




American Osteopathic College of Occupational and Preventive Medicine 2015 Mid Year Educational Conference

Osteopathic Continuous Certification (OCC) *What it Means for You*

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Definition



- You will no longer participate in a recertification process
- OCC = Recertification (with changes)
- You will participate in OCC

Learning Objectives



After this presentation, you will:

- Identify which AOA body oversees the certification and recertification policies and procedures.
- Evaluate why continuous physician assessment is needed.
- Review OCC's goals and its components, which only includes one new component.



Bureau of Osteopathic Specialists (BOS)

- Organized in 1939
- The official certifying body of the AOA
- Oversees and implements all certification and recertification policies and procedures
- Oversees development and implementation of Osteopathic Continuous Certification (OCC)

AOA Specialty Certifying Boards


<ul style="list-style-type: none"> • Anesthesiology (1956) • Dermatology (1945) • Emergency Medicine (1980) • Family Physicians (1972) • Internal Medicine (1942) • Nuclear Medicine (1974) • Neuromusculoskeletal Medicine (1977) • Neurology & Psychiatry (1941) • Obstetrics & Gynecology (1942) 	<ul style="list-style-type: none"> • Otolaryngology & Ophthalmology (1940) • Orthopedic Surgery (1978) • Pediatrics (1940) • Pathology (1943) • Preventive Medicine (1982) – Most Recent • Physical Medicine & Rehabilitation (1954) • Proctology (1941) • Radiology (1939) - First • Surgery (1940)
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Types of AOA Board Certifications

- Primary (General) Certification
- Certification of Special Qualifications (CSQ)
 - CSQ becomes primary or DO can maintain both primary and CSQ certifications
- Certification of Added Qualifications (CAQ)
 - Must maintain primary and CAQ

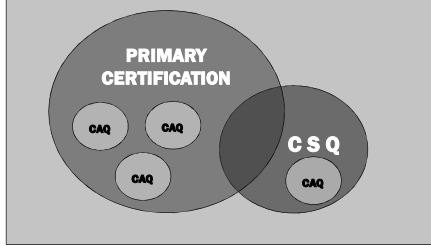






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AOA Certifications









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AOA Certifications - Current

- Primary Certifications Offered: 28
- CSQs Offered: 22
- CAQs Offered: 37
- Nearly 27,000 active certificates





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Standards Review Process

Through the process, the BOS provides:


“the public with a dependable mechanism for identifying practitioners who have met particular standards”*

*Standards for Educational and Psychological Testing, American Psychological Association, 1985

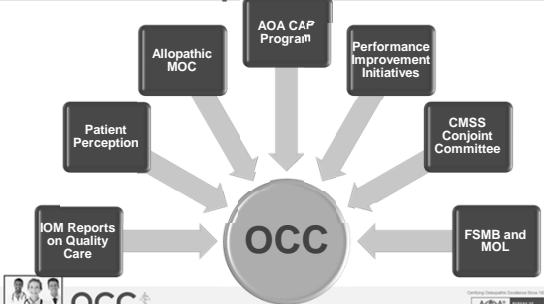






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Influencing Factors on the Development of OCC







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AOA Clinical Assessment Program (CAP)

- Improves patient outcomes by providing valid assessments of current clinical practices in osteopathic residency programs and physician practices
- CAP is a Web-based performance measurement program which analyzes data taken directly from patient medical records



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AOA Clinical Assessment Program (CAP)

cont'd

- CAP for Residency Programs – Has been used as an accreditation requirement for osteopathic residency training programs
- CAP for Physicians – Receive 20 AOA Category 1B CME credits per each measurement set completed
- CAP for Physician Quality Reporting System (PQRS) – CAP was chosen as a qualifying registry by CMS in 2008-2012 for participation in the PQRS registry for payment program



