Perspective

The American Board of Allergy and Immunology maintenance of certification program: "To do or not to do? That is the question."

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To do MOC or not to do MOC? That is the question. A paraphrase of that familiar quotation is pertinent to the ongoing deliberations regarding physician participation in board-developed maintenance of certification (MOC) programs. These programs have matured, and more physicians are becoming involved in them. Furthermore, because the MOC participation status of all physicians, regardless of certification time limits, will be noted in the registries of the American Board of Medical Specialties (ABMS), including the American Board of Allergy and Immunology (ABAI), beginning in 2011, salient questions have been raised. For example, "Why do I have to participate in a MOC program to maintain certification in my specialty?" "Why do MOC programs seem so cumbersome and expensive?" "What is the evidence demonstrating that the MOC process benefits participating physicians and their patients?" and "Will MOC programs replace some of the other demands I currently face regarding documenting my clinical practice?" The bottom line seems to focus on the questions, "Are board-developed MOC programs really relevant to me and my practice and are they associated with improvement in physician quality, better overall medical care processes, and clinical outcomes?"

Some of these questions were debated in a recent article[1] and an accompanying editorial[2] in the *New England Journal of Medicine*. Divergent views of medical leaders were presented in the context of whether non–time-limited credentialed physicians should enroll in the American Board of Internal Medicine (ABIM) MOC program. Evidence in favor of MOC includes studies demonstrating that MOC is likely to stop the decline over time in a physician's skills, knowledge, and performance[3] and that initial ABIM certification and MOC have both been correlated with better care.[4–9] One direct quote from the *New England Journal of Medicine* article[1] stated, "We believe the MOC process, developed and continually refined by physicians, is a better program than those developed by payers and by the government." An opposing viewpoint expressed in this same article questioned the evidence demonstrating that the current *process* of recertification benefits either those who become recertified or their patients. Furthermore, they argued that there is little evidence demonstrating improved care related to recertification and concluded, "In its current form, recertification is great in theory but disappointing in practice."

An accompanying editorial highlighted the benefits and shortcomings of MOC.[2] It noted that MOC and recertification could provide physicians a means of improving the care they provide to their patients and provide, with increased transparency, evidence of "quality measures of care" that health care institutions, insurers, and the general public are seeking. Balancing those benefits, the editorialists stated that the shortcomings of MOC in its current structure revolved around the relevance of the program to a participating physician. The editorialists were particularly concerned about the requirement for passing a secure examination without access to outside sources of information. The editorial ended by stressing that there is definitely room for improvement in MOC programs so that participating physicians will find them more clinically relevant and useful in improving the quality of patient care they provide. Interestingly, the editorial critical of MOC was written almost entirely from the point of view of a non–time-limited certified physician, with little or no attention paid to expectations of those outside the medical profession, particularly patients, the public, and federal regulators. There is an accumulating body of evidence indicating that the public and patients believe that physicians and the profession already do what MOC is designed to do.[10,11] Moreover, there are growing expectations by those outside the medical profession for professional accountability and transparency. Focusing solely on the physician side of the physician-patient equation in opposing the MOC process risks the perception by some that these opinions are self-serving.

The ABAI is one of the smallest of the 24 member boards of the ABMS, all of which have endorsed the MOC programs of continuous professional development. Furthermore, the ABAI is a conjoint board of the American Board of Pediatrics

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(ABP) and the American Board of Internal Medicine (ABIM), both of which have been leaders in the development of MOC programs. The MOC development efforts of our parent boards have been facilitated by the large number of physicians certified by them and thus the larger base across which to share the expense of MOC. If an ABAI diplomate elects to keep primary certification, which is not necessary to fulfill the ABAI MOC program, he or she will understand the rigorous system required to maintain MOC for these parent boards. Their programs are detailed at www.abp.org and www.abim.org. As a conjoint board, the ABAI must receive approval for our MOC program from our respective parent boards, as well as the ABMS, and thus cannot offer a MOC program that is far less rigorous than those of our parent boards, as well as other ABMS boards. The basic structure, requirements, and timetable of the ABAI MOC program can be viewed at www.abai.org.

