Relevance of American Board of Surgery Continuous Certification

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Disclosure

I am a full-time employee of the American Board of Surgery

Learning Objectives

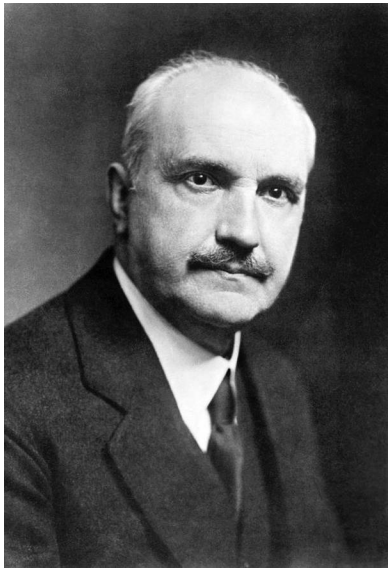
- Review the history of American Board of Surgery certification
- Understand current ABS Maintenance of Certification requirements
- Recognize the principles supporting changes to ABS continuous certification

Mission Statement of the ABS

"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."**

History

“Those who cannot remember the past are condemned to repeat it.”



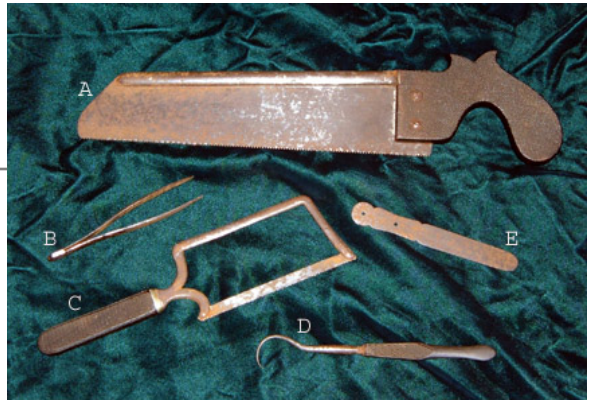
- George Santayana, *The Life of Reason* (1905)

Surgical Training- 1800's

- Medical schools = trade schools
- Few teaching hospitals
- No standardized curriculum
- Operative experience was limited
- Anesthesia and asepsis were novel concepts and were met with skepticism
- "Specialists" often considered charlatans
- 1847- American Medical Association founded

Effect of the Civil War

- Few trained “surgeons”
- Major battles - >10^3 deaths and >10^4 casualties
- Much practical experience gained
- Experiential learning accepted
- Need for licensing and training acknowledged



Halstedian School of Surgery

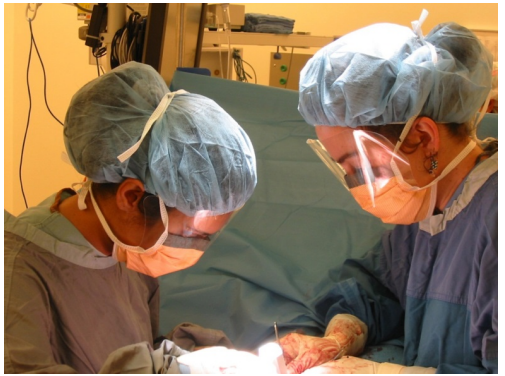
- Established in 1889 at Johns Hopkins Hospital
- Goal = train professors of surgery
- Defined structure
  - Emphasis on clinical practice
  - Independent practice prior to completion
  - Autocratic
- Monastic characteristics
- Inefficient system

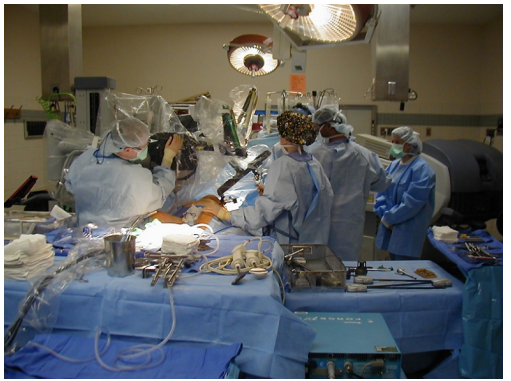
The Landscape (1910)

