

LEADERSHIP PAGE



ABIM Maintenance of Certification

Current Status



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The American Board of Internal Medicine's (ABIM's) Maintenance of Certification (MOC) process continues to be a topic of high interest for members of the American College of Cardiology (ACC). On 2 prior occasions, *JACC* Leadership Pages have been used to provide the ACC membership with a comprehensive update on the status of MOC and the path of the College's negotiations with the ABIM (1,2). As I take the helm of the College, I wanted to provide an update on the current status of changes in MOC requirements and the ACC's position on MOC.

Since 2014, the ACC has focused on a 3-pronged approach to MOC. We have positioned ourselves as a source of information about MOC. We have provided tools and resources to help our members who choose to participate to more easily fulfill MOC requirements. In addition, we have advocated on behalf of our members to ease the burden of MOC.

The ACC's Board of Trustees has also explored alternative options to ABIM certification. After careful investigation, the current decision regarding this option is to continue to engage with ABIM rather than commit resources to creating an alternative. The reasons for this are 3-fold: 1) following extensive due diligence, it was determined that the resources required to establish an alternative are substantial, and that their expenditure would curtail other activities that are closer to the mission of the ACC (in essence, we would have to stop doing something to take this on); 2) the ACC is a member services organization, not a standards setting organization, and the role of examining and certifying the competence (or lack of competence) of its members is not within the mission of the organization; and 3) for an alternative method to have any public credibility it would have to be completely separate from the ACC—meaning the ACC, by necessity, would have no control over the

operations of the new entity, potentially placing us in a situation similar to what we are facing now. The potential of the College undertaking recertification is thus currently shelved, but would be reconsidered if the eventual actions of ABIM are not felt to be in the best interests of members and our patients.

Over the past 2 and one-half years, the ABIM has been receptive to input from the ACC and other similar organizations. This has been manifested by several significant changes: 1) elimination of the "double jeopardy" provision, which required cardiology diplomates to recertify in both general cardiology and in their subspecialty; 2) decoupling of the initial board certification from MOC participation; 3) streamlining the ability for practitioners to get both continuing medical education and MOC credit for the same activity; 4) suspending the requirements for patient safety, patient voice, and practice improvement activities; and 5) announcing plans to provide diplomates with an alternative option to the 10-year exam starting in 2018.

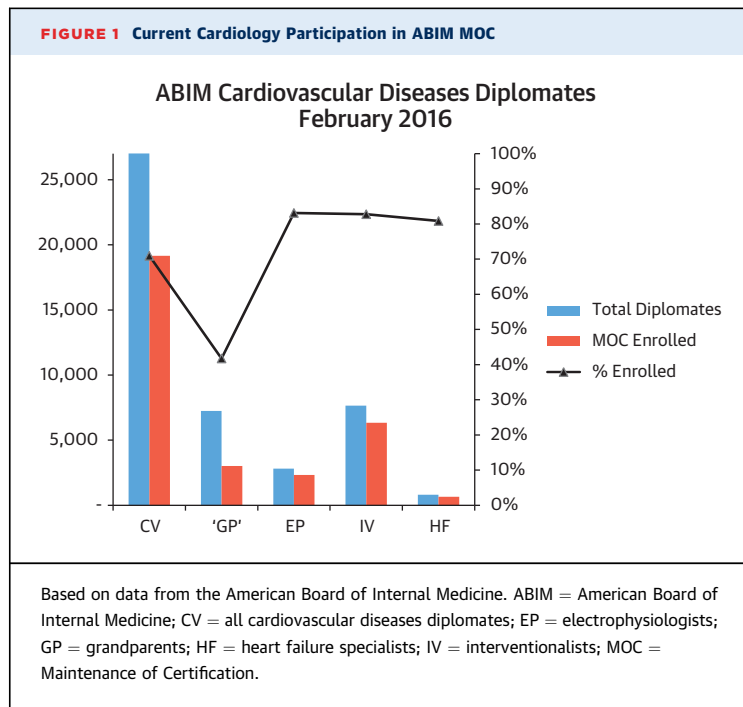
In September 2015, the ABIM released the report of their Assessment 2020 Task Force which made 3 recommendations to the ABIM: 1) exploring alternatives to the current every-10-year MOC assessment; 2) focusing assessments on cognitive skills and technical skills; and 3) recognizing specialization (3).

The first recommendation of the Assessment 2020 Task Force is being addressed now; however, details still need to be worked out. The third recommendation was essentially completed by the elimination of the "double jeopardy" problem noted in the previous text.

