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5 FACTS YOU NEED TO KNOW ABOUT PRACTICE IMPROVEMENT MODULES
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DEADLINES

WRITTEN QUALIFYING EXAMINATION (WQE)
March 25, 2014
Prometric Test Centers
Register by: August 1, 2013 • $1650
Late deadline: October 1, 2013 • $1950

ORAL EXAMINATIONS
Oct. 25-27, 2013 in Chicago, IL
Register by: July 15, 2013 • $1650
June 6-8, 2014 in San Francisco, CA
Register by: February 15, 2014 • $1650

DOCK EXAMINATION
September 3-30, 2013
Prometric Test Centers
Late deadline: August 1, 2013 with late fee

NEWS

Congratulations to new and recertified diplomates

The ABO congratulates its diplomates who’ve earned certification and completed MOC as of July 1, 2013.

To view a listing of new and recertified diplomates, please visit abop.org/new or scan the code on the left. Certification and recertification represent a commitment to the highest standards of patient care and we applaud our new and MOC-participating diplomates.

Thank you, Examiners

Examiners are diplomates selected to examine at the oral examination, serve as item writers for both the written and oral examinations, and act as special committee members in the development of examination materials.

For a list of current Examiners, visit abop.org/about/examiners or scan the code above.

The Board sincerely thanks its Examiners, all of whom assist without compensation. The costs associated with preparing and administering a national standardized examination are high, and without this voluntary participation, the candidates’ expenses would be considerably higher.

Alert: Be wary of scam mail regarding certification

The ABO never uses third-party organizations to collect certification fees or discuss your certification status. A public database of all ABO-certified diplomates is available on the ABO website. Diplomates are also listed in The Official ABMS Directory of Board Certified Medical Specialists, published by Marquis Who’s Who, the authorized publication of the 24 ABMS-recognized specialty boards.

To verify any notification regarding your board certification, please call 610.664.1175.

MOC annual fees are currently due; pay online today

Diplomates have asked us to improve the MOC fee structure to decrease expenses in critical MOC years. In response, the ABO has introduced annual fees. The annual fees program eliminates participation fees for individual MOC activities for all diplomates certified or recertified during or after 2012. Fees in the amount of $200/year are payable by credit card on the ABO website, abop.org. Please call 610.664.1175 with any questions.

Look for us at the 2013 Academy Meeting

Learn more about the value of certification during the 2013 Annual Meeting of the American Academy of Ophthalmology in New Orleans this fall. A panel of Board Directors and staff members will host three events: an MOC Café, an MOC-themed Learning Lounge session for those in their first MOC cycle, and a general Q&A panel session with the Board of Directors.

Check the ABO website, abop.org, later this summer, or consult the AAO meeting schedule for dates, times, and session locations.

Tip: Register now for MOC PIMs due in 2013

Is your MOC Part IV: Practice Improvement Module activity due in 2013?

If so, we recommend registering immediately to allow sufficient time to complete the full PIM cycle: pulling charts, assessing your practice, implementing a plan for improvement, and conducting a reassessment. PIMs satisfy the MOC Part IV: Practice Improvement component and have replaced the Office Record Review (ORR) as a designated MOC activity.

More information about the PIMs and instructions on how to get started can be found on pages 4-5 of this newsletter.
The future of certification

The American Board of Ophthalmology recently convened to consider what ABO Certification exams may look like in 2020. A major initiative is to align certification, and especially Maintenance of Certification (MOC), with a continuum of quality improvement and self-directed learning that begins in residency.

Both training and practice, and therefore assessment, are increasingly grounded in the six competencies: Medical Knowledge, Patient Care and Procedural Skills, Interpersonal and Communication Skills, Systems-based Practice, Professionalism, and Practice-based Learning and Improvement.

The Board examined how the six competencies relate to changes in medical practice, the impact of integrated health care and team-based practice on ophthalmic patient care, the knowledge and skills necessary at different stages of ophthalmic training and practice, and the effectiveness of the Board’s current processes in meeting these needs.

To address these complex issues, the ABO invited three renowned speakers to focus our discussions.