- Flexner report- critical of lack of “hands on” clinical experience in medical education
- This change was not adopted for residency training
- One residency position for every 3 medical graduates
- Most physicians were general practitioners – AMA resistant to the establishment of specialty standards

Surgical Training- 21st Century

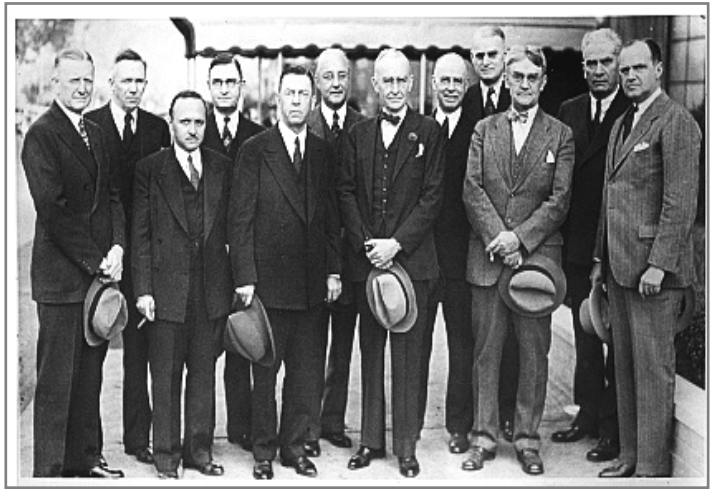
- 5 years duration
- More operations, but.. *different case mix*
- Progressive responsibility but.. *diminished autonomy*
- Impact of the Information Age
- Influence of *changes in social values, public expectations, and politics*





Origin of the ABS

- Founded in 1937 by the leading surgical societies to differentiate formally trained surgeons from others in general practice
- Formed “to protect the public and improve the specialty”



Origin of the ABS (1937)

- Graduate of an approved medical school
- Internship at an approved hospital
- 3 years of intermediate training - integration of basic sciences and clinical care
- 2 years of “hands on” surgical experience
- Case list required

Must pass a certification examination

ABS Milestones

- 1937 – Written and oral exams along with observation of skills
- 1976 – Recertification exam added
- 2000 – CME requirement
- 2005 – ABMS Maintenance of Certification (MOC®) initiated

The ABS Today

- 31,000 current diplomates
- 86% certified in general surgery
- 95% meeting MOC requirements
- All ABS directors are required to participate in the ABS MOC Program
- ABS includes representation from 44 societies, 3 at-large directors, and one public member

Directors, committee members, question writers, and examiners are all volunteers who donate their time and expertise to the ABS

Components of MOC

- Professional standing
- Lifelong learning and self-assessment
- Test of cognitive knowledge
- Improvement in practice

ABS MOC

- ABS implemented recertification in 1976
- 10-year MOC cycle with reporting q5yr
- Medical license, privileges, references
- 150 Category 1 CME credits; 50 of these must be self assessment*
- Comprehensive, high stakes exam every 10 years
- 95+/-1% pass rate
- Practice improvement – registry preferable*

Changes to MOC: Reporting Cycle

Now in effect:

- **5-year reporting cycle**
  - **Reporting cycle extended by 2 years**
  - **Diplomates will now report every 5 years, rather than 3, on professional standing, CME, and practice improvement activity**
  - **Reporting will remain an online process**
  - **Check your status anytime at moc.absurgery.org**

Changes to MOC: Self-Assessment

Now in effect:

- **50% reduction in self-assessment**
  - **New requirement: 150 Category 1 CME credits over 5 years, with at least 50 including self-assessment**
  - **Self-assessment means CME program that includes a quiz or test, with a minimum 75% passing score**
    - List of self-assessment resources available at www.absurgery.org

