2019 NCSBN APRN Roundtable Review of Proposed Changes to Maintenance of Certification (MOC) by the American Boards of Medical Specialties Video Transcript

Event
2019 NCSBN APRN Roundtable

More info: https://www.ncsbn.org/13301.htm

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And for the next half hour maybe, maybe not even that long, my purpose here is really to introduce the session this afternoon with the certifiers, but I thought, every so often, there's the ability to learn a lesson without having to live the lesson.

And so, this afternoon, what I wanted to do was use the example of the American Board of Medical Specialties' lessons in the last several years in terms of trying to move the bar for maintenance of certification for the medical specialty boards. And they had a difficult lesson and I think it's helpful for us to take what we can to learn from that lesson.

So ABMS, as you probably already know, have 24 medical specialty boards. They function as establishing standards that set a high bar for the profession, that show that someone who holds medical boards has completed training in their medical or their clinical specialty, that they've completed a high-stakes assessment of knowledge and clinical skills, and they meet the standards of that specialty, and then on passing that board they become a diplomat of the board.

Bob Wachter, who is from the American Board of Internal Medicine, called this experience that we're going to review here an organizational fight for life. So the boards, the medical boards actually evolved over a long period of time and, in fact, came into being, most of them, around the 1920s or 30s.

ABMS is this umbrella organization that oversees the other specialty boards, such, family, medicine, pediatrics, internal medicine, and on. A certificate was conferred once the examinee passes the exams. And then from the 1960s up to 2005, when you held that credential, you held it for life.

So then things began to change. Now, really, if you go back in time, things were changing over probably a fairly long period of time. There were questions, there were some studies that had been done that

suggested that maybe having that board certification for life did not indicate that that person held, you know, a certain level of competence over their lifetime.

And so there were some dissension that happened over the years suggesting that perhaps there was something else that needed to be done beyond saying that, you know, once you have a board, you've got it forever, and that that's discriminating. So around the 70s, as you see, medicine had changed.

And you saw, I think, Kathy's diagram before that showed that just keeping up with the amount of medical literature with the amount of evidence that comes out is a pretty impossible task. So some studies then suggested that maybe there was a weakness in the knowledge, and especially the knowledge base that might relate to quality and safety.

So you saw her markers for the errors, human, and quality cast. We were learning a great deal about the science around error prevention or addressing errors. And if you had held your medical boards already for 20 years, let's say in your practice, maybe you didn't get any of that content.

And if you weren't absorbing it along the way, how does the public know what you know or you don't know? So what was covered in the medical board programs or in their specialty standards was not necessarily known to everyone, not known to the public necessarily, and maybe not easily sought out.

So it seemed evident that, at some interval, individual certificate holders for boards should either have some sort of review or some sort of repeated testing. And so that was kind of the plan that went forward. It was a daunting concept for some and also perceived to be costly.

So I remember I was in Atlanta at my oncology practice at the time that I think the American Academy of Pediatrics started to change their board structure and wanted a new...

I think every 10 years you had to be retested. And I worked with, I would tell you really brilliant pediatric oncologists there, and I was astounded, actually myself, how much resistance they personally had to the idea of retesting. So I think we have to give some credence to how much people have some test avoidance.

Once you've got a credential, you think you earned it, you're practicing in your field, the idea of being measured again is not one that goes over really well. So what ABMS did was knowing that there was this sort of consternation, and in fact, what was happening over those years is some of the specialty groups were dividing out and creating their own board, you know, sort of separate from the ABMS structure.

So they did a thorough survey trying to look at what is the issue and see what they could learn, and you see those results up there. But what was most telling to me was that, of the consumers at the time of the survey, 56% say they would always consider boards when choosing their physician. And I know that was the most common thing.

My family, when they would call me and they wanted advice about seeking somebody is, "What do you think?What if they're boarded or they're not boarded? How important is that?" And so I think it's fair to

say that, over the years, having the boards maintaining your board certification was discriminating. It's just a matter of, what did that mean if there were no further evaluation along that pathway?

And it is very important to note that specialty boards in medicine are voluntary. So they can do it or they cannot do it. But again, it was discriminating and probably very important for business reasons as well. So the goals of maintenance of certification are that they would articulate the purpose of the continuing certification.

