ABR PQI Update
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Disclosures:

I am an ABR Trustee

Topics
1. MOC At-A-Glance
2. Practice Quality Improvement
3. Public Reporting and Continuous Certification
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1. MOC At-A-Glance
2. Practice Quality Improvement
3. Public Reporting and Continuous Certification

The American Board of Medical Specialties

ABMS sets the standards for the certification process to enable the delivery of safe, quality patient care.

ABMS is the authoritative resource and voice for issues surrounding physician/physicist certification.

The public can visit certificationmatters.org to determine if their doctor is board certified by an ABMS Member Board.

What is ABMS MOC™?

A process designed to document that physician specialists, certified by one of the Member Boards of ABMS, maintain the necessary competencies to provide quality patient care.

ABMS MOC promotes continuous lifelong learning for better patient care.
ABMS of the Future

- More robust
- More legislatively active
- Continuous MOC rather than 10 year cycles
- Involvement and promotion of institutional MOC
- Significant presence of primary care boards in ABMS governance
- Competition from rogue organizations for stature

MOC Components

Part I: Professional Standing
- State Medical Licensure

Part II: Lifelong Learning and Self-Assessment
- Category 1 CME and Self Assessment Modules (SAMs)

Part III: Cognitive Expertise
- Proctored, secure exam

Part IV: Practice Performance
- Practice Quality Improvement (PQI)

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PQI Evolution

- I don’t understand what it is.
- Explain to me why I am doing this.
- Tell me what you want me to do.
- Show me how to do it.

PQI Essential Elements

- Select project, metric(s), and goal
- Collect baseline data
- Analyze data
- Create and implement improvement plan
- Re-measure
- Self-reflection

The Quality Improvement Process

- Identify area needing improvement
- Devise a measure
- Set a goal
- Develop and improvement plan
- Implement for cycle #2
- Carry out the measurement plan
- Collect data
- Plan
- Do
- Study
- Act
- Analyze the data
- Compare to goal
- Root Cause Analysis
ABR Individual and Group PQI Templates*

*Templates include all essential elements needed to comply with ABR “meaningful participation” requirements

Group PQI Criteria

- Group consists of 2 or more ABR diplomates
- Group Project Team Leader designated
  - Team organization, meetings and record keeping
  - Must document team participation
- Project may be group designed, society-sponsored, or involve a registry
- Requires at least 3 team meetings:
  - Project organization meeting
  - Data and root cause analysis meeting
  - Improvement plan development

Individual Participant: “Meaningful Participation”

- Individual diplomate MOC PQI credit requires:
  - Documented attendance at ≥ 3 team meetings
  - Preparation of a personal self-reflection statement describing the impact of the project on the group practice and patient care
  - Attestation on ABR Personal Database (PDB)
  - Access to project records in the event of an ABR MOC audit
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TRADITIONAL ACCOUNTABILITY FRAMEWORK

EVOLVING ACCOUNTABILITY FRAMEWORK
Changing Landscape

- Relevance of ABMS/ABR certification must be demonstrated to the public, payers and the government.
- Medicine is experiencing a fusion of economics, quality, safety and reimbursement, so we must work together to effectively project and promote our specialty for the benefit of our patients.
- Accountability and transparency remain the watchwords for the new millennium.

Timeline Leading to ABMS Public Reporting

- March 2009: ABMS BOD adopted a standards document that included a call for ABMS to make info about certificate status dates and MOC participation status available to the public.
- June 2010: ABMS BOD approved a two-part resolution:
  1. approved public display of MOC participation by ABMS starting Aug 2011.
  2. MOC participation status reported using three primary designations:
     - “Meeting the Requirements” of MOC
     - “Not Meeting the Requirements” of MOC
     - “Not Required to Participate” in MOC (Lifetime Certificates).

ABMS Public Reporting cont...

- May 2011: ABMS MOC Meeting: National Credentialers appeared as guests and stated interest in some way to verify MOC participation through ABMS.
- It was recognized that the boards needed time to create communications and reach out to their diplomats, some of whom would likely want to enroll in MOC.
- June 2011: ABMS offered extensions of one year to boards who wanted more time to for communication.
- ABR’s request for the maximum one-year extension was granted.
**About Public Reporting**

[Image]

**ABR Response to ABMS Public Reporting Requirements**

- ABR online verification of board eligibility and MOC participation statuses in coordination with ABMS reporting
- Link from ABMS site to ABR site for further clarification on various statuses
- Diplomate look-up tool
- Immediate, current verification status

**Continuous Certification**

- Certificate will no longer have “valid through” date – instead continuing certification will be contingent on meeting MOC requirements
- Annual look-back used to determine MOC participation status.
- No change in MOC requirements or fees
How does it work?

<table>
<thead>
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<th>MOC Year</th>
<th>Look-back Date</th>
<th>Element(s) Checked</th>
<th>Status Check for &quot;Meeting Requirements &quot;</th>
</tr>
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<td>3/15/2014</td>
<td>Licensure / professional attestation</td>
<td></td>
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</tr>
</tbody>
</table>

Element Compliance Requirement

- **Licensure**: Valid state medical license or attestation
- **CME**: At least 75 Category 1 CME in previous 3 years
- **SAMs**: At least 6 SAMs in previous 3 years
- **Exam**: Passed any ABR Certifying or MOC exam in previous 10 years
- **PQI**: Completed at least 1 PQI project in previous 3 years

Advantages of Continuous Certification

- If you have two or more time-limited certificates, they are synchronized.
- The number of CME and SAMs you can count per year is unlimited.
- You may take the MOC exam at any time, as long as the previous MOC exam was passed no more than 10 years ago.
- Built-in “catch-up” period of one year – still certified.
- Aligns reporting more closely with CMS, TJC, credentialing and state licensing boards.

Thank You!

Questions?