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COMMENTARY

The ACC Promise: A Three-Fold Plan for Mastering ABIM's New MOC Changes

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"Any change, even a change for the better, is always accompanied by drawbacks and discomforts."

This issue of the *Journal* includes an update from the American College of Cardiology's (ACC's) Educational Quality Review Board (EQRB) on significant changes in the American Board of Internal Medicine's (ABIM's) Maintenance of Certification (MOC) program (2). The changes, which take effect on January 1, 2014, are extensive and apply to all certified physicians, including those with lifetime certification (also known as "grandparents"). The update provides a background for specialty board certification by the ABIM, outlines a review of existing requirements for ABIM MOC, and gives a comprehensive overview of the new continuous requirements.

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The background of the paper contains a description of the historical development of the ABIM, which was created in 1935 to answer a public call for uniform physician standards. Over the years, board certification and MOC have become widely adopted by the profession and accepted by the public. The current structure of MOC, which includes requirements for licensure and professional standing, self-evaluation of medical knowledge, cognitive expertise, and self-evaluation of practice, has been in place since 2006, when all 24 member boards of the American Board of Medical Specialties received approval of their program plans.

However, despite widespread adoption, the jury is still out on the overarching benefits of MOC. Is it a credible marker of physician competence and performance? Does it promote value-based care? Are MOC programs accurately and effectively measuring quality? The addition of the new MOC requirements detailed in the update has only served to reignite debate over the process and its value, while also causing no small measure of concern among the practicing members of the cardiovascular community.

A recent ACC membership survey highlights some of the challenges of maintaining certification. The results indicate that a slight majority of cardiologists do not believe the benefits of MOC outweigh the costs and effort, including time away from practice. In addition, a nearly 3-to-1 ratio of cardiologists believes that the credit gained by continuing medical education (CME) is more valuable than MOC.

A review of recent posts to the ACC Board of Governors listserv further underscores the uncertainty surrounding the new, more comprehensive requirements. In reading the posts, there is no question that cardiologist members of the ACC support the concept of lifelong learning and the continuous improvement of practice. Some members feel the new MOC requirements provide a more continuous opportunity to remain up-to-date and improve practice. However, others have significant questions and concerns about the validity of the process, the disruption of practice needed to complete the requirements, and an undue cost burden, particularly for those pursuing multiple recertifications. There are also concerns that the specter of a more complex MOC process is accelerating retirement rates for more senior practitioners—exacerbating the already-present shortage of clinical cardiologists—and that the required proctored examination every 10 years is not an accurate measure of competence and does little to improve the quality of care.

Members are asking the ACC to inform them about the new ABIM requirements, to become more involved in recertification by the ABIM, and to advocate for a process that is more relevant and less resource-intensive. Members want to fully understand the process, and they want the ACC to provide resources to make recertification less onerous. Members would also like to see more opportunities to apply CME credit to MOC.

To this end, the ACC intends to be front and center as an advocate for its members in the ABIM MOC process. The College outreach to members over the next 6 months will include 3 major initiatives. First, the College will be a comprehensive source of information about the new requirements. Second, the College will offer members a wide variety of tools and programs designed to make MOC clinically relevant to the members' daily practice and as efficient as possible with the least disruption to practice. Third, the ACC will systematically gather information from its membership in order to make recommendations to the ABIM on process improvements.

As the update article notes, one of the primary goals of the ACC's EQRB is to communicate the ABIM MOC changes to members. So, in addition to publication of the update, the College has developed an online resource center that includes an overview of the new ABIM requirements, answers to frequently asked questions, an educational video and slides designed to be shared among individuals,

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practices, and hospitals, resources for additional information, and more.

The online hub also includes links to ACC resources designed to help members meet the requirements in the most streamlined way possible. Among the tools already available are the new Adult Clinical Cardiology Self-Assessment Program (ACCSAP 8), the Cardiac Catheterization and Interventional Cardiology Self-Assessment Program (Cath-SAP4), and programmatic elements of several ACC live programs, including the ACC Annual Scientific Session. Several ACC performance improvement activities also offer MOC Part IV credits, such as "IMAGING in FOCUS: Formation of Optimal Cardiovascular Imaging Strategies."

Even more programs and tools will be available in the coming months as part of the ACC's new online Lifelong Learning Portfolio. This one-stop shop for CME and MOC will enable members to design personalized curriculum based on individual interest areas, preferred learning formats, and practice gap areas. The Portfolio will automatically track progress and suggest additional resources. Physicians participating in the ACC's cardiovascular data registries will also be able to realize MOC benefits in the near future.

Finally, a fundamental element of the ACC's mission is to serve as the voice of its members. While it is certain that the ABIM will begin to implement its planned MOC updates on January 1, we can provide constructive feedback on the process moving forward and suggest changes that can better meet the underlying goals of MOC accreditation, while not posing undue burden on the ACC cardiologist members.

The ACC and its leaders are committed to helping members navigate the very real changes associated with the new ABIM MOC requirements and to minimize the "drawbacks and discomforts" associated with the transition. We are also equally committed to ensuring the ABIM understands the concerns of the cardiovascular community during these changes. We will continue to work with the ABIM on the evolving concepts of physician competence and how best to evaluate it within the context of an individual practitioner's chosen field of work. In this regard, our collaborative relationship with ABIM will continue to expand, which should help us in our goal of making MOC be relevant, useful, educational, efficient, and effective at improving patient care.

At the end of the day, the ACC's mission is to advance cardiologists' knowledge, skills, and attitudes and, in turn, to promote high-value health care and the triple aim of better care, better health, and less cost.

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