Why is it important? What would make it important? That, in medicine, the certification standard is higher than licensure. We might say that in the APR and consensus model that specialty certification might be thought of as higher in addition to licensure. So maintenance of certification demonstrates ongoing professionalism as well as advancing clinical practice and learning, etc., etc.

So, basically, the goals were to benefit the certificate holder and the public, and holding a specialty board then needed to not only be discriminating at the time that individual became boarded, but the maintenance of certification should indicate some discriminating function. So let's see if I'm on my...

So again, I mentioned things were changing along the way, but concerns remain that if testing were repeated more frequently, would that be a discriminating factor? Or if you are testing more frequently, does that really relate to day-to-day practice?

So things came to a head in about 2014, 2015 when a whole series of articles came out. Letters to the editor, exposés, media coverage, suggesting that the ABMS as an organization, ABIM in particular, we're sitting on a very large pot of money and the physicians claim that this was a strategy, frankly, to make money and not for the purposes of evaluating continued competency.

So, clearly, there was a feeling that they needed to regroup, and ABIM, the ABIM board issued an apology to their certificate holders for missteps. They suspended some of the requirements for the maintenance of certification, and they had done this retesting and practice eval, and it was the practice eval portion that a lot of physicians complained was laborious, they didn't see the point of it, it was just an exercise they thought in filling out forms.

And so, at that time, when ABIM issued their apology, they also suspended the practice evaluation. But then the question is, what do you do next? Where do you go forward with? So here was an example, and I want you to think about this one. The American Society of Anesthesiologist came up with a strategy, a new strategy.

So everybody was kind of trying out some new...what else can we do in maintenance of certification that is meaningful? But that answers some of the angst that the certificate holders had. And so they came up with what was called the MOCA Minute. I thought it was kind of fascinating.

So this was online. They piloted in 2014. It was computer-based or phone-based. You would get these 120 questions per year divided into 4 quarters. So you had a specific time period in which you would have to accomplish this maintenance. You had 60 seconds to answer. I thought the timing was interesting.

There's your minute. If it's incorrect, then some variation of that question is going to come back to you to be answered again. And if it times out, then you're considered incorrect. So if you're slow to answer, then they thought that, "Okay, that hesitancy was an indication of not being confident with the material." And then you also got a chance to respond to each question in how confident you were about your answer, and how relevant you saw it to your practice.

And then that was kind of a feedback loop to additional questions and additional development of the MOCA Minute. If you answered the question correctly, you'd be shown a rationale, right, and associated references so you knew what it was based on. "Okay, I get it." And you could provide feedback on that question.

So if you were correct, you could let them know that, "Okay, this was reasonable and this is why or I thought you should have done more with this." If you're incorrect, again, some form of that question is going to be coming back to you. Now, the thing that was important about the MOCA Minute when it came out was how well-received it was by that group of specialties, not even just in the anesthesia, there was a lot of reference to it from the other medical specialty groups.

And so kind of it was teasing out what did they like about it compared to being retested and having a practice eval. And the things that they noted that they liked about it were that it was self-directed, it was self-timed, right? So you had a specific number you had to do within a period of time, but it was up to you to use the time and in which way you want it.

It was private. And I would say, in some of the feedback, that was probably as important as anything else. And it was largely online, which they really enjoyed. So I thought this was also extremely helpful in their planning and their thought.

You see past questions, so you go into your own dashboard, essentially. And you see past questions, you see critiques of those questions. So, when somebody answered correctly and then was able to give feedback about the question itself, you're going to be able to see that. You're going to see the peer responses, so you know how you did compared to your peers. But the educational materials, it was based on, and again, that's your own personal dashboard.

So the question is, is that enough? Is it what the certificate holders want? And is it going to measure and promote continued competency and maintenance of certification? So, that's the lesson learned by ABMS. Now, if you've been following this along, you probably noted that, maybe two months ago or so, they put out their new standards, ABMS as the parent group for the other organizations, and there was an open comment period for that.

So again, they're soliciting a lot of input. And they have now finalized and put out the new standards. The new strategy that they're promoting across these varied groups is essentially similar to the MOCA Minute. It's built on that idea that the maintenance of certification can be content-based, but self-learning, online, and you progress faster through that part that you appear to do well at and that part that you don't.

You're going to see again, and you're going to keep sort of reseeing and relearning that until you master it.