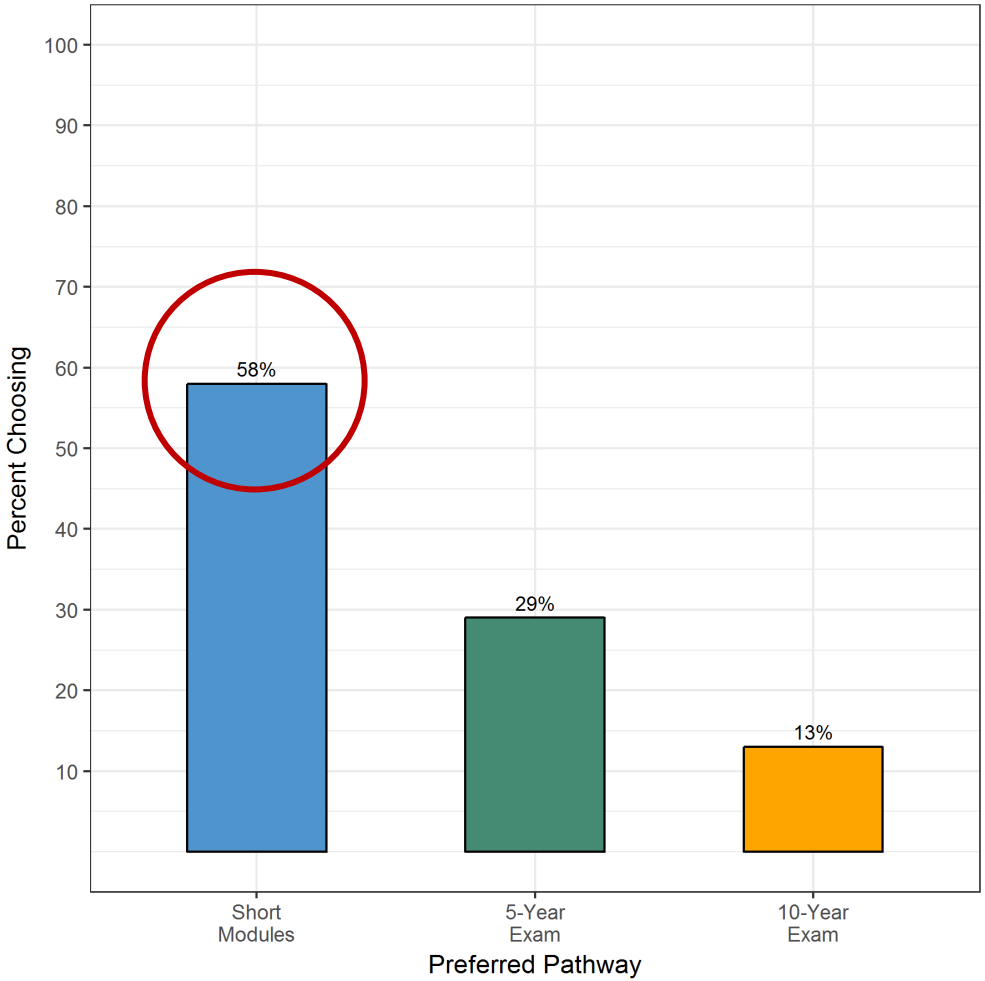
Critical Review of MOC

- **ABS recognized that MOC needed to be more convenient and more reflective of a surgeon's practice**
- **As of 2018, ABS will offer an alternative to 10-year exam in general surgery, with other specialties to be phased in**
- **Survey sent to diplomates in August to better understand what would be most helpful: content, frequency, etc.**

