Ask the Director:
How Is the ABR Aligning MOC with Your Life?

By Gary J. Becker, MD, ABR Executive Director

Okay, you never really wanted to participate in MOC. In fact, you never wanted to have to think about the ABR after you passed your certifying exam. But the world has changed, and you find yourself participating. You probably wish that the ABR would just make meeting all the requirements very simple and easy. That way, you’d be able to focus on rendering safe, high-quality care and taking steps to improve your practice performance, all without giving much thought to your certification status. If this is how you feel, you should know that as the ABR Board of Trustees modifies and improves the MOC program, that vision is precisely what is motivating them and bringing about the changes you desire.

Perhaps you practice in a large group. You wish that by simply participating in a department-wide or division-wide practice quality improvement project, you could get your MOC Part IV (PQI) credit as an individual. Done. Now you can easily find on the ABR website the instructions, template, and rules for group PQI projects, as well as the requirements for meaningful participation that enable an individual to earn credit by participating in a group project.

Perhaps you don’t even know how to get started on a PQI project, but you know you don’t have extra time to devote to creating a “science project.” Then the new PQI content on ABR’s website is just for you. It provides a step-by-step walk through the process that should leave no one wondering what to do or how to attest to what he or she has done.

Perhaps your group expects you to earn the MOC:PQRS incentive bonus for participating in MOC. ABR has made this easy for you, too, by becoming the only organization that is qualified to attest on your behalf that you have earned the bonus (or in future years, avoided the penalty). From the myABR home
page, click on “Optional Programs” to find the path to MOC:PQRS. You will find that for any practice year in which you apply to earn the bonus, you must earn 30 Category 1 CME credits, one-third of which must be self-assessment CME (see below for explanation of AMA’s new definition of self-assessment CME). In the same year, you must also complete a PQI project and a patient-experience-of-care survey. Many different types of surveys done at the departmental or institutional level suffice to fulfill this requirement. If you have any questions about how to participate, just contact the ABR office at ABRMOC@theabr.org.

*Maybe you just can’t remember or don’t want to be bothered to get online periodically and check where you stand* with your medical license(s), CME credits, attestation to the steps you have completed in PQI, or fee payment. This seems like a great deal of busywork. In fact, because you have so many partners in your group who collectively have so much busywork, your group has had to hire two new administrative assistants to keep up with licensure, insurance, hospital credentialing, delineation of clinical privileges, and MOC. If this is close to a description of you and your practice group, then you should know that ABR has developed just the thing for you: a Group Practice Administrator online tool designed specifically to enable one or more group practice administrator(s) (GPAs) to manage the MOC data for a number of physicians in a given group or an entire group.

As soon as a physician signs an online agreement that provides the GPA with access to his or her MOC data, the account can be managed by the GPA from that point forward. The only requirement is that the physician must sign onto his or her own account at least once per year to verify that the data are correct. And to ensure privacy, if the physician does not want the GPA or anyone else to have access to his or her MOC exam results, there is an opt-out feature that takes care of that. This new online tool is in beta testing now and is expected to be ready for wider use by about mid-2013. As an added incentive to participate in MOC, groups that have all members participating will receive a 10 percent discount on MOC fees beginning in January 2014. This Whole Practice MOC Discount has only two requirements: everyone in the group must be enrolled in MOC, and the group must use the MOC Group Practice Administrator online tool.

*No one likes to take an examination.* But a secure proctored examination remains the standard for MOC Part III. As long as you must take one, wouldn’t it be nice if you could take one tailored to your practice concentration, rather than one that includes many aspects of practice that are irrelevant to you? If you feel this way, then you should know that of all the specialties under the American Board of Medical Specialties (ABMS), not a single one has developed a practice-profiled modular exam as tailored to individual practice as that of diagnostic radiology. And diagnostic radiology is not the only ABR discipline that has committed to practice-profiled MOC examinations. The radiation oncology trustees are now in the planning stages for just such an offering. The available choices may not precisely fit how
you actually apportion time (percentages) in your practice, but you will be able to achieve a close approximation. On your exam day, you will automatically be assigned the correct set of modules. Password-protected exam results are provided for you online, generally several weeks after the MOC Exam.

If you are a diagnostic radiologist, you may be asking yourself, “Why doesn’t the ABR administer these exams in the Pearson VUE or Prometric commercial exam centers, so taking them will be more convenient for the diplomates?” Naturally, when ABR began to plan for its MOC exams, offering a distributed examination was on the top of our list of priorities. However, due to a variety of technical limitations that are beyond the scope of this article, we were forced to abandon that option. And, for several other reasons, exam administration in hotels or other temporary quarters on a periodic basis proved to be unfeasible or inadvisable. Ultimately, considering staffing needs, cost, convenience, networking, and display capabilities, etc., the ABR ended up in its two new exam centers in Chicago and Tucson. While the Board of Trustees wants to be able to offer widely distributed MOC Exams by the end of 2018, there are several key hurdles we must still surmount.

*If you have a lifetime certificate from the ABR and are contemplating entering MOC,* but are concerned about losing your certificate by failing an examination or by not meeting the requirements of MOC, relax. It is impossible for anyone to take your ABR certificate away, unless a state or jurisdiction in which you practice has taken disciplinary action against your license.

**The ABR and the American Board of Medical Specialties are aiming to align MOC with your practice life in several other key ways.** One is by working with the Federation of State Medical Boards on Maintenance of Licensure (MOL). As states begin to move toward a more robust system of re-licensure, we are working to ensure that by satisfying your MOC requirements in your specialty, you also will have satisfied your requirements for MOL. Second, as the federal government implements healthcare reform, CMS must transform the current system of physician reimbursement to a new system based on several types of measures: outcomes, efficiency, and patient experience-of-care. To do so, CMS needs a range of value-based payment modifiers that will be based on the best, most appropriate, and carefully selected measures. And CMS is turning to the specialty boards, including ABR, asking us to help them identify the most important things to measure. You should know we are committed to working with the ACR, SIR, ASTRO, and others to ensure that only the most important and appropriate measures are recommended.

Now you have learned at least a few ways in which the ABR is working to align MOC with your practice life. If you have any questions, please remember to email us at abrmocp@theabr.org.