

Why MOC?

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Disclosure and Disclaimer

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Developed the Climate Assessment Tools program for the AMA, a non-profit endeavor to produce tools to measure the quality climate in health care organizations.

Views and opinions expressed are mine alone and should not be construed as statements of the American Medical Association



Goals for Today

- I. What is the rationale behind ongoing, objective assessments of competency?

- II. Does MOC work...
 - I. To demonstrate continued competency?
 - II. To facilitate improvement?

- III. Is it worth it?

The rationale behind ongoing, objective assessments of competency

Historical Basis

- Hippocratic School
 - Combined physicians' scientific and ethical promises
- Injunction to refrain from *intentional* harm the central ethical duty
- *Humility* a core virtue – lifelong study

“Life is short, *the art long*,
opportunity fleeting,
experiment treacherous,
judgment difficult.”

Hippocrates
Aphorisms

A Break from Scientific Humility

The Middle Ages to the Renaissance



The Anatomy Lesson of Dr. Nicolaes Tulp

Thomas Percival (1740-1804)

- Focus on learning and improvement in increasingly complex hospitals
 - Invented clinical rounds, presenting cases in reverse hierarchical order → Teamwork
- Coined terms “medical ethics” and “professional ethics”
- Profession’s “tacit compact” with society

Continuous Learning in Percival's Medical Ethics

“By the adoption of the register... physicians and surgeons would obtain a clearer insight into the comparative success of their hospital and private practice; and would be incited to a diligent investigation of the causes of such difference.”

-Medical Ethics, 1803



Code of Medical Ethics of the AMA, 1847

- An explicit professional *social compact*
 - Obligations to patients, colleagues and community
 - Reciprocity
 - Social/economic rewards for those in the profession in exchange for putting patients' interests first, guaranteed competence of practitioners, and guarding public health
- The birth of “professionalism”
 - First national code of ethics for any profession
 - Explicit shared promises re: education, continuous learning and self-regulation

Inherent Tensions

Professional Standards/Personal Virtues

- AMA Committees set increasingly stringent education and practice standards
- But also...
...”there is no tribunal, other than his [the physician’s] own conscience, to adjudge penalties for carelessness or neglect”

