

# WHY MAINTENANCE OF CERTIFICATION MATTERS

## A CHANGING HEALTH CARE ENVIRONMENT

The practice of internal medicine faces many challenges from a dynamic health care environment in which advancing biomedical science must be linked with meaningful, coordinated care delivery. Sound clinical judgment is especially important when care and treatment are being coordinated between outpatient and inpatient settings, or between internists and subspecialists in the same setting.

As methods of practice change, ongoing certification assesses whether a doctor can decipher symptoms and identify a correct diagnosis, select the best course of treatment and effectively manage multiple conditions.

ABIM's Maintenance of Certification (MOC) provides internists and subspecialists with a relevant, useful and continually improving means of demonstrating their professional competence. The program emphasizes the important balance between a physician's knowledge, clinical judgment and practice performance – all essential for providing the best care possible.

By engaging in a process of self-assessment and measurement, physicians can identify areas in which they need to improve and stay abreast of the clinical and systems developments in the medical field. In addition, the MOC process requires physicians to conduct a self-assessment in which they identify gaps in care and ultimately implement a quality improvement plan for their practice.

## WHY IS IT IMPORTANT TO MAINTAIN CERTIFICATION?

Research shows that in general, over time, knowledge deteriorates and practice habits and patterns fail to change in response to medical advances.<sup>6</sup> One study found that the time since a physician's last board certification correlates with decline in quality of care for patients being treated for high blood pressure.<sup>7</sup> Physicians in practice must keep up with the exponential growth of new information relevant to all aspects of their medical practice.

## CONSUMERS, HOSPITALS AND HEALTH PLANS RECOGNIZE CERTIFICATION

The public expects, in return for the privilege of self-regulation, that physicians undergo a rigorous, periodic examination of knowledge.<sup>8</sup> A recent survey found that parents report a preference for board certified physicians and expect them to participate in Maintenance of Certification.<sup>9</sup>

A number of health care organizations – including Aetna, Blue Cross Blue Shield Association, CIGNA HealthCare, Humana and UnitedHealthcare – recognize ABIM MOC as part of financial reward programs, e.g., pay-for-performance, recognition in online physician directories and inclusion in tiered networks.

## WHAT THE RESEARCH SHOWS

A growing body of research suggests that board certified physicians deliver higher quality care than their non-certified colleagues and that board certification is correlated with:

- Higher performance on a broad range of quality measures<sup>1</sup>
- Better outcomes & more reliable care<sup>2</sup>
- Higher quality of care for acute myocardial infarction (AMI)<sup>3</sup>
- 15% lower mortality in myocardial infarction<sup>4</sup>
- Higher rates of preventive service<sup>5</sup>

## TO MAINTAIN CERTIFICATION, PHYSICIANS MUST:

- Pass a secure examination that assesses knowledge, diagnostic acumen and clinical judgment;
- Test their clinical and practical knowledge in their particular field of practice through open-book modules; and
- Evaluate their own practice performance through a chart review of patient records, a patient survey and a practice survey of the systems in use in the practice. Based on feedback provided from ABIM, physicians must then develop and implement practice improvement plans.

## REFERENCES

<sup>1</sup> Arch Intern Med. 2010;170(16):1442-9.

<sup>2</sup> JAMA. 2004;292(9):1038-43.

<sup>3</sup> JGIM. 2006;21(3):238-44.

<sup>4</sup> Acad Med. 2000;75(12):1193-98.

<sup>5</sup> JAMA. 2005;294(4):473-81.

<sup>6</sup> Ann Intern Med. 2005;142(4):260-73.

<sup>7</sup> Circulation. 2008;117(5):623-28.

<sup>8</sup> JAMA. 2004; 292(9):1038-43

<sup>9</sup> J Pediatr. 2010;156(5):841-5.



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