AMERICAN **OSTEOPATHIC** ASSOCIATION

TREATING OUR FAMILY AND YOURS

Osteopathic Continuous Certification Process

Ronald Ayres, DO, FACOOG

2011

Bureau of Osteopathic Specialists

- Organized in 1939
- The official certifying body of the American Osteopathic Association
- Oversees and implements all certification and recertification policies and procedures

Mission – Bureau of Osteopathic Specialists

- The AOA BOS is the Certifying Body for the approved specialty Boards of the AOA and is dedicated to establishing and maintaining high standards for certification of osteopathic physicians.

Mission – Bureau of Osteopathic Specialists *(cont'd)*

- The AOA BOS seeks to ensure that the osteopathic physicians it certifies demonstrate expertise and competence in their respective areas of specialization.

AMERICAN **OSTEOPATHIC** ASSOCIATION

TREATING OUR FAMILY AND YOURS

Mission – Bureau of Osteopathic Specialists *(cont'd)*

- The AOA BOS is deeply committed to delivery of quality healthcare to all patients by working with all its approved Specialty Boards in the enhancement and continuous improvement of its certification process.

Types of AOA Board Certifications

- Primary (General) Certification
- Certification of Special Qualifications (CSQ)
- Certification of Added Qualifications (CAQ)

AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

Standards Review Process

Through the process, the BOS provides:

> *"the public with a dependable mechanism for identifying practitioners who have met particular standards"**

*Standards for Educational and Psychological Testing, American Psychological Association, 1985

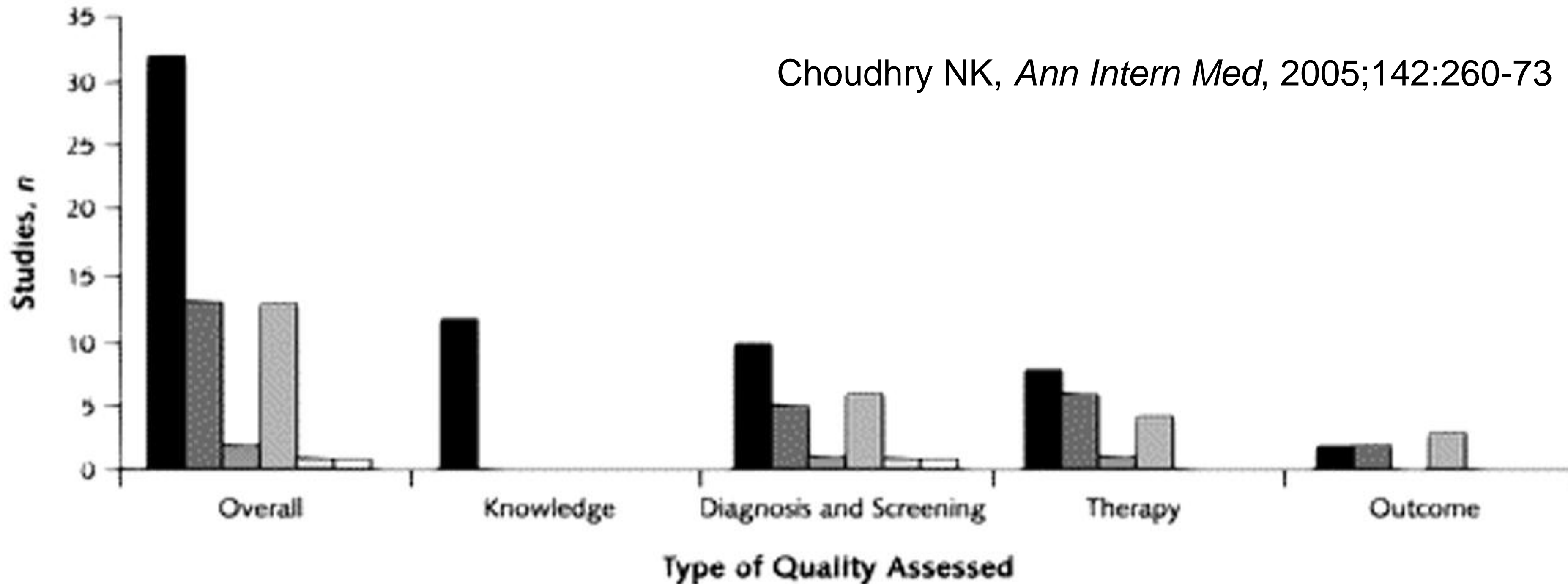
Why Continuous Physician Assessment?

- **Amount of clinical experience does not necessarily lead to better outcomes or improvement of skills**
  - *Choudhry, N.K., R.H. Fletcher, and S.B. Soumerai, Systematic Review: The Relationship between Clinical Experience and Quality of Health Care. Annals of Internal Medicine, 2005. 142(4): p. 260-273.*
- **Fewer than 30% of physicians examine their own performance data**
  - *Audet, A.-M.J., et al., Measure, Learn, And Improve: Physicians' Involvement In Quality Improvement. Health Affairs, 2005. 24(3): p. 843-853.*
- **A physician's ability to independently and accurately self-assess and self-evaluate is poor**
  - *Davis, D.A., et al., Accuracy of Physician Self-assessment Compared With Observed Measures of Competence. JAMA: Journal of the American Medical Association, 2006. 296(9): p. 1094-1102.*

Source: Lipner, R., and Magallanes, T. (2010). *Development of a comprehensive maintenance of certification program for physicians in the 21st Century*. Presentation at the ICE Annual Educational Conference, November 2010.

