Surviving Maintenance of Certification and Learning from It: How APA Supports its Members

APA Division of Education
New Approaches to Physician Education

- Lifelong Learning
- Maintenance of Certification
- Core Competencies
- Integrated Care
- Team-based learning
Can We Rethink Our Approach to the Medical Education Continuum?
Create a True Continuum

Premedical → Medical School → Residency and Fellowships → Practice
Maintenance of Certification

The APA has a demonstrated commitment to help its members with MOC by keeping them well-informed and facilitating their provision of the highest level of evidence-based care

Where did it come from?
What are the requirements?
How the APA can help
Who is Involved in MOC?

American Board of Medical Specialties (ABMS)
- Oversees 24 member boards, including ABPN
- Board Certification is voluntary

State Licensing Boards
- 70 Physician Licensing Boards
- 62 have traditional CME requirements
- Federation of State Medical Boards approved a policy of “Maintenance of Licensure” (MOL) in 2010
- Several states will pilot MOL programs- MOL does NOT require MOC

American Medical Association
- Evolving the AMA PRA CME system to include PI CME, SA CME and MOL CME

ACCME (Accreditation Council for Continuing Medical Education)
- Oversees CME accreditation standards and compliance
- Members of board appointed by AMA, ABMS, AHA, AAMC, CMSS, FSMB
Important Influence outside the Existing CME system

Institute of Medicine

Reports to congress: “To Err is Human”, 1999  “Crossing the Quality Chasm”, 2001

Center for Medicare Services

Structures Reimbursement rates
Incentives – PQRI

Health Care Reform – Accountable Care Act

May require patient feedback for physicians

Health Insurance Industry

WellPoint and Blue Cross have already developed approved MOC programs for physicians
Evolution of CME

1961 AMA - AAMC Conference
- 1/3 of physicians did no post graduate medical education
- First national discussion of CME as medicine underwent rapid treatment evolution

AMA PRA Accreditation System for CME 1967
- New Mexico – first State Licensing Board to require CME

Growing evidence that CME credits are not sufficient to improve physician performance
APA Support for MOC

APA provides its members with resources needed to meet ABPN MOC requirements

• At no cost: Online PIP clinical modules (MOC part 4) online at apaeducation.org
• At no cost: eFocus self-assessment - email and online at apaeducation.org (MOC part 2- up to 25 credits )
• With Annual Meeting Registration: Self-Assessment Exam (Part 2)
• Focus Journal subscription: meets all MOC requirements, continuous over subscription – CME, Self-assessment, PIP
• Focus MOC Workbooks: by topic, self-assessment and PIP
MAINTENANCE OF CERTIFICATION

Mandated by the American Board of Medical Specialties for all Board Certified Physicians

ABPN MOC Requirements:

• Part 1 – Professional Standing (Maintain a license)
• Part 2 – Lifelong Learning (CME and Self Assessment)
  – 90 hours of CME every 3 years/or 30 per year, including 24 hours of Self-Assessment CME
  – Diplomates entering C-MOC in 2016 and after are required to demonstrate successful completion of a Patient Safety Course in 2016
• Part 3 – Cognitive Expertise (pass the exam)
  – ABPN Recertification Exam every 10 years, must meet Part 2 and 4 requirements in order to take the exam
• Part 4 – Performance in Practice (PIP) - Improvement in Medical Practice
  – Clinical Module: review of 5 patient charts using ABPN approved modules
  – Feedback Module (6 choices: 5 patient surveys, 5 peer evaluations, 5 resident evaluations, 360 degree evaluation, institutional peer review, one supervisor evaluation)

For further information go to www.abpn.com
CME/Course Transcript Report

The American Psychiatric Association (APA) provides the CME/Course Transcript Report as a service. CME credit for APA online programs is automatically tracked in the CME Recorder. Members may also enter other CME events in the CME/Course Transcript and print reports of the activities as needed. The burden of proof of CME falls on the individual physician to keep track of the CME activities he or she completes. The CME/Course Transcript Reports do not replace certificates of completion for an activity and the APA cannot make any warranty as to the accuracy of the reports.

