Orthopaedic surgeons have robust CME activity and deliver great care!
Where did MOC come from?
What is Maintenance of Certification?

“A process designed to document that physician specialists, certified by one of the Member Boards of ABMS, maintain the necessary competencies to provide quality patient care.”
Evolution of MOC

- Certification
- Re-certification
- Maintenance of certification
Timeline for MOC

• 1934: ABOS – 1\textsuperscript{st} lifetime certificates

• 1986: ABOS initiates recertification
Six core competencies 1999

1. Medical Knowledge
2. Patient Care
3. Interpersonal and Communication Skills
4. Professionalism
5. Practice-Based Learning and Improvement
6. Systems-Based Practice
Part I — Licensure and Professional Standing
Medical specialists must hold a valid, unrestricted medical license in at least one state or jurisdiction in the United States, its territories or Canada.

Part II — Lifelong Learning and Self-Assessment
Physicians participate in educational and self-assessment programs that meet specialty-specific standards that are set by their member board.

Part III — Cognitive Expertise
They demonstrate, through formalized examination, that they have the fundamental, practice-related and practice environment-related knowledge to provide quality care in their specialty.

Part IV — Practice Performance Assessment
They are evaluated in their clinical practice according to specialty-specific standards for patient care. They are asked to demonstrate that they can assess the quality of care they provide compared to peers and national benchmarks and then apply the best evidence or consensus recommendations to improve that care using follow-up assessments.
ABOS MOC Plan

• Developed by ABOS
• Input from AAOS/ABOS Task Force
• Final approval by ABMS December 2005

• Goals
  – Compliance with ABMS requirements
  – Represent the interests of the Public
  – Quality improvement model for Diplomates
To participate in MOC:

- Register with the ABOS (online: www.abos.org)

- **First 6 years:** Complete two 3 year cycles of 120 CME credits (including 20 self assessment credits)

- **Between years 7 – 10:** Complete the credentialing process, exam application, and pass the secure examination.
MOC Timeline – 10 Year Cycle

1. Year 1: 120 CME Credits (20 SAE)
2. Year 2: 120 CME Credits (20 SAE)
3. Year 3: Beginning Case List Collection
4. Year 4: Exam Application
5. Year 5: Exam Computer or Oral
6. Year 6: SIT FOR EXAM

Year 7: Exam Application
Year 8: Exam Computer or Oral
Year 9: Exam Computer or Oral
Year 10: Exam Computer or Oral
Time-limited certificate holders must participate in MOC to maintain certification beyond 10 years. MOC does not change certification status for lifetime certificate holders.
Preparation for the secure examination

• You may apply up to 3 years prior to expiration of your certificate (or at any time if you have a certificate that is not time limited)

• You may opt for an oral exam or a computer administered secure exam

• The secure exam tests practical orthopaedic knowledge relevant to practice.
Written exam options – 4 options

• Option 1: General Clinical Examination
• Option 2: Practice Profiled Examination
  — Adult Reconstruction
  — Surgery of the Spine.
• Option 3: Combined Hand Examination
• Option 4: Combined Sports Medicine Examination
Oral exam option

The oral exam is practice based. 10 cases are selected by the ABOS from a list of all operative cases for a six-month period within the two years prior to the examination.

Specific skills that are evaluated are data gathering, diagnosis and interpretive skills, treatment plan, technical skill, outcomes, and applied knowledge.
Current MOC Participation

Current Registration Numbers (02/13/2013)

• Total Time limited certificate: 16042
• Registered Time limited certificate: 13788 (85.95%)
• Diplomates off the train-2,254 (14.05%)
• Total Time unlimited certificate: 10966
  Registered Time unlimited certificate: 469 (4.28%)
Reporting - ABMS deadlines

• **September 2012**: 18 Member Boards began reporting publicly whether the doctors they certify are meeting ABMS MOC® requirements.

• **Note**: Some Boards are "revoking" or "terminating" certificates of diplomates, who are not meeting MOC milestones (3 month reporting cycle starts in 2014), before the certificate's prescribed termination date. The **ABOS has rejected** this practice.

• ABOS requested and was granted a one year extension until September 2013.
ABMS Public reporting of MOC

- What happens with an ABMS search?
  - Shows the doctor’s name
  - Name of the ABMS Member Board(s) that certifies the doctor
  - The status of all specialty and subspecialty certifications
  - and a “Yes”, “No” or “Not Required” response to the question of whether the doctor is meeting the MOC requirements of that Member Board.
Why is MOC important?