Lucian Leape, M.D., Adjunct Professor of Health Policy, Department of Health Policy and Management, Harvard University, and author of the landmark publication *Error in Medicine* addressed patient safety and respectful behavior.

Dr. Leape discussed the struggle, 18 years later, to provide patient care that is as safe for the public as industries such as aviation. He explained that a key ingredient in safety is a culture of respect in the medical team. He indicated that chances to prevent errors will be missed without the input of medical students, residents, nurses, pharmacists, clerks, and administrators.

How does the ABO promote safe practices by the certification process?

The ABO has test items that address safety, and this year, the ABO will initiate the development of an ophthalmology-specific patient safety module as part of MOC to assist ophthalmologists in improving patient safety standards.

Lois M. Nora, M.D., J.D., M.B.A., President and CEO of the American Board of Medical Specialties, reaffirmed that the ABMS is dedicated to the idea that physicians are the best group to set standards for care and certify that individual doctors meet these standards.

Dr. Nora indicated that certification will become increasingly rigorous and sophisticated as medical care becomes more accountable to the public. A recent Health Policy Report in *The New England Journal of Medicine*, cited by Dr. Nora, thoughtfully discusses the challenges surrounding MOC, including the rationale of closed-book examinations and new approaches to Part IV components.

How does the ABMS help ophthalmologists?

The ABO’s MOC program relies on and supports ABMS guidelines for the meaningful assessment of care in practice. The goal is for all elements of MOC to be accepted by insurers, employers, and licensing boards as the best indicator of quality of physician care. ABMS works to bring all member boards up to the same standards to promote public trust in the process of certification and MOC.

Gerard F. Dillon, Ph.D., Vice President of the United States Medical Licensing Examination of the National Board of Medical Examiners, reviewed new designs for written exams. His demonstration of menu-driven simulations of patient care, the use of videos, and interpretation of non-textbook information streams was exciting, especially for ABO directors who took their medical exams with No. 2 pencils.

Dr. Dillon explained that often the trade-off of more realistic and complicated examination formats is that they take more time to create and to answer, and therefore, create real challenges in testing.

How will the ABO utilize new technology in Certification and Maintenance of Certification?

We think that electronic media has the potential to revolutionize the certification process. It is important to update the examination to reflect the availability of new technology and the rapidly advancing electronic expertise of the coming generations of ophthalmologists.

Recent publications from the Council of the American Ophthalmological Society are fascinating reviews of the changes facing ophthalmologists who will lead the eye care teams in the future.

At the conclusion of the meeting, each director and staff member had an opportunity to voice his or her own take-aways from the discussions. The group left with new directions for the coming year. The hotel staff AV technician who assisted our meetings was invited to express his thoughts on the discussion and he said it best:

“What I learned was the increasing importance of board certification.”

Contact Dr. Davis at jdavis@abop.org
By the latter half of the last decade, it had become clear that the Office Record Review (ORR) did not sufficiently help diplomates improve the quality of their practice. After all, who wouldn’t think about dilating a patient with cataract? Was a manifest refraction really pertinent in a patient with levator dehiscence? It was obvious that the ABO’s Part IV activity contained room for further development as a tool for self-reflection.

In 2010, the ABO initiated a focused effort to replace the ORR with Practice Improvement Modules, or PIMs. Integral to this project was the concept of process and outcome measures. A process measure assesses whether something was or was not done, e.g.: “Were pupils evaluated in a patient with ptosis; and did a patient with initial presentation of acute anterior uveitis in one eye NOT undergo an extensive workup?” Outcome measures assess the effect of an intervention on the variable studied, e.g.: “How close to your targeted refractive error are you after cataract surgery or LASIK?”

Here’s how the process might work for me, a pediatric ophthalmologist, completing the PIM on amblyopia:

This module assesses patients in whom I initiated treatment for amblyopia and followed for 6 months. One of several outcome measures in this module is the number of lines by which vision improved after treatment; performance of a cycloplegic refraction is one of the key process measures.

