

FSMB

Maintenance of Licensure (MOL)

Physician Accountability Through Assurance of Continued Clinical Competence

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Federation of State Medical Boards

Presentation to ACOI Annual Meeting

San Antonio, Texas

October 12, 2011





Outline

- FSMB
 - History, Vision, Mission
 - Current Activities
- Maintenance of Licensure (MOL)
 - Background and Rationale
 - Relationship to Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC)
 - From Framework to Implementation
- Q & A



Federation of State Medical Boards (FSMB)

- Established in 1912, headquartered in Texas with an advocacy office in Washington, D.C. since 2010
- Represent and support all 70 state medical and osteopathic boards of the U.S. and its territories
- Co-own, with the NBME, the **USMLE**
- Secretariat, International Association of Medical Regulatory Authorities (IAMRA)
- *Journal of Medical Regulation*, since 1915
- Board Chair: **Janelle Rhyne, MD, MACP**

“... for the benefit and protection of the people of North Carolina”





Greetings from FSMB Board Chair Janelle Rhyne, M.D., MACP





Greetings from the FSMB Board of Directors





FSMB Organizational Chart

70 Member Boards

Board of Directors

Todd Phillips, MBA
Chief Financial Officer

Executive Office
Humayun Chaudhry, DO, FACP
President and CEO

Sandra Waters, MEM
Chief Operating Officer

Michael Dugan, MBA
Chief Information Officer

Lisa Robin, MLA
Senior Vice President
Advocacy and Member
Services



Launch of FSMB's Washington, D.C. Office





Federation Credentials Verification Service (FCVS)

- **Primary source verifies/stores core credentials:**
 - Identity of Physicians and PAs
 - Undergraduate Medical and Graduate Medical Education
 - Medical Specialty (ABMS Certification)
 - State Medical and Osteopathic Board Actions
 - Medical Licensure Examination Results
- **Established in 1996, FCVS is:**
 - Accepted by 63 of 69 state medical boards
 - FCVS contains profiles for more than 135,000+ physicians



Uniform Application for Physician State Licensure (UA)

- State board consensus on common data elements
- Promotes standardization
- Eliminates redundancy
- Promotes paperless environment
- Persistence for docs; backup for boards
- One-stop for subsequent licensure applications

UA UNIFORM APPLICATION
FOR PHYSICIAN
STATE LICENSURE

Expedited.



The Uniform Application streamlines and simplifies applying for a medical license, allowing more time with patients and less with paperwork.

Federation of
**STATE
MEDICAL
BOARDS**



Physician Data Center

- Board Action Data Bank
 - Collects & reports data on disciplinary actions taken against physicians and physician assistants by medical boards and other authorities
 - Querying – www.drdata.org
 - Annual Data Compilation Release
- All Licensed Physicians Information
 - Consolidated physician information
 - **Disciplinary Alert Service**
 - Public access – www.docinfo.org

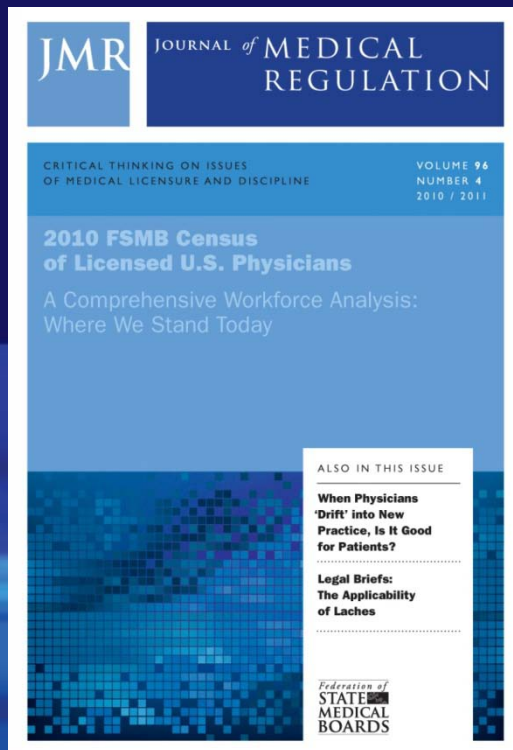


Informed.