AMERICAN **OSTEOPATHIC** ASSOCIATION

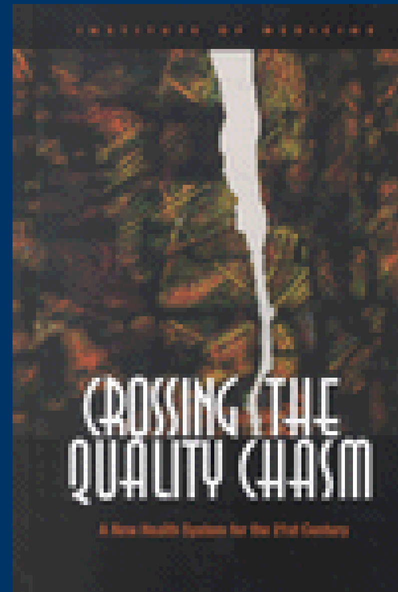
TREATING OUR FAMILY AND YOURS

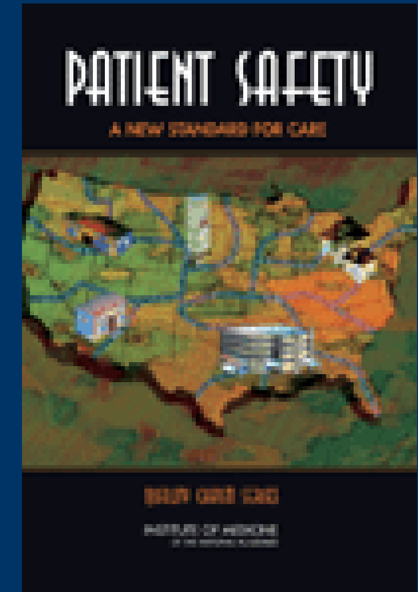


- Studies in which length of time in practice or age was associated with lower performance for all outcomes.
- Studies in which length of time in practice or age was associated with lower performance for some outcomes; no effect was found for other outcomes.
- Studies in which there was a concave relationship between length of time in practice or age and performance.
- Studies in which no association was found between length of time in practice or age and performance.
- Studies in which length of time in practice or age was associated with higher performance for some outcomes; no effect was found for other outcomes.
- Studies in which length of time in practice or age was associated with higher performance for all outcomes.

Source: Lipner, R., and Magallanes, T. (2010). *Development of a comprehensive maintenance of certification program for physicians in the 21st Century*. Presentation at the ICE Annual Educational Conference, November 2010.

Institute of Medicine Reports





Source: Lipner, R., and Magallanes, T. (2010). *Development of a comprehensive maintenance of certification program for physicians in the 21st Century*. Presentation at the ICE Annual Educational Conference, November 2010.

AMERICAN **OSTEOPATHIC** ASSOCIATION
TREATING OUR FAMILY AND YOURS

Other References Demonstrating Benefits

Better outcomes & more reliable care	*JAMA, 2004, Vol. 292, pp.1038-43*
15% less mortality in myocardial infarction	*Acad. Med.,* 2000, Vol. 75, pp. 1193-98
Higher rates of preventive service (Mammography, hemoglobin A1c monitoring, influenza vaccination)	*JAMA,* 2005, Vol. 294, pp. 473-81
40% less mortality in colon resection	*Surgery,* 2002, Vol. 132, pp. 663-70
Higher rates of prescription of aspirin and beta blocker after MI	*JGIM*, 2006, Vol. 21(3), pp. 238-244
Higher rates on diabetes care process measures for Medicare beneficiaries	*Arch Intern Med*, 2008, Vol. 168(13), pp. 1396-1403

Source: Lipner, R., and Magallanes, T. (2010*). Development of a comprehensive maintenance of certification program for physicians in the 21st Century*. Presentation at the ICE Annual Educational Conference, November 2010.

Goals for Continuous Certification

- To assure high standards for patient care
- To provide physicians with the means to continually assess and improve their abilities
- To assure stakeholders that physicians are being assessed by reliable and valid measures
- To be transparent to public and communicate information about physicians' competence

Source: Lipner, R., and Magallanes, T. (2010). *Development of a comprehensive maintenance of certification program for physicians in the 21st Century*. Presentation at the ICE Annual Educational Conference, November 2010.

Why MOC / OCC?

- **Responsibility *of* the profession *to* the public**
  - *Self-regulation is dependent on effective and credible assessment*
- **Maintain competence (at a *minimum*)**
  - *Continuous improvement real goal*
- **Assessment drives learning (keeping up)**

Source: Lipner, R., and Magallanes, T. (2010). *Development of a comprehensive maintenance of certification program for physicians in the 21st Century*. Presentation at the ICE Annual Educational Conference, November 2010.

