

How to Make Docs' Maintenance of Certification Easy

Sue Pelletier, [MeetingsNet Magazine](#)

Thu, 2016-08-11 09:45

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Many medical societies are interested in providing the [Maintenance of Certification](#) credits physicians need to satisfy their specialty board's requirements. And why not? Physicians already can obtain the continuing medical education credits they need at Accreditation Council for CME-accredited and state-accredited provider activities. Why not extend that into dual-credit sessions that would provide MOC points as well at medical society annual meetings?

After all, it doubles the draw to register for a conference if a physician can knock off CME credits and MOC points by attending the same session, making it a pretty attractive proposition for most medical societies.

It just can be a little tricky to pull off.

Here's how the Heart Rhythm Society integrated elements of MOC into sessions at its 2016 Annual Meeting, which drew 13,000 attendees to the Moscone Convention Center in San Francisco in May. Hint: It pays to have the right technology.

MOC Off to a Rocky Start

The CME community viewed it as a major opportunity when the American Board of Medical Specialties launched the four-part MOC framework in the early 2000s—one part of which, Part 4, lifelong learning and self-assessment, is directly tied to CME. And it was in fact a great opportunity for CME providers in theory. However, with each of the 24 boards of medicine putting together their own individual MOC programs within the overall ABMS framework, it got a little messy.

For example, the lifelong learning portion of the American Board of Internal Medicine's MOC required that ABIM review and approve each activity, resulting in a huge backlog and few options for physicians to choose from (see [this article for more](#)).

HRS had offered MOC points at the annual conference for a few sessions in the past, says HRS Director, Scientific Sessions Programs and Education, Chloé Thomas. They had to work directly with ABIM to get the sessions certified, and "the process was manual and time consuming," she says.

Collaboration to the Rescue

Last fall, [ACCME](#) and ABIM collaborated to streamline the process, enabling providers to input all the information needed for both the accreditor and the board into ACCME's Program and Activity Reporting System, or PARS.

"One of the catalysts for HRS offering MOC points this year was the way the ACCME and ABIM collaborated," says HRS Manager, CME Programs and Meetings Operations, Tracy Blithe, CMP. Now that ACCME-accredited providers like HRS are no longer required to submit applications for activity approval for peer review to ABIM, HRS was able to provide MOC points for 12 of its 199 sessions this year. They also offered American Board of Pediatrics MOC points for four additional sessions.

"We uploaded [the session data] into PARS, pushed a button saying, 'Yes, we want to offer MOC credits for this,' then all we had to do is upload our final data at the completion of the meeting," says Blithe.

The unified system "also makes it easier for physicians to participate in dual MOC/CME credit activities because it streamlines the process for obtaining MOC points—they can earn MOC points for the CME activities they are already doing," Blithe adds. PARS automatically links to the ABIM

database, and the points show up in ABIM diplomates' accounts in a matter days. It used to take months, she says.

How HRS Designs for Dual Credit

While this ACCME-ABIM collaboration has made the process easier for providers to register and administer their programs on the back end, and for physicians to apply points toward MOC, there's still the issue of designing and implementing the sessions to make them compliant with both CME and MOC requirements.

For example, some CME activities don't require testing to prove that the provider learned what they were supposed to learn, instead asking questions about whether any commercial bias was included and other non-knowledge-based questions. To earn ABIM MOC points, learners have to show that they learned. This means the provider has to design and implement knowledge assessments for any sessions they offer for dual credit.

To address this, HRS worked with CTI Meeting Technology to automate the process of developing and administering the test digitally, and then collecting and managing the results. "The add-on for MOC is for participants not just to claim CME credit for the sessions they attend, but to be tested on what they learned, either at the meeting or post-meeting at the time limit set by the society," says Mark Coe, CEO of CTI Meeting Technology.

"They have to think about session development a little bit differently," he adds. CTI Meeting Technology worked closely with HRS to add the necessary MOC tools to its existing cOASIS system. "HRS is the first society we worked with to take the workflow all the way through," Coe says, though "almost everyone we talk with is interested in and thinking about doing this. Being able to integrate MOC into the existing workflow means you don't have to hire yet another vendor to come on site."

HRS asked its [faculty](#) participants to create test questions that would ensure the learners understood the content, which then went through a peer review process. Learners could take the test up to three times if they needed to obtain the required 80 percent correct score to qualify for MOC points. Whether the learner passed or failed, the system offered a detailed explanation of why a certain answer was the correct one, and references to support that answer.

Lessons Learned

Having faculty use a familiar system, in this case CTI's cOASIS peer-review collection and programming tool, was a definite plus, say Thomas and Blithe. "The faculty were pleased that we were already using the site for their abstract submissions, etc., so they were already familiar with the platform," says Blithe.

While it ultimately made the process easier, they did have a bit of a curve ball to deal with when the ACCME and ABIM integrated their systems last fall. "We were already in the planning cycle with our faculty, who had already started to work on their presentations," says Blithe. Then HRS introduced the requirement of writing test questions as well. "That wasn't something they had known ahead of time they were going to be engaged in," she says.

One thing that helped was providing them with a question-writing resource that outlined tips such as the importance of using a "single best answer" format instead of "true and false," "fill in the blank," or essay options. "Staying with 'single best answer' helped us streamline the process for test writers," says Thomas. "If we had used any other method, it would not have been successful."

"Giving those resources made them more willing to participate, and made it easier for them to do as well," adds Blithe.

Building on Success

And it seems to have been a hit with participants, with well over 900 learners applying for MOC points, up from 100 or so who did so on HRS's previous attempt.

"Physicians need MOC points for the certification and recertification. It's neat to see them come to us, to participate and be active in the process," says Blithe.

Adds Thomas, "So far, everyone we have spoken with has commended us for the effort of streamlining MOC points and CME credit." However, she points out, at the time of this interview, they had only heard back from faculty/test writers, volunteers and committee members. They are still waiting for feedback from the learners. "But when they compare us to other associations they volunteer with, they say our process is more streamlined and less confusing than what they've experienced at other organizations. We're really happy about that."

It was so successful that they plan to offer MOC points again next year. "We're better equipped to know what to expect, where our challenges and successes were, so we can improve on the process moving forward," says Blithe. "Instead of the 12 ABIM MOC and four APB MOC sessions we offered this year, maybe we'll increase it every year until, who knows, maybe the whole annual meeting would offer MOC points. We'll see! People are clamoring for MOC points." So much so that one of the questions they've been asked is how faculty can get MOC points for this as a question-writing activity. "That's one of the things we're looking into for next year," says Blithe.

As for others who are interested in adding MOC points to their CME offerings? "Engage your volunteers and test writers early in the process. Their commitment drives your success," says Thomas. "And build a strong internal team to help support the effort." CTI Meeting Technology's Coe says that, because each of the medical specialty board has slightly different testing structure requirements, think through which boards you want to offer credit for, and make sure your vendors demonstrate that they can handle all that's involved. "You don't want to have a lot of last-minute issues," he says.

"I would say to jump right in," says Blithe. "Once you get one under your belt, the rest is easy." ABIM and APB were open to answering their questions, and others who have already incorporated MOC into their CME activities also can be a good resource. Reach out to other societies to learn from their experience—"Call us! We're open to sharing what we've done and we'd love to hear from others," says Blithe.

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