First Last, M.D.
1000 Wilson Blvd, #1825
Arlington, VA 22209
United States


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<th>Category 1</th>
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Total Category 1 hours: 278.50

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Total Category 2 hours: 1.00
FOCUS: The Journal of Lifelong Learning in Psychiatry

One subscription meets all needs for MOC! Quarterly journal, print and online, Focus covers major recertification topics in 4 year cycles -20 hours of CME per issue, annual self-assessment exam (24 hours of SA-CME) and Performance in Practice (PIP) modules.

IN EACH ISSUE:

- Clinical synthesis and comprehensive review articles by experts
- Patient Management Exercise
- “Ask the Expert” Column
- Ethics and Professionalism Column
- Communication Column
- Influential Publications - reprints selected by consensus of authors and advisors; including a section on Systems of Care
- Member cost = $368; non-member cost = $590
Annual supplement to the journal. Can be completed online or in print

120 multiple-choice, Board-type questions, written by academic experts in a rigorous peer-review process

Score, norms, performance guidelines (by topic and demographics) sent to physicians who submit. Identify problem areas by comparison of own score to aggregate norms

Critique and Reference Book: expert critique for each question by FOCUS editorial board provides answer, rationale, and cites references for study

Serves as an important resource in preparation for the recertification exam

Offers multiple approaches to self-assessment process for multiple learning styles
2014 efocus Program:
Understanding the Evidence for Off Label Use of Atypical Antipsychotics

A History of Treatment-Resistant Schizophrenia

By David L. Fugate, M.D.
Clinical Professor of Psychiatry, UCLA Department of Psychiatry and Behavioral Sciences

Introduction: A patient comes to you for treatment of persistent and troubling auditory hallucinations. He has been treated with several atypical antipsychotics for 5 years and recently began treatment with a new medication. During the initial assessment, you found that he has a long history of substance abuse. His past medical and psychiatric history is quite complicated, including episodes of mania, depression, and bipolar disorder. The patient is currently unemployed and lives in a group home. He reports that his hallucinations are often triggered by alcohol use.

What is the treatment plan that you would recommend for this patient? How would you approach the treatment of his hallucinations? How would you manage his substance use?

For more information, please visit:
- APA Guideline Watch (SEPTEMBER 2009) Practice Guideline For The Treatment Of Patients With Schizophrenia (PDF)
eFocus clinical vignettes are emailed to all APA members.

Put educme@psych.org into your contact list so the eFocus email is not considered spam!

Those who complete each survey receive 2 hours of Self-Assessment CME credit- Approved by ABPN for MOC part 2- Self-Assessment. Automatically entered into your APA CME transcript.

Completing a multiple choice test and 10 surveys in provides 25 hours of Self-Assessment credit.
A History of Treatment-Resistant Schizophrenia:

**Results 1**

Peer Comparison

**Treatment Approach:**

- **Electroconvulsive Therapy (ECT)** (2%)
- **Switch from quetiapine to a first generation "neuroleptic," such as thiothixene or haloperidol** (0%)
- **Switch from quetiapine and olanzapine to clozapine** (93%)
- **Would not change pharmacotherapy, but rather add cognitive behavioral therapy** (5%)
Performance in Practice Modules: MOC Part 4- Member Benefit

• Performance in Practice (PIP) modules are approved by ABPN and first published in Focus

• Four PIP modules are currently available at no cost to APA members ($399. each for non-members) on the APA website- www.apaeducation.org

• New PIP modules for 2014:
  – Psychiatric and Medical History
  – Psychopharmacology
Performance in Practice Modules: MOC Part 4 - Member Benefit

Major Depressive Disorder – 5 hours of CME credit, approved by ABPN

Schizophrenia — Available free online — approved by ABPN

Suicide Assessment — — Available free online — approved by ABPN

PTSD 5 hours of CME credit, approved by ABPN for MOC Part 4

Substance Use/Abuse Screening — — Available free online — approved by ABPN

Substance Abuse Assessment and Treatment — Available free online — approved by ABPN
Performance in Practice: Physician Assessment Tool for the Screening, Assessment, and Treatment of Adults with Substance Use Disorder.