AMA Code, 1847

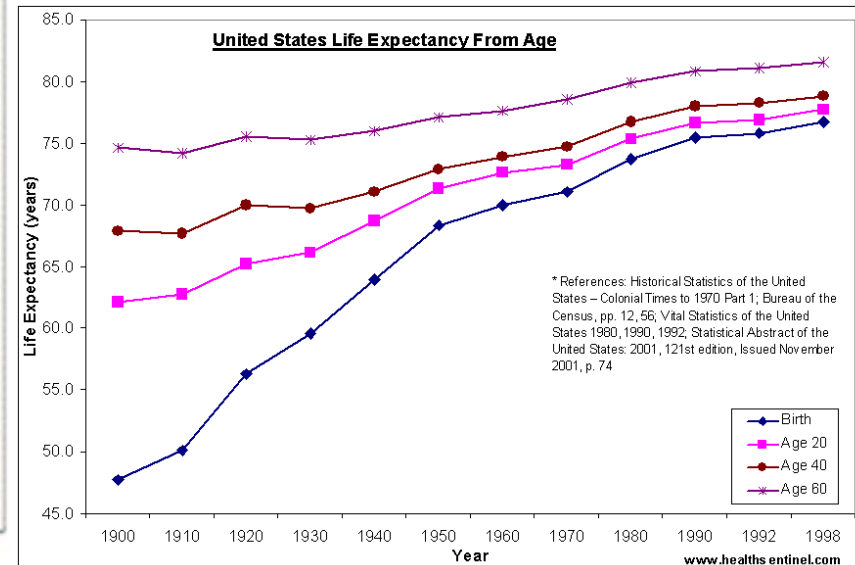
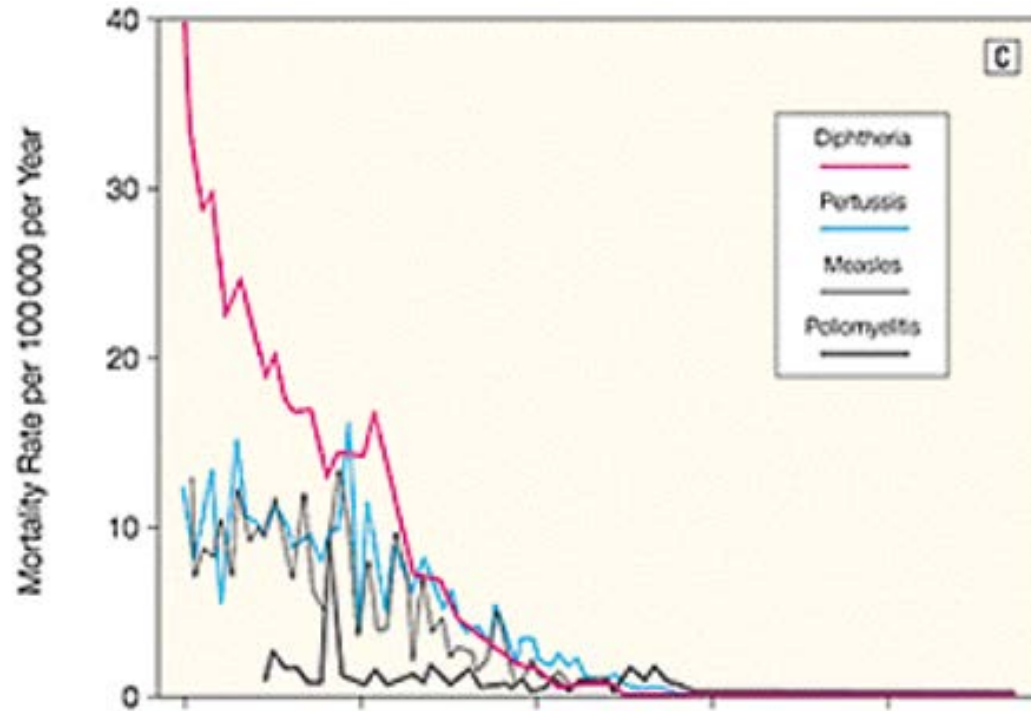




