

CERTIFICATION & MOC – WHAT THE RESEARCH SHOWS

THE NEED FOR PHYSICIAN ASSESSMENT AND EVALUATION

Clinical Judgment & Diagnostic Errors

- Clinical judgment and the ability to deal with uncertainty are especially critical with respect to misuse and overuse of processes of care. [1]
- Physician knowledge and clinical judgment are central to making correct diagnoses. [2]
- One study found that premature closure, i.e., the failure to continue considering reasonable alternatives after an initial diagnosis was reached, was the single most common cause of diagnostic error. Other common causes included faulty context generation, misjudging the salience of findings, faulty perception, and errors arising from the use of heuristics. [3]
- Physicians underappreciate the likelihood that their diagnoses are wrong and that this tendency to overconfidence is related to both intrinsic and systemically reinforced factors. [4]

Physician Skills Deteriorate Over Time

- On average, clinical skills tend to decline over time. [5]
- Amount of clinical experience does not necessarily lead to better outcomes or improvement of skills. [5]
- Fewer than 30% of physicians examine their own performance data. [6]
- A physician's ability to independently and accurately self-assess and self-evaluate is limited. [7]

THE ROLE OF CERTIFICATION AND MAINTENANCE OF CERTIFICATION

Testing Clinical Knowledge and Judgment

- General internists with higher scores on their certification exams performed better on composite measures for chronic care and preventive services. [8]
- Physicians scoring higher on the Internal Medicine Certification Exam performed better on composite measures for diabetes care. [9]
- Doctor scores on certifying examinations are significant predictors of quality on regulatory, practice-based peer assessment. [10]
- Secure examinations of medical knowledge and clinical judgment can provide an effective means to assess whether physicians have incorporated new knowledge and have synthesized the knowledge over time. [11]
- The majority of questions on the ABIM exams require integration of information, prioritization of alternatives, and/or utilization of clinical judgment in reaching a correct conclusion. [12]
- ABIM exam questions test “efficiency” or conservative management in health care. [13]
- High performance on the ABIM certification examination predicted decreased risk for future disciplinary action for American or Canadian medical school graduates. [14]

Certification is Associated with Better Care

- Board certification was associated with higher performance on a broad range of quality measures. [15]
- Patients treated by board certified internists were significantly more likely to receive aspirin and beta-blockers at admission and aspirin at discharge. Board certified cardiologists were more likely to provide aspirin and beta-blockers at admission and discharge, and that board certified internists who have self-designated as a cardiologists performed better than self-designated cardiologists with no board certification. [16]
- Implantations by a nonelectrophysiologist were associated with a higher risk of procedural complications and lower likelihood of receiving a CRT-D device when indicated compared with patients whose ICD was implanted by an electrophysiologist. [17]
- Board certified doctors showed a trend toward better immunization rates of poor children seeking care in private practices. [18]
- Provision of questionable prescriptions without meeting enrollment criteria was associated with non-certified physicians. [19]
- Mortality was lower for patients with acute myocardial infarction cared for by certified physicians. [20]
- Certified cardiologists saved more lives than certified primary care doctors who are not board certified. [20]
- Higher scores on the ABIM Internal Medicine Maintenance of Certification (MOC) examination are associated with better performance on Medicare quality indicators for diabetes and mammography screening. [21]
- There is a positive association between the rate at which preventive care services were delivered for Medicare patients and certification status in internal medicine or family medicine. [22]

- Time since a physician's last board certification correlates with decline in quality of care for patients being treated for high blood pressure. [23]

PATIENTS AND PHYSICIANS BELIEVE IN THE IMPORTANCE OF ONGOING ASSESSMENT

The Public Expects It

- The public expects, in return for the privilege of self-regulation, that physicians undergo a rigorous, periodic examination of knowledge. [24]
- A recent ABMS consumer survey found 95 percent of Americans say it is important to them that their doctors participate in a program to maintain their board certification. [25]
- An ABMS consumer survey found that 91 percent of respondents said that board certification is "very important" or "important" in choosing a doctor. [26]
- A recent survey found that parents report a preference for board certified physicians and expect them to participate in MOC. [27]

Physicians Value It

- In general, physicians seem to value the MOC process for its effort to improve quality of care and patient safety. [28]
- Physicians find the ABIM MOC program personally (62%) and professionally (68%) valuable. [29]
- 84% of physicians who completed an ABIM self-assessment of knowledge module agree that it helped them identify further areas of study, and 86% agree that it enhanced their competence in how to improve patient care. [30]
- 82% of physicians would recommend the ABIM PIM Practice Improvement Module® to a colleague. 75% indicated that they changed their practice as a result of the module. [31]

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