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MAINTENANCE OF CERTIFICATION UPDATE

Rebecca L. Johnson, MD, FCAP
CEO, American Board of
Pathology

Chad R. Rund, DO, FCAP
Chair, CAP New in Practice
Committee

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Speaker Disclosure

In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the product(s) or provider(s) of the service(s) that will be discussed in my presentation.

Rebecca L. Johnson, MD, FCAP

- CEO, American Board of Pathology (ABP)
- 11 year ABP Trustee
- Former Chair of Pathology and Clinical Labs and Director of Pathology Residency Training Program at Berkshire Health Systems, Pittsfield, Mass.



Chad R. Rund, DO, FCAP



- Chair, New in Practice Committee
- Anatomic and Clinical Pathologist
- Head of Gastrointestinal Pathology Services, Aurora Diagnostics, Greensboro Pathology Laboratories, Greensboro, NC

The American Board of Pathology (ABP) Maintenance of Certification (MOC) Program

- Why is MOC required?
- What is the ABP MOC Program?
- What is required for MOC?
- Who should participate?
- Summary

Why is MOC required?

- Developed by the 24 member boards of the American Board of Medical Specialties.
- Replaced recertification.
- Certification should be a continuous process and involve more than an examination.

ACGME/ABMS Six Core Competencies

- **Medical Knowledge**
- **Patient Care & Procedural Skills**
- **Practice-based Learning & Improvement**
- **Systems-based Practice**
- **Interpersonal & Communication Skills**
- **Professionalism**

ABP-MOC Requirements

- **Part I: Professionalism and Professional Standing**
 - Possess a full, unrestricted medical license in US or Canada
 - Practice outside US or Canada – full, unrestricted license in the local jurisdiction where he/she practices.
 - Document medical staff membership and privileges
 - Or submit a description of their practice.
 - Report to ABP every two years.

ABP-MOC Requirements

- **Part II Life-Long Learning and Self-Assessment**
 - 70 Category 1 CMEs each 2-year period
 - 20 of 70 credits must be Self-Assessment Modules (SAMs).
 - The ABP approves CME providers to offer SAMs, not individual SAMs. Providers designate which activities are SAMs. Certificates should reflect both CME and SAMs credit.
 - *NOTE: All SAMs are Category 1 CME; not all Category 1 CMEs are SAMs.*

ABP-MOC Requirements

- **Part II Life-Long Learning and Self-Assessment**
 - Report at 2-year intervals beginning at the end of the 2nd year after certification.
 - Credit for fellowship training
 - ABMS-approved patient safety course required beginning in 2012.
 - Random audits of Part II activities with documentation.

ABP MOC Requirements

Part III-Assessment of Knowledge, Judgment, and Skills

- **Discussed in webinar session #2**
- **Tuesday, November 4**
- **12 pm CDT**

ABP-MOC Requirements

- Part IV – Improvement in Medical Practice
 - Part IV MOC requirements are based on CLIA
 - Quality assurance, performance improvement, continuous quality improvement, etc.
 - Evaluations - 360°
 - ABP certified pathologist
 - Credentials Committee, CMO, COS
 - Board-certified physician in another specialty
 - Technologist or Pathologist's Assistant

ABP-MOC Requirements

- Part IV: Improvement in Medical Practice
- Laboratory accreditation
 - CMS
 - The Joint Commission
 - College of American Pathologists
 - AABB
 - ASHI
 - NAME
 - State of _____
 - Other

ABP-MOC Requirements

- **Part IV: Improvement in Medical Practice**
 - **Inter-laboratory performance improvement/quality assurance**
 - **Part of accreditation process (proficiency testing)**
 - **Activities available through societies**

ABP-MOC Requirements

- **Part IV: Improvement in Medical Practice**
 - **Individual diplomate participation in performance improvement/quality assurance**
 - Cytopathology proficiency examination
 - Laboratory accreditation inspector
 - Society-sponsored activities
 - » Slide review program
 - » Other educational activities