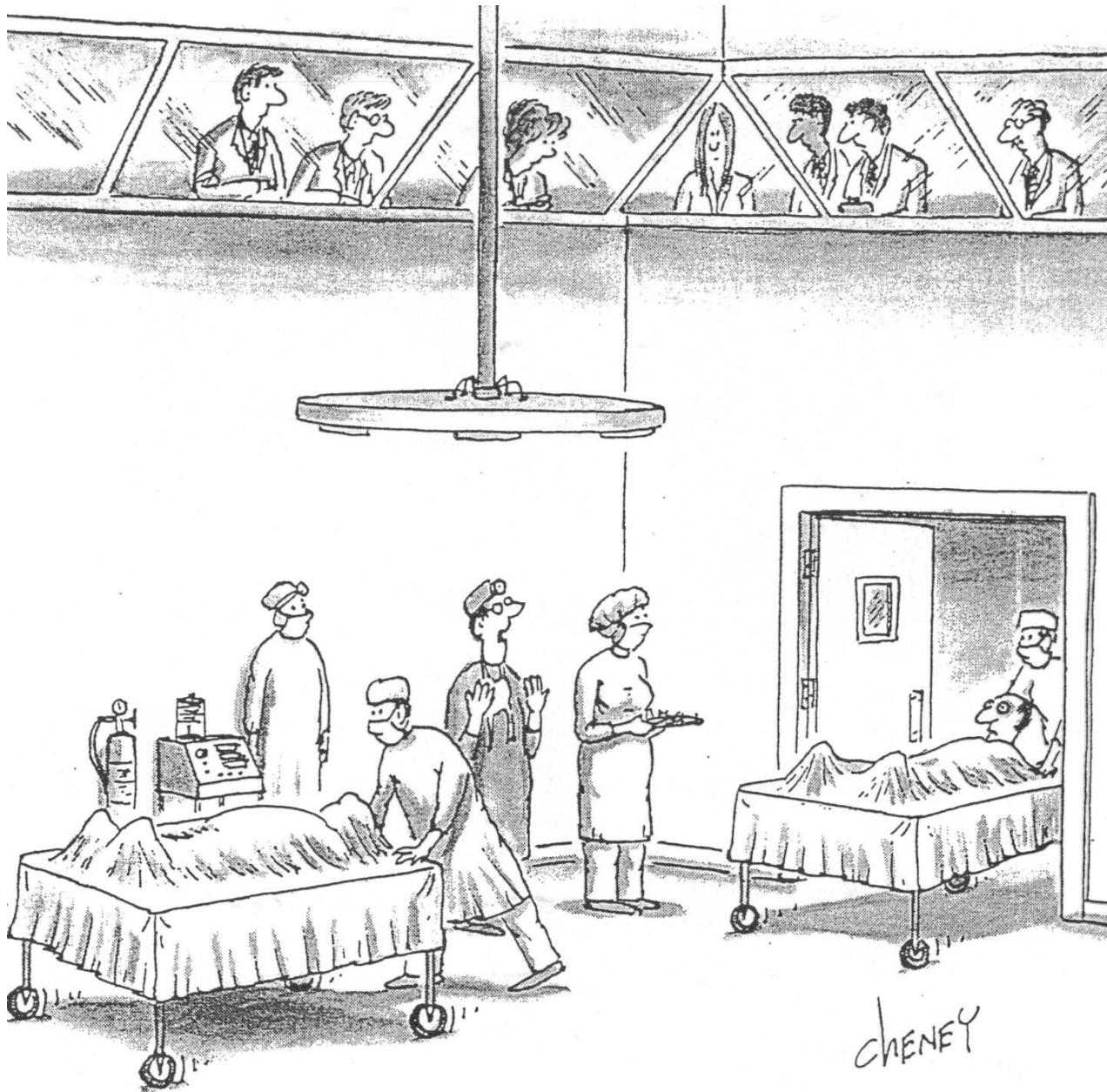
“... the Code is more
what you'd call 'guidelines'
than actual rules.”

Captain Barbossa
Pirates of the Caribbean

Scientific Medicine Brings Awesome Successes



What is the status of our
shared commitment
to lifelong competence
and continuous learning
today?



"Next, an example of the very same procedure when done correctly."

Public Expectations

The public continues to expect rigorous, continuous self-evaluation of physicians – i.e., they take “self-regulation” seriously, and they think we do too.

“...patients pay very little attention to the scorecards and measures that predominate in the quality movement... [instead] the key question that patients ask with regard to quality is, “How do I find a good physician?”

Brennan et al, JAMA 2004



US Public Survey - 2010

- 95% say it's important or very important for physicians to participate in MOC
 - 78% incorrectly believe MOC is mandatory to practice in the US
 - 78% would be “bothered” if their doctor chose not to do MOC; 45% would look for a new MD

What does MOC entail?

- Part I
 - Licensure and professional standing
- Part II
 - Lifelong learning and self-assessment (CME)
- Part III
 - Cognitive expertise (pass a secure exam)
- Part IV
 - Practice performance assessment (QI)

Does C/MOC Work?

- Data are young, but ...
- Board certification the single strongest predictor of higher quality care (Reid, Arch Intern Med, 2010)
 - Though all predictors were pretty weak
- Board certification repeatedly correlated with specific aspects of better primary and specialty care

Does C/MOC Work?

