Maintenance of Licensure: What Anesthesiologists Should Know

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In the context of the historic and sweeping changes affecting the nation's health system following passage of the Patient Protection and Affordable Care Act (PPACA), the professional community is seeking ways to reduce the high cost of medical care, variations in medical practice, lapses in quality resulting in potentially preventable medical harm, and health care disparities. In April 2010, the Federation of State Medical Boards (FSMB) unanimously approved the report of the Advisory Group on Continued Competence of Licensed Physician (http://www.fsmb.org/MOL.html), which was the culmination of nearly 10 years of exploring methods and processes for determining the ongoing competence of licensed physicians and osteopaths.

Under the current system for renewal of licensure, physicians are required by most state medical and osteopathic boards to self-report their participation in continuing medical education (CME) activities. FSMB's proposed system, known as Maintenance of Licensure (MOL), will require physicians to participate in continuous quality improvement and lifelong learning that is objectively measured and relevant to their clinical practice. This process would be assisted by objective data. Once fully implemented, MOL will result in significant and demonstrable actions that produce improvement in patient care and practices.

In February 2010, during the term of Alex Hannenberg, M.D., as ASA president, an ASA Ad Hoc Committee on Maintenance of Licensure was formed to explore the implications of MOL on the ASA membership and to determine whether any actions should be taken. The members of the committee were selected from ASA members who are familiar with state medical boards and the Maintenance of Certification (MOCA) process. The Ad Hoc Committee was chaired by Rebecca S. Twersky, M.D., MPH, ASA Section Chair on Professional Standards. Members include: Arnold Berry, M.D., MPH (VP Scientific Affairs, Chair, Ad Hoc Committee on Educational Planning); Daniel Cole, M.D. (ASA Director from Arizona, American Board of Anesthesiology [ABA] Director, and member MOCA committee); Mark A. Eggen, M.D. (Minnesota Board of Medical Practice, member FSMB, member, American Board of Medical Specialties—ABMS—Health and Public Policy Task Force); Cynthia Lien, M.D. (ASA Section Chair on Education and Research, ABA Director, and Chair of the ABA Examinations Committee); and Carol Rose, M.D. (member, Pennsylvania State Medical Board). The Ad Hoc Committee extensively reviewed the FSMB publications and guidelines and summarized to the ASA leadership the key findings and recommendations and their implications for anesthesiologists.

MOL's program is based on the same six general competencies model (medical knowledge, patient care, interpersonal and communication skills, practice-based learning, professionalism, and systems-based practice) deployed by the ABMS. It includes the following three major components of lifelong learning in medicine:

1. **Reflective Self Assessment** (What improvements can I make?)
   Physician participation in an ongoing process of reflective self-evaluation, self-assessment and practice assessment, with subsequent successful completion of appropriate educational or improvement activities. This can be demonstrated by continuing medical education (CME) and should include a specific proportion devoted to practice-relevant and performance-CME. It should be completed *annually*.

2. **Assessment of Knowledge and Skills** (What do I need to know *and* be able to do?)
   Physician demonstration of the knowledge, skills and abilities necessary to provide safe, effective patient care within the framework of the six general competencies as they apply to his/her individual practice. (A secure exam is not required for MOL but could be one of the acceptable methods for documenting competence.)

3. **Performance in Practice** (How am I doing?)
   Physician demonstration of accountability for performance in his/her practice using a variety of methods that incorporate reference data both to assess performance in practice and to guide improvement.

Physicians will need to comply with the second and third components every five years. State medical boards (SMB) and osteopathic boards will consider those individuals who are involved in the ABMS maintenance of certification (MOCA or the equivalent for osteopathic) to have fulfilled *all three* components of MOL.

The FSMB is committed to providing state medical boards with guidance and support so that the entire community of state medical and osteopathic boards can move toward fully implementing MOL within 10 years, without its being overly burdensome or creating barriers, either for patient care or for physician practice. The MOL Implementation Group developed recommendations to enable state boards to implement MOL programs, and it submitted its final recommendations to the FMSB at its annual meeting in April 2011.

