Maintenance of Certification
Where Do Things Stand?

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Disclosures

- I am a full-time employee of the American College of Physicians
- American College of Physicians (ACP) ≠ American Board of Internal Medicine (ABIM)
- I am not an employee of the American Board of Internal Medicine (ABIM)
- I have never served on the ABIM
- I have time-unlimited ABIM board certification and have signed up for MOC

Some historical background

- 1936 – ABIM created by a joint action of ACP and AMA
  - Goal: Distinguishing internists who meet peer-reviewed standards from those who do not (or choose not to)
  - Independent organization insulated from pressure of dues-paying members
- 1941 – first subspecialties introduced (Cardiology, GI, Pulmonary)
- 1990 – all new certificates limited to 10 years

The certification examination

- First exam in 1936 – 8 essay questions
- 1946 – essay questions replaced by multiple choice questions
- 1972 – oral examinations discontinued
- 2006 – examinations converted from paper and pencil to computer-based

Source: Ann Intern Med. 2014:161;221

1936 certification examination

- Describe the anatomical features of cervical ribs with special reference to those that may produce clinical symptoms.
- Discuss cyanosis – origin, varieties, clinical causes, treatment.
- Discuss the general principles and sources of error involved in the Wasserman reaction.
- Discuss the pharmacological actions of digitalis, quinidine.
- Discuss cardiac irregularities as seen at the bedside and without reference to the electrocardiogram.
- Outline your management of a case of troublesome recurrent urticaria.
- How would you distinguish between thrombocytopenic and Henoch's purpura? Outline management of each.
- Case presentation: 44 y.o. obese diabetic F with RUQ pain and fever. Discuss diagnosis, prognosis, need for operation, preoperative and postoperative medical care.

Source: Ann Intern Med. 2014:161;221

Types of certificates: evolution over time

- **Before 1990:** certified for life
  - Exceptions: Critical Care; Geriatrics
- **1990 through 2013:** certificates time-limited for 10 years; need to recertify by expiration date
- **Starting in 2014**
  - No expiration date
  - Need to participate in Maintenance of Certification (MOC) and meet MOC milestones

Source: Ann Intern Med. 2014:161;221
The basics of MOC

- What category are you in?
  - Certified before 1990: time-unlimited certificate
  - Certified from 1990-2013: 10 year certificate
  - Certified from 2014 on: no end date; remaining certified depends on meeting MOC requirements

- Milestones required for MOC
  - Every 2 years: at least 20 MOC points
  - Every 5 years: at least 100 MOC points (practice assessment requirement suspended through 2018)
  - Every 10 years: secure, closed-book examination

Major issues with dissatisfaction about ABIM’s MOC program

- Lack of evidence for benefit re quality of care
- Cost: too expensive
- PIMs are time-consuming, tedious busywork
- From diplomates with time-limited certificates: why is there a 2-tier system, i.e. with “grandparents” exempt from the requirements?
- Exam is “one size fits all” and not relevant or customizable to my practice
- High failure rate for the secure examination

Historically, anger intensified in 2014 with changes, specifically ...

- Doubling of self-assessment point requirement
- Addition of patient safety and patient voice requirements
- From “grandfathers/grandmothers”: new website reporting of “meeting MOC requirements: yes or no” is coercing them to participate in MOC
Secure examination pass rate

- Examination pass rate was dropping over time
- Potential implications of losing certification on credentialing by hospitals or health plans
- ABIM response
  - Pass rate has been just as low in the past
  - Ultimate pass rate is much higher

IM MOC Exam First Time Taker Pass Rates

2014 First-Time Taker Pass Rates
ACP’s positions re MOC

- ACP supports the principles behind lifelong learning and professional accountability, which includes certification and maintenance of certification
- These responsibilities are best handled by an independent, non-profit certification board (i.e. ABIM)
- However, ACP has felt the process needs to be improved, and has advocated strongly for reform
- The low pass rate needs to be addressed
ACP’s position re MOC and credentialing

“ACP does not support making participation in MOC an absolute prerequisite for state licensure, hospital credentialing, or health plan (insurer) credentialing. Instead, decisions about licensure and credentialing should be based on the physician’s performance in his or her practice setting and a broader set of criteria for assessing competence, professionalism, commitment to continuous professional development, and quality of care provided.”

What had ABIM done in response (before February 3, 2015)?

