaried employee, American Board of Medical Specialties
    – ABMS Board Certification and Maintenance of Certification are programs of the ABMS and its 24 Member Boards
  • Member, Council on Graduate Medical Education (COGME)
  • Advisory Board, Sam’s Club Healthy Living Made Simple Magazine
  • Advisory Board, National Center for Interprofessional Practices and Education
Goals

• Present the concept of medical profession self-regulation
  • focus on Board Certification as an important part of our profession’s self-regulation

• Discuss Maintenance of Certification (MOC) changes, making the program more accessible and relevant
Fundamental Elements of a Profession –
The Social Compact

• Special knowledge and skills of great importance to society; acquired by certain people and not others

• Collective profession’s commitment to use special knowledge and skills for the good of society vs. self-interest

• Society grants the collective profession autonomy to determine educational standards, self-assess and self-regulate
Professional Self-regulation - Physicians

- The community of physicians (profession) is expected to regulate the profession
  - Educational, Behavioral, Assessment standards
  - Primary actors: Medical schools, Hospital Medical Staffs, LCME, ACGME, ABMS, State Medical Boards
  - Also involves: AAMC, AMA, Specialty Societies, ACCME, State Medical Societies, others

- Personal self-regulation is critical, it is not professional self-regulation.

- Board Certification; an important component of the medical profession’s self-regulation
American Board of Medical Specialties

• 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 Board Certification:
  • Began in early 20th century; associated with substantial changes in medical knowledge and practice
  • Serves as a key outcome measure for GME
  • Recognized as quality indicator

• Board-established standards impact residency/fellowship training
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 Member Board 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 an ACGME-approved residency/fellowship)
  • Complete additional assessments of knowledge, clinical skills and professionalism specific to the discipline
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; Practice in other high-consequence industries);
- **Pace of change** (Rapid to super-rapid; People do not self-assess particularly well);
- **Physician** (Roles, Wisdom, Age, Abilities, Life stressors)
ABMS - Movement to Continuing Certification

• 1970-1990: Periodic recertification via high stakes examination

• 2006: Entire ABMS Member Boards Community commit to program for continuing certification (Maintenance of Certification; MOC); phased implementation

• 2012-2013: In-depth review of MOC; results in new program standards

• 2015: As of January 1, standards for the ABMS MOC in place
Movement Toward Continuous Professional Self-regulation is Widespread

• Renewal of licensure
  • FSMB and state medical boards considering a Maintenance of Licensure process

• Continuing Certification
  • ABMS Programs for MOC
  • AOA Programs for Osteopathic Continuous Certification
  • International
    • UK – Revalidation Program
    • Canada – RCPSC MOC Program
    • Australia – Revalidation
ABMS Maintenance of Certification

• Must have achieved initial ABMS Board Certification
• Career-long process
• Based on the six ABMS/ACGME Core Competencies
  • Practice-based Learning and Improvement; Patient Care and Procedural Skills; Systems-based Practice; Medical Knowledge; Interpersonal and Communication Skills; and Professionalism
  • Four Elements:
    • Professionalism and Professional Standing
    • Lifelong Learning and Self-Assessment
    • Assessment of Knowledge, Judgment and Skills
    • Improvement in Medical Practice
MOC Review and Feedback

• Positives
  • Retrospective view of exam and preparation for it
  • “Push-Modules” from ABOG, ABEM

• Issues
  • Who participates?
  • Number/quality of leading self-assessment and QI activities
  • The exam: testing centers, relevance, stress, burden
  • Relationship between the physician and their Member Board
What we have heard from Hospital CMOs

- Certification is valued
  - A threshold credential important to initial credentialing
  - CME is necessary but not sufficient - MOC perceived to be more structured and “intentional”
  - Don’t monitor or act on participation in MOC
- External assessment of knowledge, judgment, and skills is valued
- Is MOC duplicative?
- CMOs are concerned about potentially growing numbers of physicians with time limited certificates choosing not to participate in MOC
Responses – 2015 Standards