Approved by the American Board of Psychiatry and Neurology (ABPN) for MOC Part IV.

Earn 20 AMA PRA category 1 credits™.
Available with Subscription to 2011 FOCUS, the Journal of Lifelong Learning in Psychiatry.

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Duffy FF, West JC, Fochtmann LJ., Mark L. Willenbring, M.D., Robert Plovnick, M.D., M.S., Robert Kunkle, M.A., Beatrice Eld, B.S. Performance in Practice: Physician Assessment Tool for the Screening, Assessment, and, Treatment of Adults with Substance Use Disorder.

Focus, Winter 2011, Volume IX, Number 1

The APA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians. APA designates this educational activity (completion of Stages A-C) for a maximum of 20 AMA PRA category 1 credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
## Appendix 1. Performance in Practice Physician Assessment Module for the Screening of Adults with Substance Use Disorder

### Instructions:

Choose five adult patients as indicated in the table below. Review the charts for these five adult patients to determine if care was consistent with the evidence-based recommendations described. Clinically, it is often the appropriate step of care to question patients, even if the appropriate step of care was not consistent with recommended care. If not, consider whether changes or any of the suggested clinical tools in your practice could enhance the provision of evidence-based care.

To use this module for part of NCCE, see instructions on page 3.

### 1. Screening for Substance Use Disorders

Select five patients you treated in your current practice (regardless of the psychiatric diagnosis).

<table>
<thead>
<tr>
<th>Patient</th>
<th>TOTAL Number of Patients with Check Mark in Each Row</th>
<th>Recommendations and Clinical Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>- Smoking is common among individuals with other substance use disorder and psychiatric disorders. It is essential that clinicians routinely screen for current or past tobacco use in order to provide timely and appropriate interventions (11, 13–14). Nearly all daily tobacco users are nicotine dependent. Identification and treatment of controlled nicotine dependence may improve recovery from other substance use disorders (13).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Figure 1. Test for Nicotine Dependence FND is a self-administered instrument that can be used as a screening tool for nicotine dependence as well as a severity rating scale to inform treatment planning (11, 13).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Alcohol use disorder can be treated with medication, counseling, and self-help resources.</td>
</tr>
</tbody>
</table>

1. Was the patient screened for current or past tobacco use?

2. Was the patient screened for current or past alcohol use?

3. Has there been documentation of the number of standard drinks the patient consumes per week?

### 2. I. Screening for Substance Use Disorders

<table>
<thead>
<tr>
<th>Patient</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
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<tr>
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<td></td>
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</table>

### Recommendations and Clinical Resources

- At-risk drinking/unhealthy alcohol use among men ≥50 years of age involves 5 or more drinks on any occasion in the past month (13) or past year (14).
- At-risk drinking/unhealthy alcohol use among women and persons ≥50 years of age involves 4 or more drinks on any occasion in the past month (13) or past year (15).

- Recommend lower limits or abstinence for patients who medically indicated (e.g., patients with alcohol use disorder, pregnancy, liver disease, other medical conditions potentially exacerbated by drinking, or medication regimens that interact with alcohol) (13, 16).
- Consider a brief intervention for at-risk drinking (14).

### 3. Recommendations and Clinical Resources

- At-risk drinking/unhealthy alcohol use among men ≥50 years of age involves 5 or more drinks on any occasion in the past month (13) or past year (14).
- At-risk drinking/unhealthy alcohol use among women and persons ≥50 years of age involves 4 or more drinks on any occasion in the past month (13) or past year (15).