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AOA Clinical Assessment Program (CAP)

cont'd

- PQRS Participation – Voluntary
- If you don't participate in 2013, payment adjustment of -1.5% of the Medicare Physician Fee Schedule allowed charges in 2015
 - *This negative adjustment occurs regardless of 2014 of 2015 participation*
- Through 2014 PQRS Bonus Payment: 0.5%
- For 2013, all AOA certifications have been approved for CMS MOC Incentive of an additional 0.5% for PQRS participants



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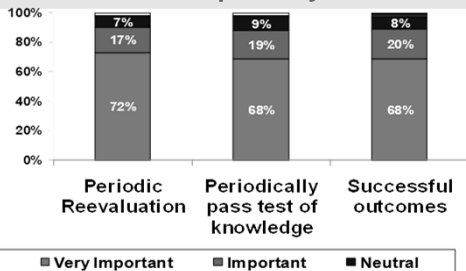
Institute of Medicine Reports



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Patient Expectations of Physicians Gallup Survey



Source: Lipner, R., and Magallanes, T. (2010).



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Continuous Certification Goals

- Ensure high standards for patient care
- Provide physicians with the means to continually assess and improve their abilities
- Assure stakeholders that physicians are being assessed by reliable and valid measures
- Transparent to public and communicate information about physicians' competence



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Source: Lipner, R., and Magallanes, T. (2010).

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Why OCC / MOC?

- Responsibility of the profession to the public
- Maintain competence
 - Continuous improvement
- Practice performance activities will encourage physicians to reflect, assess, and learn, improving their practice
- Assessment drives learning



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Osteopathic Continuous Certification (OCC)

- As of **January 1, 2013**, all AOA boards have implemented a continuous certification process for diplomates (OCC)



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Osteopathic Continuous Certification (OCC)

- Required for all diplomates with time-limited certifications
- Five components
- Core competencies are to be implemented within the components



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OCC Component 1

- **Unrestricted Licensure**
 - Valid unrestricted license to practice medicine in one of the 50 states or Canada
 - Adhere to the AOA's Code of Ethics



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OCC Component 2

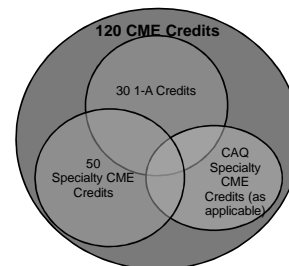
- **Lifelong Learning**
 - Minimum of 120 credits of CME during each three-year cycle (three boards require 150 credits)
 - Minimum of 50 specialty credits must be in the specialty area of certification



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AOA CME Requirements



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OCC Component 3

▪ Cognitive Assessment

- At least one psychometrically valid and proctored examination through the period of certification
- Must assess a physician's specialty medical knowledge as well as core competencies in the provision of health care



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OCC Component 4

NEW

▪ Practice Performance Assessment and Improvement

- Diplomates must engage in continuous improvement through comparison of personal practice performance measured against national standards for his or her medical specialty



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AOBPM– Component 4 Requirements for Diplomate

- **The candidate will demonstrate performance improvement in knowledge, practice and skills; National benchmarks and standards of care are incorporated.**



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AOBPM OCC- 4 Requirements for Diplomate

- **Each Certification Cycle (10-year certificate term)**
 - Each diplomate must complete one OCC Component 4 Practice Improvement Module (PIM).
 - PIM must be from the currently listed AOBPM subject areas and require the assessment of clinical practice charts and performance of activities to improve practice function.



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AOBPM OCC- 4 Requirements for Diplomate

- **Each Ten-Year Cycle Requirement**
 - All candidates are required to complete one PIM to include approval by the AOBPM for successful participation in OCC



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AOBPM Diplomates will Collect Data

- **A minimum of 10 charts will be reviewed**
 - The data points reviewed are described in the various PIMs compiled by the AOBPM
 - Diplomates will select specific areas of practice where there may be a deficiency based on frequency
 - A minimum of six month process of practice improvement will ensue
 - Candidate will review a second set of patient charts looking for process improvement and compare data to the initial study




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How the AOBPM will Collect Data from Diplomate

- The AOBPM will receive performance analysis report of 1st chart extraction data and provide the candidate with input and approval to proceed.
- AOBPM will receive report from AOA that the candidate has completed required licensure and CME.
- The candidate will participate in practice improvement and continue with post improvement chart extraction.
- Candidate will forward a performance analysis report of 2nd chart extraction data to the AOBPM.




