Myth Busters

Despite its success, benefits, and relevance, not everyone is enthused about the ABEM Maintenance of Certification (MOC) Program. Some critics have asserted that MOC is expensive and time-consuming, but when averaged annually over the ten-year certification period, ABEM MOC costs $265 per year, or about $22 per month, and takes about 17 minutes per week to complete the activities.

Another assertion is that the ConCert™ Examination does not lead to learning. This is untrue. Over 90 percent of physicians reported that preparing for and taking the ConCert™ Examination reinforced and/or increased their knowledge of the specialty. Cognitive psychology research also demonstrates substantial learning benefits with testing.

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A final claim is that MOC leads to burnout or early retirement. But there are no data linking MOC to early physician retirement or to burnout. ABEM recognizes that burnout is a critical issue to the practice of Emergency Medicine, so it is a topic tracked directly through ABEM longitudinal surveys.

Data on diplomate attrition show no connection between MOC and early retirement. The average attrition for all physicians is 2-3 percent, while the rate of attrition for ABEM-certified physicians in 2015 was 1.6 percent. There has been no significant change in certification attrition related to any changes in the ABEM MOC Program. In fact, in 2014, only 11 diplomates lost certification as a result of missing LLS or IMP requirements, and of those, seven regained certification. In 2015, the figures were eight who lost certification, and four have since regained.
Given that diagnostic errors are the number one cause of malpractice lawsuits that involve emergency care, diagnostic accuracy is a focus of ABEM MOC activities. High-risk medical conditions are addressed in 32 percent of LLSA readings, and diagnostic processing is tested in 54 percent of ConCert™ Examination questions. This could be a reason why 90 percent of physicians report that preparing for and taking the ConCert™ Examination improves and/or reinforces their medical knowledge.

Projects that improve patient outcomes, such as reducing door-to-balloon times, meet MOC practice improvement (PI) requirements. For physicians who attested to PI activities in 2015, 98.3 percent claimed that the activity improved patient care. And because physicians select the practice improvement activity in which they participate, they can choose those that are most relevant to their clinical practices.

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**Diagnostic Accuracy in ABEM MOC**

- Total LLSA readings: **201**
- Readings specific to diagnostic error: **5**
- Readings specific to top 10 conditions resulting in malpractice cases: **65 (32%)**
- ConCert™ Examination questions requiring diagnostic processing: **54%**
Searching for a Better Measure / Changing C/P Requirements

One aspect of the Improvement in Medical Practice (IMP) component of MOC—communications/professionalism (C/P) activities—did not perform well as a quality measure. Moreover, ABEM received feedback from physicians that this was not a meaningful measure of their interactions with patients. As a result, ABEM launched a pilot to not require the C/P activity. This decision does not infer that communications and professionalism are not relevant to clinical practice. ABEM recognized that activities included in other aspects of the MOC Program related to communications and professionalism better accounted for meaningful efforts in improving the patient experience of care in the emergency department. In tandem with the pilot, ABEM is undertaking a research project with the aim of more reliably measuring professionalism in emergency physicians.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number of Attestations</th>
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<tbody>
<tr>
<td>Time-related (throughput time, ED length-of-stay, and other process time measures)</td>
<td>748</td>
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<tr>
<td>Stroke-related</td>
<td>564</td>
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<tr>
<td>Infectious disease-related</td>
<td>529</td>
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<tr>
<td>Other</td>
<td>500</td>
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<tr>
<td>Cardiac-related</td>
<td>437</td>
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Feedback—
It Matters to ABEM

ABEM offers candidates and diplomates the opportunity to provide feedback at each step of initial and continuous certification processes. Test takers can comment on each question or case on every ABEM examination or test, as well as on the overall testing experience, and all of those comments are reviewed by the examination staff and ABEM physician editors. Additionally, diplomates are asked about their experiences with the IMP component of MOC during the attestation process. ABEM also seeks physicians’ opinions and expertise through working groups and topic-specific events such as the MOC Summit, an interorganizational, specialty-wide forum.

The feedback ABEM has received on its examination processes has been positive, and the benefits and value of certification and the ABEM MOC Program confirmed by emergency physicians. MOC activities and ABEM examinations have been found relevant to the clinical practice of Emergency Medicine, and to improve patient outcomes and reinforce medical knowledge.

ABEM welcomes the feedback provided by candidates and diplomates, and your ideas do result in changes and improvements to ABEM examinations and the ABEM MOC Program.
Help Us Build a Better Specialty

ABEM will continue to seek better ways to serve the specialty, the patient, and the ABEM-certified emergency physician. Your suggestions are a critical component of that process. Some medical specialty boards have recently begun to explore means of assessing the knowledge, judgement, and skills of their diplomates in ways other than by a secure examination. ABEM will monitor these activities to determine if they are right for our specialty. But, ABEM will always insist on the highest standards of physician assessment, namely, clinically relevant, psychometrically valid, and rigorous assessments measured against national standards.
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. Since the beginning of ABEM certification, physicians have never been content to rely on initial certification as a career-long credential. ABEM certification is voluntary, but organizations such as hospitals, payers, and departments of Emergency Medicine believe ABEM certification is the “gold standard” credential of the specialty. It reflects a commitment to high-quality, safe, emergency care. Your commitment to the specialty has helped to transform health care and provides a critical service to patients at their most vulnerable times. ABEM thanks you for caring for everyone, for anything, at any time.