- For patients with unexplained, unaddressed or identified substance use disorders a comprehensive assessment for substance use disorders should be conducted.

- A detailed list for comprehensive evaluation can be found in APA Practice Guidelines for SUD 2006 (11, 12), APA Practice Guidelines for Psychiatric Evaluation 2005 (27), the VADDS Clinical Practice Guidelines for SUD 2009 (13), and the NCCP Practice Guidelines for Drug Misuse 2007 (18).

### Appendix B: Performance in Practice Physician Assessment Tool for the Assessment and Treatment of Adults with Substance Use Disorder

A tool detailing components of a comprehensive assessment.
Overview

• To earn AMA PRA Category 1 Credit™ Physicians must use the assessment tools as indicated.
  ➢ Physicians who complete Stages A-C may earn up to 20 AMA PRA Category 1 Credits™
  ➢ Participants must complete an evaluation survey for each of the three stages
  ➢ Credit is awarded:
    ➢ Stage A = 5 credits
    ➢ Stage B = 5 credits
    ➢ Stage C = 10 credits

• Stages are completed within 24 months (within a reasonable time to make and assess improvements)
• After completion of the activity, physicians will have the foundation for performance improvement initiatives aimed at enhancing outcomes for patients through evaluating and treating
**STAGE A Chart Review**

- Through chart review, the physician uses the PIP forms provided to assess whether their current screening, or their current assessment and treatment is consistent with evidence-based recommendations.

**Program Evaluation Stage A** – complete the evaluation for Stage A
CME Credit for Stage A – *5 AMA PRA category 1 credits™*

**STAGE B Improvement Plan and Suggested Interventions**

- After comparing your recorded patient data to quality measures in Stage A, the physician should assess, initiate and document a plan for improvement.

**Program Evaluation Stage B** – complete the evaluation for Stage B
CME Credit for Stage B – *5 AMA PRA category 1 credits™*

**STAGE C Repeat Chart Review**

Within **24 months** following initial completion of Stage A,

- Reevaluate your performance. Compare Stage C chart reviews with Stage A reviews using the checklist provided.

**Program Evaluation Stage C** – complete the evaluation for Stage C
CME Credit for Stage C – *10 AMA PRA category 1 credits™*
MOC Workbook Series:

- PTSD: August, 2014
FOCUS MOC Workbook Series
Major Depressive Disorder

Table of Contents

Introduction
- Earning CME Credit and Fulfilling MOC Requirements

Self Assessment: Major Depressive Disorder

Performance in Practice: Clinical Module
- Stage A – Chart Review and Evaluation
- Stage B - Improvement Plan
- Stage C - Chart Review and Evaluation

Improvement Activities and Resources
- Practice Guideline
- Real Time Tool for Patients with MDD
- How to Claim CME credit and Evaluation of the Activities

Influential Publications

Sample Peer and Patient Feedback Forms

ABPN Requirements for MOC
New MOC Products

• **Online Patient Safety Course for Psychiatrists**
  • Covers basic patient safety curriculum and special issues for psychiatry

• **Focus Psychiatry Review Volume 2**
  • Revised for DSM 5

• **Psychopharmacology Master Course at the Annual Meeting**
  • Self-Assessment credit and Part 4 MOC Practice Assessment will be offered in addition to CME credit
  • Plan to Offer MOC Activities for Courses at 2015 Annual Meeting

• **AHRQ Grant**
  • Self-Assessment Credit - Off-Label Use of Atypical Antipsychotics
How APA Can Help

• **Contact APA**
  – [educme@psych.org](mailto:educme@psych.org) for help with your transcript or help with access to MOC activities

• **Contact the Department of CME**
  – Kristen Moeller ([kmoeller@psych.org](mailto:kmoeller@psych.org))

• **Contact APA Customer Service**
  • with Questions about your FOCUS subscription or
  • APA username and password
  • Customer service 1-800-368-5777