Carol Clothier joined the American Board of Medical Specialties (ABMS) in March 2011 as Vice President for State Health Policy and Public Affairs. She is responsible for providing strategic leadership and operational oversight to a program of state policy development and advocacy to state medical boards, state legislatures and other policy organizations.

Clothier has over 20 years of communications, strategic planning and health policy experience, including a 15-year tenure with the Federation of State Medical Boards (FSMB), where she served as vice president for strategic planning and physician competence initiatives, vice president of examination and post-licensure assessment services and assistant vice president for communications and education. During her time at FSMB, Clothier assisted in the strategic management and oversight for initiatives aimed at improving health care quality through physician licensing, including the addition of a test of clinical and communication skills to the national medical licensing examination for physicians and the development of policy recommendations for use by state medical boards in assuring physician licensees maintain their competence throughout their professional careers.

Clothier most recently worked as a consultant to ABMS, where she helped guide the Board of Directors to a decision to create a State Medical Board Outreach Program.

Her professional experience also includes roles with the American Hospital Association in Irving, Texas, Cornerstone Health Management in Dallas, Texas, and Horizon Health Management Company in Oak Brook, Illinois.
ABMS Board Certification: For the Public and the Profession

Carol Clothier
Vice President, State Health Policy and Public Affairs
Presentation Outline

» Introduction to ABMS
» Requirements for Programs of Continuing Certification
» Updated Standards for MOC
» Processes for managing disciplinary actions
» Aligning MOC and State Licensure Requirements
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.
Umbrella organization of 24 Member Boards

• 35 member Board of Directors, six of whom are public members
• Education, advocacy, support services

Member Boards are independent organizations

• Over 750,000 practicing physicians in the US are certified by one (or more) of ABMS’ 24 Member Boards
• 65% have time-limited certificates (93% projected by 2020)
• Over 450,000 Diplomates currently meeting Maintenance of Certification (MOC) requirements
37 specialties and 123 Sub-specialties

» Allergy and Immunology
» Anesthesiology
» Colon and Rectal Surgery
» Dermatology
» Emergency Medicine
» Family Medicine
» Internal Medicine
» Medical Genetics
» 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 Associate Members

» Accreditation Council for Continuing Medical Education (ACCME)
» Accreditation Council for Graduate Medical Education (ACGME)
» American Hospital Association (AHA)
» American Medical Association (AMA)
» Association of American Medical Colleges (AAMC)
» Council of Medical Specialty Societies (CMSS)
» Educational Commission for Foreign Medical Graduates (ECFMG)
» The Federation of State Medical Boards of the United States (FSMB)
» National Board of Medical Examiners (NBME)
ABMS Certification

» Voluntary process

» Requirements for Initial Certification
  • MD or DO degree from recognized medical school
  • Complete 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
  • Meet all requirements for licensure

» Internal discussions about alternative pathways to eligibility for initial certification
Participating in Continuing Certification

- Must have achieved Initial ABMS Board Certification
- Career-long process
- Based in the six ABMS/ACGME Competencies
  - Professionalism; Patient Care and Procedural Skills; Medical Knowledge; Practice-based Learning and Improvement; Interpersonal and Communication Skills; Systems-based Practice
- Continuous learning and assessment
  - Medical/surgical knowledge and judgment
  - Skills
  - Professionalism
Four Parts of MOC:

Part I
Professionalism and Professional Standing - Holds a valid, unrestricted medical license

Part II
Lifelong Learning and Self-assessment - Provides evidence of participation, conforms to general and specialty-specific standards

Part III
Assessment of Knowledge, Judgment, and Skills - Covers the scope and range of the discipline is clinically relevant

Part IV
Improvement in Medical Practice - Incorporates proven scientific, educational and assessment methodology, reflects patient care and quality improvement
MOC Part I Requirements

» An average of 25 hours of CME a year
» CME relevant to Diplomate’s scope of certification, free of commercial bias and control of a commercial interest
» At least eight of the annually required credits should involve self-assessment (multiple choice exam, or simulation with checklist)
» For many ABMS Member Boards, a patient safety self-assessment program each MOC cycle
MOC Part IV Requirements

» Practice improvement activity every 2-4 years (initial assessment, improvement activity and re-assessment)
   • AMA PRA Category 1 Practice Improvement credits meet this requirement, provided all stages are completed
   • Registry with a learning collaborative, completion of self administered module offered by Board or Society, participation in a group quality measurement and improvement activity

» Institution-based quality improvement projects that meet specific criteria also accepted
Updated Standards for MOC

Board of Directors approved the Standards for the ABMS Program for Maintenance of Certification at its January 15, 2014 meeting.