ABP-MOC Requirements

- **Part IV: Improvement in Medical Practice**
 - **Individual diplomate participation in performance improvement/quality assurance**
 - Patient Safety course
 - Program/fellowship director
 - Institutional/departmental activity
 - » Part IV approval form on ABP web site
 - **Reported every 2 years.**

Participation in ABP-MOC

- Diplomates who have a time-limited certificate must participate in MOC
- Diplomates certified in 2006 or later
- Certified in a subspecialty in 2006 or later, required only for the subspecialty
- Public reporting of MOC status

ABP-MOC

- Certification “lapses” if MOC requirements are not met.
- 2 year reporting intervals; deadline 1/31 of the 3rd year after certification. Example: 2014 diplomate - first report by 1/31/17.
- Continuous certification.
- Fees:
 - \$50 annual fee, paid at time of reporting
 - Per diplomate, not per certificate.

ABP-MOC Report Cycles

- Every 2 years based on the year of the primary/earliest certificate
- Certificates can be synchronized
- Part II CME/SAMs and Part IV activities can be used for all certificates

ABP-MOC

- Diplomates may maintain AP, CP, subspecialty, or all, but this may change
- Continuous certification
- If a diplomate relinquishes a certificate, it may be reinstated within 5 years by participation in MOC activities in that area.
- After 5 years, the diplomate must retake the initial certification examination in order to regain certification in that area.
- **TAKE HOME MESSAGE—KEEP YOUR CERTIFICATION!**

ABP-MOC Participation Non-Time Limited Diplomates

- Encouraged to participate in MOC
- Not required to participate.
- Participation in MOC does not jeopardize the original certification.
- Same schedule as new diplomates certified in that year.
- First report due after 2 years.

ABP-MOC Participation

Non-Time Limited Diplomates

- If secure examination is required for a state medical license, they can take the MOC examination and then begin the MOC cycle.
- They may opt out of MOC at any time.
- If they begin the MOC process, withdraw, and wish to re-enter at a later date, all MOC reporting since the initial enrollment must be brought up to date before the diplomate will be considered to be participating in MOC.

ABP-MOC Participation

- 3rd party payers or credentialing committees may require participation.
- Participation in MOC qualifies for incentive payment through MOC:PQRS.
- The Federation of State Medical Boards has approved a MOL program for which MOC will be accepted.
- MOC meets licensure CME requirements in 9 states.

ABP-MOC Participation

Clinically Inactive

- Clinically inactive-defined by ABMS as not practicing for 2 years.
- Notify ABP of inactive status at the time of MOC reporting.
- Clinically inactive exempts the diplomate from Part IV only. Parts I-III requirements must still be met.
- The diplomate must notify ABP when he/she re-enters practice and must begin Part IV activities within 6 months.

ABP MOC STATISTICS

- Total certificates 8418
- Total diplomates 5609
- Compliancy rate 98%
- Diplomates not participating 104 (2.2%)
- Lapsed certificates 146
- Lapsed diplomates 127

Summary of MOC fees \$\$\$

- \$100 every two years, paid at the time of reporting Part I, II, and IV activities
- \$500 for all exams taken in one session (spring,fall)
- Late fees
- Variable costs for:
 - CME, SAMs
 - Part IV activities

Summary

- Diplomates certified in 2006 or later must participate in MOC.
- MOC is open to all diplomates and does not put non-time-limited certificates in jeopardy.
- Part I, Part II and Part IV activities reported every 2 years.
- References reported after the 4th and 8th years.
- Reporting deadline is 1/31 of the following year.
- AP/CP examinations are modular.
- Most Pathology MOC requirements can be met by state licensure and CLIA requirements.

Resources

- <http://www.abpath.org>
 - Click on MOC box
 - Instructions and forms for online reporting
 - FAQs
 - Booklet of Information
 - Timelines
 - Forms, including application for Part IV approval and SAMs provider information and agreement.
- ABP-MOC@abpath.org
- Presentation slides: <http://j.mp/CAP28oct>

Questions



Rebecca L. Johnson, MD, FCAP
CEO, American Board of Pathology (ABP)



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