Supporting the Specialty of Emergency Medicine: Ensuring the Highest Standards

The American Board of Emergency Medicine (ABEM) was incorporated in 1976 to help legitimize the emerging specialty of Emergency Medicine. ABEM became a member of the American Board of Medical Specialties (ABMS) in 1979, and over its 35 years has endeavored to support the specialty and its commitment to promote the very best medical care to the public. To accomplish this, ABEM has striven to be a forward-thinking, best practices organization that values its connection to the community of Emergency Medicine—a community of women and men selflessly dedicated to the care of the acutely ill and injured.

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ABEM has continuously sought to ensure the highest standards in the specialty through its requirements for certification. For initial certification and Maintenance of Certification (MOC), ABEM looks for clinically relevant, standards-based, practical, and efficient methods of allowing emergency physicians to demonstrate their competency. For example, ABEM delivers examinations that assess more than medical knowledge. ABEM multiple choice questions often include clinical scenarios that require a physician to demonstrate diagnostic reasoning, clinical synthesis, and other cognitive skills that go far beyond fact recall. In addition, the format of the Oral Certification Examination was an innovative approach at its inception and remains a highly complex method of
assessing physician knowledge, skills, and abilities. Continuing the tradition, the enhanced Oral Certification Examination is a bold new testing format that more closely replicates the clinical environment.

Fairness and impartiality in its processes is integral to ABEM’s commitment to high standards. From its beginning, ABEM has used criterion referencing for scoring examinations, avoiding the use of curves and mandatory passing rates.

Given the arduous nature of ABEM testing processes, becoming certified and maintaining that certification reflects a significant professional accomplishment. This adherence to the highest standards in physician assessment also elevates the standing of Emergency Medicine in the board certification community. ABEM diplomates have reason to be very proud of their achievements.

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For the last several years, ABEM has consciously sought to expand physician career choices and create new opportunities for certification to count toward other professional requirements, such as physician quality reporting. Creating, administering, scoring, and reporting subspecialty examinations are costly endeavors. Nonetheless, ABEM fosters the development of diverse subspecialty expertise and facilitates broadening career choices for emergency physicians.

Value-based continuing medical education (CME) opportunities have been created for ABEM MOC activities. Although it receives no revenue for any CME, ABEM has worked with the American Academy of Emergency Medicine (AAEM) and the American College of Emergency Physicians (ACEP) to offer low-cost CME options connected to the ABEM MOC Program. This allows physicians to meet MOC requirements and receive CME at the same time.
ABEM is sensitive to the cost of MOC. Although certification and MOC fees have historically been adjusted based on the Consumer Price Index, for the last three years ABEM has held these fees constant. For LLSA tests, the fees have been the same for four years.

### MOC Quick Facts

- **Average annual cost:** $265 *(about $5 per week)*
- **MOC cost relative to other ABMS Member Boards:** median
- **Last increase in LLSA fee:** 2011
- **Last increase in ConCert™ fee:** 2012
- **Physicians participating in LLSA CME Activity:** 60%
- **In 2014, ABEM-certified physicians earned about $7,000 more** in total compensation than non-certified physicians

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**Did You Know?**

**CME for Certification and MOC Activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Credits</th>
<th>Cost</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Certification Exam</td>
<td>60</td>
<td>$30/75*</td>
<td>AMA</td>
</tr>
<tr>
<td>ConCert™ Exam</td>
<td>60</td>
<td>30/75*</td>
<td>AMA</td>
</tr>
<tr>
<td>EM LLSA</td>
<td>11-14</td>
<td>30</td>
<td>AAEM, ACEP</td>
</tr>
<tr>
<td>Patient Safety LLSA</td>
<td>20</td>
<td>30</td>
<td>ACEP</td>
</tr>
<tr>
<td>EMS LLSA</td>
<td>13</td>
<td>30</td>
<td>AAEM, ACEP</td>
</tr>
<tr>
<td>MedTox LLSA</td>
<td>10-12</td>
<td>30</td>
<td>AAEM, ACEP</td>
</tr>
</tbody>
</table>

*AMA Member/Non-member rates*
ABEM activities also support emergency physicians by improving reimbursement. ABEM designed an application to create an enhanced reimbursement opportunity through the CMS Physician Quality Reporting System (PQRS) MOC bonus program. Looking forward, as the Merit-based Incentive Payment System (MIPS) becomes a larger driver of physician reimbursement, ABEM is aligning Part IV requirements with CMS physician quality reporting requirements.

A key component of these federal requirements is having a sufficient number of EM-based clinical quality measures (CQMs). ABEM has been supporting the development of meaningful CQMs with financial support and expertise. In addition, ABEM monitors quality activities reported by emergency physicians who complete the Part IV requirements to find relevant, frequently performed, quality activities that might yield ideas for more relevant and effective CQMs.