After I input the data from my patients, I receive feedback on how my practice compared to that of other diplomates who also completed this module. I also receive feedback on comparison to pertinent national clinical trials (the Amblyopia Treatment Studies in this case). This individual feedback is shared only with the diplomate and no other parties, and is solely intended for the purpose of practice improvement.

The platform then provides a list of pertinent educational materials such as articles, online courses, review modules, and a listing of products applicable to the disease entity.

If after my data input I learned that my patients improved a mean of 1 line but the national mean improvement was 2.5 lines, and that only 90% of my patients received a cycloplegic retinoscopy, I would be prompted to examine my practices to see if I could find reasons for this and develop ways to improve the outcome.

After implementing any pertinent changes for a sufficient period of time, I then reassess my performance on the amblyopia module later in my MOC cycle. If, on the other hand, my initial performance was acceptable, I could later reassess the same module to make sure my performance level had not slipped, or choose the esotropia surgery module to evaluate patients with a different condition.

The PIM assessment/intervention/re-assessment cycle is performed twice during each 10-year MOC cycle, typically once in years 2-5 and again in years 6-9.

—R. Michael Siatkowski

**START YOUR PIM TODAY:**

Log into your MOC Status Page on the ABO website, abop.org.

Choose 1-3 of 23 PIMs covering both surgical and nonsurgical ophthalmic diseases or conditions.

Abstract 30 patient charts, review your performance vs. comparison data, and develop and implement an improvement strategy.

Finally, re-abstract your charts to evaluate improvement.

PIMs require 1-6 months to complete depending on your selection and variables such as how often you see patients with the disease or condition covered in the PIM, the number of areas you select for improvement, and other factors.

For help, visit abop.org, call 610.664.1175, or email moc@abop.org.
The new Practice Improvement Modules (PIMs) are designed to help you evaluate and improve patient care. PIMs satisfy the Part IV: Practice Performance Assessment component of MOC and are a key component of the elective PQRS: MOC incentive program.

1. **The PIMs are designed to be the heart of MOC.**
   Although maintaining an unrestricted medical license and keeping up with CME are obviously important—and everyone develops a little anxiety about the closed-book Demonstration of Ophthalmic Cognitive Knowledge (DOCK) examination—quality improvement is really the essence of Maintenance of Certification (MOC). Other components of MOC reflect completion of a milestone at a point in time, but the PIMs provide current and individualized information on practice performance and patient outcomes. Physicians can use this information to reflect on their own practice and determine if and where changes are needed to improve.

2. **There is evidence that PIMs have a positive effect for both doctors and patients.**
   While the ABO PIMs are too new to yield long-term data in this regard, other medical specialties have utilized them for longer periods, including internal medicine and family medicine. After completing a PIM on diabetes, 93% of internists found it useful, and 71% said they would make changes in their practice. There was also a high correlation rate (B=0.22) between performance on the diabetes PIM and medical knowledge. Finally, the American Board of Family Medicine surveyed almost 7000 doctors who used the diabetes and hypertension PIMs and found that more than 50% of them would make at least one change in their practice based on the PIM activity.

3. **Response from ABO diplomates on the PIMs has been largely positive.**
   Since September 2012, 448 diplomates have begun the PIMs, and 149 have completed at least one module. Although some diplomates felt the activity was not useful or too expensive, positive comments outweighed negative feedback by more than 2-to-1:
   - “My recollection of patient outcomes is not always supported by the data. It is important to monitor patient outcomes using objective data.”
   - “These have helped me better coordinate care for my patients.”
   - “[The PIMS are] a very good way of assessing the performance of the practice in these areas.”
   - “I have discovered that I am not performing as well as I anticipated. It has made me realize I need to be more aggressive with my treatments in order to improve my patients’ outcomes.”

4. **The PIMs will continue to evolve and improve over time.**
   The PIMs of today may not resemble those a decade from now. They will continually evolve and improve as experience accumulates and technology advances. Later this year, the ABO will add new modules on dry eye/ocular surface disease and ophthalmic pathology. Within the next 12 months, we will roll out a self-directed PIM, in which diplomates can choose their own disease, practice process, or surgical intervention, and, with input from the ABO, design their own PIM. We also plan to implement an electronic diplomate bulletin board, through which doctors can share ideas and best practices that have resulted in better outcomes.