FSMB's data services are a vital component in evaluating physician qualifications.

Federation of
**STATE
MEDICAL
BOARDS**

2010 FSMB Census of Licensed Physicians in the United States



Prepared by: Aaron Young, Ph.D.
Senior Director, Research and Analytics
Federation of State Medical Boards





Why is an understanding of the supply of licensed physicians critical?

- **Growth of the U.S. population**
 - Population growth by 60 million to a total of 373 million by 2030
- **Aging of the population**
 - Baby boomers started turning 65 in 2011, and each day for the next 19 years an estimated 10,000 boomers will reach age 65
 - Individuals 65 and older typically use more health services
- **Health Care Reform and the Affordable Care Act (ACA)**
 - An additional 32 million Americans may be insured under the new law by 2019



Findings from the 2010 FSMB Census

- There are **850,085 physicians** with an active medical license in the U.S. and District of Columbia, as of November 30, 2010
 - 93% are MDs and 7% are DOs
 - Graduated from 1,926 medical schools in 161 countries
 - 76% graduated from a U.S. or Canadian medical school
 - Of the 188,402 international medical graduates (IMGs): India (23%), Philippines (8%), Pakistan (5%), Mexico (5%) and Grenada (3%)
- 17% of physicians have two active licenses and 6% have three or more
- ABMS Certification
 - 75% of physicians were certified by at least one ABMS specialty board
 - U.S. grads more likely than IMGs to have it (77% vs. 70%)
 - Physicians with board certification from an ABMS board more likely to have two or more active state licenses (25% vs. 17%)



FSMB House of Delegates, 2010





The Re-Emerging Concern

- In 1995, the **Pew Charitable Trust Health Professions Commission** recommended that states “require each licensing board to develop, implement and evaluate continuing competency requirements to assure the continued competence of regulated health care professionals.”
- In 1999, the **Institute of Medicine (IOM)** said that consumers generally believe they are protected within the health care arena because “licensure and accreditation confer, in the eyes of the public, a ‘Good Housekeeping Seal of Approval,’ and suggested greater assessment of physicians’ performance of skills after initial licensure.”



The Re-Emerging Concern

- In 2001, the **Institute of Medicine (IOM)** said that in a profession with “a continually expanded knowledge base,” a mechanism was needed to ensure that practitioners remain up to date with current best practices. It also noted that medical regulation, when properly conceived and executed, “can both protect the public’s interest and support the ability of health care professionals and organizations to innovate and change to meet the needs of their patients.”



The Compelling Evidence

- Kimmel studied 19,000 PTCA patients and, after adjusting for case mix, found an inverse association between cardiac catheterization lab procedure volume and major complications (1995)
- Choudhry's systematic review of clinical experience and health care quality found that physicians in practice longer may be at risk for providing lower-quality care (2005)
- Age-related cognitive decline, impairment due to substance use disorders and other psychiatric illness may contribute to underperformance, diminishing physicians' insight into their level of performance (Williams, 2006)



FSMB's Special Committee on MOL

- **Special Committee on Maintenance of Licensure established in 2003 by FSMB Chair Thomas Kirksey, M.D.**
 - Develop policy recommendation, strategies for implementation
- **Composition**
 - SMB representatives
 - Consultants (ACCME, NBME, ABMS)
- **Input received from**
 - Physician advocacy groups (AOA, AMA)
 - Public bodies (IOM, Pew Health Professions Commission)
 - Certifying agencies (AOA-BOS, ABMS)
 - Accrediting bodies (Joint Commission, ACCME)



FSMB House of Delegates 2004 Policy Statement

“State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure.”



