The ABR, The Specialty Board Movement, and You

James P. Borgstede, MD, FACR
President-Elect

- ABR of the future
- ABMS and specialty boards in the future
- Megatrends in certification, regulation, and payment within healthcare and the effect on you
Thanks

- Gary Becker and ABR staff
- David Laszakovits
- Jennifer Bosma
ABR of the Future

• Increased demands to demonstrate relevance of certification

• Increasing expectations of accountability to our patients and to our diplomates, public advocates, and the ABMS
  – ABR has established advisory committees

• Increased demands from a more robust American Board of Medical Specialties (ABMS), e.g.
  – public reporting
  – board eligibility
  – continuous MOC
Transparency, Accountability, and Public Reporting of:

- Operations
- Finances
- Executive compensation policies
- Exam validity and reliability
- Aggregate candidate/diplomate exam performance data-MORE LATER
To Whom Is the ABR Responsible?

- Payers
- ABMS
- Patients
- Public
- Diplomates
- Public interest groups
ABR In Evolution

1. From lifetime certificates (LTC) → time-limited certificates (TLC) → maintenance of certification (MOC) and a lifelong professional relationship with the ABR.

2. Testing: From an oral exam to a computer-based exam (CBT).

3. Trustee-driven small operation → large enterprise critically dependent on volunteer committees
March 2000: MOC components were developed by The American Board of Medical Specialties (ABMS).

ABR completed all required MOC elements for radiology in January 2007.

Now >18,000 ABR diplomates enrolled (includes all disciplines: DR, RO, MP).
Many challenges

- Value of MOC (to diplomates, patients, various stakeholders)
- Explaining requirements of an evolving program (esp. PQI)
- “Double standard”: Perceived unfairness of grandfathering
- Engaging leaders as role models
LTC→TLC & MOC

Aligning MOC to alleviate diplomates’ burdens

- Continuous certification and “meeting requirements”
- Group MOC and whole practice discount

MORE LATER

- PQRS and MOC reimbursement. CMS now receptive to ABMS board MOC programs (because of low participation in PQRS).
Small trustee-driven ABR → Larger ABR critically dependent on volunteers & staff

- ~900 non-trustee volunteers
  - Item writers
  - Committee members
  - SAM reviewers
  - Advisory Committees (India, IC, MOC, FP)
  - Oral examiners
    - Will have ~400 just this year
Staff Educational Achievements

- 59 approved FTE positions; 53 filled
  - 5 PhDs
  - 2 MDs
  - 1 DO
  - 17 Master’s Degrees
  - 37 Bachelor’s Degrees
Role of ABMS & Specialty Boards in the Future
Role of Specialty Boards in Era of Healthcare Reform

How will Boards and their MOC programs adapt?

By changing from... to...

...measuring what candidates/diplomates know ...measuring what they do.

“...a culture of pedigree” “a culture of improvement” ¹

¹Norman Kahn, CMSS, NQF-ABMS meeting, April 29, 2009
ABMS of the Future

More robust
More legislatively active
Continuous MOC rather than 10-year cycles
Involvement and promotion of institutional MOC
Significant presence of primary care boards in ABMS governance
Competition from rogue organizations for stature
Recent ABMS Actions Affecting the ABR and Our Diplomates

- ABMS reporting of diplomate status
  - Board eligibility
  - Meeting MOC requirements
- Continuous MOC
ABMS Timeline Leading to the Current Public Reporting Requirement

March 2009: ABMS BOD adopted a standards document that included a call for ABMS to make info about cert. status dates and MOC participation status available to the public.

June 2010: ABMS BOD approved a two-part resolution:
(1) approved public display by ABMS starting Aug 2011.
(2) format: participating in MOC? Yes/No –
   participating = enrolled in the MOC program and meeting requirements –
   to learn more about requirements of MOC program of board XXX, please click here.
Public Reporting Timeline, continued

May 2011: ABMS MOC Meeting: National Credentialers appeared as guests and stated they needed a binary indicator, i.e., the ABMS planned reporting of “enrolled” or even “participating” was not going to be useful or actionable.

