



ABMS Maintenance of Certification® (ABMS MOC®) **Myths & Facts**

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A primary mission of the American Board of Medical Specialties (ABMS) is to maintain and improve the quality of care by assisting the 24 Member Boards in their efforts to develop and utilize professional and educational standards for the certification of physicians. The intent of both the Board Certification process and Maintenance of Certification (MOC) is to assure the public that a physician certified by an ABMS Member Board has successfully completed an approved educational program and rigorous evaluation process that contributes to lifelong learning and a higher quality of care. Currently, ABMS Member Boards certify nearly 800,000 physicians in the United States. Moreover, more than 375,000 physicians currently participate in an ABMS MOC program.

MYTH : The benefits of the ABMS MOC® program are not based in evidence.

FACT: *ABMS provides an Annotated Bibliography and other resources that highlight research studies and articles supporting the value of Board Certification and MOC.*

The ABMS Member Boards' MOC requirements are anchored in evidence-based guidelines, national clinical and quality standards and specialty best practices. Because the MOC program is relatively new (as it has been introduced gradually during the past the last decade), we don't yet have evidence that results from decades of gathering data, but the data are emerging. Early studies show a link between MOC and improved clinical performance and outcomes by participating physicians. Physician engagement in MOC activities has been associated with enhancement in clinical competence, improvement in care processes and the gathering of valuable patient feedback. (See articles in List 1 on page 4.)

Furthermore, many of the learning methods used in MOC programs have a firm grounding in research and a demonstrated ability to address physician competencies in practice-based learning and improvement. The latest principles in adult learning are incorporated into MOC activities, such as self-directed practice improvement modules (PIMs) and interactive workshops. Most of our Member Boards use PIMs or incorporate similar approaches in their performance improvement activities. (See articles in List 2 on page 5.)

These studies reinforce prior research that has shown a positive link between initial ABMS Board Certification and quality of care. The latter range from lower mortality rates for patients with acute myocardial infarction and colorectal surgery to improved preventive care services for Medicare patients when such care is delivered by a Board Certified specialist. (See articles in List 3 on page 5.)

MYTH : Participation in MOC costs too much.

FACT: *Physicians who participate in the ABMS MOC program make a commitment to their patients and a professional investment in themselves. On average, across the 24 ABMS Member Boards, MOC participation costs \$500 per year.*

ABMS acknowledges that participation in Member Boards' MOC programs places expectations on physicians. Representing oneself as an ABMS Board Certified physician to the public and the health

care community is a privilege that is associated with effort. Physicians participating in MOC commit to, and complete, a substantive program of learning and assessment. MOC participation represents both dedication and hard work on the part of the physician in order to remain current in his or her specialty and provide up-to-date care for patients. The investment of time and effort in MOC activities is expected to yield tangible dividends for patients - better health care, fewer medical errors and improved patient safety. For physicians it means improvement in all the competency domains targeted and developed throughout a physician's training: professionalism, patient care and procedural skill, medical knowledge, practice-based learning and improvement, interpersonal communication skill and system-based practice. There is financial cost, as well. The average cost of participation in an MOC program across the 24 Member Boards is \$500 per year. These fees are determined at the discretion of each of the 24 ABMS Member Boards, based on the needs of their physician specialists. ABMS and the Member Boards continue to work to provide MOC programs that are rigorous and relevant as well as provide value to the physicians engaged in the MOC process.

MYTH: MOC is not voluntary and will be a mandatory part of Maintenance of Licensure (MOL).

FACT: *Participation in the MOC program is voluntary and there is no intent to make it part of MOL.*

While both MOL and MOC value the concept of lifelong learning and continued professional development, they are separate and distinct programs. It's true that the Federation of State Medical Boards (FSMB) has recommended that physicians participating in MOC activities be recognized by state medical boards as being in substantial compliance with MOL. However, physicians seeking licensure have other options, outside of MOC, that they can use to comply with MOL. Of course, the benefit of having MOC recognized as being in compliance with MOL is that physicians will not have to duplicate other continuous professional development requirements that they may already be involved in. Some states have begun to implement administrative rules consistent with FSMB's recommendation. But it is ultimately up to each state licensing board's discretion to make that determination. Moreover, FSMB does not, and will not, require specialty certification or recertification for licensure or license renewal. Rather, the MOC program will be one option for participating physicians to fulfill their MOL requirements.

MYTH : Participation in the MOC program does not mean physicians are qualified nor does it ensure patients will have better outcomes.