Special Committee Report – 2008 MOL Model Policy Recommendations

- Provide evidence of competence within scope of professional practice
 - Self-assessment/self-reflection (CPD)
 - Competence across “6+1” core areas
 - Patient care
 - Medical knowledge **and skills**
 - Professionalism
 - Interpersonal and communications skills
 - Practice-based learning and improvement
 - Systems based practice
 - **Osteopathic principles**
 - Performance in practice



MOL Guiding Principles

(adopted 2008; modified 2010)

- Support commitment to lifelong learning, facilitate improvement in physician practice
- SMBs should establish MOL requirements; should be administratively feasible, developed in collaboration with other stakeholders
- MOL should not compromise patient care or create barriers to physician practice
- Flexible infrastructure with variety of options for meeting requirements
- Balance transparency with privacy protection



Advisory Group on the Continued Competency of Licensed Physicians (2009)

J. Lee Dockery, MD, Chair

Sue Anderson

John Becher, DO

Alice Coombs, MD

Claudette Dalton, MD

Richard Hawkins, MD

Peter Katsufraakis, MD

Nancy Kerr, RN

Dorothy Keville, MEd

William S. Mayo, DO

Janelle Rhyne, MD

Steven Stack, MD



FSMB Advisory Group: MOL Framework of 2010

- Provide evidence of participation in a program of professional development and lifelong learning based on the 6 general competencies
- 3 main components:
 - 1.) **Reflective self-assessment**
 - 2.) **Assessment of knowledge and skills**
 - 3.) **Performance in practice**
- Goals, strategies and options/examples for each of the 3 main components



Advisory Group: MOL Framework

GOAL

STRATEGY (HOW)

<p>Reflective self-assessment</p>	<ul style="list-style-type: none"> • External measures of knowledge, skills, performance 	<ul style="list-style-type: none"> • Self-review tests <ul style="list-style-type: none"> –MOC/OCC –Home study –Web-based –Medical society •Others approved <ul style="list-style-type: none"> –Review of literature –CME
<p>Assessment of knowledge and skills</p>	<ul style="list-style-type: none"> • Structured, valid, practice relevant • Produce data to identify learning opportunities 	<ul style="list-style-type: none"> •Practice-relevant MCQ exams (e.g., MOC/OCC) •Standardized patients •Computer-based case simulations •Patient and peer surveys •Performance improvement CME & projects (SCIP, AMI, IHI, HEDIS) •Procedural hospital privileging •Others approved by SMBs
<p>Performance in practice</p>	<ul style="list-style-type: none"> • Incorporates data to assess performance in practice and guide improvement 	<ul style="list-style-type: none"> •360° evaluation •Patient reviews •Analysis of practice data •AOA CAP •ABMS MOC IV •CMS measures •Other performance projects