May 2011: ABMS MOC Meeting: Am Bd Pediatrics submitted a written proposal that the language previously approved by the BOD for public reporting be changed to “meeting the requirements of MOC” or “not meeting the requirements of MOC” – this was passed by the ABMS BOD in June 2011.
Public Reporting Timeline, continued

This form of binary reporting has unintended consequences for boards with lifetime-certified diplomates. Therefore, it was recognized that the boards needed time to create communications and reach out to their diplomates, some of whom would likely want to enroll in MOC, rather than have their names appear as “not meeting requirements of MOC.”

For this reason, ABMS offered extensions of one year to boards who wanted more time to for communication – June 2011.

ABR’s request for the maximum one-year extension was granted, with a deadline of August 1, 2012.
ABMS Public Reporting

Includes all 24 ABMS Member Boards
Starts August 1, 2012 (7 already reporting)

Binary status
Meeting MOC requirements
Not meeting MOC requirements

No lifetime certificate status
Link to Member Board website for additional information
About Public Reporting

ABMS has publicly reported since it originated. The medical community continually faces a balance in healthcare between quality and access. The goal of the medical community in reporting should be the reporting of valid relevant data. If not us then who:
Goals of ABR in ABMS Public Reporting

Accuracy

Completeness

Timeliness
ABR Response to ABMS Public Reporting Requirements

- ABR online verification statuses of board eligibility
  - Enrolled, not yet eligible for certification
  - Board eligible
  - Not certified; not board eligible
ABR Response to ABMS Public Reporting Requirements

ABR online verification of MOC status

- Planned availability August 1, 2012

- Link from ABMS site to ABR site for further clarification

- ABR site provides the “full story”
  Background info regarding lifetime certification
  Diplomate look-up tool
  Immediate, current diplomate status
ABR Online Verification of Certification Status

For diplomates:
- Certified, meeting the requirements of MOC
- Certified, not required to participate in MOC (lifetime status)
- Certified, not meeting the requirements of MOC
- Not certified; certificate lapsed

Lifetime-certified with MOC subspecialty
- Reported as “meeting requirements” as long as they are current
Continuous Certification

What is Continuous Certification?

- No change in requirements or fees
- Certificates have no “end dates.”
  - Instead are contingent on participation in MOC
- Annual “look-backs” of MOC status:
  - Part 1 (licensure) – past year
  - Part 2 (CME/SAM) – past three years
  - Part 3 (exam) – past 10 years
  - Part 4 (PQI) – past three years
- Fees – past two years
Continuous Certification Transition

- Applies to diplomates newly certified 2012 or after
- Phased in for diplomates renewing their MOC certifications
- Diplomates may elect to participate at any time
Advantages of Continuous Certification

Diplomates with two or more certificates can synchronize MOC cycles (merge into a single process).

No limit to number of credits earned/year

Built-in “catch-up” period of one year – still certified

More difficult to get behind and fall into non-compliance

Aligns reporting more closely with CMS, TJC, institutions, state licensing boards
Megatrends in certification, regulation, and payment within healthcare and the effect on you
Movement away from concerns for access

Movement away from payment for service and toward payment for quality

An integration of traditional specialty societal economic efforts, e.g., ACR, with future expectations on ABMS member boards, e.g., ABR, as objective verifiers of quality

Healthcare continues to increase as percentage of GDP, and all payers are looking for ways to save money.

Movement toward improvement in quality, decreasing costs, improving delivery

There is a fusion of medical economics, quality, safety, and reimbursement, which may or may not improve patient care.
Mission of the American Board of Radiology

“To serve patients, the public, and the medical profession. . .”

“. . .by certifying that its diplomates have acquired, demonstrated, and maintained a requisite standard of knowledge, skill, and understanding. . .”