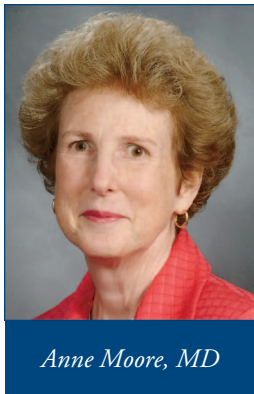


Maintenance of Board Certification to Become Easier, More Flexible in 2006: Evaluating Practice Performance Will Be Integral to the Process

Starting January 1, 2006, board recertification, now known as maintenance of certification, will take on a new character as evaluation of practice performance becomes a requirement. Changes in American Board of Internal Medicine (ABIM) recertification requirements and new ASCO learning programs aim to make the recertification process easier, more flexible, and more efficient.

A major change in process is applicable to those with more than one time-limited certificate (e.g., both medical oncology and hematology) that is scheduled for renewal in 2006 or later. Current diplomates will not have to complete five self-evaluation modules for each subspecialty certificate. Instead, these oncologists will have to earn 100 self-evaluation points, regardless of the number of certificates they renew. Most self-evaluation modules will be awarded 20 points each, so 100 points are equivalent to completing only five modules in all. But 20 of the 100 points must be in evaluation of practice performance—and oncologists must still pass examinations in each subspecialty for which they seek recertification (see *Maintaining Your Certificates in 2006 and Beyond*). This will be a relief for most recertifying oncologists, 81% of whom have multiple certificates—48% have two, 33% have three, and a few (< 1%) have more than three.



Anne Moore, MD

ASCO will also be making the process easier by conducting more interactive workshops similar to what debuted at the 2005 Annual Meeting. The workshops cover one self-evaluation process module with a panel of experts. The attendee will complete the module, submit it to ABIM, and receive credit for one module in the current system or 20 points in the new system. There will be more of these workshops at future Annual Meetings and also

freestanding workshops, such as one this month in Reston, Virginia. “ASCO is committed to make maintenance of certification something that is easier and very valuable,” said Anne Moore, MD, professor of clinical medicine at Weill Medical College of Cornell University and attending physician at New York Presbyterian Hospital in New York City, who is chair of ASCO’s Maintenance of Certification Task Force.

Board certification has been considered evidence of quality, and how to maintain high quality became a question that

ABIM addressed with voluntary recertification in 1974, explained Moore. But volunteers were few. “Then, with organizations such as insurance companies and managed care organizations beginning to look over doctors’ shoulders, it became clear they—and the public—wanted evidence that doctors were keeping up to par,” Moore said, “so ABIM thought it better to do this within the profession. It became clear we had to do some kind of mandatory recertification.”

In 1990, all newly issued ABIM certificates became limited to 10 years. But then, it also became apparent that just taking an exam every 10 years was unlikely to inspire better patient care, said Moore. “It just meant that doctors could pass an exam, which most can do.” ABIM then tried to build recertification around what the practicing physician does every day and what could improve it, she explained. By 1995, ABIM offered the first comprehensive recertification program, and in 2000, that evolved into the program of continuous professional development that was fully implemented last year.¹

Evaluating practice performance has always been an option in continuous professional development. Starting in January 2006, however, earning 20 points in that area will be mandatory, spurred by the growing momentum of the quality movement in medicine. The Institute of Medicine reports on the quality of medical care, especially *To Err is Human: Building a Safer Health System*,² which highlighted the high rate of medical errors in the United States, set the current movement in motion.

Since then, evidence has only grown that quality of medical care needs to be addressed. ABIM Senior Vice President for Research and Development Cary Sennett, MD, PhD, pointed to a recent study by RAND investigators³ suggesting that Americans receive the care they should only about half the time. In addition, a recent meta-analysis showed a consistent relationship between the number of years since a physician had completed training and decreasing physician performance.^{4,5} “That speaks very clearly and very loudly to the need for physicians not only to participate in some meaningful process for lifelong learning, but also to document for the public that their participation has been effective,” said Sennett.

Both ABIM and ASCO are providing tools oncologists can use to fulfill that requirement. Diplomates in any subspecialty can use ABIM’s Peer and Patient module. ASCO is finalizing collaboration with ABIM to allow diplomates to earn practice improvement points with ASCO’s Quality Oncology Practice

Maintaining Your Time-Limited* Certificates in 2006 and Beyond

Be licensed and in good standing.

Within 10 years of certification. . .

. . . complete 100 points of self-evaluation, including

- 20 points[†] in medical knowledge.
- 20 points in practice performance.[‡]
- 60 points of electives— either medical knowledge or practice performance.

. . . pass the examination for each specialty/subspecialty.[§]

*Certificates issued in 1990 and later are time limited.

[†]Current ABIM-approved self-assessment modules are worth 20 points each.

[‡]Quality measurement and improvement programs in a medical group, hospital, or health plan may qualify. Contact ABIM.

[§]Examinations may be completed starting in year 6 after certification.

Source: American Board of Internal Medicine, http://www.abim.org/moc/moc_new.shtml

Initiative. Additionally ABIM will award practice performance points for participation in an established quality measurement and improvement program in a medical group, hospital, or health plan.

Physicians using these tools have found the process very valuable, Sennett pointed out. “Our surveys show physicians learn something important about their practice and say that the time invested was worth it.” Typically, he explained, physicians collect data from a small sample of charts and then collect those data again 3 to 6 months later. “As they review their charts, physicians begin to recognize the information that is so critical to care is not well organized. That typically creates enthusiasm to improve the information-systems environment they work in. Also, physicians often discover that they’re not doing things they thought they were. And that itself is a profound insight, which becomes very motivational.”

Completing a performance assessment usually takes no longer than completing a knowledge module, said Sennett. Because there is no threshold set for performance, you can’t fail—you and your patients can only win.

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