5. **PIMs are a core component of a PQRS incentive.**
   The Centers for Medicare & Medicaid Services have recognized our MOC process as qualifying for PQRS. In 2012, more than 100 diplomates completed PIMs as part of the reporting requirements to qualify for a PQRS: MOC bonus payment. In addition to the federal government, hospitals, ASCs, universities, and private payors also recognize Part IV as an integral part of improving patient outcomes. Such efforts result in the privilege and responsibility of our profession to continue to self-regulate.

Contact Dr. Siatkowski at rmsiatkowski@abop.org
TOUR THE NEW MOC STATUS PAGE

Track & manage your MOC progress at abop.org

The American Board of Ophthalmology recently launched a new diplomate portal. The portal, which provides many new features, is designed for easy management of all your Maintenance of Certification (MOC) activities.

You may log in to view your MOC status at anytime via abop.org. Once you are logged in, the portal provides a seamless experience between instructional information on the main site and the secure MOC activities contained within the portal. The screenshot below is a sample image designed to help you become familiar with the new MOC Status Page.

MOC Status Table
The MOC Status Table is a centralized source of information for all Maintenance of Certification activities. All activities are displayed in a color-coded and easy-to-follow chart.

• The four parts of MOC are outlined and color-coded on the left-hand column.
• Each component and activity of MOC is included here; the arrow in each box leads to further information.
• Each status box gives you information on your progress in completing the corresponding activity.
• This section tracks your progress in each year of your cycle; the key at the top of the status table describes the content of each box.
• Each question mark icon opens a pop-up set of frequently asked questions.

Updating Your Profile
Located under the Status Table, your profile includes your certification information, your current and publication addresses, and your medical license information. The blue “Update Profile” button allows you to update this information at any time.

Checking Your Alerts
Located under the Status Table to the right, personalized alerts are a valuable part of the new diplomate portal, and feature current information on available and recently-completed activities and other timely news specific for you about the MOC cycle.
A public director’s perspective on the role of safety & quality in board certification

It’s such a privilege and honor to work with physicians; I entered quality improvement in healthcare in the mid-1990s because I wanted to help answer some of the tough questions we face, including stewardship of limited resources and comparative effectiveness and quality performance measurement. Rigorous data analysis helps objectify some of the critical decisions we face in healthcare. In my experience with the ABO, I’ve had the honor of seeing ophthalmologists’ dedication to ensuring a high standard of performance measurement and quality improvement, and making sure each patient receives excellent care.

The most vital component of having a Public Director on the Board is the essential nature of the patient’s perspective. While patient advocacy is key, public directors also bring different fields of expertise to the table. My fellow public director, Christine McEntee, is well-versed in nonprofit governance and finance, and I’ve worked in quality improvement and performance measurement for 18 years with a background in patient safety.

When we really think about improvement, where the “rubber meets the road” lies in the implementation of systematic approaches that ensure that the same high standard of care is delivered to patients every time, via methods that emphasize teamwork, patient empowerment, and patient-centered care.

What’s important in making quality improvement effective is not just measurement, but the need to identify evidence-based tools, strategies and systems—it’s imperative that we offer tools to our diplomates in a comprehensive way that improves patient-centered care. When we really think about improvement, where the “rubber meets the road” lies in the implementation of systematic approaches that ensure that the same high standard of care is delivered to patients every time, via methods that emphasize teamwork, patient empowerment, and patient-centered care.

I am a constant voice for measurement and quality improvement; not a meeting goes by where I don’t advocate for measurement and measurement driven by improvement, so that we can accurately assess the changes in processes of care. I consider this a fundamental approach, and it’s a method I’ve been delighted to see incorporated into the new Practice Improvement Modules. The modules aid diplomates as they evaluate their practice, identify gaps in care, and build and implement an improvement strategy.

