ABR MAINTENANCE OF CERTIFICATION

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Objectives

- Understand the goals of the MOC program
- Understand the four components of the MOC process and requirements for completion
- Understand the basis for the cognitive expertise examination and be familiar with the format

What?

- Unlike “recertification”, MOC is a process to document physician specialist continuous competency, translating expertise into Accountability.
- PQI is designed as a platform to demonstrate physician commitment to practice assessment, translating practice improvement into Quality of Care.

Who?

- Required for ABR diplomates who received certification in 2002 or after
  - Must meet all criteria for MOC before expiration
  - Continuous certification for all diplomates certified in 2012 or after
    - “Ongoing certification is contingent upon meeting the requirements of MOC”
- “Optional” for lifetime ABR certificate holders
  - Lifetime certificate remains fully valid, even if drop out of MOC participation or don’t complete all of the requirements within the 10-year cycle

Why?

- Does it improve outcomes?
- Does it measure quality?
- Does it benefit patients?
  - Confidence in physicians who demonstrate ongoing investment in knowledge and skills

Controversy About MOC

Jha, JACR, 430-433, 2015
ABMS will serve as central repository for MOC status of diplomates of all 24 member specialty Boards.

- www.certificationmatters.org
- Reports on whether or not ABR board-certified radiologists are meeting MOC requirements
  - “Meeting requirements of MOC”
  - “Not meeting requirements of MOC”
  - “Not required to participate in MOC”
  - Link to ABR website
- Info in radiologist MOC status also available at www.theabr.org.

Continuous Certification Process

- Continuous certification for all diplomates certified in 2012 or after
  - “Ongoing certification is contingent upon meeting the requirements of MOC”
  - Annual “look back” in March to ensure diplomate meeting requirements on continuing basis
    - “look back” examines a rolling 3 year window
  - Continuous certification process also used for lifetime certificate holders who enroll
    - Catch up period of one year for lifetime holders

ABR- Radiologist Reporting

- Certified, meeting the requirements of MOC
- Certified, not required to participate in MOC (lifetime status)
- Certified, not meeting the requirements of MOC
- Not certified; certificate lapsed
- Lifetime-certified with MOC subspecialty (reported as meeting requirements if current)

Continuous Certification Process

- One: Professional standing
- Two: Lifelong learning and self-assessment
- Three: Cognitive expertise
- Four: Practice quality improvement (PQI)
Lifelong Learning and Self-assessment: Continuous Certification

- Annual rolling 3-year look back on March 15 for
  - 75 CME total over previous 3 years
  - ABMS requires 1/3 of CME must be Self-Assessment
    • Test # of SAMs
    • Self-assessment credit earned through:
      - Traditional, ABR pre-qualified SAMs with SA credit
      - Any “enduring” AMA Category 1 CME offering that includes assessment questions, feedback, references (online or journal based)

The TEST!!!

- Exam may be taken at any time within 10 year period
- 3/4 modules picked by candidate to reflect their practice
  - ≥ 60 scorable units each
  - If ≥ 1 module in same area, exam includes advanced modules
- One required module on noninterpretive skills
- If all MOC components are fulfilled certification maintained for diagnostic radiology (not limited by modules chosen)

MOC Exam

- Required module on non-interpretive skills
  - Patient Safety
  - Radiation protection, contrast reaction, MR safety, etc.
  - Professionalism/ethics
  - Practice guidelines, appropriateness, consultations, etc.
  - General quality improvement
  - Quality improvement principles, image quality
  - Research and screening
  - Research methods, statistics
  - Compliance, regulatory and legal issues
  - Imaging Informatics
- STUDY GUIDE: www.theabr.org/moc-dr-study
- PRACTICE EXAM in breast imaging soon available from SBI

Goal

Exams that are:
- fair
- representative of practice
- psychometrically sound

Exam Development

- Subspecialty committees
  - 5-7 volunteer members
  - Private practice and academic practice
- Items mostly image-rich case based
  - Designed to reflect actual practice
    • Practice profile survey
- Each member writes 30 questions per year
- All questions vetted by entire committee

Practice Profile Survey

- Every 3 years
- Used in determining the weight of particular content areas for exams
- 12 imaging categories and modalities
- Frequency: “With what frequency do you deal with each of the following indications?”
- Importance: “What is their importance in your individual practice?”
- Indications sorted from highest to lowest
### Practice Profile Survey Results: Breast Imaging

<table>
<thead>
<tr>
<th>Modality</th>
<th>Appropriate percentage of items</th>
<th>Frequency</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td><em>Palpable Mass:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean 4.69</td>
<td>SD 0.61</td>
<td>0.68 0.52</td>
</tr>
<tr>
<td></td>
<td><em>Abnormal diagnostic mammogram:</em></td>
<td>Mean 4.76</td>
<td>SD 0.54</td>
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<tr>
<td></td>
<td><em>Abnormal screening mammogram:</em></td>
<td>Mean 4.75</td>
<td>SD 0.65</td>
</tr>
<tr>
<td></td>
<td><em>Palpable mass:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean 4.73</td>
<td>SD 0.55</td>
<td>0.77 0.65</td>
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<tr>
<td></td>
<td><em>Abnormal diagnostic mammogram:</em></td>
<td>Mean 4.72</td>
<td>SD 0.65</td>
</tr>
<tr>
<td></td>
<td><em>Abnormal screening mammogram:</em></td>
<td>Mean 4.72</td>
<td>SD 0.65</td>
</tr>
<tr>
<td></td>
<td><em>Guidance for intervention:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean 4.28</td>
<td>SD 0.88</td>
<td>0.59 0.77</td>
</tr>
<tr>
<td>Radio(mammo)</td>
<td><em>History of breast carcinoma:</em></td>
<td>Mean 4.76</td>
<td>SD 0.65</td>
</tr>
<tr>
<td>US</td>
<td><em>Nipple discharge:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean 4.08</td>
<td>SD 0.88</td>
<td>0.59 0.77</td>
</tr>
</tbody>
</table>