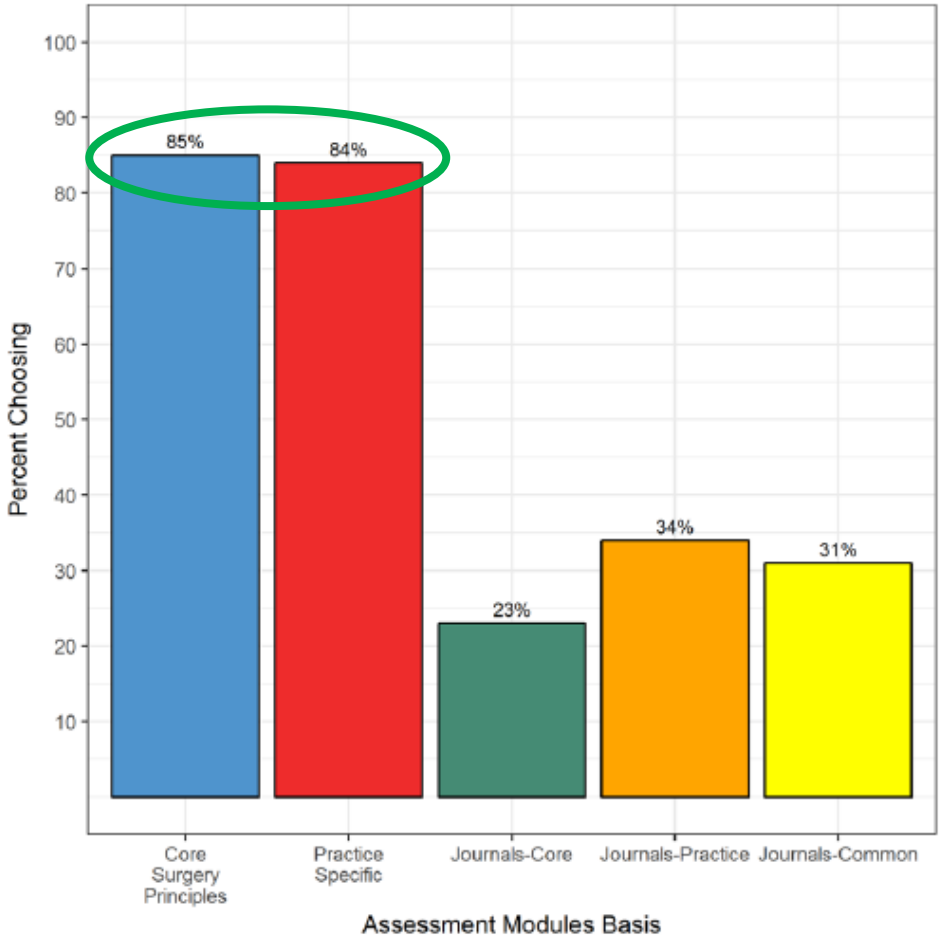
Voice of ABS Diplomates

- Survey sent to >30,000 diplomates (33% response rate)
- Favored:
  - More frequent, lower-stakes assessment
  - Practice-related focus
  - Maintain core surgical principles
- Complaints:
  - Dislike secure testing center environment
  - $$ for review courses, travel, and time away from practice
- Confirmed with focus groups and online discussion boards

