In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the product(s) or provider(s) of the service(s) that will be discussed in my presentation.
Rebecca L. Johnson, MD, FCAP

- CEO, American Board of Pathology (ABP)
- 11 year ABP Trustee
- Former Chair of Pathology and Clinical Labs and Director of Pathology Residency Training Program at Berkshire Health Systems, Pittsfield, Mass.
Chad R. Rund, DO, FCAP

• Chair, New in Practice Committee
• Anatomic and Clinical Pathologist
• Head of Gastrointestinal Pathology Services, Aurora Diagnostics, Greensboro Pathology Laboratories, Greensboro, NC
The American Board of Pathology (ABP) Maintenance of Certification (MOC) Program

- Why is MOC required?
- What is the ABP MOC Program?
- What is required for MOC?
- Who should participate?
- Summary
Why is MOC required?

- Developed by the 24 member boards of the American Board of Medical Specialties.
- Replaced recertification.
- Certification should be a continuous process and involve more than an examination.
ACGME/ABMS Six Core Competencies

- Medical Knowledge
- Patient Care & Procedural Skills
- Practice-based Learning & Improvement
- Systems-based Practice
- Interpersonal & Communication Skills
- Professionalism
ABP-MOC Requirements

• Part I: Professionalism and Professional Standing

  – Possess a full, unrestricted medical license in US or Canada
    – Practice outside US or Canada – full, unrestricted license in the local jurisdiction where he/she practices.
  – Document medical staff membership and privileges
    – Or submit a description of their practice.
  – Report to ABP every two years.
ABP-MOC Requirements

• Part II  Life-Long Learning and Self-Assessment

  – 70 Category 1 CMEs each 2-year period
  – 20 of 70 credits must be Self-Assessment Modules (SAMs).
  – The ABP approves CME providers to offer SAMs, not individual SAMs. Providers designate which activities are SAMs. Certificates should reflect both CME and SAMs credit.

• NOTE: All SAMs are Category 1 CME; not all Category 1 CMEs are SAMs.
ABP-MOC Requirements

• Part II  Life-Long Learning and Self-Assessment
  
  – Report at 2-year intervals beginning at the end of the 2nd year after certification.
  – Credit for fellowship training
  – ABMS-approved patient safety course required beginning in 2012.
  – Random audits of Part II activities with documentation.
ABP MOC Requirements
Part III-Assessment of Knowledge, Judgment, and Skills

• Discussed in webinar session #2
• Tuesday, November 4
• 12 pm CDT
ABP-MOC Requirements

• Part IV – Improvement in Medical Practice

  – Part IV MOC requirements are based on CLIA
  – Quality assurance, performance improvement, continuous quality improvement, etc.
  – Evaluations - 360°
    – ABP certified pathologist
    – Credentials Committee, CMO, COS
    – Board-certified physician in another specialty
    – Technologist or Pathologist’s Assistant
ABP-MOC Requirements

• Part IV: Improvement in Medical Practice

• Laboratory accreditation
  – CMS
  – The Joint Commission
  – College of American Pathologists
  – AABB
  – ASHI
  – NAME
  – State of _______________
  – Other
ABP-MOC Requirements

- Part IV: Improvement in Medical Practice
  - Inter-laboratory performance improvement/quality assurance
    - Part of accreditation process (proficiency testing)
    - Activities available through societies
ABP-MOC Requirements

- Part IV: Improvement in Medical Practice

  - Individual diplomate participation in performance improvement/quality assurance
    - Cytopathology proficiency examination
    - Laboratory accreditation inspector
    - Society-sponsored activities
      » Slide review program
      » Other educational activities
ABP-MOC Requirements

- Part IV: Improvement in Medical Practice
  - Individual diplomate participation in performance improvement/quality assurance
    - Patient Safety course
    - Program/fellowship director
    - Institutional/departmental activity
      » Part IV approval form on ABP web site
  - Reported every 2 years.
Participation in ABP-MOC

- Diplomates who have a time-limited certificate must participate in MOC
- Diplomates certified in 2006 or later
- Certified in a subspecialty in 2006 or later, required only for the subspecialty
- Public reporting of MOC status
ABP-MOC

• Certification “lapses” if MOC requirements are not met.

• 2 year reporting intervals; deadline 1/31 of the 3rd year after certification. Example: 2014 diplomate - first report by 1/31/17.

• Continuous certification.

• Fees:
  $50 annual fee, paid at time of reporting
  Per diplomate, not per certificate.
ABP-MOC Report Cycles

• Every 2 years based on the year of the primary/earliest certificate
• Certificates can be synchronized
• Part II CME/SAMs and Part IV activities can be used for all certificates
ABP-MOC

• Diplomates may maintain AP, CP, subspecialty, or all, but this may change
• Continuous certification
• If a diplomate relinquishes a certificate, it may be reinstated within 5 years by participation in MOC activities in that area.
• After 5 years, the diplomate must retake the initial certification examination in order to regain certification in that area.
• TAKE HOME MESSAGE—KEEP YOUR CERTIFICATION!
ABP-MOC Participation
Non-Time Limited Diplomates

• Encouraged to participate in MOC
• Not required to participate.
• Participation in MOC does not jeopardize the original certification.
• Same schedule as new diplomates certified in that year.
• First report due after 2 years.
ABP-MOC Participation
Non-Time Limited Diplomates

• If secure examination is required for a state medical license, they can take the MOC examination and then begin the MOC cycle.
• They may opt out of MOC at any time.
• If they begin the MOC process, withdraw, and wish to re-enter at a later date, all MOC reporting since the initial enrollment must be brought up to date before the diplomate will be considered to be participating in MOC.
ABP-MOC Participation

- 3rd party payers or credentialing committees may require participation.
- Participation in MOC qualifies for incentive payment through MOC:PQRS.
- The Federation of State Medical Boards has approved a MOL program for which MOC will be accepted.
- MOC meets licensure CME requirements in 9 states.
ABP-MOC Participation
Clinically Inactive

- Clinically inactive-defined by ABMS as not practicing for 2 years.
- Notify ABP of inactive status at the time of MOC reporting.
- Clinically inactive exempts the diplomate from Part IV only. Parts I-III requirements must still be met.
- The diplomate must notify ABP when he/she re-enters practice and must begin Part IV activities within 6 months.
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<th><strong>ABP MOC STATISTICS</strong></th>
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Summary of MOC fees $$$

• $100 every two years, paid at the time of reporting Part I, II, and IV activities

• $500 for all exams taken in one session (spring, fall)

• Late fees

• Variable costs for:
  o CME, SAMs
  o Part IV activities
**Summary**

- Diplomates certified in 2006 or later must participate in MOC.
- MOC is open to all diplomates and does not put non-time-limited certificates in jeopardy.
- Part I, Part II and Part IV activities reported every 2 years.
- References reported after the 4th and 8th years.
- Reporting deadline is 1/31 of the following year.
- AP/CP examinations are modular.
- Most Pathology MOC requirements can be met by state licensure and CLIA requirements.
Resources

- **http://www.abpath.org**
  - Click on MOC box
    - Instructions and forms for online reporting
    - FAQs
    - Booklet of Information
    - Timelines
    - Forms, including application for Part IV approval and SAMs provider information and agreement.

- **ABP-MOC@abpath.org**

- Presentation slides: [http://j.mp/CAP28oct](http://j.mp/CAP28oct)
Questions

Rebecca L. Johnson, MD, FCAP
CEO, American Board of Pathology (ABP)