- Higher scores on Board Certification exams correlated with...
 - Higher performance on metrics for chronic care and preventive services (Holmboe, 2010)
 - Better diabetic foot care (Weng 2010)
 - Better quality according to peer assessments (Wenhofer 2009)
 - Decreased risk of future disciplinary action (Papadakis 2008)

Is taking the exam again, and again, worthwhile?

- Less data...
- Time since last certification correlates with declining quality of HTN care (Turchin 2008)
- Better MOC exam scores correlated with better DM care and mammography screening measures (Holmboe 2008; Hess 2012)

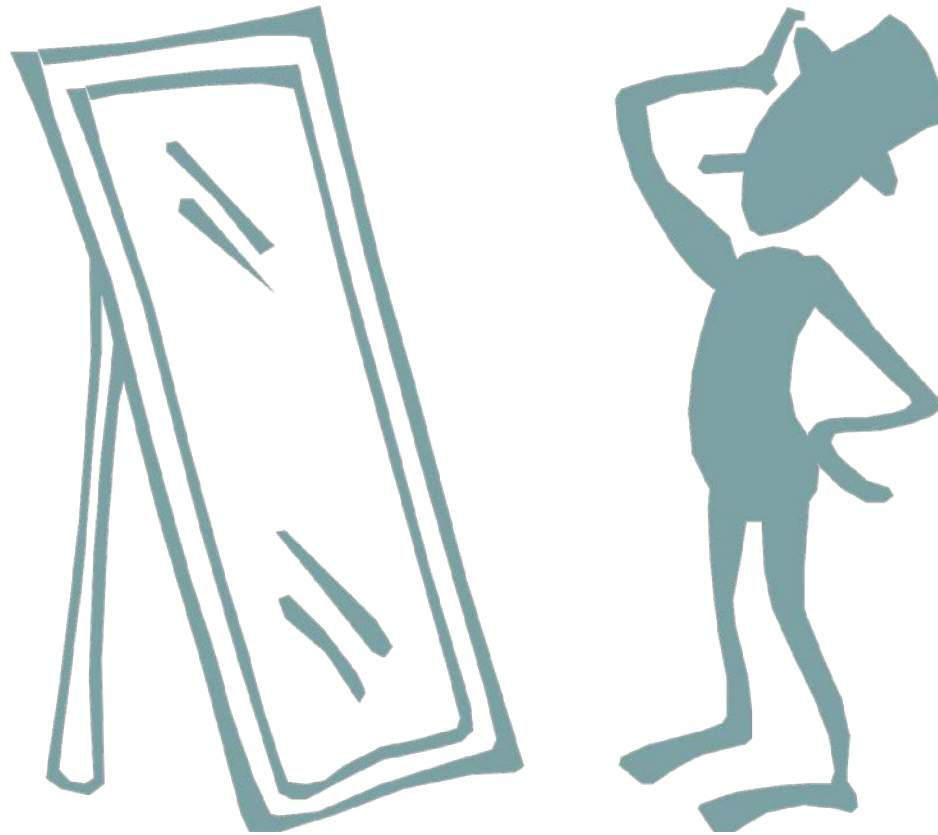
Participating physicians...

- Are unified in supporting the concept
 - 84% would recommend a PIM to a colleague
 - 68% find the ABIM MOC program professionally valuable
- Are often divided on specific methods
- Are worried about alternatives to self-regulation through MOC...

“...in the face of multiple competing efforts to judge physician performance ... if MOC went away, ‘it would be quickly replaced by more regulatory external bodies that ultimately would be more burdensome to physicians’ and would not be led by them.”

Iglehart and Baron, N Engl J Med 2013 (quoting Wachter)

How do I see myself?



“Aside from the regulatory implications, ... [there are] personal benefits... Although I am uncertain whether recertification can be directly correlated to improved medical care and patient outcomes, it does instill personal confidence that as a physician one is doing all one can do to maintain and enhance one's knowledge base in internal medicine.”

Mancuso, N Engl J Med, 2013



Thank You

What questions do you have?

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