

LEADERSHIP PAGE



ABIM Maintenance of Certification



Options for ACC Members



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The American Board of Internal Medicine's (ABIM's) Maintenance of Certification (MOC) process continues to be one of the biggest concerns facing American College of Cardiology (ACC) members. Input from cardiovascular professionals across the United States has made it clear that many, perhaps most, wish for an alternative to this process. At the same time, there are also some cardiovascular professionals who prefer to stay with ABIM, or who may need to do so by necessity for insurance reasons or because of requirements from their institution. The ACC, as the professional home for all cardiovascular professionals, cannot abandon one of these groups for the other, and has been diligently working over the last several years to find an MOC "solution" that serves both groups and allows individual members to decide how best to proceed, confident in support from the College regardless of their choice (1).

In early 2014, after the ABIM changed its MOC requirements, the ACC Board of Trustees defined 3 principles for the subsequent actions of the College: 1) the ACC would be the trusted source of information for its members regarding MOC; 2) the ACC would create and maintain a robust selection of educational opportunities for its members who choose to maintain their ABIM certification; and 3) the ACC would engage ABIM in efforts to change and improve the MOC process (2). The College has been successful in operationalizing all 3 of these principles.

Multiple blog postings on *ACC.org*, Leadership Page updates in the *Journal*, and numerous presentations

by College leadership and staff at Board of Trustees, Board of Governors, Chapter, and ACC Annual Scientific Session meetings have provided ACC members with up-to-date information regarding the conversations and negotiations between the ACC and the ABIM. In addition, the College currently offers more than 250 sources of continuing medical education (CME) credit and Medical Knowledge (formerly Part II) MOC points, with this number continuing to grow. ABIM, to its credit, has also made significant modifications or changes to the MOC process based on feedback and negotiations with the ACC and other internal medicine and cardiovascular societies, including the Society for Cardiovascular Angiography and Interventions, Heart Rhythm Society, and Heart Failure Society of America. The requirements for patient voice and patient safety have been removed from MOC activities; the "double jeopardy" requirement for cardiovascular subspecialists has been reversed; the relationship between initial certification and MOC participation has been decoupled; the process of granting MOC points for most CME activities has been streamlined; and MOC Part IV points has become sufficient, but not necessary, to maintain certification (3).

MOC PART III ASSESSMENT ALTERNATIVES

These changes represent substantial improvement! Nonetheless, some elements remain that are problematic, especially the requirement of MOC assessment (formerly Part III) and testing. The MOC

assessment remains unchanged since the updated MOC requirements were released in 2014. Diplomates continue to be required to take a monitored, comprehensive, high-stakes, secure examination at specific testing centers. Following the publication of an internal ABIM study of future assessment possibilities, the ABIM created the “knowledge check-in” (KCI) option. This is a home or office, computer-based, monitored assessment that is offered on a 2-year cycle and that allows for 1 “retry” if the diplomate is not initially successful. KCIs for cardiovascular disease will be available in 2019, followed by KCIs for diplomates in advanced heart failure and transplant cardiology, cardiac electrophysiology, and interventional cardiology in 2020, and a KCI for diplomates in adult congenital heart disease in 2023 (4).

Although the ABIM believes strongly in a summative assessment (focused on outcome), the ACC favors a formative process (focused on participation and learning). The crux of the issue is whether the outcome of the ABIM process—passage of a test—translates to improved care. Although further research is needed in this area, the ACC believes that leveraging verifiable learning results in a higher level of formative assessment (more comprehensive than an ABIM summative examination) with expected improvement in care. In 2017, the ACC, along with the American College of Physicians and the American Society of Clinical Oncology, began exploring a third MOC assessment option with the ABIM. Dubbed “collaborative maintenance pathways” (CMPs), these specialty society-specific programs would maximize “lifelong learning” and minimize “testing” in the fulfillment of the MOC assessment requirement.

The ACC CMP would be used by diplomates to maintain currency in cardiovascular knowledge and to maintain ABIM certification over a 5-year cycle. It would feature modified versions of ACC’s Self-Assessment Programs (SAPs) such as the Adult Clinical Cardiology Self-Assessment Program (ACCSAP) and include, in addition to interactive learning material and a large bank of practice questions, a section of “performance questions” that could be accessed on a home- or office-based computer by the diplomate on a time-limited basis. The proposed ACC CMP would be modular in nature, would permit the use of external references, and, like the ABIM KCIs, would allow for a retry if the diplomate were not successful in passing the module on the first attempt. Simultaneously with the creation of the ACC CMP product, the College is also working closely with the Society for Cardiovascular Angiography and Interventions, Heart Rhythm Society, and Heart Failure Society of America to create self-assessment products that could fulfill

MOC assessment requirements for interventionalists, electrophysiologists, and heart failure specialists. These cardiovascular subspecialty SAPs would also function on a 5-year cycle and be designed as exact analogs of the ACC CMP product.

