



What Do Others Think About the Value of MOC?



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We know that many of you have asked yourself this question, especially about MOC. Why do we have an MOC program and what are we trying to accomplish?

Rather than trying to answer this question ourselves I thought I would share the feedback from a group of external stakeholders (ES). The American Board of Medical Specialties recently convened a group of health insurance executives, hospital executives, consumer groups, representatives of consumers report and other health quality groups to get their perspectives. Throughout their discussions, the ES consistently expressed two key views – first, that certification by an ABMS Member Board is valued, and second, that ABMS Member Boards, through their physician assessment programs (Part 4 of MOC), are uniquely positioned to influence how physicians participate in and contribute to improving patient care outcomes.

This second view is that boards “are uniquely positioned to influence how physicians participate in and contribute to improving patient care outcomes” and is one that most diplomates don’t think much about but is a view that keeps your Board members awake at night. We know that our current health care system is unsustainable. We know that there will be tremendous pressure to reduce cost. The only way that we can make sure that these cost reductions don’t harm patients is by identifying quality measures that are associated with improved patient outcomes.

Because of the reach of Board certification and MOC (85% of physicians are certified by an ABMS board) ES recognize that MOC can be a powerful tool in healthcare reform. While diplomates focus their concerns on part 3 of MOC (the exam); ES focus on the potential of part 4 of MOC (Practice Performance Assessment[PPA]). Common expectations of this group of ES were:

- Desired characteristics of physician assessment – continuous (annually or biannually), outcomes oriented, more (or equal) focus across all six competency domains (Professionalism, Systems based Practice, Interpersonal and Communication Skills, Practice-based Learning and Improvement, Medical Knowledge, and Patient Care and Procedural Skills), and better data regarding the impact of assessment on patient care outcomes.
- Core competencies – once the stakeholders became familiar with the six domains, they expressed the desire to see MOC deliver on its promise to assure physicians are competent across the domains (not just Medical Knowledge).
- Consistency across the boards – greater commonality and consistency in both the program characteristics as well as in the reporting of certification status.

- Transparency, with regard to both the assessment process and reporting – greater visibility into how the six competencies are assessed, the frequency and types of assessment; better data about level of detail regarding physician specialist qualifications and competence (i.e., clarity about what an MOC credential actually represents with regard to how a diplomate is evaluated across the six competency domains)

In addition to the common expectations, specific stakeholders expressed the following unique needs and/or expectations:

- Hospitals, licensing boards and accreditors want MOC to “deliver on its promise” of assessing the six core competencies. In particular, hospitals would like MOC to focus more on the competencies of team-based and system-based care, including the use of HIT. They also are in need of assistance with evaluating the quality of care provided by physicians who infrequently practice in large systems like hospitals;
- Safety is a major concern for hospitals and health plans, who want to use MOC as a lever for engaging physicians in the adoption of safety practices that reduce errors and complications of care;
- Employers and consumers want to be able to use assessment outcomes as a way to differentiate between levels of physician performance (i.e., distinguishing the “best” from the “good”);
- Credentialers want more consistency across the Member Board MOC programs so that they are better able to ascertain what an MOC credential presented by a diplomate actually represents; they also desire a higher degree of consistency in how MOC participation data is reported.

Now you know why many of us are staying awake at night. Can we really do this? How this translates to nuclear medicine (and several other specialties) is unclear. One thing is certain is that if some other organization does this better than we do, board certification and MOC will be largely irrelevant.