

## FROM THE SOCIETY: PART I

## Maintenance of Certification (MOC): Options for Meeting Your Practice Assessment Requirements

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Since the American Board of Internal Medicine (ABIM) changed requirements for maintenance of certification (MOC) in 2014, many of us are navigating these new rules. In a recent *SGIM Forum* article, Eric Green, MD, chair of the MOC Task Force, described the MOC process. SGIM members participating in MOC must complete some MOC activity every two years, accumulate 100 MOC points every five years, and pass a secure exam every 10 years. Of the 100 points, physicians must earn at least 20 points each in medical knowledge and practice assessment and meet requirements in patient safety and patient voice every five years. Completing some medical knowledge modules will satisfy the patient safety requirement. Some ABIM Practice Improvement Modules® (PIMs) meet patient safety requirements or include a patient survey that meets the patient voice requirements. This article will address the various options, including activities you may already be engaged in, for meeting the practice assessment requirement.

If you remember one thing from this article, remember that you may be able to use a quality improvement project you are already involved in as a way to meet the practice assessment requirements. Why not get a twofor for your efforts? There are four basic ways to do practice assessment (Figure 1):

1. **Complete an ABIM PIM.** The ABIM Practice Improvement Modules® available at [www.abim.org/pa](http://www.abim.org/pa) include 20 options focused on defined illnesses (e.g. asthma, diabetes,

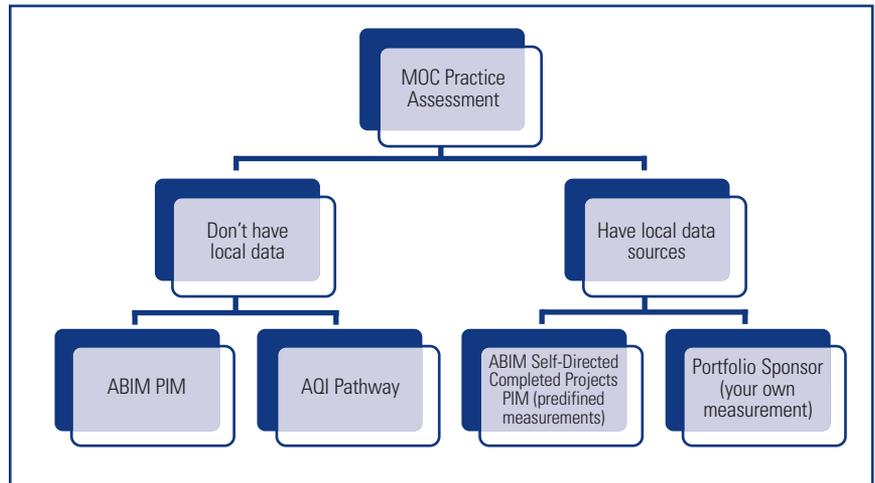


Figure 1. MOC Practice Assessment

hypertension) or aspects of practice (e.g. prevention, care coordination, communication). These web-based modules will guide you through collection of data on your patients, analysis, implementing improvement, and then reassessment. Modules that count toward the patient safety or patient voice requirements are identified on the ABIM website, and additional options for meeting these requirements will be introduced in the future. PIMs are designed to be used by individuals, groups, or within training programs. For the group options, each participating individual in the group must review charts and enter data.

2. **Complete an Approved Quality Improvement (AQI) Pathway activity.** ABIM offers the AQI pathway, whereby third-party activities sponsored by other professional organizations are approved to meet the practice

assessment requirement. Be aware that there may be additional fees to pay to the sponsoring organization. Both the AQI pathway and PIMs above require you to generate your own data through practice review, though you may already have patient data through disease registries involved in some AQI activities.

3. **Complete a self-directed or completed project PIM.** Most SGIM members work in large organizations and have access to local data on common performance measures (e.g. disease-specific measures, patient satisfaction, etc.), whether in aggregate or for the individual physician. These data can form the basis for submitting a self-directed or completed project PIM to ABIM. The self-directed project PIM is a prospectively performed quality

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improvement (OI) project involving at least three clinical quality measures selected from the ABIM Measures Library (available on the ABIM website at <http://www.abim.org/measures-library.aspx>) covering at least 25 patients. Baseline data must be available for the most recent 12 months. An intervention is carried out, and post-intervention data are reviewed on only one of the measures. The completed project PIM also requires data on at least three measures from the Measures Library covering at least 25 patients; improvement efforts must focus on at least one of the measures. These projects must have been completed within the last 24 months. Both the self-directed and completed project PIMs require participants to describe their involvement in the improvement project. You can leverage for MOC credit the quality improvement work you are already doing.

4. *Participate in a quality improvement program sponsored by one of the multi-specialty MOC portfolio program organizations.* Finally, a growing number of health care organizations are becoming multi-specialty MOC portfolio program sponsors (31 as of the date of writing). If you belong to one of these organizations (<http://mocportfolioprogram.org/approved-portfolio-sponsors/>), you have the option of proposing your own project to your local sponsor. If approved and completed in an acceptable way, the portfolio sponsor can grant you practice assessment credit. The advantage here is flexibility. You are not confined to pre-defined performance measures and can work on projects important to your group or organization. Also, because multiple specialty boards are part of this process, you may collaborate across specialty lines and have the project count for all involved physicians regardless of specialty board certification. The

portfolio option allows institutions to ensure that MOC activities performed by their physicians enhance and do not distract from institutional goals.

All of the above options can be completed collaboratively, thus potentially enhancing the utility/impact of the exercise. The ABIM is very responsive to questions about the MOC process and practice assessment (<http://www.abim.org/online/contact.aspx>).

There has been considerable concern from the physician community about the stringency and costs of the MOC program. ABIM has been revisiting its practice assessment requirement in response to feedback from a number of physician groups. Regarding MOC, a recent communication from Steven Weinberger, MD, of the American College of Physicians stated: "ABIM is re-designing the process to provide additional pathways to meet the requirement and focus more on measurement and improvement activities."

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