### Example Questions

Calcifications were identified on this patient’s baseline mammogram. Magnification ML and CC compression views are shown.

Mag ML

Mag CC

What is the most appropriate BIRADS Category for these calcifications?

- A. 2
- B. 3
- C. 4
- D. 5

Key = C

**BLOCK RETURN AT THIS POINT**
A stereotactic core biopsy was performed and pathology showed atypical ductal hyperplasia. What is the next step in management?

A. Return to routine annual mammography  
B. 6 month follow up mammography  
C. Breast MR  
D. Surgical excision

Key = D

Optically enlarged views of MLO and CC mammograms in a patient with a palpable mass. The mass is indicated by the marker on the skin.

What is the next step in management for this patient?

A. Routine annual mammography  
B. 6 month follow-up mammography  
C. Ultrasound of the palpable mass  
D. Percutaneous biopsy of the palpable mass

Key = A

Case 3

Theme

Masses
Options

A. Abscess
B. Complex cystic mass
C. Complicated cyst
D. Fat necrosis
E. Fibroadenoma
F. Sebaceous cyst
G. Infiltrating ductal carcinoma
H. Lymph node
I. Papilloma
K. Simple cyst

Lead-in Statement

For each patient vignette/image shown, what is the most likely diagnosis? Each option can be used once, more than once, or not at all.

Stem 1:

Key: F (Sebaceous cyst)

Stem 2:

Key: C (complicated cyst)

Stem 3:

Key: G (Infiltrating ductal carcinoma)
The Mammography Quality Standards act requires that a report of BIRADS 4 and 5 mammogram outcomes be provided at least every 12 months to which one of the following?

A. The FDA  
B. The referring physician  
C. The interpreting physician  
D. The ACR  
E. The practice manager/ hospital administrator

Key: C

Module construction

- Approximately 60 items per module  
- Subjects covered and emphasis based on practice profile survey  
  - List of subjects covered for each subspecialty available on ABR website (“Study Guide”)  
  - Sample questions  
  - SBI practice exam available soon

Determining The Passing Score

- Modules may have different levels of difficulty  
- Fixed passing rates may not be reliable

Practice Quality Improvement (PQI)

- Completion of 1 PQI project in the previous 3 years  
- Projects may be individual, group or institutional  
- Projects are not submitted to the ABR, but may be audited

Future Focus for Improvement in MOC Process

- Alternatives to the secure, proctored exam in Tucson or Chicago  
  - ABR’s goal is to “identify innovative knowledge-assessment tools that take advantage of new technological and communication norms to provide less intrusive, more relevant, and more cost-effective knowledge base sampling than past traditional methods.”
**PQI: Classical Methodology Favored by the ABR**
- Plan
  - Area for improvement identified
  - Measure devised to assess need
  - Plan to collect data
  - Target goal set
- Do
  - Collect data
- Study
  - How does measurement compare to goal?
  - Explore causes for measurement inferior to goal
- Act
  - Consider what should be done and implement plan
- Reassess after improvement plan implemented

**PQI Projects**
- Patient safety
- Accuracy of interpretation
- Report turnaround time
- Practice guidelines and technical standards
- Referring physician surveys
- RADPEER™ (must meet ACR guidelines)
- ACR Value-Based Practice Quality Improvement (PQI) project
  - A turn key project available at ACR website
  - 10 topics
- Any project that will measurably improve quality of individual practice

**Group PQI Projects**
- One leader for the project
- 3 or more meetings of group
- Documentation of names of group members
- Each member must have meaningful participation
- Each must have access to data
- Each participant must be signed off by leader
- Projects can be self designed or society sponsored, pre-approved projects
  - RSNA, SIR, SBI, etc

**New Options to Fulfill PQI Requirement**
- Annual participation in MQSA audit
- Active participation in applying for or maintaining accreditation by specialty accreditation programs
- Member of quality and/or safety review committee for department or institution
- Regular participation (at least 10/year) in departmental or group conferences focused on patient safety
  - Tumor boards, M&M, Rad/path correlation conferences

**New Options to Fulfill PQI Requirement (cont)**
- Active participation in departmental or institutional peer-review process
- Participation as a member of a root cause analysis (RCA) team evaluating a sentinel or other quality- or safety-related event
- Many other options (publications, presentations, committee work related to quality and safety)
- See invited commentary by Lane Donnelly in October 2015 Radiographics http://pubs.rsna.org/doi/pdf/10.1148/rg.2015150167
- You are probably already doing something that fulfills the requirement!!

**MOC**
- Ensures public trust regarding safety of radiology
- Allows us to self-regulate the quality of our profession
- Demonstrates our commitment to the highest quality of care