The Role of Continuous Certification in Patient Safety and Quality of Care
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Introduction

People paying for healthcare - employers, insurers, and patients - are looking for quality and value from healthcare providers. They want proof physicians are really improving health and are looking for ways to assess quality of care and to verify physicians are using best practices in clinical care.

Physician associations have responded to quality of care issues by updating competency-based standards and by approving an on-going process for physician certification.

In 2002, the American Board of Medical Specialties (ABMS) in conjunction with the Accreditation Council for Graduate Medical Education’s (ACGME) Outcome Project and General Competencies Project provided a framework for all MD boards to evaluate physician competence at the conclusion of training and throughout their careers: Maintenance of Certification (MOC).¹

In 2006 the ABMS adopted the Maintenance of Certification program for all specialties and in 2008 the American Osteopathic Association (AOA) Board of Trustees approved Osteopathic Continuous Certification (OCC) as an ongoing process of ensuring physician competence and patient safety.² These requirements will eventually apply to over 90% of practicing physicians. The Osteopathic Bureau of Specialties (BOS) recommends that all eighteen osteopathic specialty boards implement the process by 2012.

Purpose of MOC/OCC

The purpose of continuous certification is to “protect the public and patients by attesting to the quality, safety and effectiveness of US medical practitioners.”³

Maintenance of Certification and OCC evaluation include:
- Professional standing, evidenced by an unrestricted license to practice medicine.
- Continued learning, such as completion of continuing medical education courses (no less than fifty credit hours for each three-year AOA CME cycle).³
- Cognitive expertise – including performance on a standardized, monitored examination.
- Evaluation and enhancement of performance in practice and in medical care provided to patients with common or major health problems covered by a specialty and physician's behavior, including communication with patients and professionalism in caring for them.

Stakeholders

Pro:
- American Osteopathic Association (AOA)
- American Medical Association (AMA)
- American Board of Medical Specialties
- Accreditation Council for Graduate Medical Education
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- American Hospital Association

Opposed: physicians who were board certified physicians.

Discussion

Board certification is an important quality marker for patients, insurers, hospitals, quality and credentialing organizations, and the federal government.

It is not enough to test the credentials of practitioners only once at the beginning of their careers, to let physicians evaluate themselves, or to assume licensure equals competence.

Studies show quality of physician performance decreases as the number of years in practice increases. Self assessment is subjective and does not provide the same degree of public accountability as objective third party assessment affords.⁴

Nevertheless, controversies surround OCC:
- • Medicine is based on evidence-based learning, but there is no data to support the value of the recertification process.
- • Recertification involves a time commitment, expense, and time away from patient care. It is burdensome for physicians with multiple certifications. Failure to take and/or pass the exam would have the inadvertent effect of blocking access to physicians by hospitals and health plans who require board certified physicians.
- • Need HIT in order to measure practice outcomes.
- DOs are distinct from MDs, but the certification process (and content) are virtually the same.

References
1. Maintenance of Certification (MOC), American Board of Medical Specialties Web site. Available at: http://www.abms.org/Maintenance of Certification/
2. Ayers RE, Schnell HL, Reivie WR, Bell EC. Osteopathic certification evolving into a continuous certification model. JAOA 2008;108 no 3:159-162

Healthcare Providers: They want proof physicians are really improving health and are looking for ways to assess quality of care and to verify physicians are using best practices in clinical care.

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