### PQRS MOC Added Incentive Program

<table>
<thead>
<tr>
<th>Year</th>
<th>EM Applications</th>
<th>Estimated Reimbursements (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>3,049</td>
<td>$1.0</td>
</tr>
<tr>
<td>2013</td>
<td>4,114</td>
<td>1.3</td>
</tr>
<tr>
<td>2014</td>
<td>4,447</td>
<td>1.5</td>
</tr>
<tr>
<td>Total</td>
<td>11,610</td>
<td>$3.8</td>
</tr>
</tbody>
</table>

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Advocating for the Specialty

ABEM is a sentinel against government regulation in Emergency Medicine. By designing a rigorous, physician-friendly program of professional self-regulation for emergency physicians, there is little need for the government or any sector of public interest to regulate our specialty.

ABEM is vigilant in monitoring other issues that might have an unfavorable impact on Emergency Medicine. Because the ABEM MOC Program is closely aligned with physician quality reporting, ABEM routinely provides written commentary on the CMS Proposed Medicare Physicians Fee Schedule. Hopefully, in this manner ABEM will continue to influence these processes, in advocacy for Emergency Medicine.

The voice of Emergency Medicine has not been sufficiently heard among policymakers. To strengthen the influence of the specialty, ABEM endowed an Institute of Medicine (IOM) Fellowship. This bolsters our specialty’s presence among policymakers and in the IOM.

Given the high standards that must be met to gain and maintain certification, ABEM assesses and responds to state legislation that could diminish the value of its certification. This includes refuting claims of equivalency by groups that do not share ABEM’s high standards.

Finally, ABEM supports physicians at their local hospitals. ABEM believes that the ABEM MOC Program renders any additional certification courses unnecessary for ABEM-certified physicians. Position letters on behalf of physicians being required by hospital medical staffs and credentialers to obtain certifications such as Advanced Cardiac Life Support and Advanced Trauma Life Support can be provided to diplomates’ hospitals.
In the Community

ABEM is an integral part of the specialty of Emergency Medicine and is involved with physicians who are certified throughout their long careers. Leadership is anchored in clinical practice by requiring all ABEM directors and volunteers (i.e., oral examiners, examination question writers) to be clinically active.

ABEM has a dynamic research division that helps define the specialty, training in Emergency Medicine, and the value of MOC. Through national surveys and advisory panels, a validated set of knowledge, skills, and abilities (KSAs) that an ABEM-certified physician should possess was created. These KSAs inform ABEM examination content, the EM Model, and the Emergency Medicine Milestones for residency training. ABEM convenes a sample of Emergency Medicine community members to participate in and contribute to these activities during the twice-yearly Oral Certification Examination, as well as through advisory panels, working groups, and task forces composed of emergency physicians spanning the specialty. In the fall of 2014, ABEM assembled a national summit on MOC with representatives from every major EM organization.

A survey of a representative sample of emergency physicians and residents over 20 years has been conducted to research trends in the profession. The Longitudinal Study of Emergency Physicians and the Longitudinal Study of Emergency Medicine Residents have served as a basis for numerous research studies, including physician practices, career goals, and wellness, which informs our specialty on these important topics. Additional research has focused on validating ABEM’s In-training Examination, initial certification processes, MOC activities, and the Emergency Medicine Milestones.
Relevance of Certification and MOC

92% of physicians taking 2014 ConCert™ Examination see value in the recertification process.

98% of LLSA survey respondents found the readings strongly to somewhat relevant to the overall clinical practice of Emergency Medicine.

The most attested to MOC Part IV quality improvement activities follow recognized areas of emphasis in emergency care, particularly in areas using time-sensitive metrics, indicating the relevance of the activity.

Emergency physician performance on the ConCert™ Examination suggests that emergency physicians maintain diagnostic processing and medical knowledge over the course of their careers.

EM Milestones studies demonstrated validity and reliability as an assessment instrument for competency acquisition.
Supporting the Future of the Specialty

ABEM supports the future of Emergency Medicine by being involved in residency training and testing, and by participating in the evolving educational developments for the specialty. ABEM sponsors three representatives on the Residency Review Committee for Emergency Medicine, and has an ex officio seat on the Committee. ABEM directors visit every Emergency Medicine residency program at least once every three to four years to provide updates about ABEM activities and the certification process. ABEM meets regularly with resident leadership organizations to understand the interests of physicians in training. This interest in resident education is reflected in the role ABEM played in the development and ongoing validation of the Emergency Medicine Milestones. Through ABEM’s efforts, the standards for completing residency training and the standards for initial certification are nearly identical. ABEM has also provided a technical support grant to the Council of Emergency Medicine Residency Directors (CORD) to assist in providing the eOral testing format to all Emergency Medicine residency programs.

To assist residents in their understanding of their progress toward certification, the ABEM In-training Examination is developed using the same methods as other ABEM multiple choice examinations and provides feedback on a resident’s probability of passing the Qualifying Examination.
Thank You

ABEM is proud to support the specialty of Emergency Medicine and admires the men and women dedicated to the care of the acutely ill and injured. ABEM will continue to seek better ways to serve the specialty, the patient, and the ABEM-certified emergency physician.

American Board of Emergency Medicine
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