



THE AMERICAN BOARD *of* PEDIATRICS

111 Silver Cedar Court, Chapel Hill, North Carolina 27514-1513
Phone: (919) 929-0461 • Fax: (919) 929-9255 • abpedts@abpedts.org • www.abp.org

Summer 2016

Dear Colleague,

In the short three and a half years since I accepted the position of president of the American Board of Pediatrics, Maintenance of Certification (MOC) has dominated the dialogue around professionalism and certification in ways that I did not imagine back in 2013. While the ABP works hard to keep the pediatric community fully informed through our [annual report](#), [blogs](#), and [website](#), I thought I would offer an interim report and personal reflections on the professionalism dialogue and the ABP's efforts around MOC.

The Bell-Shaped Curve

As I have listened to pediatricians throughout the country, their opinions about MOC seem to resemble a bell-shaped curve. One segment views MOC as an intrusion in the doctor-patient relationship and seeks to have it abolished. At the other end of the spectrum are pediatricians who have enthusiastically embraced the opportunity to improve care, for which MOC credit is awarded. In the middle sits the majority of pediatricians who believe that our profession owes the public some form of professional accountability but would like to see more streamlined and efficient mechanisms to achieve that goal.

In the Middle of the Dialogue

Let's start with the large group in the middle that believes in professionalism and maintaining high standards in pediatric practice but has been unhappy with MOC.

In the last three and a half years, I have communicated with hundreds of pediatricians individually, met regularly with the leaders of all pediatric organizations, and engaged in many question-and-answer sessions all across the country. The bottom line is that I agree with the desire that MOC should not be an add-on to the pediatrician's already busy work life. Rather, it should seamlessly validate and acknowledge to the public those pediatricians who are committed to maintaining the highest standards of professionalism, assessing and updating their knowledge and improving the quality of care. This is the bedrock mission of the ABP, which we have reaffirmed and clarified with our [Statements of Values and Guiding Principles](#).

Transparency and continuous improvement of our own processes and programs represent two of the ABP's core values. GuideStar, which collects information on nonprofits and rates their levels of transparency, has awarded the ABP its gold seal in recognition of our achieving its highest level of transparency.

We have listened carefully to the critiques of MOC and acted on the many outstanding suggestions from pediatricians. The MOC program of today is not the MOC of 5 years ago. Many options for individualized MOC quality improvement credit already are in place, and more MOC innovations will have been launched or piloted by early 2017.

Here are some of our major MOC initiatives:

- [MOCA-Peds](#)

By now I hope you are aware of the 2017 pilot project in General Pediatrics assessment that may replace the current secure examination. After our 2015 *Future of Testing* conference, where practicing pediatricians convened with internationally known assessment experts, this new approach to assessment and learning is now being designed with the help of hundreds of you who are volunteering in our focus and user groups.

2016 Board of Directors

Christopher A. Cunha, MD
Chair

David A. Gremse, MD
Chair-Elect

Joseph W. St. Geme III, MD
Immediate Past Chair

Ann E. Burke, MD
Secretary-Treasurer

David G. Nichols, MD, MBA
President and CEO

Gail A. McGuinness, MD
Executive Vice President

Michael A. Barone, MD, MPH
Patrick D. Brophy, MD
John G. Frohna, MD, MPH
Rutledge Q. Hutson, JD, MPH
Carolyn M. Kerckmar, MD
Anna R. Kuo, MD
H. Stacy Nicholson, MD
Victoria F. Norwood, MD
Diane M. Pickles

2016 Vice Presidents

Linda A. Althouse, PhD
Carol L. Carraccio, MD, MA
Sandra W. Gainey
Ann E. Hazinski, MBA, CPA
Laurel K. Leslie, MD, MPH
Virginia A. Moyer, MD, MPH
Michele J. Wall, MA
Dongming Zhang, MS, MLS

MOCA-Peds will deliver examination questions to your browser or mobile device to be answered at your convenience. It will seek to combine assessment with learning such that you will get immediate feedback on the topic and links to additional learning materials. We do not believe you will need to use online resources or books to answer most questions, but you may do so in the allotted time. If the pilot is successful in general pediatrics, then we will roll it out to the subspecialties in subsequent years.

- **Quality Improvement Pathways**

The ABP believes that diplomates (not the ABP) are in the best position to determine which areas in their practices would benefit from improvement. Therefore, we have greatly streamlined the ways for diplomates to receive credit for their existing and ongoing efforts at QI. Where possible, credit is automatic such as a full 5-year cycle of credit for participation in a patient-centered medical home accredited by the National Committee for Quality Assurance (NCQA).

For the many children's hospitals, large practice groups, and the AAP chapters with QI portfolio status, we have delegated authority to the local level such that diplomates can receive credit for quality improvement activities already underway at their home institutions or in their chapters.

For small groups (≤ 10 people), we have streamlined the system using LEAN principles so that one person from the group can easily apply for MOC credit for all pediatricians who have participated in the group's QI project.

