



Policy on Required ABEM Maintenance of Certification Program Activity for Hospice and Palliative Care Medicine

BACKGROUND

The American Board of Emergency Medicine (ABEM) Hospice and Palliative Care Medicine (HPM) Maintenance of Certification (MOC) Program is an ABMS MOC Program. Required activities for ABEM HPM diplomates to maintain certification are described below.

POLICY

To maintain certification, ABEM HPM diplomates must participate in and meet the following requirements of the ABEM MOC Program.

Professionalism and Professional Standing

Diplomates' medical licensure must continually comply with the ABEM Policy on Medical Licensure.

Lifelong Learning and Self-Assessment (LLS)

The LLS component consists of two activities: ABEM LLSA tests and a continuing medical education (CME) requirement.

Diplomates whose certificates expire in 2026 or later must pass eight LLSA tests during their ten-year certification period. Four of the required eight LLSA tests must be successfully completed by the end of their fifth full year of certification, and the second four tests in years six through ten of certification. Any ABEM LLSA test can be taken and passed to fulfill this requirement. Diplomates cannot count LLSA tests they complete during one five-year period toward their next five-year requirement.

Beginning with diplomates whose certificates expire in 2018, an annual average of 25 *AMA PRA Category 1 Credits*[™] or acceptable equivalent must be completed and reported to ABEM. An average of eight of the CME credits each year must be self-assessment credits, which are automatically earned by preparing for and passing LLSA tests. All CME credits earned must be related to the diplomate's practice.

ABEM is phasing in these requirements. See "Phase-in of Policy" (below) for details of the LLSA test and CME requirement phase-in schedule.

Assessment of Knowledge, Judgement, and Skills (MOC Cognitive Expertise Examination)

Diplomates must take and pass the ABEM Hospice and Palliative Care Medicine MOC Cognitive Expertise Examination in the second five full years of certification. Diplomates are not required to complete their LLS or any other MOC requirements prior to registering for the examination, other than maintaining medical licensure in compliance with ABEM policy. Passing the Hospice and Palliative Care Medicine MOC Cognitive Expertise Examination is a required component of MOC, but does not renew certification. Certification is renewed on January 1 after expiration of the current certificate if all ABEM MOC requirements have been met.

Improvement in Medical Practice (IMP)

Diplomates who are clinically active must complete and attest to completion of Improvement in Medical Practice (IMP) activities to maintain certification. ABEM is phasing in these requirements. See the section, “Phase-in of Policy” (below) for details about the IMP requirement phase-in schedule.

When the IMP requirements are fully phased in, diplomates will be required to complete one patient care practice improvement (PI) activity and one communication/professionalism (CP) patient feedback activity by the end of their fifth full year of certification. They must also complete one PI and one CP activity in years six through ten of certification. IMP activities must follow ABEM IMP Activity Guidelines, described below.

Diplomates may report PI and CP activities they complete within their practice. Alternatively, they may complete any ABEM-approved, third-party PI module.

Diplomates who inform ABEM that they are clinically inactive do not have IMP requirements. Clinically inactive diplomates can change their clinical activity status by contacting the ABEM office. If they become clinically active again, diplomates will have IMP requirements current at the time they become clinically active.

IMP Activity Guidelines

ABEM guidelines for completion of IMP patient care practice improvement activities require that the diplomate follow the following four steps:

- Review patient clinical care data from ten of the diplomate’s patients. The data must be related to a single presentation, disease, or clinical care process that is part of *The Model of the Clinical Practice of Emergency Medicine* (EM Model) or the practice of Hospice and Palliative Care Medicine. Group data is acceptable if the individual diplomate’s data is included. Measuring fewer than ten patients is acceptable if the activity is focused on a high-acuity, low-volume clinical issue.
- Compare the data to evidence-based guidelines. If such guidelines are not available, diplomates may use expert consensus or comparable peer data.
- Develop and implement a practice improvement plan, which may be an individual or group effort.
- Review patient clinical care data from ten additional patients with the same presentation, disease, or clinical process as the first patient data review. Group data can be used if the diplomate’s own patients are included, and measuring fewer than ten patients is acceptable if the activity is focused on a high-acuity, low-volume clinical issue. Use the new data to evaluate whether clinical performance has positively changed or if acceptable performance has been maintained.

ABEM guidelines for completion of IMP communication/professionalism patient feedback activities require that at least ten of the physician’s patients be surveyed. Group surveys may be used provided that at least ten of the physician’s patients are included in the survey. In addition, at least one physician behavior must be measured from each of the following three categories:

- Communication/listening
- Providing information
- Showing concern for the patient

Reporting IMP Activities to ABEM

Diplomates report completion of IMP activities to ABEM by attesting that they have completed the activities following the ABEM IMP Activity Guidelines described above.

When diplomates attest to completion of IMP activities, they are required to specify an independent verifier of their activities. The verifier must be someone with oversight or knowledge of the diplomate’s completion of the activity.

Five percent of reported IMP activities will be randomly selected for verification. ABEM will ask verifiers to affirm that all of ABEM’s guidelines for completion of the activity were met. Any activity that is not verifiable will not meet the requirement.

Renewal of Certification

Diplomates who have met all their ABEM MOC requirements will renew certification on January 1 immediately following expiration of their previous certification.

Nonrenewal of Certification

Diplomates who do not meet all their ABEM MOC Program requirements by their certification expiration date become former diplomates and are no longer certified. ABEM provides options for former diplomates to regain certification, defined in the Policy on Regaining Certification. The options for regaining certification are based on the following:

- The number of required ABEM MOC activities a physician completed prior to certification expiration.
- Whether more than five years have elapsed since the physician's certification expired.

PHASE-IN OF POLICY

The requirements of the HPM MOC Program are being phased in based on the year a diplomate's certification expires, according to the following Phase-in Schedule.

Phase-in Schedule

Year Certificate Expires	Requirement Type	Number of Activities
2018	LLSA test CME PI CP	4 25/year over 2 years 1 1
2020	LLSA test CME PI CP	4 25/year over 4 years 1 1
2022	LLSA test CME PI CP	4 25/year over 6 years 1 1
2024	LLSA test CME PI CP	4 before end of 2019, 4 in last 5 years of certificate 25/year over 3 years before end of 2019, 25/year in last 5 years of certificate 1 before end of 2019, 1 in last 5 years of certificate 1

EXCEPTION

None.

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