ABIM & ABFM Reveal Benefits of MOC Prep in a “Study of Studying”

Aimee R. Eden, PhD, MPH
Beth Hansen, BA

American Board of Family Medicine
Our co-investigators and research team:

**ABIM**
- Benjamin Chesluk, PhD
- Bradley Gray, PhD
- Lorna A. Lynn, MD
- Siddharta G. Reddy, PhD
- Beth C. Bernabeo, MPH
- Michele Johnson
- Rebecca Lipner, PhD

**ABFM**
- Lars E. Peterson, MD, PhD
Presentation Outline

• Study Background
• Methodology
• Preliminary Results
• Conclusions
• Q&A
Presentation Objectives

• Learn about the ABIM-ABFM study design, including the recruitment process that ensured a representative sample
• Identify common approaches physicians use to prepare for the MOC exam, as well as their costs
• Hear examples of knowledge gains and practice changes that resulted from physicians preparing for the MOC exam
Study of Studying

Background
Background: Research Questions

What do/don’t boards know about studying for MOC?
• Physician experience
• Impact on physician knowledge
• Impact on patient care

What are preconceived ideas about the MOC exam?
• Studying for MOC exams helps keep physicians up-to-date
• Exam requirement is a necessary incentive to make physicians study
Background: What do we already know?

• Study (Gray et al., JAMA 2014) of changes in Medicare patient practice patterns of general internists, before vs. after ABIM’s MOC requirement introduced in 2001, found reductions in:
  ◦ Overall costs (2.5%)
  ◦ Referrals to specialists
  ◦ Costs associated with lab and imaging tests

• Increased guideline compliant mammography testing (Gray 2017 working paper)

How did participation in MOC lead to changes in physicians’ practices?
Background: Study Purpose

To understand physician experience with MOC exam preparation.

- If and how exam preparation activities could affect patient care
- The level of effort physicians exert in the exam preparation process
Study of Studying

Methodology
Methodological Approach

Exploratory, qualitative approach
  • Semi-structured interviews

Collaboration across boards
  • Ability to compare physician perspectives
Methodology: Sample & Recruitment

Population
• Primary care general internists and family physicians who took Spring 2016 or Fall 2016 MOC exam

Recruitment Approach
• Physicians recruited through iterative process designed to maximize response rates and to ensure representative sample
  ◦ Gender
  ◦ Opinion of MOC exam
  ◦ Pass/Fail
Methodology: Recruitment, Interviewing, Coding

1. Iterative Recruitment

2. Semi-Structured Interviews

   - What did you do to prepare for the exam?
     - Probe for:
       - How did you choose this approach?
       - How did your process of preparing for the exam compare with what you normally do to stay up to date?

3. Coding in Teams

   - Aimce: If you think about that particular maintenance of certification exam, can you tell me a little bit about what you did to prepare?

   - Dr. S.: I actually did the board review course in Washington, D.C. and then about 10 days before the actual exam I took time off and went over all of those notes.
Methodology: Interview Topics

- Nature of practice
- Studying approach & materials
- Costs of studying – money & time
- How studying compares with normal “keeping up”
- What was learned
- How knowledge affected patient care
- General reflections – on MOC exam process, MOC overall
Study of Studying

Preliminary Results
Results: Time Devoted to Studying

• Substantial time spent studying for the exam
  ◦ 78 of 80 physicians devoted extra time to studying
  ◦ 66 of 80 started studying at least 2 months before the exam

• Organization of time varied
Results: Approaches to Studying

• Variety of materials & approaches:
  ◦ Self-directed study materials
  ◦ Journals
  ◦ Live courses
Results: Studying vs. Normal “Keeping Up” Process

• “Keeping up” driven by patient needs

I’m constantly on UpToDate….Whatever critical questions come up in the clinic…we’ll review on UpToDate.