The ACC's current recommendations to the ABIM are:

- Model the upcoming new, more frequent focused assessments of cognitive skills after the "SAP"

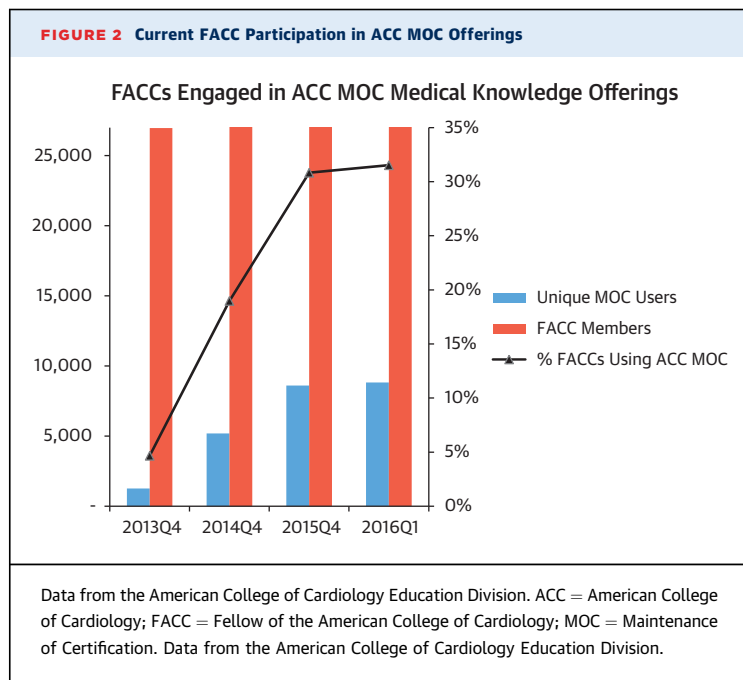
FIGURE 1 Current Cardiology Participation in ABIM MOC



model, using the 2016 ACC Lifelong Learning Clinical Competencies as the basis of these assessments (4). An open-book format is preferable for those diplomates choosing to take the 10-year exam.

- Enable diplomates to seamlessly receive credit for activities that they participate in on behalf of hospitals, health care systems, payers, and licensure boards.

FIGURE 2 Current FACC Participation in ACC MOC Offerings



- Allow the ACC, other professional societies, and other qualified entities to put forth standards-based processes that would be recognized by the ABIM.
- Permanently eliminate practice improvement (part-IV) activities as a requirement for MOC. Practice improvement activities are important and will soon be required of all providers by federal law. Appropriate practice improvement activities should be acceptable for fulfillment of MOC participation, but a specific minimum level of practice improvement activities should not be returned to the list of MOC requirements.
- Undertake research to test the effect of MOC activities on the actual improvement in patient care and outcomes to provide an evidence base for the value of MOC.

The ACC leadership will continue to constructively engage with the ABIM to move the MOC process closer to supporting the goals of improved patient outcomes, improved quality of care, and improving the cost-effectiveness of care.

CURRENT CARDIOLOGY PARTICIPATION IN ABIM MOC

ACC members occasionally ask about the current MOC participation rate. Figure 1 presents the current MOC participation levels of ABIM cardiovascular diplomates, as reported in February 2016 by the ABIM. Of 27,009 diplomates in cardiovascular medicine, 19,161 are enrolled in MOC. This represents 71% of cardiovascular diplomates and is comparable to 74% who were enrolled in September 2014. Currently, 42% of “grandparents” are enrolled (47% in 2014), 83% of electrophysiologist diplomates are enrolled (85% in 2014), 83% of interventionalists (86% in 2014), and 81% of heart failure cardiologists (87% in 2014).

CURRENT FACC PARTICIPATION IN ACC MOC OFFERINGS

The use of ACC’s MOC educational offerings has also been robust. Figure 2 shows the growth curve of the cumulative number of unique Fellows of the American College of Cardiology (FACCs) who have participated in ACC MOC educational programs. By the end of the third quarter of 2015, nearly one-third of current FACCs had participated in MOC programs, which have been offered at no charge to ACC members since 2015. More recently, attendees at ACC.16 in Chicago were able to *seamlessly earn both MOC and continuing medical education* credits at a number of sessions. This type of program will be pursued

aggressively by the College to increase efficient learning for our members.

One of the ACC's 6 strategic priorities is to act as a provider of processes to maintain professional competence. As part of this effort, the College is committed to finding a solution or solutions to the ABIM's MOC process that best meet the professional needs of clinicians, while also giving patients, the public, and other stakeholders confidence that the care provided by their physicians is of the highest

quality. Although there is still work to be done, we are clearly making headway. All of us would prefer a rapid solution to this issue, but our hope is that ABIM's slower pace is reflective of a deliberate approach that will lead to a much improved outcome.

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