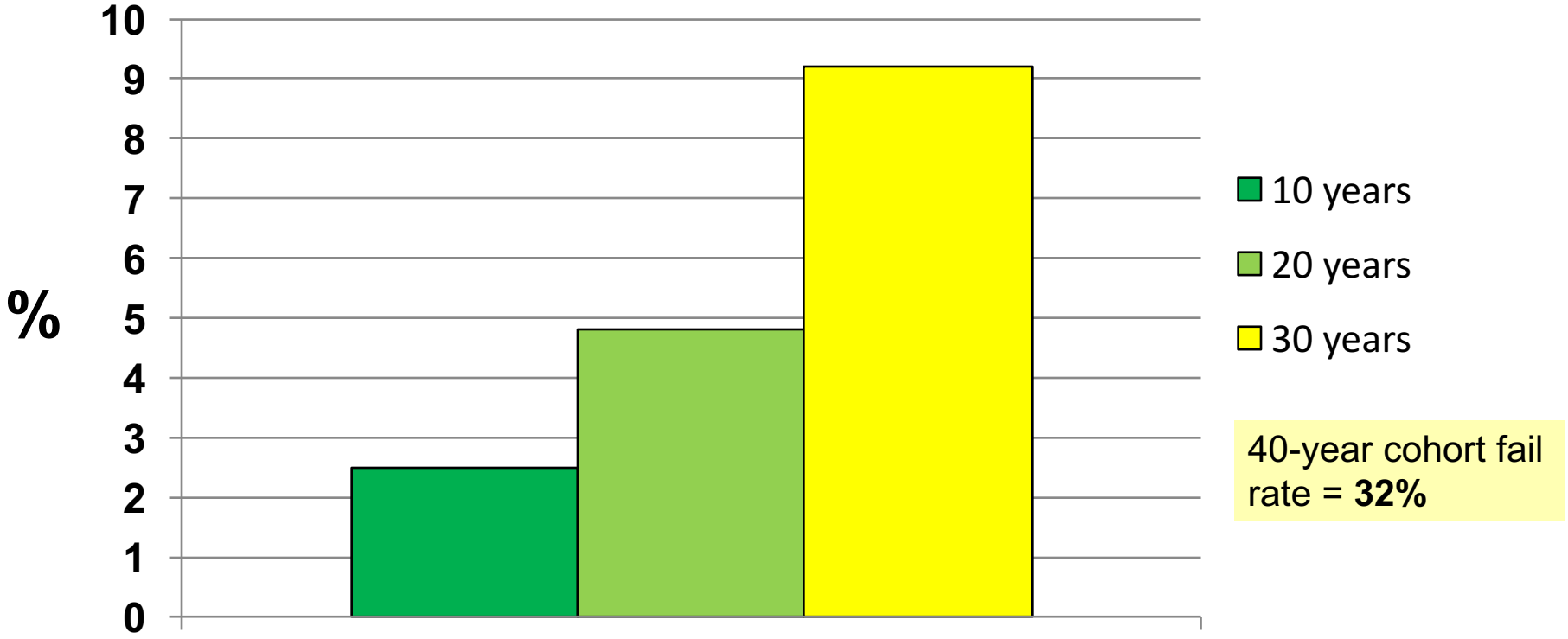
Survey results showed clear preference for shorter, more frequent assessments



Survey results showed clear preference for testing core surgical principles and practice-specific areas



MOC Exam Fail Rate by Cohort



Guiding Principles

- Cognitive knowledge declines over time
- Help accelerate the pace of accepting proven changes in practice
  - Partial mastectomy
  - SNLB
  - Nonoperative management of liver and spleen injuries
- Assess reasoning, not memorization

Changes to MOC: Exam Options

Pilot program starting in 2018:

- ABS will offer alternatives to the 10-year recertification exam in general surgery, with other specialties to be phased in

Construct for Change

- Shorter, more frequent, lower-stakes assessments (q2yr)
- Open book, online access, immediate feedback
- General surgery - two sections (50/50):
  - Core surgical principles
  - Practice-related area (chosen by diplomate)
- Survey at the end of the assessment and later
- 10-year secure exam remains an option

Construct for Change

- Content outline and references to be available in advance on ABS website
- Must satisfy all other requirements in addition to the assessment
- Performance on all components provides a global assessment of continuous certification
- Other diplomates will be phased in to new program

Advantages

- Evaluates knowledge and judgment that is more relevant to each diplomate's practice
- Structured to highlight education with emphasis on changes in contemporary practice
- More convenient and flexible
- Less burden to prepare, less anxiety to take
- Cost savings – no travel or time away from practice
- Maintains our focus on patients

Why ABS Continuing Certification?

- Establishes a national standard for continuing certification in practice
- Documents the ongoing commitment of surgeons to professionalism, education, and assessment
- Upholds board certification as a voluntary standard of quality defined by the surgical community
- Gives the surgical community a proactive position in the health care quality debate, using surgeon-developed metrics and reporting methods

Is there data ?