AMERICAN OSTEOPATHIC ASSOCIATION
TREATING OUR FAMILY AND YOURS

Osteopathic Continuous Certification (OCC)

- By January 1, 2013, all boards must implement a continuous certification process for diplomates
- Similar to ABMS Maintenance of Certification (MOC) program
- Required for all diplomates with time-limited certifications
- Five components, with core competencies implemented within the components

AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

OCC Component 1

- **Unrestricted Licensure**
  - *Valid unrestricted license to practice medicine in one of the 50 states or Canada. In addition, physicians are required to adhere to the AOA's Code of Ethics*

OCC Component 2

- **Lifelong Learning**
  - *Minimum of 120 hours of CME during each 3-year (some boards require 150 hours)*
  - *Minimum of 50 specialty credit hours must be in the specialty area of certification*

OCC Component 3

- **Cognitive Assessment**
  - *At least one psychometrically valid and proctored examination through the period of certification*
  - *Must assess a physician's specialty medical knowledge as well as core competencies in the provision of healthcare*

OCC Component 4

- **Practice Performance Assessment and Improvement**
  - *Diplomates must engage in continuous improvement through comparison of personal practice performance measured against national standards for his or her medical specialty*

General Process for Component 4

Physician Submission

Quality Improvement Data (CAP, Hospital, etc.)

Patient Surveys

Board Reviews Data Against National Benchmarks

Physician Receives Report with Recommendations for Improvement

OCC Component 5

- **Continuous AOA Membership**
  - *Membership in the professional osteopathic community provides physicians with online technology, practice management assistance, national advocacy for DOs and the profession, professional publications and CME opportunities*

Core Competencies

- **Incorporated into each Board's OCC Process**
  - *Osteopathic Philosophy and Osteopathic Manipulative Medicine*
  - *Medical Knowledge*
  - *Patient Care*
  - *Interpersonal and Communication Skills*
  - *Professionalism*
  - *Practice-Based Learning and Improvement*
  - *Systems-Based Practice*

Osteopathic Philosophy and Osteopathic Manipulative Medicine

- Physicians are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty; and remain dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

AMERICAN OSTEOPATHIC ASSOCIATION
TREATING OUR FAMILY AND YOURS

Medical Knowledge

- **Physicians are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective area, remain current with new developments in medicine, and participate in life-long activities, including research.**

Patient Care

- Physicians must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

Interpersonal & Communication Skills

- Physicians are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

Professionalism

- **Physicians are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promotes advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Physicians should be cognizant of their own physical and mental health in order to effectively care for patients.**

Practice-Based Learning & Improvement

- Physicians must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

Systems-Based Practice

- Physicians are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

Opportunities for CME Providers

- **Component 2 - CME Requirements for Membership have not changed**
  - *Specialty CME will be highly sought*
  - *Specialty CME at the subspecialty level – proposed*
  - *Many boards plan to provide required CME training modules as part of OCC*

CME Requirements

120-150 CME Credits

30 1-A Credits

50
Specialty
CME
Credits

(EPPRC - CAQ Specialty CME Credits)

AMERICAN **OSTEOPATHIC** ASSOCIATION

TREATING OUR FAMILY AND YOURS

Opportunities for CME Providers

- **Component 4**
  - *Post performance assessment and clinical review educational materials*
  - *Core competency training – general for all specialties*

Current OCC Activities

- **EPPRC Recommendations**
  - *Financial Concerns – OCC Administration*
    - Budget – Taking Advantage of Economies of Scale – Many specialties, one profession
  - *CAQs and OCC*
    - 25% of specialty hours be at the subspecialty (CAQ) level
  - *Unification of Process between Boards*
    - 9-year OCC process

AMERICAN OSTEOPATHIC ASSOCIATION
TREATING OUR FAMILY AND YOURS

Current OCC Activities

- **EPPRC Recommendations, cont'd**
  - *Non-Clinical Physicians and OCC*
  - *Dual Certifications – AOA and ABMS*
  - *Dual Certifications – 2 or more AOA Primary*

Communication

- **Survey – Fall 2010**
  - *5,000 electronic*
  - *17% response rate*
  - *64% had no idea*
- **Physician Concerns**
  - *Financial & Administrative*
  - *WHY?*
- **Repeating Survey Fall 2011 and 2012 to determine the effectiveness of communication**

Resources

- Dedicated OCC page on osteopathic.org – Done (regularly updated)
- Informational brochures – Done
- List of resources and studies – In process
- General PowerPoint presentation for boards' use – In process
- Talking points for boards

AMERICAN OSTEOPATHIC ASSOCIATION
TREATING OUR FAMILY AND YOURS

Questions / Concerns?

Cheryl Gross, MA, CAE

Director, AOA Division of Certification

142 E. Ontario Street

Chicago, IL 60611

312-202-8105

800-621-1773 X 8105

cgross@osteopathic.org