- Committed to developing more flexible, less burdensome ways to fulfill practice assessment requirement
- Set up a task force to explore redesigning the secure examination
- Decreased the cost of an exam re-take
- Agreed to one year grace period to maintain certification after 10 year cycle if exam failed (provided all other MOC requirements are met)

ACP’s feedback to ABIM

- Need for more dramatic changes in the MOC process
  - Secure examination
  - Self-assessment of performance
- Need for more timely changes: slow reform wouldn’t work
- Need for a change in tone of communications
  - Not defensive
  - Acceptance of responsibility: mea culpa
- Need for change in website reporting
New ABIM announcement – 2/3/15

- Tone: “We got it wrong. We’re sorry.”
- Self-assessment of practice: immediate suspension of practice assessment, patient safety, and patient voice requirements for at least 2 years
- New, more relevant exam in Fall 2015 (for IM)
- Enrollment fees at or below 2014 level through 2017
- By end of 2015, more flexibility for self-assessment of knowledge
- Change in website reporting to “participating” rather than “meeting requirements”: within 6 months

Additional events re ABIM and MOC

- Lots of positive responses to ABIM’s announcement, but...
- Lots of negative responses to ABIM’s announcement – too little, too late
- Announcement of an “alternative certifying board” – the National Board of Physicians and Surgeons (NBPAS)
- Attacks on ABIM as an organization – through social media and scathing Newsweek articles
National Board of Physicians and Surgeons

- Initial drivers and leaders from the procedural cardiologist community (IC and EP)
- Requirements for MOC:
  - Must have obtained prior initial certification
  - 50 hours of CME credit over 2 years
  - $169 every 2 years
- Questions:
  - Is this a credible process for demonstrating ongoing competence?
  - Will it be accepted by credentialing bodies?
More recent changes from ABIM

- Extended practice assessment suspension through end of 2018
- Changes in October 2015 exam
  - New “blueprint” for exam questions based upon feedback on a diplomate survey
  - Change in method for determining passing cut-point
- December 2016 – announced an alternative with a “lower stakes” option to the q10 year secure exam

IM MOC Exam First Time Taker Pass Rates

Source of data: abim.org

Alternative to q10 year exam announced in December 2016

- Will start in 2018
- Shorter “knowledge check-ins” q2 years
  - Taken on personal or work computer, or at testing center
  - Will be open book
  - Don’t need a passing score on each 2 year assessment; if fail 2 in a row, need to take the 10 year exam
  - Results available immediately; will get more feedback
Additional points about alternative

- Initially, only available for core IM
  - Plan to roll out to subspecialties over time
- Cost and payment options not yet specified
- Ultimately, also planning to have 10 year exam also be open book
- If certificate expires in 2017, still need to take high stakes exam
- If certificate expires in 2018, can do either 10 year exam or q2 year alternative

IM community sentiments about ABIM and MOC

- Continued concerns about MOC expressed by
  - Time-limited diplomates, focused on Parts 3 and 4
  - Time-unlimited diplomates, focused on pressure to participate in MOC
- Ongoing attacks on ABIM as an organization by
  - “Alternative” certifiers, e.g., NBPAS
  - Bloggers, e.g., Dr. Wes (drwes.blogspot.com)
  - PA Medical Society “vote of no confidence”
  - AMA resolution requesting audit of ABIM finances

Selected ACP efforts re MOC

- Development of educational and other resources to help physicians with MOC
- Strong advocacy for reform without compromising credibility of the process
- Frequent meetings/communication with ABIM leadership
- Coordination of other internal medicine organizations to develop input / “straw man” proposals to ABIM
### Efforts by IM societies

- **Problem**: complexity of IM community, with primary specialty and multiple subspecialties
  - Ideally, IM community speaking with one voice
- **As “umbrella” organizations over all of IM, ACP and AAIM convened the subspecialty societies to develop common recommendations**
  - July 2016 – “straw man” proposal developed by 6 societies + ACP + AAIM
  - September 2016 – review and revision of straw man proposal by all IM subspecialties

### Basics of proposal

- **Major goals**
  - Ideally integrate formative and summative components → identify gaps, improve knowledge
  - Allow customization for scope of practice
- **Society-board collaboration**
  - Societies: identify content; create self-assessment with educational support
  - ABIM: assure credibility, set the passing standard, and issue documentation of satisfactory completion

### Update on possible collaboration

- ABIM meeting with 3 IM societies (ACP, ACC, ASCO) to explore feasibility of an alternative, society-board collaborative model
- More continuous, lower stakes process of self-assessment with feedback and links to education, e.g., based on society self-assessment products
- Possible modular approach (including a “core” module)
Challenges

- Assuring security of questions
- Identity verification
- Financial model
- Some subspecialties have multiple societies
- Will ABIM accept a society’s model as being sufficiently credible?