In addition, the ABP has created MOC QI pathways tailored to areas of specific career interest. For instance, educators who improve the quality of a training program may receive MOC credit while fulfilling ACGME improvement requirements. Similarly, those developing and leading institutional quality improvement efforts may obtain MOC credit. The ABP will be working with several pediatric organizations to consider ways of awarding MOC credit for those engaged in improving advocacy on child health issues.

- **Lifelong Learning**

By early 2017, we will have a mechanism for diplomates to simultaneously receive MOC credit and CME credit from providers accredited by the Accreditation Council for CME (ACCME). The accredited provider must simply attest that the CME activity meets ABP MOC requirements (i.e., inclusion of an assessment in the CME activity) and report the diplomate's participation to the ABP. This initiative will greatly expand the universe of activities eligible for MOC Part 2 credit and should alleviate the concern about not being able to find suitable learning activities for MOC credit.

An Intrusion in the Doctor-Patient Relationship?

There are certainly individual pediatricians and groups who view certification and maintenance of certification as an unnecessary and even harmful intrusion in the doctor-patient relationship. They argue that certified physicians should only have to complete CME, in effect making maintenance of certification equivalent to licensure (which also only requires CME). Others argue that licensure perhaps combined with hospital privileging rules are already onerous enough and certification is unnecessary.

I understand and respect these views. Yet the ABP's history and mission statement reflect a different philosophy and meaning of professionalism. For 83 years, our profession has agreed to recognize those who maintain high standards for the practice of pediatrics and to voluntarily hold ourselves accountable to the public without government compulsion (as is now the case in the United Kingdom, for instance). Board certification has traditionally been the vehicle for such voluntary public accountability and has reflected a distinction above and beyond licensure. It is ironic that certification has become a victim of its own success with some physicians viewing certification as a burden, precisely because many hospitals want to see certification as a condition of awarding privileges, and some payers will only offer financial incentives to physicians who are board-certified.

The role of volunteer pediatricians on ABP committees and sub-boards is to set standards so that others – pediatricians, parents, practices, and payers – can decide what to do with the information about certification status. Pediatricians should have the freedom to decide whether or not to maintain certification. Parents and caregivers should have the freedom to choose the pediatrician who will best care for their

children. Practice groups and hospitals should have the freedom to hire physicians they believe will provide the best care. Payers should have the freedom to decide how best to allocate premium dollars on behalf of their subscribers.

Enthusiastic about Improving the Quality of Care

After a grand rounds I gave recently, a pediatrician expressed concern about the value of MOC. Before I could even muster a response, another pediatrician in the audience shared how important MOC had been in improving the care in his practice. What distinguished these two individuals? The second person was involved in a QI learning collaborative, where he shared best practices with colleagues, compared outcomes against national standards and group averages, and most importantly, documented dramatic improvements in care and outcome. There are now several such collaboratives, including

- ImproveCareNow, which has increased remission rates for inflammatory bowel disease by 44% ¹
- The National Pediatric Cardiology QI Collaborative, which has decreased mortality in hypoplastic left heart syndrome by over 40%²
- The I-PASS collaborative, which has decreased medical errors associated with handoffs by 23% ³
- The National Improvement Partnership Network (NIPN), which has dramatically improved pediatric primary care in several states ⁴
- Various state [AAP chapter quality networks](#), where participating pediatricians now achieve best practices 95% of the time in asthma, ADHD, and other conditions

There are other such collaboratives involving both small and large practices, and more are being developed. Over the long term, I believe this collaborative model is the most effective approach to improving care and outcomes. This, in turn, is acknowledged publically by the receipt of MOC credit for all participating pediatricians.

While the debate around MOC will surely continue, I know the vast majority of pediatricians are committed to delivering outstanding care to children and to making pediatric care even better in the future. Likewise, the ABP is committed to 3 things: carefully listening to pediatricians, improving its programs, and holding fast to its mission. I thank you for a shared commitment to improving the health of children and wish you a pleasant summer.

Sincerely,



David G. Nichols, MD, MBA
President and CEO

1. Crandall WV, Margolis PA, Kappelman MD, et al. Improved Outcomes in a Quality Improvement Collaborative for Pediatric Inflammatory Bowel Disease. *Pediatrics* 2012;129(4):e1030–41.
2. Anderson JB, Beekman RH3, Kugler JD, et al. Improvement in Interstage Survival in a National Pediatric Cardiology Learning Network. *Circ Cardiovasc Qual Outcomes* 2015;8(4):428–36.
3. Starmer AJ, Spector ND, Srivastava R, et al. Changes in Medical Errors after Implementation of a Handoff Program. *N Engl J Med* 2014;371(19):1803–12.
4. Shaw JS, Norlin C, Gillespie RJ, et al. The national improvement partnership network: state-based partnerships that improve primary care quality. *Acad Pediatr* 2013;13(6 Suppl):S84–94.