Over the past year, the ACC and the ABIM have engaged in good-faith negotiations around the CMP concept and have resolved many of the issues that would have been impediments. Both the ACC and the ABIM are cautiously optimistic that an agreement will be reached, and such an agreement remains a high priority for both organizations.

MOC AND THE ACC MEMBERSHIP

The task of the ACC is to serve the needs of *all* members, and to this end, the College’s Education Team is working to provide 2 variations of the next edition of ACCSAP to be published in 2019. One variation “ACCSAP for Medical Knowledge,” will provide multimedia learning and a question bank that, when successfully completed, will provide sufficient CME credits to fulfill most state licensure requirements. This will include approximately 30 CME credits/year. It will coincidentally provide Medical Knowledge MOC points for those learners who, for whatever reason, may wish to report their learning activity to the ABIM. The second variation, “ACCSAP for MOC,” will be the CMP version. It will provide multimedia learning and a “practice question” bank that, when successfully completed, will provide sufficient CME credits to fulfill most state licensure requirements. It also will contain access to a “performance question” bank which, when successfully completed, will fulfill the ABIM requirements for MOC.

By providing 2 variations of ACCSAP, ACC members can choose the best path for them as individuals. Both variations will provide verifiable learning, including knowledge and CME credit and MOC points; an affordable mechanism for ongoing education that can be done at one’s own pace; and reassurance to the public that physicians completing the process have had a thorough review of contemporary cardiology. For those choosing to remain with ABIM, the product offers a great review for test taking, while those seeking another alternative can provide verification of completion of an ACC-endorsed program of learning. The College will provide a description of the process to use for applications for staff privileges, licensure, participation in insurance plans, and other certifying organizations like the National Board of Physicians and Surgeons with the assumption that the reputation of the College should carry substantial

weight with most groups, but time will tell in terms of recognition by all parties.

CAVEATS

As noted in the previous text, an ACC CMP agreement has not yet been signed with the ABIM, although great progress is being made toward such an agreement. Two additional external developments are important and are being monitored closely by the ACC.

First, there are multistate legislative activities that will bear on the future of MOC. Most of the initial legislation has addressed (and prohibited) the use of MOC in licensing activities. More recently, legislative interest has extended to limiting MOC use for hospital or payer credentialing. These efforts have been less successful. This is a dynamic and rapidly-changing environment, and ACC members should pay attention to their specific state legislature activities.

Second, the American Board of Medical Specialties, the “parent” organization of 24 medical specialty boards, has recently inaugurated a new initiative to modernize continuing board certification, the “Continuing Board Certification Vision for the Future” (5). It is possible that this commission may

recommend substantial changes to the concept of MOC assessment as we know it today. Whether the ABIM would comply with substantial recommended changes is unknown at this time.

Regardless of the outcome of these developments, the ACC will continue in its service efforts to be the trusted source of MOC information and to provide assurance to patients and the public that we, as a profession, are engaged in ongoing, verifiable education. We will continue to create multiple high-quality educational opportunities and to further modify the ABIM MOC program and provide alternative solutions to best meet the educational and certification needs of all ACC members. Our goal: to empower all ACC members to provide the best possible care to patients and, thus, truly fulfill our shared mission of transforming cardiovascular care and improving heart health.

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REFERENCES

1. Chazal RA. ABIM maintenance of certification: current status. *J Am Coll Cardiol* 2016;67:2547-9.
2. O’Gara PT, Oetgen WJ. The American College of Cardiology’s response to the American Board of Internal Medicine’s maintenance of certification requirements. *J Am Coll Cardiol* 2014;64:526-7.
3. O’Gara PT, Oetgen WJ. Follow-up on ABIM maintenance of certification. *J Am Coll Cardiol* 2015;65:207-11.
4. American Board of Internal Medicine. MOC assessments in 2018. Available at: <http://www.abim.org/maintenance-of-certification/MOC-faq/MOC-assessments.aspx>. Accessed May 13, 2018.
5. American Board of Medical Specialties. ABMS launches Continuing Board Certification: vision for the future. Available at: <http://www.abms.org/news-events/abms-launches-continuing-board-certification-vision-for-the-future/>. Accessed May 13, 2018.