The exciting part of this process is the documentation of the impact of these changes creates an understanding of tools, strategies and systems that can then be shared with other diplomates, and used throughout the community to, over time, elevate patient care. The modules have the potential to identify individual “grass roots” means of improvement—and when an ophthalmologist hits “pay dirt” and finds a strategy that provides real improvement in patient care, it can be shared with other diplomates seeking successful strategies to improve care.

In 1994, Lucian Leape’s sentinel article “Error in Medicine” juxtaposed the limits of human cognition against what physicians are asked to do in delivering care. We as human beings have certain weaknesses in our ability to pay attention and to execute procedures consistently and comprehensively. These weaknesses in our cognition are quantifiable, are well documented in operations science, and many professions have responded to these norms of human behavior. These qualities are not inadequacies—they are what they are. Leape cites aviation as an example; airplane pilots can’t take a 747 off the runway without running down a checklist of activities to make sure that a very complicated piece of technology is in alignment across all systems.

I’ve personally worked in nuclear power plants in a safety capacity and observed that there are standard operating procedures, complete with flow charts and diagrams for every activity. “Error in Medicine” posited that we have to accommodate our workflow and procedures to accept these human norms.

A 1999 follow-up report by the Institute of Medicine estimated that as many as 44,000 to 98,000 patients a year die due to human error. It’s a controversial and widely varied figure, but when one looks at the epidemiology of medical error, it’s clear that medicine as a whole has not yet fully addressed the limits of human cognition in the way we do our business, and we need to take a systematic and team-based approach. The ABO’s upcoming Patient Safety Module is designed to address this issue as part of the diplomate’s MOC process, as a comprehensive look at the issue and solutions going forward. It is my hope that our diplomates will be responsive to the content, which is built around real-world case studies of medical errors from an ophthalmologic perspective. It’s based in the diplomates’ life experience, and I think it will be very valuable.

Serving as a Public Director on the American Board of Ophthalmology is an honor and responsibility I take very seriously, and I look forward to being a continued part of continuously improving ophthalmic standards of care.

Contact Dr. Fitzgerald at mfitzgerald@abop.org
The American Board of Ophthalmology (ABO) is an independent, not-for-profit organization and the nation’s oldest medical specialty certifying board, founded in 1916. Our mission is to serve the public by improving the quality of ophthalmic practice through a process of certification and Maintenance of Certification that fosters excellence and encourages continual learning. The ABO is one of 24 medical specialty certifying boards recognized by the American Board of Medical Specialties (ABMS).

Share your feedback anonymously

The ABO wants to hear from you. If you have feedback about certification, Maintenance of Certification (MOC), or general comments about the Board, but would like to share those thoughts anonymously, visit: abop.org/feedback.

Nearly 13,000 potential patients are searching for your certification status

To better serve the public, the ABO recently launched an online verification tool to help patients locate certified ophthalmologists in their area. Patients can now search by name or location to determine whether a doctor is certified or not certified; the year(s) in which that doctor certified or recertified; and whether or not the physician currently participates in the MOC process. Between January and July of this year, 12,954 visitors accessed the physician search tool more than 16,000 times.

Future plans for enhancing the verification tool include the ability to display an expanded physician profile containing diplomate-supplied information, such as practice location, practice focus, contact information, and a photo.

Please update your contact information

The ABO uses a mix of email and postal mail to contact diplomates regarding important certification alerts, registration dates, and other deadlines. It is the responsibility of each diplomate to keep all contact information up to date, and to notify the Board as soon as possible of any name or address changes. To view or update your personal diplomate profile, visit abop.org and log into your MOC Status Page.

How to get involved with the ABO

Are you interested in participating in Board activities, such as oral examinations, MOC pilot testing groups, and examination content development panels? Would you be interested in providing a talk about Maintenance of Certification or the value of Board Certification to your colleagues or local medical society?

If so, please call 610.664.1175 or write to communications@abop.org. Your name and information will be provided to ABO leadership who will contact you regarding future Board needs.

Questions about MOC?

Help with the Maintenance of Certification process is just a click or phone call away. Visit abop.org or call 610.664.1175.