FACT: *ABMS recognizes that regardless of the profession – whether it is health care, law enforcement, education or accounting – there is no certification that guarantees performance or positive outcomes. However, Board Certification by an ABMS Member Board is a reliable indicator of a physician's training and competence to care for patients within a particular specialty. The ABMS MOC program is an extension of that training and competence.*

After achieving initial Board Certification, a significant threshold in demonstrating competence and knowledge, the ABMS MOC program requires physicians to continually participate in activities that demonstrate professionalism, commitment to lifelong learning, periodic completion of closed-book examinations, and assessment of practice performance and demonstrated improvement in performance. The evidence, which shows physicians who keep current do provide better quality care and have improved outcomes as measured by Board Certification and engagement in MOC activities, continues to grow. (See articles in Lists 1 and 3.) Additionally, the ABMS Board Certification process is becoming an increasingly important indicator for patients, hospitals, insurers and others within the health care industry for assessing a physician's competence in a given medical specialty.

MYTH : No lifetime certificate holders (“grandfathers”) are participating in MOC programs.

FACT: *Most physician diplomates who are lifetime certificate holders, that is, they were Board Certified prior to a certain year (specified by each Board), are not required to participate in an ABMS MOC program, but that doesn’t mean they aren’t. In fact, many are.*

Today, there are more than 375,000 physicians actively involved in ABMS Member Board MOC programs, including a significant number of lifetime (sometimes referred to as non-time-limited) certificate holders. For example, nearly two-thirds of physicians holding lifetime certificates from the American Board of Obstetrics and Gynecology and nearly 30 percent of those from the American Board of Allergy and Immunology are participating in MOC activities. More than 3,000 American Board of Pediatrics lifetime certificate holders are meeting MOC requirements, and feedback from participants has been overwhelmingly positive.

It is projected that by 2020, 93 percent of Board Certified physicians will hold time-limited certificates and be engaged in ongoing MOC activities. Many senior physicians who hold lifetime certificates are serving in administrative roles and are not involved in direct patient care, while others are nearing retirement.

ABMS and its Member Boards encourage all Board Certified physicians to take advantage of their Boards’ MOC programs to show they are striving to achieve the highest standards and demonstrate to patients their commitment to quality care.

MYTH : Patients and physicians don’t care about MOC; only ABMS does.

FACT: *For nearly 80 years, ABMS has been a reliable and trusted resource for consumers and health care professionals seeking information about physician qualifications. These key constituencies look to ABMS to uphold the high standards of Board Certification and the ABMS MOC program.*

With regard to patients, a consumer study conducted by ABMS in 2010 demonstrated that 95% of patients believe that it is important for their physicians to maintain their certification. Patients not only expect their doctors to engage in continuous learning and assessment, but many assume that there is an external entity monitoring their participation. In addition, 84 percent of respondents would take some form of action if they found out their physician does not maintain certification, including looking for a new physician or ceasing to refer family and friends to that physician. Patients and family members routinely check their physicians’ certification status at www.CertificationMatters.org; more than one million searches were conducted in 2011 alone. (See articles in List 4 on page 6.)

Regarding physicians, studies have shown that specialists believe in the value of MOC. Specifically, specialists believe that those providing patient care should maintain certification. Many say that a main reason for participation in MOC is to update their knowledge. Physicians report that their experience with components of MOC, such as PIMs and examinations, has been beneficial. Among the cited benefits are identifying areas for improvement in practice, providing valuable patient feedback and generating high quality performance data. (See articles in List 5 on page 7.)

Other major medical associations also recognize the value of the ABMS MOC program. Among those in support of MOC are:

- [Accreditation Council for Graduate Medical Education \(ACGME\)](#)
- [American Hospital Association \(AHA\)](#)

- [American Medical Association \(AMA\)](#)
- [Association of American Medical Colleges \(AAMC\)](#)
- [Council of Medical Specialty Societies \(CMSS\)](#)
- [Educational Commission for Foreign Medical Graduates \(ECFMG\)](#)
- [Federation of State Medical Boards \(FSMB\)](#)
- [The Joint Commission](#)
- [National Board of Medical Examiners \(NBME\)](#)

Many of these organizations have developed important relationships and collaborations with ABMS to facilitate the growth and acceptance of Board Certification and ABMS MOC programs as a leading indicator of quality and efficacy for health care delivered in this country.

For example:

- Working with the U.S. Congress led to the recognition of the ABMS MOC program as one of the ways physicians can meet the continuous learning requirements of the Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (PQRS).
- The Blue Cross Blue Shield Association (BCBSA), the trade association for the independent, locally operated BCBS Plans in the United States, is working with ABMS to explore the use of claims data to inform ABMS MOC program assessment activities.
- In partnership with the AMA, ABMS convened the Physician Consortium for Performance Improvement (AMA-PCPI) with a focus on developing practice measures for ABMS MOC quality improvement.

List I: Articles That Support MOC

Duffy FD, Lynn LA, Didura H, Hess B, Caverzagie K, Grosso L, et al. Self-assessment of practice performance: development of the ABIM practice improvement module (PIM). *J Contin Educ Health Prof* 2008;28(1):38-46.