The standards adopt a patient-centric perspective with a greater emphasis on professionalism, patient safety, and performance improvement.
Patient Centric

» All the competencies are reflected in MOC programs

» Broadened emphasis on professionalism

» ABMS 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
**Updated Standards for MOC**

**Patient Centric** (Continuation)

» 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
Updated Standards for MOC

Physician Sensitive

» Feedback from the examination to help self-assessment and individual developmental programs

» Flexibility in the construct and delivery of the high-stakes exam

» 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
Physician Sensitive (Continuation)

» Encourage MOC credit for system and team-based quality improvement activities

» Evaluate licensure restrictions to assess their relevance to certification and to take certification-related action where appropriate

» Implement process for re-entry to certification
ABMS Member Boards receive disciplinary notifications from the following sources:

- Disciplinary Alert Notification Service (DANS)
- FSMB Reports
- State Medical Board Reports
- AMA Disciplinary Action Reports
- Diplomate Reported
Member Boards verify and investigate each DANS alert

- If an alert is deemed “actionable”, supporting evidence is gathered from the originator (Full FSMB Report)
- Internal Member Board Staff and/or Established Committee Review
- Letter of inquiry is sent to the diplomate
- Appeals Process
Member Board Actions

Member Boards take action based on the disciplinary notification investigations:

- State Medical Board revokes, suspends, restricts, or places a physician’s license on probation
- Other Actions may include: Center for Medicare and Medicaid Services (CMS), Drug Enforcement Agency (DEA), etc.
Member Boards have a re-entry processes related to certificate revocation, suspension, restriction and/or probation. The requirements include but are not limited to:

- Reinstatement of a full, unrestricted license
- Successful completion of a re-entry or MOC examination (based on time and severity)
- Completion of appropriate CME
- Completion of additional training
- Submission of a petition letter for reinstatement to the Member Board
- Board approved re-entry plan (case-by-case)
Alignment: An ABMS Strategic Priority

» Integrate MOC with current practice environment and the requirements of healthcare organizations
  • Minimize administrative burden for physicians
  • Create value for Diplomates participating in MOC programs
  • Provide organizations a way to engage physicians in quality improvement and continuous professional development

» Examples:
  • CMS recognition of MOC as a quality indicator
  • Alignment of MOC with The Joint Committee standards for OPPE/FPPE
What is MOC for CME?
• A policy that recognizes physician participation in MOC as meeting the state’s continuing medical education requirement for license renewal

What’s the benefit?
• Minimizes the administrative burden for practicing physicians
• Assures State Medical Board licensee is engaged in a robust program of continuous professional development
• Potential to simplify audit process for State Medical Board
MOC for CME

RED
Accepting MOC-4-CME
  Oregon, North Carolina, Idaho, West Virginia, Massachusetts, Kansas, Minnesota, and New Mexico*
  *New Mexico accepts MOC for CME but is still developing a rule

ORANGE
ABMS in active conversation with SMB
  Louisiana, Wisconsin, Connecticut, California, Florida, Arizona, Rhode Island, Virginia, Texas, Missouri, and Alabama

DARK GRAY
SMB has decided not to consider the policy at this time

LIGHT GRAY
Not actively engaged in discussion (requires legislative change, board not ready to discuss, not a priority for the board)
Opportunity

» Provide CA physicians another option for demonstrating commitment to and compliance with state’s expectations for lifelong learning and professional development

» Update existing regulations
  • Reflect current certification processes
  • Accept documentation from certifying boards regarding physician compliance with MOC program requirements
For More Information:

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Standards for the ABMS Program for Maintenance of Certification (MOC) - For Implementation in January 2015 (Look for the press release and link to the standards under Hot Topics at abms.org)
http://www.abms.org/pdf/Standards%20for%20the%20ABMS%20Program%20for%20MOC%20FINAL.pdf

MOC Part II Requirements by Board

MOC Part IV Requirements by Board
http://www.abms.org/Maintenance_of_Certification/competencies_pdf/ABMS_MemberBoardsRequirementsProject_MOC_PartIV_FINAL.pdf

ABMS Evidence Library
http://www.abms.org/EvidenceLibrary

Board Eligibility Requirements

ABMS Website
http://www.abms.org