- Public Interest (Safety)
- Professionalism
Self-regulation

Professionals (law, clergy, medicine) have been given the latitude to self-regulate by society.
Other certifying groups

Hospitals, Health Systems, Insurers, the Joint Commission, and State Medical Boards, are beginning to publish and in some cases require MOC participation.
2012 – A new level of focus on MOC at ABOS: Brenda Kulp, MOC Specialist
Brenda Kulp – MOC specialist activity

• **Fielding calls**: Diplomates, Societies, ABMS, AAOS

• **Conferencing with Societies**: SAEs and PIM partnerships and development

• **Communication**: Printed materials and other strategies for enhanced communication.

• **Networking**: ABMS and other Boards for strategy building and updating
Diplomate Outreach

- **Email push**: reminders go out at 1 year, 6 months and 3 months from due date for any deadlines coming up.
- **Email for those with missing documentation**: may offer extended date to send.
- **Email for missing deadlines**: for diplomates in their last chance year for taking the recertification exam.
- **Changes in deadlines**: immediately communicated by email to all affected Diplomates.
- **Participation status**: collaboration with AAOS to secure identifiers to assist with login creation.
AAOS partnership

- AAOS/ABOS committee
- AAOS Now
- MOC courses
- Review courses
- Web page interaction
BOS/BOC Outreach

• Distribution of slide deck to leadership
• Myriad presentations by Directors to BOS/BOC audiences
Information: SAE and PIM’s
SAE Application

The American Board of Orthopaedic Surgery
A member board of the American Board of Medical Specialties

APPLICATION INSTRUCTIONS ABOS APPROVED Self Assessment Examinations (SAE)

Guide for describing and submitting Self Assessment Examination activities for approval by the American Board of Orthopaedic Surgery (ABOS) as a Maintenance of Certification (MOC) activity.

Questions regarding completion of this application:
Brenda Kulp: 919-929-7103

Submit application and required documents electronically:
Brenda Kulp
ABOS MOC Specialist
bkuulp@abos.org

Application Deadlines:
May 1 Submission for June 15 ABOS response
November 1 Submission for December 15 ABOS response

The initial review and approval process takes approximately 6 weeks. During this time, ABOS may request additional information which could increase the time to approval notification.

APPLICATION DOCUMENT

Date of Application
Name of Organization/Institution making application
Examination Title

Applicant Contact Information
Name
Organization
Address
City, State, Zip
Phone
Fax
E-Mail Address
Website
Category 1 CME provider and contact

1. Purpose of Program

A. Describe how this program identifies and provides feedback to a candidate regarding areas of study where Orthopaedic surgeons would benefit from additional education that aids in the development of a study plan to facilitate lifelong learning. What is the planning process? Who developed the program? What are their credentials and current positions? Name of CME Office granting approval of application for Category 1 CME? What is the goal of the program? Which specialties of orthopaedics are addressed?

B. Describe how the program aids in the development of read-study-learn plans. How are candidates advised of the area(s) that they did the most poorly in communicated? How are candidates directed to focus their self-study efforts on those particular topic areas? Will there be cited literature as part of the feedback? Will the program provide presentations on-site as follow-up on areas covered by the pre-test? What study materials (if any) will be distributed?

2. Qualification for SAE Credits

A. Describe how the program meets the requirements of being developed by independent, knowledgeable question writers using the best possible evidence in creating quality questions. Who will develop and coordinate the program elements? Who is the planning committee? What are their credentials, specific orthopaedic specialty? How are questions and/or lecture material developed?

B. Describe how the questions were edited for consistency in terminology and how they were prepared to have a similar “look”.

C. Describe the panel of questions writers who reviewed and revised the final examination.

D. Describe how the material in the exam was rated for relevance, readability and accuracy.

E. Provide an answer key with validated answers and recent citations.

F. Describe the process for how the examination will be scored and returned to the candidate.
   i) Describe how and when the feedback with correct answers and discussions/citations/logic will be provided.
   ii) Describe how the score report will include peer performance measures.
   iii) Describe how performance will be scored and compared to the chance score and how candidates will be notified if the CME will be recorded on the AAOS portfolio.

G. Will the SAE meet the requirements for achieving ACCME approval for a minimum of ten Category I credits per activity? (Approximately 100 questions is a 10 credit exam)

Please provide a copy of the document of Category 1 CME approval. ABOS requires that draft of brochures/ and other advertisement sources be submitted to ABOS before printing. ABOS requires a draft of the certificate of SAE be submitted to ABOS before printing. These documents may be sent electronically or attached to this application.
American Academy of Orthopaedic Surgery (AAOS)
Arthroscopy Association of North America (AANA)
American Society for Surgery of the Hand (ASSH)
American Orthopaedic Society for Sports Medicine (AOSSM)
Journal of Bone and Joint Surgery (JBJS)
College of Neurological Surgeons (CNS)
Orthopaedic Trauma Association (OTA)
New York State Society of Orthopaedic Surgeons (NYSSOS)
The Western Orthopaedic Association (WOA)

In process:
Association of Arthritic Hip and Knee Surgeons
Knee Society
California Orthopaedic Association (UCSF-Orthopaedic Trauma)
Southeastern Fracture Consortium
APPLICATION AND INSTRUCTIONS FOR PROPOSAL SUBMISSION
Performance Measurement Program for Practice Improvement
Guide for developing and submitting quality improvement activities for approval by the American Board of Orthopaedic Surgery (ABOS) as a Maintenance of Certification (MOC) activity.