Patient outcomes for segmental colon resection according to surgeon's training, certification, and experience

Jay B. Prystowsky, MD, MHPE, Georges Bordage, MD, PhD, *and* Joseph M. Feinglass, PhD, *Chicago, Ill*

- **Segmental colon resection from state database of 9 Chicago-area counties from 1994-97 (n= 15,427)**
- **30% urgent/emergent**
- **Compared risk-adjusted outcomes between board-certified and non-board certified surgeons (n= 514)**

	ABS-certified	Non-certified
Mortality	**4.2%**	**7.1%***
Complications	**23.8%**	**30.7%***

***p < 0.05; C-statistic = 0.70**

Surgery 2002; 132: 663

Continuing Medical Education Activity and American Board of Surgery Examination Performance

Robert S Rhodes, MD, FACS, Thomas W Biesten, MS, Wallace P Ritchie Jr, MD, PhD, FACS, Mark A Malangoni, MD, FACS

2000 General Surgery recertification exam (n = 245)

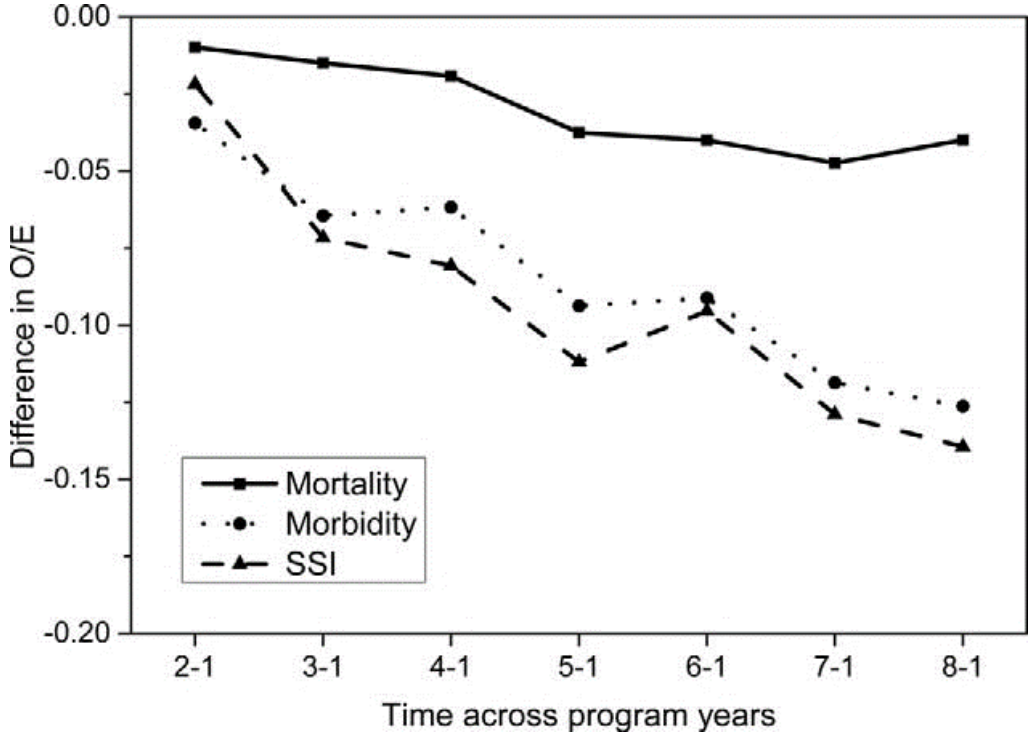
Table 3. Recertification Examination Performance Based on Quartiles of Total CME Hours and Category I CME Hours

CME Activity	Range of hours	Median hours	Pass		Fail	
			n	%	n	%
Total activity						
Highest quartile	304–5,208	452	56	96.6	2	3.4
Middle half	126–303	172	118	94.4	7	5.6
Lowest quartile	8–125	106	46	74.2	16	25.8
Category I activity						
Highest quartile	128–356	150	59	95.2	3	4.8
Middle half	73–127	101	111	91.7	10	8.3
Lowest quartile	8–72	62	50	80.6	12	19.4