Hess BJ, Weng W, Holmboe ES, Lipner RS. The association between physicians' cognitive skills and quality of diabetes care. *Acad Med* 2012;87(2):157-63.

Hess bj, Weng W, Lynn LA, Holboe ES, Lipner RS. Setting a fair performance standard for physicians' quality of patient care. *J Gen Intern Med* 2010;26(5):463-73.

Holmboe ES, Meehan TP, Lynn L, Doyle P, Sherwin T, Duffy FD. Promoting physicians' self-assessment and quality improvement: the ABIM diabetes practice improvement module. *J Contin Educ Health Prof* 2006;26(2):109-19.

Holmboe ES, Wang Y, Meehan TP, Tate JP, Ho SY, Starkey KS, et al. Association between maintenance of certification examination scores and quality of care for medicare beneficiaries. *Arch Intern Med* 2008;168(13):1396-403.

Mandel KE, Kotagal UR. Pay for performance alone cannot drive quality. *Arch Pediatr Adolesc Med* 2007;161(7):650-5. (An ABP MOC-approved Part IV activity.)

Miles PV. Maintenance of certification: the profession's response to physician quality. *Ann Fam Med* 2011;9(3):196-7.

Miller MR, Griswold M, Harris JM II, Yenokyan G, Huskins C, Moss M. Decreasing PICU catheter-associated bloodstream infections: NACHRI's quality transformation efforts. *Pediatrics* 2010;125(2):206-12. (An ABP MOC-approved Part IV activity.)

Turchin A, Shubinna M, Chodos AH, Einbinder JS, Pendergrass ML. Effect of board certification on antihypertensive treatment intensification in patients with diabetes mellitus. *Circulation* 2008;117:623-8.

List 2: Studies That Support Learning Methods Used in MOC Program Activities

Davis D, Evans M, Jadad A, Perrier L, Rath D, Ryan D, et al. The case for knowledge translation: shortening the journey from evidence to effect. *BMJ* 2003;327:33-5.

Duffy FD, Lynn LA, Didura H, Hess B, Caverzagie K, Grosso L, et al. Self-assessment of practice performance: development of the ABIM practice improvement module (PIM). *J Contin Educ Health Prof* 2008;28(1):38-46.

Hagen MD, Ivins DJ, Puffer JC, Rinaldo J, Roussel GH, Sumner W, et al. Maintenance of certification for family physicians (MC-FP) self assessment modules (SAMs): the first year. *JABFM* 2006;19(4):398-403.

Holmboe ES, Cassel C. Continuing medical education and maintenance of certification: essential links. *The Permanente Journal* 2007;11(4):71-5.

Holmboe ES, Lipner R, Greiner A. Assessing quality of care: knowledge matters. *JAMA* 2008;299(3):338-40.

Holmboe ES, Meehan TP, Lynn L, Doyle P, Sherwin T, Duffy FD. Promoting physicians' self-assessment and quality improvement: the ABIM diabetes practice improvement module. *J Contin Educ Health Prof* 2006;26(2):109-19.

Oyler J, Vinci L, Arora V, Johnson J. Teaching internal medicine residents quality improvement techniques using the ABIM's practice improvement modules. *J Gen Intern Med* 2008;23(7):927-30.

Thomson O'Brien T, Freemandle N, Oxman AD, Wolf F, Davis DA, Herrin J. Continuing education meetings and workshops: effects on professional practice and health care outcomes. *Cochrane Database Syst Rev* 2001;(2):CD003030.

List 3: Articles That Support Board Certification (Published After 2000)

Brennan TA, Horwitz RI, Duffy FD, Cassel CK, Goode LD, Lipner RS. The role of physician specialty board certification status in the quality movement. *JAMA* 2004;292(9):1038-43.

Chen J, Rathore SS, Wang Y, Radford MJ, Krumholz HM. Physician board certification and the care and outcomes of elderly patients with acute myocardial infarction. *Journal of General Internal Medicine* 2006;21:238-44.

Curtis JP, Leubbert JJ, Wang Y, Rathora SS, Chen J, Heidenreich PA, et al. association of physician certification and outcomes among patients receiving an implantable cardioverter-defibrillator. *JAMA* 2009;16:1661-70.

Hanson KL, Butts GC, Friedman S, Fairbrother G. Physician credentials and practices associated with childhood immunization rates: private practice pediatricians serving poor children in New York City. *Journal of Urban Health* 2001;78:112-24.

Holmboe ES, Weng W, Arnold GK, Kaplan SH, Normand SL, Greenfield S, et al. The comprehensive care project: measuring physician performance in ambulatory practice. *Health Serv Res* 2010;45(Pt 2):1912-33.

