Current Status Of MOC For Vascular Surgeons: Why Vascular Surgeons Should Join The Cardiologists To Resist The Existing Onerous Requirements
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Disclosures
• Director of American Board of Surgery
• Chairman of the Vascular Surgery Board
• My opinions

Four Parts of MOC common to ALL ABMS member Boards
1. Professional Standing
2. Lifelong learning and self-assessment
3. Cognitive expertise
4. Evaluation of performance in practice

ABS MOC Requirements
• Diplomates become enrolled in MOC once they certify or recertify in any ABS specialty after July 2005
• MOC requirements run in 3-year cycles, with a secure exam required every 10 years
• The ABS intends for its MOC program to be as flexible as possible so diplomates can participate in the ways most compatible with their practice

Part 1 – Professional Standing
1) Full and unrestricted medical license
2) Hospital privileges in the specialty
3) Professional references: from chief of surgery and chair of credentials committee

Part 2 – Self-Assessment
• Continuing medical education (CME)
  – 90 hours of Category I CME over three years
  – 60 hours self assessment
  – 75% passing score
Part 2 – Self-Assessment

As of July 2012:

– Out of the 90 hours of Category I CME, 60 hours (previously 30) must include self-assessment. This is defined as:
  
  a written or electronic question-and-answer exercise that assesses your understanding of the material in the CME program

– A score of 75% or higher must be attained. No minimum number of questions and repeated attempts allowed

– Many live and web-based CME programs have self-assessment

Part 3 – Cognitive Expertise

• 10-year Written examination

  – May be taken starting 3 years prior to certificate expiration

  – 12-month operative log and reference forms required

  – All other MOC requirements must be satisfied to be admissible to the exam

  ➢ If a diplomate is not yet in MOC, they must submit a full application and complete 60 hours of Category I CME within the last two years/24 months

Part 4 – Evaluation of Performance in Practice

• Ongoing participation in a local, regional or national outcomes registry or quality assessment program

  – ABS asks only for information about participation – no practice data is required

  – The activity should be relevant to diplomate’s practice

Other Boards

• American Board of Internal Medicine
  
  ABIM

Earn 100 points every FIVE years
NEW requirements 2014

$$$

What’s wrong with MOC?

- Expensive
- Time-consuming
- Not related to an individual’s practice
- Little evidence that MOC improves quality, cost or availability of care
- Lack of uniformity – each Board develops unique MOC

Other Issues

- Credentials: many hospitals now require certification to maintain credentials
- Reimbursement: MACRA Medicare Access and CHIP Reauthorization Act recommends participation in MOC to be eligible for Medicare payment
- Licensing: Linkage of licensing and MOC thru FSMB (Federation of State Medical Boards)

Cumulatively, 2015 MOC will cost $5.7 billion over 10 years.
We got it wrong!!!

ABIM 2020 Taskforce

1. Replace the 10-year maintenance of certification exam with more frequent, less burdensome assessments.
2. Focus assessments on cognitive and technical skills.
3. Recognize specialization – maintain specialty certificate without underlying certification.

ABIM suspended the 1) practice assessment
2) patient voice and
3) patient safety requirements for at least two years
1) Medical License  
2) 50 hours of CME/24 months  
3) $169

www.NBPAS.org

Continuing Medical Education and MOC

- CME is a better approach to lifelong learning.
  - Organizations providing recognized CME programs are regulated by a rigorous accreditation body (ACCPME) requiring each CME offering provide an educational gap analysis, “needs assessment,” speaker conflict of interest, course evaluations and many other performance standards.
- Accredited CME must be independent of commercial interests
- MOC focuses on established knowledge while CME can include future innovations that keep the physician on the “cutting edge.”
- CME offerings are highly competitive and provide choice. If physicians do not perceive value in a particular CME offering, they will go elsewhere. This contrasts with the monopoly ABIM has on MOC.

Should surgeons join the revolt?

- What is in the best interest of our patients?
- Is surgery MOC “onerous”?

MOC goals

- Relevant to your practice
- Accommodate current practice patterns that limit prolonged time away
- Take advantage of alternative educational options eg. online modules
- Reasonably priced
- Improve your ability to provide effective, timely and cost-efficient care
Is the Surgery MOC onerous?

• Part I – license - No
• Part II – 90 hours CME with SAP – No
• Part III – 10 year exam – possibly
• Part IV – Outcomes – No
• Skills testing? – not at this time

Summary

• Commitment to life-long learning is a prerequisite for proficient practice of surgery
• It is incumbent on Boards to continually reassess the value of MOC and design programs that are effective and broadly supported by practicing physicians

Surgery MOC

• Revolt Now?
  – No! There are bigger problems in the world
• Improve?
  – Yes. Be part of the solution