I see patients and when I don’t know about something adequately I go to UpToDate …or talk to specialists about management of that problem …. [It’s] pretty much all patient-care-driven.
Results: Studying vs. Keeping Up

• Studying is broader in scope & more time-intensive

  **Before boards, I’m much more religious about making sure I read the entire magazine, not just the articles that I’m interested in.**

  ABFM\FP.S16.I.P.VA.101716.AE.2539

  **I really just focused on… things to really study for a test, more than things that would just change my practice.**

  ABFM\FP.S16.I.P.MN.101816.BH.0830

• Feeling of “cramming” for the exam

  **I don’t usually cram, like the whole AAFP five days of trying to drink out of a fire hydrant.**

  ABFM\FP.S16.I.P.PA.102516.BH.3576
Results: Impact of Studying Time

• Studying impacts personal life (often significantly)

  *It consumed my life for over two months.*

  ABFM\FP.S16.I.P.CO.101116.BH.4077

  *With me and my wife both preparing for the boards, it was really hard on the kids.*

  ABIM\GI.F16.I.P.TX.031317.BC.8234.9

• Practice time is more protected

  *My practice, no. Because I just had to get that done.*

  ABFM\FP.S16.I.P.WI.101116.AE.1374
Results: Knowledge Gained & Patient Care

• 67 of 80 physicians reported gaining knowledge relevant to their patient care

• 65 of 80 described concrete examples of knowledge gained relevant to their patient care
Results: Examples of Practice Change

• Current treatment guidelines

I would say that I was using statins way more before, and now, with the ASCVD calculator, it is not as often... I have noticed the difference in patients that I would have otherwise said, “Yes, I should use them,” and now, “No”... I think it is making me more specific on who I’m using statins on.

[ABIM:GI.S16.I.P.TX.111016.BC.2059]

The cholesterol treatment modality... that’s the biggest thing that completely revolutionized my practice, because I have 40-year-olds with an LDL of 160 and I used to treat all those guys, and now I’m just like, “Don’t.”

[ABFM:FP.S16.I.P.MD.010317.AE.8090]
Results: Examples of Practice Change

• Expansion of physician’s role (reduced need for referrals)

_The more I know, the better I am able to work with patients to get them through things without necessarily having to involve a specialist…_

ABFM\FP.S16.I.P.MD.111116.AE.1495
Results: Examples of Practice Change

• Increased confidence

*The recertification process gives you confidence in yourself, that you know the evidence that’s strongest right now… I want my patients to know that even as I approach my 70th year of life… that I'm still as current as the doctor who just got out of training.*

ABIM\GI.F16.I.P.NJ.033117.BC.11683.4
Results: Irrelevant & Outdated Information

• Some (especially FM) reported being tested outside scope of practice

  *Some of the questions I thought were just stupid… I just thought, “I’m never going to do this. This is not relevant to my practice.”*

  ABFM\FP.S16.I.P.WI.101116.AE.1374

• Some reported having to memorize answers they thought were incorrect

  *There were sections I felt that… lagged behind a little bit on what's the latest advancement in that field.*

  ABIM\GI.F16.I.X.IN.041417.BC.9618.58
Study of Studying

Conclusions
Conclusions (Tentative, Analysis Still in Process)

Studying for MOC exams requires effort
• Most physicians expended substantial effort studying for MOC exams, beyond what they normally do to keep current

Physicians perceive studying may affect patient care
• Most described concrete ways knowledge gained from studying may have improved patient care

Very little difference across boards
Future Research

• **Deeper dive with our data analysis**
  ◦ Personal life impacts by gender
  ◦ Differential impact by age or years since initial cert
  ◦ Examples of changes in clinical practice

• **More research is needed to explore**
  ◦ How generalizable are these findings?
  ◦ Do practice changes improve health outcomes?
  ◦ Changing exam environment

• **Possible follow-up studies**
  ◦ With subspecialists and/or credentialists
  ◦ Survey to test hypotheses developed in study
Thank You!

Aimee R. Eden aeden@theabfm.org
Beth Hansen ehansen@theabfm.org
Benjamin Chesluk bchesluk@abim.org
Bradley Gray bgray@abim.org