

EMCC: The Next Generation

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Unless you have been living in a remote part of the world for awhile or you are just awakening from a deep amnesic state, you know that the U.S. health care system is experiencing an unprecedented period of change. A critical foundation of this reform is the focus on patients and the quality of care they receive.* Donald M. Berwick, M.D., the current Administrator of the Centers for Medicare and Medicaid Services (CMS) and long-time advocate for health care improvement, has described ideal care from the patient's perspective this way: “[Doctors] give me exactly the help (care) I need and want exactly when I need and want it.”¹

The Maintenance of Certification (MOC) process, established by the American Board of Medical Specialties (ABMS) in 2000, is supportive of and consistent with this change imperative. Specialized residency training and initial board certification established initial standards for practice performance, but did not assure the maintenance of proficiency over a practice lifetime.

The guiding principles behind MOC as originally established include assuring that the highest standards of patient care are established and maintained and to assure patients, physicians, and other stakeholders that physicians are being assessed by reliable and valid measures to continually improve patient care. This focus is also consistent with ABEM's mission to protect the public by promoting and sustaining the integrity, quality, and standards of training in and practice of Emergency Medicine (EM).

In 2009, the ABMS re-evaluated its MOC program and its impact on the physician, the patient, and other external stakeholders. The result was the development of revised MOC guidelines that the Member Boards were expected to meet. At the forefront of the discussions were the increasing demands by the public for information about a physician's ongoing competence while realizing and respecting the individual physician's increased demand on their time. When the American public was asked about MOC, 95% of the respondents said that the MOC process for physicians is “important.”²

This issue of the *ABEM Memo* describes how the ABEM MOC program, Emergency Medicine Continuous Certification (EMCC), is changing. EMCC began in 2004 and continues to develop its design and structure to better provide ABEM diplomates with a program of continuous professional development and evaluation in EM.

The maintenance of an active, current, valid, unrestricted, and unqualified medical license(s) and the Assessment of Cognitive Expertise (ConCert) examination are relatively stable components of EMCC. The Lifelong Learning and Self Assessment (LLSA) and the Assessment of Practice Performance (APP) components continue to evolve.

The value of EMCC is more than ticking off a series of requirements in order to stay certified; it provides diplomates with the tools to improve their practice and to help meet the demands of

sometimes duplicative and/or competing regulatory requirements that involve reporting by emergency physicians. For example, diplomates have asked that CME be linked to LLSA activities. Through an unprecedented partnership with the American Academy of Emergency Medicine and the American College of Emergency Physicians, CME is now available for LLSA activities, i.e., preparing for and passing LLSA tests (beginning with the 2011 test). These CME credits are *AMA PRA Category 1 Credits™* and can be applied to an individual's CME requirements from other groups that require physician CME, such as state licensing boards. This is in addition to a significant increase in the amount of CME credit that diplomates can obtain through the American Medical Association (AMA) for achieving or maintaining ABEM certification. In addition, the CME gained through successfully completing LLSA activities and achieving or maintaining certification can be used for ABEM's CME requirement, which will begin in 2012.

At the heart of APP is practice improvement (PI). The ABEM APP activity was developed with the knowledge that the vast majority of emergency physicians practice in a hospital setting and therefore are likely already actively engaged in PI. Because of this, the ABEM approach to creating this part of APP was to limit the creation of new tasks for busy emergency physicians and to give credit for PI activities already performed.

APP also includes a communication/professionalism (CP) requirement, a very important and commonly overlooked physician skill from the patient's perspective. According to a Harris Poll published in *The Wall Street Journal* in 2004, people placed more importance on a doctor's interpersonal skills than their medical judgment or experience.³ The importance of physician-patient communication was recently affirmed in an ABMS survey (referenced above), which involved 1,006 consumers. The top factor identified by respondents in choosing a doctor was bedside manner or communication skills (95%). As Dr. Berwick has said, "We are guests in our patients' lives; and we are their hosts when they come to us. Why should they, or we, expect anything less than the graciousness expected by guests and from hosts at their very best. Service is quality."⁴ The last few decades in health care have seen significant advances in new discoveries and technologies that have changed the way diseases are diagnosed. Paradoxically, physician communication skills have not received the same level of attention and possibly have suffered somewhat due to some of these advances and ever-increasing pressures on physician time.⁵ Good communication, which results in greater patient satisfaction, has been well correlated with better patient compliance and outcomes,⁶ and a better risk management profile and lower malpractice claims.⁷ Deficiencies in communication have been associated with medical errors and a negative patient experience.⁸

Participation in EMCC is automatic. Once an emergency physician completes his or her certification requirements and becomes a diplomate of ABEM they are enrolled in EMCC. As EMCC has evolved the requirements have moved from a ten-year certification period to two five-year time periods. This will require new diplomates to plan early on how they will meet the requirements and for current diplomates to develop a plan on how to transition into the new structure. In July 2011, ABEM will unveil an improved EMCC Status Page, accessible from your Personal page on the ABEM website, that will more clearly and succinctly provide you a snapshot of what you have done, what you need to complete, and when the remaining activities need to be completed. We hope that you will find these enhancements and efforts to improve the value of MOC to be helpful to you.

Board certification continues to be an important part of a physician's career. Keeping pace with medical advances and new technology is also a part of that career. As the call for more physician accountability increases, ABEM and ABMS are working together with you to make this

transition as smooth a process as possible. Additionally, ABEM will continue to work to develop activities for maintaining certification that mirror those commonly practiced by emergency physicians. ABEM seeks your input as EMCC evolves to meet the needs of you, the diplomate, and the demands of accountability from the public.

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