AOBPM OCC- 4 Requirements for Diplomate

- **There are three (3) pathways in which a diplomate may meet this requirement based on their professional activity.**
 - Full Scope Clinical Practice
 - Limited Scope Practice (must provide documentation to AOBPM verifying limited practice)
 - Clinically Inactive Physicians




Limited Scope Practice

- Diplomates devoting 90% or greater of time in clinical practice areas outside their primary certifications may propose and submit practice performance data specific to their area of clinical practice
- The format of the data for the PIM relative to clinical practice must be submitted for AOBPM approval at the time of application.




Clinically Inactive Practice

- Physicians eligible:
 - See NO clinical patients OR
 - Do not supervise residents on patient management OR
 - Unemployed
- Attestation required
- Board will offer different Component 4 criteria
- AOA will report clinically inactive status to 3rd parties (employers, credentialers, etc.)




First three years of OCC

OCC Requirements for Certifications Ending In:					
	Component 1	Component 2	Component 3	Component 4	Component 5
2013	Active License	Required By 12/31/2015 Part 1: CME 120 CME hours (includes 30 in Category 1-A and 50 in primary specialty)	OCC Exam	Not Applicable in the first 3 years	AOA Member AOA Member AOA Member
2014	Active License		OCC Exam		
2015	Active License		OCC Exam		



2nd three years of OCC

2016	Active License	Required By 12/31/2018 Part 1: CME 120 CME hours (includes 30 in Category 1-A and 50 in primary specialty)	OCC Exam	One (1) PPA module per nine (9) year OCC cycle*; *One O-CAT Communications module may be required for each 9 year OCC cycle	AOA Member AOA Member AOA Member
2017	Active License		OCC Exam		
2018	Active License		OCC Exam		



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3rd three years of OCC

2019	Active License	Required By 12/31/2021	OCC Exam	NOTE: this OCAT requirement has not yet been finalized.	AOA Member
2020	Active License	Part 1: CME 120 CME hours (includes 30 in Category 1-A and 50 in primary specialty)	OCC Exam	This requirement is due prior to your OCC examination.	AOA Member
2021	Active License		OCC Exam		AOA Member

OCC Component 5

- **Continuous AOA Membership**
 - Membership in the professional osteopathic community provides physicians with online technology, practice management assistance, national advocacy for DOs and the profession, professional publications and CME activity reports and programs

OCC will evolve

- Change in this process is natural
- All of us are learning
- More components could be added

AOCOPM and OCC

- Our College as the educational arm of our specialties has an integral role in change
- The ultimate goal of the College is to provide you with the tools to complete OCC successfully, to learn, and to grow

OOPS, ABIM on MOC

- “ABIM clearly got it wrong. We launched programs that weren't ready and we didn't deliver an MOC program that physicians found meaningful. We want to change that.”

ABIM on MOC

- “A year ago, ABIM changed its once-every-10-years Maintenance of Certification (MOC) program to a more continuous one. This change generated legitimate criticism among internists and medical specialty societies.”

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ABIM on MOC

- “Some believe ABIM has turned a deaf ear to practicing physicians and has not adequately developed a relevant, meaningful program for them as they strive to keep up to date in their fields.”



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ABIM to Diplomates

- “We got it wrong and sincerely apologize. We are sorry.”



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AOA BOS reply

- . The AOIA profile indicates “OCC Participating” only. There is nothing reported to third parties in terms of compliance, other than the expiration date of each of the diplomate’s certifications.



