

Setting the record straight on Maintenance of Certification

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April 2017—The American Board of Pathology has been committed to implementing a Maintenance of Certification program for its diplomates that addresses all of the program's components in a manner that is the least burdensome and most relevant to participating diplomates. This is an iterative process that incorporates feedback from participating diplomates. The ABP has an MOC advisory committee made up of pathologist peers who participate in MOC and who meet by teleconference monthly. Feedback is reviewed and acted upon during the meetings of the MOC committee of the ABP, as well as during the meetings of the entire board of trustees. This feedback, which has been solicited from the participating diplomates since the beginning, has been critical to the continual improvement of our MOC program.

Review of this feedback over the past years has disclosed a significant amount of misinformation for which we would like to provide clarification. In so doing, it is our hope that we further engage and even energize our participating diplomates to provide more feedback to facilitate even greater improvements to help us build the most effective, relevant, and least burdensome MOC program possible.

First, a few words about Maintenance of Certification. The ABP is proud to be a member of the American Board of Medical Specialties. The ABMS and its member boards have worked for more than 80 years to ensure that board certification is an important indicator of physician quality—a gold standard. Board certification has been a hallmark of public and professional trust for a century and remains so today. Maintenance of Certification is the evolution of what certification means to our profession and the public we serve. Physician participation in MOC demonstrates to the public a commitment to lifelong learning, continuous professional development, and provision of high-quality patient care. All ABMS member boards, since 2006, have issued only time-limited certificates, which are maintained by participation in MOC. ABP trustees feel strongly that the voluntary continuing certification program supports the social compact between the public and the profession and keeps medicine a highly regarded, trusted profession with self-regulation. MOC provides recognition of activities and accomplishments of which our diplomates are proud. Like initial board certification, MOC is recognized and valued by hospital and health care credentialing committees, employers, payers, and patients.

As a pathology community, we believe that all components of the MOC program are important for the continuous professional improvement of pathologists. It is important that all physicians demonstrate professionalism in all aspects of their lives and maintain good professional standing (MOC part I). Lifelong learning and continuing to stay abreast of evolving medical knowledge is critical for medical professionals to deliver state-of-the-art patient care (MOC part II). It is important that the public be assured that physicians have the knowledge, judgment, and skills to deliver high-quality patient care (MOC part III). It is widely recognized among professionals, within and beyond medicine, that continuous improvements in practice are important for offering the best outcomes possible (MOC part IV).

The following represents some of the myths, mischaracterizations, and misinformation we have gathered over the past few years, as well as the rationale for, and clarification and future directions of, the MOC program of the ABP.

We heard: The ABP MOC fees are too high.

The truth is: A recent ABMS survey found the ABP MOC fees to be the lowest of all ABMS member boards. There are costs associated with diplomate tracking and communications.

We heard: The ABP trustees are out of touch with real practice.

The truth is: The trustees and the members of the test development and advisory committees are a heterogeneous group of practicing pathologists, consisting of individuals in both private practice and academic settings. The ABP, in conjunction with four major pathology societies, has undertaken surveys of both employers and new-in-practice diplomates (

We heard: Participants do not have input into the MOC process.

The truth is: The trustees and the CEO are committed to gathering and using the input of MOC participants to improve processes. Two examples of what the ABP has done to solicit feedback:

- Surveys are provided at the end of each MOC examination to solicit input from diplomates about MOC, relevance to practice, and opportunities for improvement; and
- The ABP formed the aforementioned MOC advisory committee consisting of pathologists who are participating in MOC. The purpose of this committee is to gather input from those “in the trenches” for continual improvement of the program.

We heard: Traveling to Tampa, Fla., to take an examination is costly and burdensome.

The truth is: There is no longer a need to travel to Tampa, though this option remains available for those who want to come to the ABP exam center. The ABP recognized the burden of time away from work and family and costs to travel to Tampa. The ABP heard from its diplomates and invested in technology for remote, secure examinations that can be taken anytime and from anywhere during a two-week window each spring and fall. Following a successful pilot in 2015 and approval from the ABMS, remote testing is now available to all diplomates.

We heard: The trustees have lifetime certificates and do not have to enroll in MOC.

The truth is: Most of the trustees of the ABP have non-time-limited certificates but all are voluntarily enrolled in MOC. The board of trustees unanimously adopted a policy that requires all trustees to participate in MOC. This demonstrates that the trustees value the program and expect to benefit through participation. The trustees also believe that by participating they can identify processes that may be improved.

We heard: The ABP website is not user-friendly.

What we're doing: The ABP heard from its diplomates and is working continually to improve the website. There have been significant changes and upgrades to the website (www.abpath.org) and PATHway, which is used for MOC tracking. The ABP now has a chief information officer dedicated to improving its systems.

We heard: Communications between the ABP and diplomates could be improved.

What we're doing: We agree and are working diligently to improve communications. Examples of improvement, with more to follow:

- The ABP has formed a communications task force to review issues and propose solutions.
- Diplomates must keep a current email address in PATHway for us to be able to communicate with them.
- The ABP has contracted with a communications consulting firm, SBG

Communications, to review the current state of communications and work with the communications task force and the ABP staff to improve communications.

We heard: The “high stakes” MOC examination taken once every 10 years may not be the best way to assess knowledge, skills, and judgment.

What we're doing: In light of information about adult learning theory, the ABP is embarking on a three- to five-year pilot to evaluate the use of longitudinal formative and summative assessment (ABPath CertLink), as described on our website, in our newsletter, and in the August 2016 issue of CAP TODAY. If the pilot is successful, this new assessment tool can become an alternative to the current point-in-time MOC exam.

We heard: The MOC examination does not reflect my practice.

The truth is: The ABP MOC examination is customizable with more than 90 modules in anatomic and clinical pathology and most subspecialties. The modular format allows diplomates to demonstrate their core knowledge and to customize the examination so that it is as relevant as possible to their everyday practice.

We heard: Submitting CME and self-assessment module credits is cumbersome.

What we're doing: The ABP is working with cooperating societies, such as the ASCP, the CAP, and USCAP, for annual electronic submission of diplomates' CME and SAM activities.

We heard: MOC participants should have meaningful input into the MOC process.

What we're doing: We agree and here are examples of what we have done:

- Diplomates are surveyed after each examination and can comment on every question.
- The MOC advisory committee consisting of pathologists participating in MOC meets at least monthly to discuss the MOC program and offer ideas for improvements.
- Practicing pathologists are invited to submit questions that are relevant to their practice for the ABPath CertLink pilot at www.pathcertlink.com.
- We welcome diplomates' input at ABP-MOC@abpath.org or by telephone at 813-286-2444.

We heard: Why should I participate in MOC?

Here's why: Board certification, which is a voluntary process, is valued by health care and hospital credentialing committees, payers, and the public as an indicator of quality.

It is intuitive that staying current with evolving medical knowledge through CME and SAMs improves physician performance and patient outcomes.

It is hoped that some part IV activities (improvement in medical practice) will qualify for increased reimbursement associated with

MACRA (Medicare Access and CHIP Reauthorization Act of 2015) and other value-based federal and state payment initiatives. Individual, departmental, and systemwide activities undertaken to improve medical practice have a direct impact on patient care, patient experience, quality, and cost of care. The value of pathologists in systems-

based practice is greater than simply rendering a diagnosis or directing a laboratory.

We hope that these myth busters clarify the MOC program and address the concerns of pathologists. The MOC program is a work in progress, and we recognize there are ongoing opportunities for improvement. The input and feedback of diplomates are important to the ABP as it continues to build the best MOC program possible.

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