Khaliq AA, Dimassi H, Huang CY, Narine L, Smego RA. Disciplinary action against physicians: who is likely to get discipline? *American Journal of Medicine* 2005;118:773-7.

Kohatsu ND, Gould D, Ross LK, Fox PJ. Characteristics associated with physician discipline: a case-control study. *Archives of Internal Medicine* 2004;164:653-8.

Masoudi FA, Gross CP, Wang Y, Rathore SS, Havranek EP, Foody JA, et al. Adoption of spironolactone therapy for older patients with heart failure and left ventricular systolic dysfunction in the United States, 1998-2001. *Circulation* 2005;112:39-47.

Norcini JJ, Kimball HR, Lipner RS. Certification and specialization: do they matter in the outcome of acute myocardial infarction? *Acad Med* 2000;75(12):1193-8.

Norcini JJ, Lipner RS, Kimball HR. Certifying examination performance and patient outcomes following acute myocardial infarction. *Medical Education* 2002;36:853-9.

Orler RL, Friedberg MW, Adams JL, McGlynn EZ, Mehrotra A. Associations between physician characteristics and quality of care. *Arch Intern Med* 2010;170(16):1442-9.

Pham HH, Schrag D, Hargraves JL, Bach PB. Delivery of preventive services to older adults by primary care physicians. *JAMA* 2005;294(4):473-81.

Prystowsky JB, Bordage G, Feinglass JM. Patient outcomes for segmental colon resection according to surgeon's training, certification, and experience. *Surgery* 2002;132(4):663-70.

Sharp LK, Bashook PG, Lipsky Ms, Horowitz SD, Miller SH. Specialty board certification and clinical outcomes: the missing link. *Acad Med* 2002;77(6):534-42.

Silber JH, Kennedy SK, Even-Shoshan O, Chen W, Mosher RE, Showan AM, et al. Anesthesiologist board certification and patient outcomes. *Anesthesiology* 2002;96:1044-52.

List 4: The Public Supports MOC

American Board of Medical Specialties. Facts about the ABMS consumer study: lifelong learning and other qualities in choosing a doctor [PDF]. ABMS;2011.

American Board of Medical Specialties. Facts about the 2008 ABMS consumer study: how Americans choose their doctors [PDF]. ABMS;2010.

Brennan TA, Horwitz RI, Duffy FD, Cassel CK, Goode LD, Lipner RS. The role of physician specialty board certification status in the quality movement. *JAMA* 2004;292(9):1038-43.

Freed GL, Dunham KM, Althouse LA. Characteristics of general and subspecialty pediatricians who choose not to recertify. *Pediatrics* 2008;121(4): 711-7.

List 5: Physicians Support MOC

Freed GL, Dunham KM, Althouse LA. Characteristics of general and subspecialty pediatricians who choose not to recertify. *Pediatrics* 2008;121(4): 711-7.

Holmboe ES, Cassel C. Continuing medical education and maintenance of certification: essential links. *The Permanente Journal* 2007;11(4):71-5.

Holmboe ES, Lipner R, Greiner A. Assessing quality of care: knowledge matters. *JAMA* 2008;299(3):338-40.

Holmboe ES, Meehan TP, Lynn L, Doyle P, Sherwin T, Duffy FD. Promoting physicians' self-assessment and quality improvement: the ABIM diabetes practice improvement module. *J Contin Educ Health Prof* 2006;26(2):109-19.

Lipner RS, Bylsma WH, Arnold GK, Fortna GS, Tooker J, Cassel CK. Who is maintaining certification in internal medicine—and why? A national survey 10 years after initial certification. *Ann Intern Med* 2006;144:29-36.

Miles PV. The future of maintenance of certification: a reaction to the paper by Kevin B. Weiss, MD. *JABFM* 2010;23(Suppl):542-5.

Miles PV. Maintenance of certification: the profession's response to physician quality. *Ann Fam Med* 2011;9(3):196-7.

About ABMS

The 24 Member Boards that comprise the ABMS Board Enterprise and certify nearly 800,000 physicians include the: American Board of Allergy and Immunology, American Board of Anesthesiology, American Board of Colon and Rectal Surgery, American Board of Dermatology, American Board of Emergency Medicine, American Board of Family Medicine, American Board of Internal Medicine, American Board of Medical Genetics, American Board of Neurological Surgery, American Board of Nuclear Medicine, American Board of Obstetrics and Gynecology, American Board of Ophthalmology, American Board of Orthopaedic Surgery, American Board of Otolaryngology, American Board of Pathology, American Board of Pediatrics, American Board of Physical Medicine and Rehabilitation, American Board of Plastic Surgery, American Board of Preventive Medicine, American Board of Psychiatry and Neurology, American Board of Radiology, American Board of Surgery, American Board of Thoracic Surgery and American Board of Urology.