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AOA BOS reply

- “There are no plans at this point to remove Component 4 (Practice Performance Assessment and Improvement) from the AOA’s OCC process. Component 4 is the only new requirement for AOA board-certified physicians holding time-limited board certification, and boards should continue to phase-in Component 4 requirements for OCC.



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AOA BOS reply

- “OCC is an ongoing, continuous process and can be updated and amended as deemed necessary by your board. Boards should be continuing to discussing possible changes to Component 3 and evaluating the relevancy of Component 4 activities as they relate to their specialty.”



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Core Competencies

Incorporated into each Board's OCC Process

- Osteopathic Philosophy/Osteopathic Manipulative Medicine
- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Practice-Based Learning and Improvement
- Systems-Based Practice




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Osteopathic Philosophy and OMM

- **Physicians are expected to:**
 - Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to their specialty
 - Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM




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Medical Knowledge

- **Physicians are expected to:**
 - Demonstrate and apply knowledge of accepted standards of clinical medicine in their respective area
 - Remain current with new developments in medicine
 - Participate in life-long activities




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Patient Care

- **Physicians must:**
 - Demonstrate the ability to effectively treat patients
 - Provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion




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Interpersonal & Communication Skills

- **Physicians are expected to:**
 - Demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams




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Professionalism

- **Physicians are expected to:**
 - Uphold the Osteopathic Oath in the conduct of their professional activities that promotes advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population



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Professionalism

- **Physicians are expected to:**
 - Be cognizant of their own physical and mental health in order to effectively care for patients



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Practice-Based Learning & Improvement

- **Physicians must:**
 - Demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care
 - Show an understanding of research methods
 - Improve patient care practices



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Systems-Based Practice

- **Physicians are expected to:**
 - Demonstrate an understanding of health care delivery systems
 - Provide effective and qualitative patient care within the system
 - Practice cost-effective medicine



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OCC and MOL

- A number of state boards are pilot-testing Maintenance of Licensure (MOL) programs now – more in the next few years
- FSMB has recommended that state legislation include that participation in OCC be deemed as having met the state's MOL requirements



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Frequently Asked Questions

- **I have a certification without an expiration date. How will OCC affect me?**
 - *OCC is voluntary for non-expiring certifications. However, you may wish to participate to fulfill any Maintenance of Licensure requirements you may have, or to publicly demonstrate your commitment to ongoing quality and assessment.*



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Frequently Asked Questions

- **I have a CAQ in addition to my primary. What must I do for OCC?**
 - *A minimum of 13 of your 50 specialty credits/3-year cycle must be obtained in the CAQ specialty area*
 - *Practice performance assessment components have been developed for the Occupational Medicine CAQ*



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Frequently Asked Questions

- **I'm dually certified through the AOA and ABMS. What must I do for OCC?**
 - Must fully participate in all 5 Components of OCC
 - Potential pathway still evolving through the AOA, BOS and the specialty certifying boards
 - An Osteopathic Component differentiates the AOBPM process from that of ABPM



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Frequently Asked Questions

- **I am dually boarded through two AOA specialty certifying boards. What must I do for OCC?**
 - You will need to demonstrate practice performance and examine in both AOA specialties
 - Example: Occupational Medicine and Emergency Medicine



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Frequently Asked Questions

- **I'm not board certified. May I participate in OCC to fulfill my state's MOL requirement?**
 - Still under discussion at the BOS
 - Working on a pathway for non-certified DOs



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Summary

- **OCC**
 - Assures high standards for patient care
 - Demonstrates commitment to continuous improvement
 - Includes one new component to certification/recertification process



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Questions / Concerns?

For questions on the OCC process, please contact your specialty certifying board. The AOA Division of Certification can help you as well.

AOA Division of Certification

(800) 621-1773, ext. 8266

certification@osteopathic.org



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