

Certification Ensures Quality and Patient Safety

In Brief: In the July/August 2008 issue of *The Physiatrist*, the Academy introduced a series of articles about the quality movement. This sixth installment in the series explains the purpose behind Maintenance of Certification and its link to quality assurance. The article was developed by Karen L. Andrews, MD, assistant professor of PM&R at the Mayo Clinic in Rochester, Minnesota, and chair of the AAPM&R Practice Improvement Project Committee; and Stephanie Mercado, director of education at AAPM&R.

MAINTENANCE OF Certification® (MOC) is a process developed by the American Board of Medical Specialties (ABMS) to document that board certified physicians (diplomates) are maintaining the necessary competencies to provide quality patient care. Since 1993, certificates issued by the American Board of Physical Medicine and Rehabilitation (ABPMR) have been valid for ten years; diplomates have been required to “recertify” every decade. MOC is different in that its intent is to provide a more continuous evaluation of physician performance, rather than 10-year “snapshots.” It should ensure a physician’s continued ability to provide quality care while keeping the patient’s safety in mind.

MOC for accountability

Since consumer expectations have changed, ABMS is looking to change. Although MOC is sometimes recognized as a quality driver (by insurers, hospitals, credentialing organizations, and the government), its relevance is still under close scrutiny. With the recent launch of the 2008-2011 Public Trust Initiative, ABMS aims to answer the relevance question by bringing an increased commitment to quality health care and providing an opportunity to enhance the value of MOC. The goal is for greater transparency and ac-

countability, with the public’s interest as the foremost concern. Unlike previous years when each board operated somewhat autonomously, the initiative now encourages a more cohesive ABMS Board Enterprise to ensure physician accountability. In this way, a board certified diplomate of any specialty will be held to equal standards, thus solidifying the brand-promise of MOC.

Through the MOC program, board certified physicians are expected to advance the standard of health care nationwide. ABMS asserts that higher standards mean better care.¹ Medical specialists who participate in MOC will use the most current evidence-based guidelines and standards in their specialty and will be widely recognized as leaders in the national movement for quality health care. If the commitment to change is to be effective, quality experts say it must be accompanied by a feasible implementation plan that is not unduly burdensome.²

Implementation of MOC

The ABMS Committee on Oversight and Monitoring of MOC has developed these principles for implementation of MOC:

- By 2010, member boards will develop a process by which diplomates are automatically enrolled in MOC at the time of initial certification with the understanding that (going forward) all certificates are time limited.
- Links among the MOC parts and opportunities for simultaneous satisfaction of multiple requirements among those parts should be encouraged whenever possible.
- Prior to implementing new requirements, ABMS will conduct a review and partnership with each member board to assess impact, determine how the new requirements can be integrated with current process, and explore opportunities for Board

Enterprise support (shared platform, products, technical support).

Through MOC, physicians will make public their professional standing, cognitive expertise, and record of practice-based lifelong learning. At the same time, MOC will show diplomates how to improve specific aspects of practice. Physicians who wish to maintain their specialty certifications must meet MOC requirements on a periodic basis. For more information on MOC, see pages 1 and 5.

Other ways to ensure patient safety

To complement the quality improvement effort, ABMS has also developed a series of Web-based patient safety programs. As part of its mission of Higher Standards, Better Care®, ABMS recognizes that all physicians – from the resident to the veteran – need a solid foundation in patient safety concepts. Launched in June 2007, the ABMS Patient Safety Improvement Program (PSIP) is an online patient safety, education, and quality improvement module to assist physicians and other health care professionals in learning and applying essential knowledge, skills, and attitudes about safety.¹ The program provides physicians with tools and techniques to improve patient safety by identifying and analyzing areas for improvement and implementing changes based on best practices. Participation in patient safety modules will be required for board certified diplomates.

The PSIP includes three broad areas:

- Patient safety scenarios that highlight key themes of patient safety that cut across disciplines (medication errors, hand-offs, teamwork) as well as more specific scenarios applicable to physicians from related specialties
- A patient safety curriculum covering epidemiology, systems, communication, and safety culture
- Quality improvement fundamentals and improvement activities that intro-

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duce changes the individual physician can make in his/her practice (hand hygiene, medical reconciliation)

Aside from these patient safety tools, MOC diplomates are also expected to ensure quality care through active participation in Performance Improvement Programs (PIPs). PIPs are structured long-term processes to improve quality in practice. When implementing a PIP, a physician identifies a clinical area where performance is sub-optimal, then develops and implements a plan to improve outcomes. PIPs can also be developed and delivered in a more structured format by accredited CME providers who use evidence-based quality improvement interventions (not traditionally thought of as CME) to address performance improvement. While at first glance it may seem like yet another hoop for physicians to jump through, performance improvement CME may be a potential solution to meeting multiple physician reporting requirements (MOC, licensure, Pay-4-Performance).

The future of quality assurance

ABMS and the Centers for Medicare and Medicaid Services (CMS) share a common set of challenges and goals related to enhancing physician quality, efficiency, and appropriateness of care. ABMS plans to work with the 24 certifying boards and CMS to drive improvements through a quality reporting initiative, but the specific reporting program is yet to be determined. This will be a huge undertaking. If implemented, boards will need to:

- Develop the appropriate information and technology for data collection
- Develop the technology to harvest, store, and report their data (national registries will be required)
- Engage physicians in the continuous quality improvement process

From a physician's perspective, aligning the disjointed efforts of PQRI, PIPs, and private payer measures creates significant value. The downside? It will take time for these stars to align. Until then, ABPMR currently provides the best source of information on MOC (see www.abpmr.org). The Academy will also be a resource to members who want to fulfill MOC requirements (see the table on page 5).

Stay tuned...

This series has defined quality; reviewed how quality measures are developed; discussed emerging trends for MOC, CME, practice improvement; and discussed how quality ties everything together. We hope this series has helped clarify the need for all of us to be active participants in the quest for a better health care system. For health care reform to work, it must continue to build on what works in the current system; borrow from ideas that work in other countries; and create an accessible, affordable, high-performing system focused on value and sustainability.³

References:

1. ABMS®. *Safe, Quality Care is a Goal We All Share*. ABMS® Patient Safety Improvement Program Newsletter, October 31, 2008.
2. Committee on Oversight and Monitoring of MOC. "Setting Standards for ABMS MOC (Parts I-IV) Program – Version 1.0." (Draft)
3. National Committee for Quality Assurance. "The State of Healthcare Quality 2008: Executive Summary." www.ncqa.org. ■

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