J Am Coll Surg 2003; 196: 604

Tracking Outcomes Makes a Difference

NSQIP Hospitals Show Improvement with Time



Average difference in O/E ratios vs. years in ACS NSQIP®

Cohen ME. Ann Surg 2016; 263: 267

Changes to MOC: Future Plans

- Beyond these efforts, the ABS will continue to work to make requirements more convenient and beneficial
- We will be developing a similar program for other ABS specialties, with a streamlined process for multiple certificate holders
- Our goal is a flexible process that supports diplomates and values their time and resources, while upholding our commitment to the public to maintain high standards for board certification

Patients' Voice

2010 Consumer Survey (n=1,000 U.S. Adults)

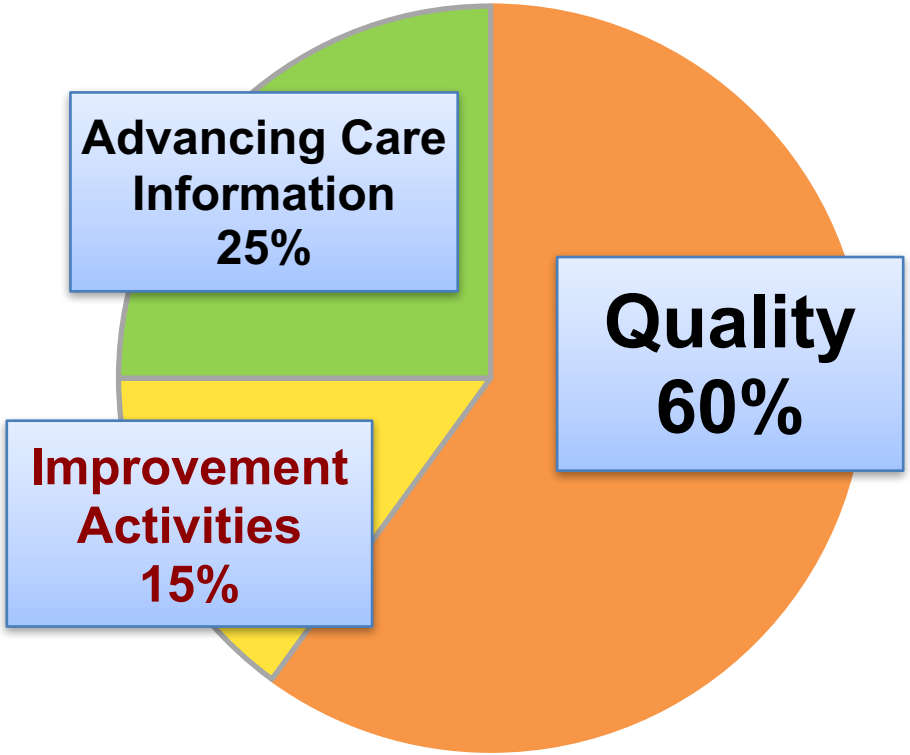
- **Top 3 factors considered when choosing a doctor:**
  1. **Bedside manner or communications skills (95%)**
  2. **Board Certification (91%)**
  3. **Recommendation from a friend or family member (83%)**
- **95% said maintaining board certification is "important," with 66% saying it is "very important"**

Regulatory and patient groups are paying attention to surgical care quality

"Check a Certification" feature on ABS website receives hundreds of visits per day

MIPS: Composite Performance Score

2017 – Weight by Category



Source: CMS QPP website, https://qpp.cms.gov

CMS Quality Payment Program (QPP)

Merit-Based Incentive Payment System (MIPS)

Participation in MOC Part 4 counts toward the Improvement Activities component of MIPS:

- ***"Participation in Maintenance of Certification (MOC) Part IV for improving professional practice, including participation in a local, regional or national outcomes registry or quality assessment program."***

Source: CMS QPP website, https://qpp.cms.gov

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Thank You

Questions?