The AMA has endorsed MOL, and FSMB envisions that through a good program design, SMBs should be able to institute an MOL program in a phased implementation completed within 10 years. However, there are additional challenges for SMBs that are not faced by specialty certifying boards. Unlike MOC, this will impact every licensed M.D. or DO in the country, and therefore must address a more heterogeneous physician population. MOL relies upon financial resources and support that are in short supply at this time, and is also subject to variable state laws and regulations that may require changes in the medical practice act.

During the public comment period for the FSMB Implementation Group draft report, ASA President Mark Warner, M.D., reiterated the ASA's support for the concept of physicians engaging in a culture of continuous professional development, quality and practice improvement, and lifelong learning. The ASA envisions its role as a facilitator for anesthesiologists in meeting these requirements. Because SMBs are not likely to want to make decisions on a physician's completion of requirements, there would be a need for a third party that could implement documentation for MOL and then notify state boards of a physician's completion.

How does this affect anesthesiologists? How does it affect ASA members?

There are approximately 45,000 board-certified anesthesiologists (not all are actively practicing, not all are ASA members). Seventy-three percent (32,754) of ABA board-certified anesthesiologists (Diplomates) hold lifetime—non-time-limited (NTL)—certificates; only 3.5 percent of them are voluntarily enrolled in MOCA (compared to 1 percent for internal medicine). As baby boomers retire, the number of NTL Diplomates should become less. However, under MOL any physician desiring to maintain license—regardless of how active he or she is, even in an administrative role—would need to participate in a MOCA or equivalent process. Currently only 27 percent of ABA Diplomates are time limited and are enrolled in MOCA. It is also estimated that 32 percent of active physician ASA members are not board certified/board eligible (BC/BE). The impact therefore could be sizable for the ASA.

The ASA currently has a collaborative relationship with the ABA whereby it develops educational products and electronically submits to the ABA confirmation that the MOCA candidates have completed these materials. Recently the ABA has taken the position that they would like to work with ABMS to report to state boards on anesthesiologists' completion of required education products supplied by ASA. This suggests a significant change in their policy because this would entail facilitating the process for Diplomates

as well as non-Diplomates. The ABA will be conducting a feasibility study in the near future. Because ABA has no plans to produce education products to meet MOCA requirements, the ASA will continue to produce MOCA- or MOL-related materials.

The ASA has developed a variety of educational products that satisfy the needs of ABA Diplomates who are involved in the MOCA process and that could satisfy the three components of MOL as well; the organization will continue to develop others. In the future, our National Anesthesia Clinical Outcomes Registry, through the Anesthesia Quality Institute, will be available for anesthesiologists to augment their participation in the three MOL-required components. It would be hoped that the ASA and/or the ABA could become that "trusted agent" for FSMB and its state/territory boards for all anesthesiology MOL activities. The ASA could also serve as a third party for attestation and for providing documentation directly to the SMB (or through the ABMS as the conduit), thereby taking the burden off the SMBs. This process would serve not only board-certified Diplomates who are participating in the MOCA process, but also anesthesiologists who are not board-certified as well as those with NTL board certification but who do not participate in MOCA.

An area for future consideration is the role of the ASA in providing an alternate pathway for non-BC/BE candidates or those holding NTL certificates not wishing to seek MOCA. Criteria for an ASA alternate pathway might consider a "MOCA-lite" structure, patterned after the ABA MOCA but *without* a high-stakes exam. It would be necessary, though, to preserve a distinction between a physician who has completed MOCA and one who completes just MOCA-lite (without an exam) for purposes of MOL, so as not to diminish board certification. Assuredly, physicians who are MOCA-eligible but hold NTL certificates should not view MOCA-lite as equivalent. How the ABA's new position will impact this process remains to be seen.

The ASA continues to express to FSMB its interest in collaborating with the ABMS and the handful of SMBs that are positioned to engage in the upcoming pilot programs. The Ad Hoc Committee will continue to monitor the progress and make further recommendations to the ASA leadership as needed.