Questions: Brenda Kofte, MKofte@abos.org, 919-929-7103

Submit application and required documents electronically:
Brenda Kofte, RIN RN
ABOS MOC Specialist
MKofte@abos.org

Application Deadlines:
May 1 Submission for June 15, ABOS response
November 1 Submission for December 15, ABOS response

The initial review and approval process takes approximately 6 weeks and can vary depending on the need for additional information.

APPLICANT INFORMATION
PIM Title/Topic/Diagnosis
Sub-Specialty
Name of contact
Organization Name
making application
Address
City, State, Zip
Fax
E-Mail Address of contact
Website
Category 1 CME provider and contact

06.09.2012 BK rev.

A. Describe how this proposed PIM satisfies Part IV of the Maintenance of Certification process. Describe how proposed PIM allows a diplomat to assess performance in practice in a specific orthopaedic specialty and topic/diagnosis. What is the specific orthopaedic topic/diagnosis identified in the proposal? Which specialties of orthopedics are addressed? How does this activity improve outcomes?

B. Developers of PIM should be ABOS certified and be approved by their specialty society to qualify as authors. Who developed the program? What are their credentials and current positions? Include Bio-sketches for Project Leaders/Leaders experience and expertise relevant to quality improvement. Provide names and associations of the faculty members responsible for developing the activity.

C. Describe how proposed PIM allows a diplomat to review an aspect of practice.

Is this proposal for Full PIM, Abbreviated PIM or Focused case-list? What elements being required in case list data collection? Include with this or instructions to be included on the abos.org website and a flow diagram of activities takers as moving through the activity.

D. Describe how proposed PIM allows a diplomat to compare their peers.

How is normative data collected and where is it stored? How are benchmarks being data analyzed? How are comparative outcomes communicated? Provide examples using tables, charts, graphs, or other performance data participants.

E. Describe how a diplomat may obtain education about best practices.

Provide any available examples of tools provided to participant to develop to achieve the target improvement goals. Will there be literature a feedback? How are normative data and benchmarks translated into education applicable for a diplomat to obtain education about best practices? How does a diplomat obtain CME about best practices for specific topic/diagnosis?

06.09.2012 BK rev.
Current Approved PIMS

• Hammertoe- AOFAS: Renewal Date:03/29/2016
• Carpal Tunnel-ASSH: 06/2017
• Distal Radius Fracture-Treated Operatively-AAOS: Renewal:2017
• Distal Radius-Treated Non-Operatively-AAOS: Renewal:06/17/2017
• Glenohumeral Joint Osteoarthritis-patients treated operatively-AAOS: Renewal 06/17/2012
• Patellofemoral Pain Syndrome-AOSSM:08/01/2017
• Pediatric Supracondylar Humerus Fractures-POSNA:04/20/2017
PIMs in Application Pipeline

Adolescent Idiopathic Scoliosis-SRS Society
Adult Scoliosis-SRS Society
Chronic Ankle Instability-AOFAS/OTA
Knee Arthroscopy-Meniscal Repair-ABOS
Knee Arthroscopy-Partial Menisectomy-ABOS
Lumbar Disc Herniation-NASS
Lumbar Spinal Stenosis-NASS
Malleolar Fracture-AOFAS/OTA
Project 2017: reshape Part IV
Performance in Practice
ABOS priorities: Part IV

• Incorporate assessment of outcomes
• Avoid "add on" incremental work
• Should be objective, reflective and non-punitive
• Actively encourage surgeon involvement
• Include hospital system care improvement
Menu of options: Practice Performance Assessment

- Quality/safety
- Practice Improvement Modules (PIM)
- Registry participation
- Portfolio project
- Case lists
- Patient reported outcomes (CAT)
- Meet ABMS requirements with “orthopaedic appropriate activity”
Registries

• **In development**: criteria for Registries and alternative pathways for PQRI credits
  – AJRR
  – NASS
  – POSNA
  – others
Common acronyms at ABOS

- ABMS – American Board of Medical Specialties
- ABOS – American Board of Orthopaedic Surgery
- ACGME - Accreditation Council for Graduate Medical Education
- CME – Continuing medical education
- MOC – Maintenance of Certification (Professional function)
- MOL – Maintenance of Licensure (State function)
- PIM – Practice Improvement Module (part of MOC)
- SAE – Self-assessment examination