• General Standards Related to Each Member Board
  • Specific standard directed toward ongoing quality improvement of each Member Board’s MOC program with diplomate and public involvement
  • Specific standard directed toward attention to relevance and cost
  • Maintains integrated framework that incorporates lifelong learning and self-assessment with emphasis on accredited CME
  • Annotations encourages innovation, particularly in board-based assessment and quality improvement
Responses

• Governance and cultural changes to improve board operations
• Re-entry process for board certification
• Lifelong Learning and Self-Assessment
  • Consideration of best practices among Boards
  • More recognized activities
  • Ease in identifying activities
ABMS MOC Directory
https://www.mededportal.org/abmsmoc/
Responses – Examination Pilots

• Additional modular examination approaches
• Remote proctoring
• Crowd-sourcing input into blueprints and questions
• Alternate exam models
• More frequent, lower stakes assessments leading to a summative conclusion by the Board; Assessment for learning as well as assessment of learning
  • MOCA – American Board of Anesthesiology
  • Pilot of multiple ABMS Boards
MOC Emphasizing Areas of Practice
ABA MOCA 2.0: MOCA Minute Application

Seconds remaining to answer this question: 59

A 47-year-old man is scheduled for a tonsillectomy. Which of the following factors will INCREASE his chance of postoperative bleeding?

- Obstructive sleep apnea
- Intraoperative dexamethasone
- Acute tonsillitis
- Vigorous intraoperative hydration

Submit My Answer
Sorry, your answer is incorrect.

Question:
A 47-year-old man is scheduled for a tonsillectomy. Which of the following factors will INCREASE his chance of postoperative bleeding?

- Obstructive sleep apnea
- Intraoperative dexamethasone
- Acute tonsillitis
- Vigorous intraoperative hydration

You answered: Intraoperative dexamethasone

The correct answer is: Acute tonsillitis

Key Point:
Patients with tonsillitis or abscessed tonsils are at an increased risk for postoperative hemorrhage.

Reference:


Educational Objective:
Anesthesia for tonsillectomy

Critique:
The most concerning complication after tonsillectomy is hemorrhage. Patient factors that may increase the chances of this occurring include increasing age, male gender, and patients with recurrent acute tonsillitis, previous peritonsillar abscesses, or quinsy tonsil when compared with patients with pharyngeal obstruction and obstructive sleep apnea. Use of a cold surgical technique with metal instruments has lower rates of postoperative bleeding than hot surgical techniques such as diathermy and coblation. NSAIDs and dexamethasone have not been shown to increase the rate of postoperative hemorrhage.

You’ll get an opportunity to answer another question in this content area in a subsequent MOCA Minute. Check your email for next week’s MOCA Minute!

If you’d like to provide feedback on this MOCA Minute question, click here.
Responses – Improvement in Medical Practice

• Expanded recognition of institutional activities
• Expanded development of activities for solo/small group practitioners
• Linking IMP to Registry development
• Multi-Specialty Portfolio Approval Program
The ABMS Multi-Specialty Portfolio Approval Program

- 20/24 ABMS Member Boards giving MOC credit to diplomats who participate in QI/PI activity at institutions with mature QI programs
- Aligns professional development with organizational quality & safety improvement goals/priorities
- Increases relevance, decreases burden of MOC for physicians; increases engagement
- 58 organizations, ≈1100 qualifying QI activities
- More info: www.mocportfolioprogram.org
Summary

• Board Certification and MOC are important components of medical professional self-regulation

• MOC should be rigorous, meaningful and relevant; additional research on the program and its elements is necessary

• Reducing burdens of MOC participation is a priority of ABMS and the Member Boards

• Widespread movement toward crediting meaningful activities within the hospital or health system

• Recognize the importance of a collaborative approach that involves CMOs, Specialty Societies, Professional Organizations, Physicians, and the Public