WHAT IS THE PURPOSE OF MOC?

MOC is a program designed and developed by physicians in the highest traditions of professionalism. The overall purpose is to assure patients and the public that board-certified specialists are current with and can access evolving knowledge, are aware of and use the highest practice standards, are recognized and respected as specialists by their patients and peers, and are continually reviewing their clinical performance and adjusting and improving the processes of care as necessary. With this in mind, the ABAI MOC program has been designed to transparently meet the needs of physicians, as well as the expectation of patients and others properly concerned with physician accountability and performance. The program offers physicians a process to demonstrate their commitment to lifelong learning and professionalism through peer and patient assessments, to keep skills and knowledge current via traditional continuing medical education supplemented with exercises designed to encourage access of most recent medical literature (eg, ABAI Recent Advances Web-based module), and to participate in other Web-based educational opportunities appropriate to the specialty, such as patient safety modules. MOC offers evidence that highly qualified physicians follow best practices and evidence-based care through performance of quality improvement projects (eg, asthma and immunotherapy safety modules). It is an ongoing process designed to verify a diplomate's practice status (ie, credentials, licensure, and professional standing), evidence of continued education, and fund of knowledge and practice performance. MOC assesses physicians in 6 core competencies: (1) medical knowledge, (2) patient care, (3) interpersonal and communication skills, (4) professionalism, (5) practice-based learning and improvement, and (6) systems-based practice.

Many associations representing the medical profession have supported and encouraged MOC, including the Accreditation Council for Graduate Medical Education, American Hospital Association, American Medical Association, Council of Medical Specialty Societies, Federation of State Medical Boards, The Joint Commission, and the National Board of Medical Examiners. Even federal regulations now recognize MOC as an acceptable pathway for fulfilling reporting requirements to Medicare, but the specifics remain under development.

WHAT IS THE SPECIFIC RATIONALE OF THE ABAI MOC PROGRAM?

The ABAI MOC program has been designed to allow diplomates to demonstrate that they keep current with changes in the specialty, to maintain and continually improve their knowledge and practice of allergy and immunology, and to provide high-quality medical care while providing assurance to patients and their families, payers, funding agencies, regulators, and the public. MOC helps to achieve these goals through ongoing participation in continuing medical education and self-assessment, participation in practice improvement projects, solicitation of patient experiences regarding care, and the demonstration of specialty-specific clinical acumen by receiving a passing score on the ABAI MOC secure, recertification examination.

WHAT ARE THE BENEFITS OF PARTICIPATING IN MOC?

Regulatory agencies, health maintenance organizations, purchasers of health care services, the public, and recently passed health care legislation all require or encourage documentation of continual professional development, practice quality assessment and improvement, and education by physicians. In fact, the public believes physicians already do this on a regular basis.[10,11] MOC is a formal professional response to this need for professional accountability and transparency, and it is based on what allergists and immunologists regularly do in their professional lives (ie, learn, improve, and apply their learning and improvement to the care of their patients). Besides the underlying intent of MOC as a means to improve quality of care and protect the public and the professional satisfaction of completing the examination, there are also ancillary benefits that may occur if a diplomate engages in the ABAI MOC program. The ABMS has been working closely with the Centers for Medicare and Medicaid Services (CMS). The recently passed health care legislation includes language accepting MOC participation and completion of a quality improvement exercise and an assessment of patient perception of care as quality indicators fulfilling CMS reporting requirements. The ABMS (and its member boards) together with CMS are currently working out the details for reporting. Moreover, there have been preliminary discussions between the ABMS and private insurers to accept MOC as a quality indicator for their plans in lieu of plan-specific measures of care. Another potential for MOC to materially benefit the diplomate is through the Federation of State Medical Boards consideration of MOC as satisfying quality requirements for state licensure should maintenance of licensure programs be adopted (http://www.fsmb.org/pdf/mol-bg.pdf). Finally, it is a critical, aspirational goal of all ABMS member boards that MOC satisfy all requirements for external reporting of physician performance to those requiring such information.

