How Survey Research Can Engage the Diplomate Community

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Mission Statement

“The American Board of Surgery serves the public and the specialty of surgery by providing leadership in surgical education and practice, by promoting excellence through rigorous evaluation and examination, and by promoting the highest standards for professionalism, lifelong learning, and the continuous certification of surgeons in practice.”
Value of MOC

- Multiple studies demonstrating value of MOC
  - Quality of care
  - Costs
  - Surgeon disciplinary actions (pending)
Value of MOC

Association Between Maintenance of Certification Examination Scores and Quality of Care for Medicare Beneficiaries

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Association Between Imposition of a Maintenance of Certification Requirement and Ambulatory Care-Sensitive Hospitalizations and Health Care Costs

Archives of Internal Medicine, 168:13; 1396-1340. July 2008; JAMA, 312:22; 2348-2357
Family Physician Participation In MOC - quote from Conclusion

The penetrance of MOC engagement shows that MOC has the potential to convey substantial practice-relevant medical information to physicians. Thus, it offers a potential channel through which to improve health care knowledge and medical practice.

References:

Controversy

● MOC in a changing landscape
  ○ Other ABMS boards are revamping their MOC requirements
  ○ Anti-MOC legislation
  ○ Diplomate resistance to high-stakes exams
  ○ Perception that MOC does not add value for practicing surgeons
Controversy

Viewpoint
April 2017

Maintenance of Certification—A Prescription for Improved Child Health

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MOC Decredentialing Role Strikes Sparks at AMA Meeting

Ken Terry
June 15, 2017

Medscape Coverage from the American Medical Association (AMA) 2017 Annual Meeting

Medscape VIDEO NEW Explore Now

X
In January 2014, the American Board of Internal Medicine (ABIM) changed its certification policies for physicians. Instead of being listed by the ABIM as “certified,” physicians are now listed as “certified, meeting maintenance of certification (MOC) requirements” or “certified, not meeting MOC requirements.” MOC requirements include ongoing engagement in various medical knowledge, practice-assessment, and patient-safety activities, on which physicians are assessed every 2 years, and passage of a secure exam in one’s specialty every 10 years.
Controversy

- Social Media

- American College of Surgeons Communities
  - “Once I studied, I really did learn new things”
  - “Needs to be focused to my practice”
  - “Too Complicated”
  - “Costs too much”
  - “Why do we have to do this”
Controversy

- JAMA- Drolet/Tandon Letter  Sept 2017
- Line 24a IRS Form 990-$0.7 M exam administration fee
- Pearson Vue Fee ONLY
- Travel, hotel, food, ABMS dues, rent, office expenses, personnel, telephone, electricity, internet,
- VOLUNTEERS
- Expenses $10.2M
- Revenue $9.8M
- LOSS $0.4M
Objectives:

- Review current Maintenance of Certification (MOC) program for areas to improve
- Outline plan for “redesign”
- Discuss objectives and how to reach them for MOC
- Review interaction with the diplomates
Background

- Adult Education and Learning
- Frequent testing of material
- Repetition of curriculum
- “Test Enhanced Learning; Redefining the Role of Testing in Education” Douglas P. Larson, MD, MEd
Background

● Current MOC Part III process
  ○ 225 MCQs
  ○ Broad-based exam
  ○ 5 hours
  ○ 16-17 day exam window
  ○ Pass rate ~ 95%
  ○ Key validation review process
  ○ Substantive standard maintained via equating
  ○ 3 opportunities to pass exam (Years 8, 9, and 10)
Background

● Changing MOC
  ○ ABS wants to take evidenced-based approach to changing MOC program
    □ Use of surveys in a more continuous manner
    □ Review of operative logs
    □ Engagement with diplomates via professional meetings and town-hall style meetings
Phase 1 Survey

• Purpose was to gather diplomate perceptions about current MOC process

• Survey distributed to 5,000 randomly selected diplomates with active certificates
  ○ Received 1,576 responses (32.2% response rate)

• Asked surgeons about preferred modularity (versus a broad-based general surgery exam)
Modularity

- 79% of surgeons preferred modularity in their exam because it would relate more to their daily practice.
- Surgeons were able to select from 4 options for modularity (straw-men).
Module Choice
Reasons for maintaining certification
Prioritization of Issues to Address
Summary

- **Key Takeaway**
  - More practice-focused assessment
  - Cost considerations

- **Next steps**
  - Clarify frequency of assessment considering stakes and administration
  - Engage diplomates in practice for their input
Phase 2 Survey

- Follow up about what diplomats think should be assessed, the stakes of assessment, and frequency of assessment
Content Coverage
Module Content
Preferred Pathway
Frequency
Summary

- Diplomates want assessments to cover both core and practice-specific content
  - Article-based assessments were not highly endorsed

- Diplomates prefer shorter, more frequent, open-book assessments
  - 10-year option was selected at the lowest frequency
  - Lower-stakes
Additional Engagement Efforts

- ABS representatives are engaging at society meetings
  - Town halls and sessions
Way Forward

- **FLEXIBILITY**
- Modularity
- Enhance Learning-Critiques and references
- Alignment of Multiple Certificates
  - Pediatric Surgery/General Surgery
  - Congenital Cardiac/Cardiothoracic
Informed Decisions

- Develop concepts for changes to program
- Identify areas for improvement
- Gather stakeholder feedback
- Implement operationally

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Questions?

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