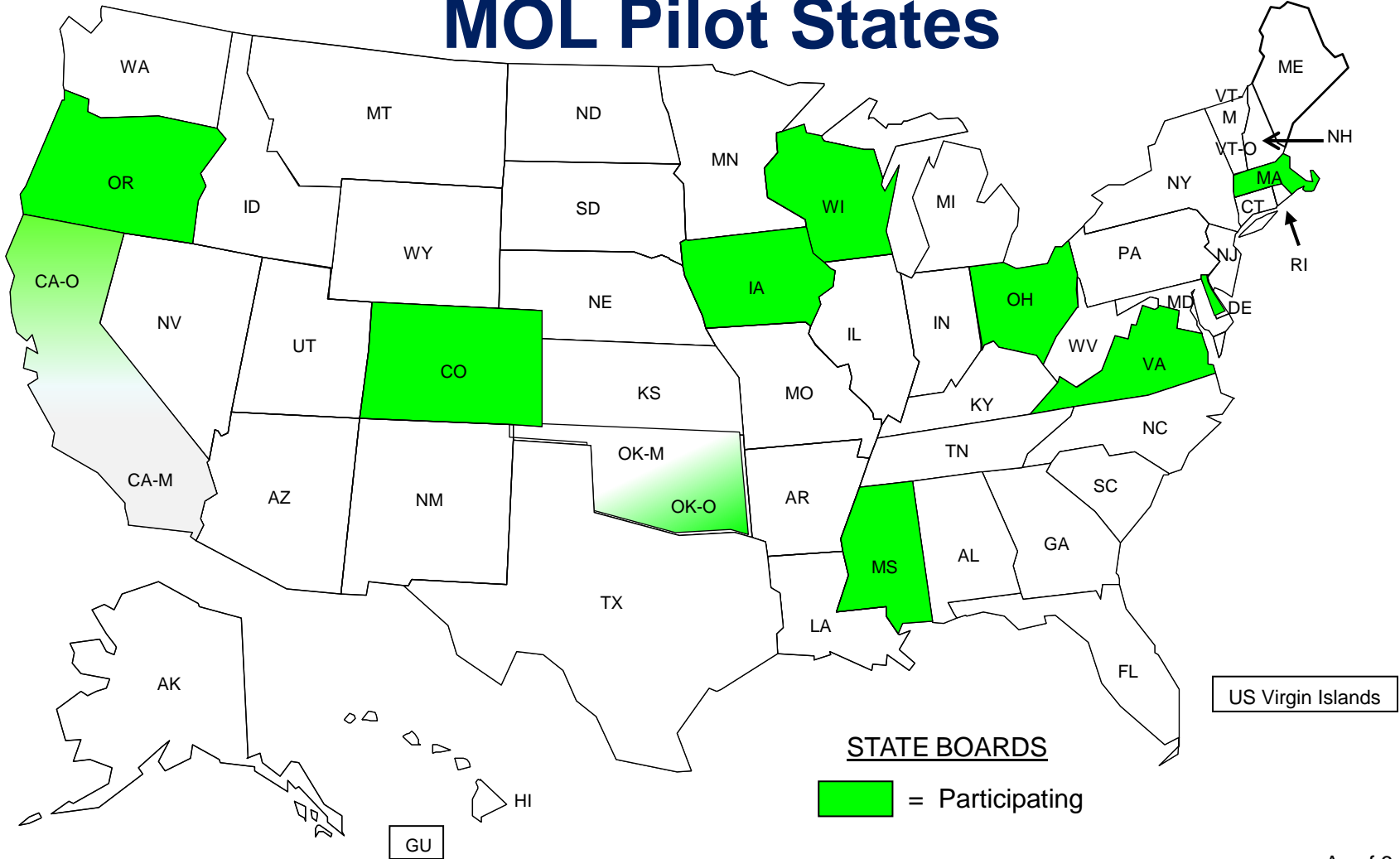


MOL Implementation Group Meeting Chicago, Illinois





MOL Pilot States





CEO Advisory Council

Accreditation Council for Continuing Medical Education	American Osteopathic Association – Bureau of Osteopathic Specialists
Accreditation Council for Graduate Medical Education	Association of American Medical Colleges
Administrators in Medicine	Citizen Advocacy Center
American Association of Colleges of Osteopathic Medicine	Council of Medical Specialty Societies
American Board of Medical Specialties	Educational Commission for Foreign Medical Graduates
American Medical Association	National Board of Medical Examiners
American Osteopathic Association	National Board of Osteopathic Medical Examiners



MOL Implementation Group's Suggestions

- MOL should be phased in - one component at a time - after a period of education and communication in the state
- Periodicity of MOL for doctors should be every 5-6 years
- The state medical/osteopathic board should establish the MOL requirements and processes for its physicians
 - FSMB will provide a template, support, services
 - OCC (like MOC) should substantially count for MOL
 - Need options for non-certified, non-MOC/OCC physicians
 - FSMB and NBME, NBOME, ABMS and AOA-BOS
 - MOL Workgroup on Non-Clinical Physicians



AOA-BOS, ABMS, NBME, FSMB, NBOME





1st International MOL/Revalidation Meeting London, December 1-2, 2010





- **100th Annual Meeting of the FSMB**
Fort Worth, Texas
April 26-28, 2012



Contact

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