Achieving this goal will go a long way toward simplifying physician reporting regimens and decreasing redundant and burdensome non–physician-derived requirements.

Currently, no outcomes data exist to prove that the ABAI MOC program improves allergy/immunology care; however, as cited earlier, there is a growing body of evidence demonstrating that MOC programs can lead to better patient care. The ABAI is striving to implement the broadest responsible program meeting the standards set by the ABMS and our parent boards, the ABP and ABIM. The ABAI believes that MOC offers the best opportunity for diplomates to effectively examine their practice of allergy/immunology and to improve their practice based on real data; doing nothing certainly does not lead to improved care. In addition, the board is currently investigating additional opportunities for physicians to meet our quality assurance/quality improvement (QA/QI) requirements, including registries (ie, adapting existing registries of patients with primary immunodeficiency or those with adverse reactions to immunotherapy), developing methods to evaluate and accept for MOC credit locally developed and implemented quality initiatives, producing simulation modules, and accelerating the development and incorporation of American Medical Association–Physician Consortium for Performance Improvement quality measures addressing additional allergic/immunologic conditions into MOC projects. Literature exists demonstrating that appropriately designed and implemented QA/QI processes truly "move the needle"[12,13] and lead to documented benefits to patients (ie, improved outcomes) and the public (ie, decreases in unexplained variation in clinical resource use). QI/QA programs for allergy/immunology currently exist only for asthma, but the ABAI is aggressively working to develop measures for atopic dermatitis, sinusitis, and rhinitis, which we hope will be available for incorporation into practice performance modules in the near future. The board fully understands that there will be a "steep learning curve" early on and some initial activities will not be found to be optimal. The ABAI plans a comprehensive evaluation process of all our measures and is striving to develop a research initiative to obtain the additional evidence sought by physicians and the public that MOC indeed leads to improved patient care and better clinical outcomes. Last but not least, input and constructive feedback from ABAI diplomates to improve this MOC program are encouraged and welcomed.

WHAT IS THE JUSTIFICATION FOR A SECURE MOC EXAMINATION?

Currently, all 24 ABMS member boards provide all newly certified diplomates with time-limited certificates only, and all have developed robust MOC programs for recertification, completion of which is mandatory for those with time-limited certificates wishing to maintain certification. It is widely recognized by the profession and the public that a single examination once in a career does not suffice as a quality measure throughout the duration of a physician's practice life (eg, one only need consider the regular reexamination of airline pilots to respect the principle underlying this concept). The ABAI as an ABMS member board MUST adhere to the MOC standards set by ABMS, which include the requirement for a secure examination as one component. Both of our parent boards' (ABP and ABIM) MOC programs are in compliance with ABMS standards and include a requirement for a secure examination. These examinations should be designed to appropriately assess the integration of clinical data and the use of clinical judgment in reaching correct medical decisions.[14] Although we recognize the anxiety aroused by a secure examination in the MOC process, it is important to recognize that professionalism, transparency, and overall credibility of MOC demand such a component. The overall strength of an MOC program lacking such a requirement would be markedly diminished.

Data exist to support the validity of a secure certifying examination assessing a physician's fund of knowledge and its relation to quality of practice. For example, physicians scoring in the top quartile on the ABIM MOC examination were more likely to perform appropriate processes of care for diabetes mellitus and mammography screening than physicians in the lowest quartile.[5] In a study examining the effects of hospital location, availability of advanced cardiac care, physician specializations, certifying examination performance, year certification was first attempted, and patient volume, certified physicians had better outcomes on 15 of 23 measures and 19% lower mortality for acute myocardial infarction than noncertified physicians.[15] Institution of appropriate antihypertensive therapy decreased with time since last board certification.[4] These findings suggest that physician cognitive skills, as measured by an MOC examination, are associated with improved adherence to defined quality measures of care. Moreover, recent research has demonstrated that the psychometric standards that govern the ABIM MOC examinations have led to a rigorous and fair assessment of clinical judgment that may be extrapolated to actual clinical practice.[16] Finally, it is important to understand that the ABAI-secure MOC examination is developed by clinically active allergists and immunologists and the examination focuses only on clinical topics. It is scored using criterion-referenced testing to ensure that those who should pass this examination do so and there is no requirement that any given portion of examinees must fail.

WHAT IS THE RECENT ADVANCES MODULE AND WHY IS IT NEEDED IN THE ABAI MOC PROGRAM?

One of the components of the ABAI MOC program is the new Recent Advances module. This fulfills the continuous learning requirement of MOC (part 2), and the attempt is to cover the wide breadth of the specialty of allergy/immunology in an open-book format. The ABAI will continue to refine this new module, and questions will be developed in an attempt to highlight new research advances in allergy and immunology and keep the clinician at the cutting edge of the specialty. As other relevant part 2 products are developed in the near future, the ABAI intends to eventually have a menu

of items for the diplomate to choose from with more practice-specific areas to fulfill this requirement.

WHY IS IT NECESSARY TO HAVE PHYSICIAN COMMUNICATION AND SAFETY MODULES IN THE ABAI MOC PROGRAM?

The ABMS has mandated that all member board MOC programs must also contain key components, including, but not limited to, a physician communication module and a patient safety module. The ABAI has developed an allergy-specific version of the ABMS safety module. In an effort to keep MOC costs to a minimum, we currently use the ABIM communication module because the development costs for a new allergy/immunology-specific communication module would have required a significant expenditure and a concomitant increase in ABAI diplomate fees. The ABAI clearly understands that there have been some issues with access to this communication module and specific measures have been implemented to improve the ABIM and ABAI's Web portal functionality to remedy these concerns. As new products become available that the ABAI can procure and implement at reasonable costs, these will be added to the menu of choices, but such modules MUST be a part of any ABMS-approved MOC program. Moreover, such modules are likely to be required by the CMS if MOC is to fulfill physician reporting requirements.

CONCLUSION

Through MOC, physicians demonstrate their commitment to lifelong learning and professional development and that they can assess the quality of care they provide, compare their care to peers and national benchmarks, and then apply the best evidence or consensus recommendations to improve their overall patient care. The ABAI MOC program acknowledges the continued growth and complexity of medical science and clinical care and the importance of the physician's relationship with the patient in providing quality clinical outcomes. It also requires proof that a physician has the practice-related knowledge to provide quality care in our specialty. Finally, through a program of lifelong learning and ongoing self-assessment, board-certified physicians demonstrate their professionalism through a rigorous commitment to achieving quality clinical outcomes for patients in a responsive, patient-focused setting.

The ABAI is aggressively working to continuously improve the MOC program so that our program will become more valuable to participating physicians and their patients. It is possible, but not certain, that through interplay with maintenance of licensure, CMS and Medicare, the insurance carriers, and others, MOC will acquire additional value. The board clearly recognizes that our diplomates chose the practice of allergy/immunology to improve the care of patients and that this care, as well as the confidence of the public and our patients, will be enhanced through participation in the multiple components of the ABAI MOC program. It is important to understand that the ABAI, in compliance with ABMS requirements, will change its reporting of diplomate certification in 2011. No longer will the ABAI report diplomates just as "board certified" but rather in one of the following categories: time-limited (20XX) certificate, participating in MOC; time-limited (20XX) certificate, NOT participating in MOC–no longer certified (obviously this depends on the date of certificate expiration); time-unlimited certificate, participating in MOC; or time-unlimited certificate, NOT participating in MOC.

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