

ALL DIPLOMATE SURVEY

Improving the MOC Assessment Experience

Background

The American Board of Internal Medicine (ABIM), as part of its commitment to improve the Maintenance of Certification (MOC) experience, conducted a survey to better understand physicians' sentiment toward different ways of updating the design of the assessment of clinical knowledge.

Methods

On December 18, 2015, ABIM invited all physicians with a valid e-mail address (N=195,867; referred to as “the population”) who were certified by ABIM to complete a brief online survey. We identified a simple random representative sample (N=1,225, referred to as “sample”) from the population that we followed up with through multiple reminders (e-mail, postcard, mailed paper survey, phone) in order to achieve the minimum response rate of 25% needed to draw appropriate inferences about the population.

We received 9,242 total responses (4.7%) from the population. Of those, 360 responses (29.4%) were from the sample. We weighted sample responses and performed multiple imputations to correct for non-response bias (see Appendix).

Results

The tables and graphs below show the results and 95% confidence intervals for each question on the survey using the weighted sample responses. There was overall favorability for each of the four update ideas (Table 1): Taking the assessment at home/office (86.4%), a test out assessment option for the exam (79.4%), access to online reference material (76.0%), and shorter more frequent assessments (56.0%). Responses to more detailed questions pertaining to each of the four ideas are shown in Tables 2–5.

When asked about what maintaining board certification means to them, physicians most commonly chose knowledge currency. More than one-third, however, associated board certification to mean they are providing safe care or are actively involved in improving their care. (Table 6)

Lastly, we learned that although many physicians (69.6%) expressed dissatisfaction with the current MOC program, 38.5% are satisfied with ABIM's recent efforts to address the needs and concerns of the internal medicine community, while 31.4% were neutral. (Table 7)

TABLE 1
Overall favorability for four exam updates under consideration

N=360	Positive ¹	Neutral	Negative ²	Need more information
	(95% CI)	(95% CI)	(95% CI)	(95% CI)
How favorably or unfavorably would you view the general idea of having access to online reference material during an assessment ?	76.0% (71.5, 80.5)	5.4% (3.2, 7.6)	10.2% (7.3, 13.0)	8.4% (4.9, 11.8)
Instead of taking the traditional MOC exam (an eight-hour assessment, once every ten years), you would take shorter knowledge assessments more frequently .	56.0% (51.0, 61.1)	9.4% (6.7, 12.0)	30.5% (25.2, 35.7)	4.1% (2.4, 5.8)
While the traditional MOC exam (an eight-hour assessment, once every ten years) would still exist, you would take a series of shorter knowledge assessments over the course of a few years , and if you did well enough on them, you could skip the traditional MOC exam .	79.4% (76.0, 82.8)	3.9% (2.2, 5.6)	12.9% (10.1, 15.8)	3.7% (2.2, 5.2)
Instead of taking the assessment at a testing center, you would use a secure computer connection at your home, office, or elsewhere to take the assessment .	86.4% (82.6, 90.2)	4.8% (2.9, 6.8)	6.8% (4.2, 9.4)	1.9% (0.9, 2.9)

1. Very or somewhat favorably; 2. Very or somewhat unfavorably (original scale was 5-point Likert)

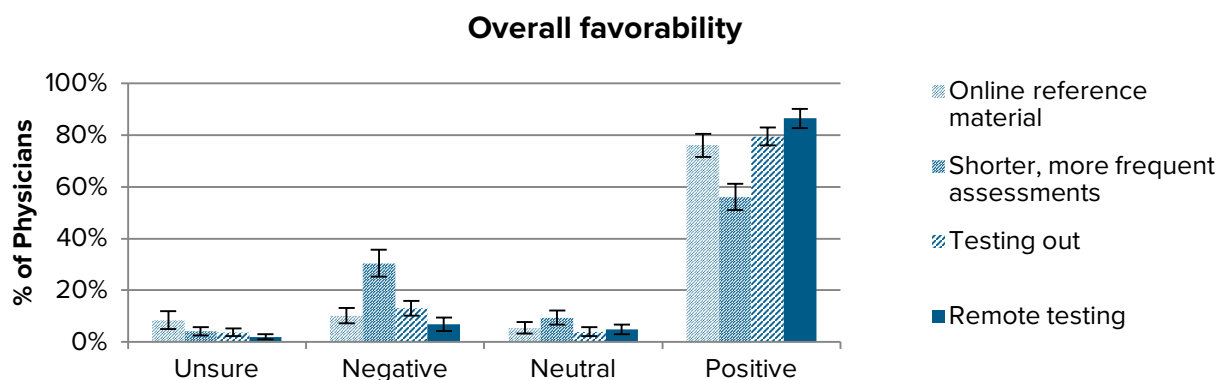


TABLE 2
Favorability of options regarding access to online reference material during an assessment

N=360	Positive ¹	Neutral	Negative ²
	(95% CI)	(95% CI)	(95% CI)
Access only to online reference material that you currently use in practice	65.6% (60.9, 70.3)	14.9% (11.9, 17.9)	19.5% (15.5, 23.6)
Access to online reference material for a limited number of sections of the assessment	44.4% (39.1, 49.6)	23.5% (19.7, 27.2)	32.1% (27.7, 36.6)
Access to online reference material knowing that you have a limited amount of time to complete the assessment	47.6% (42.6, 52.6)	20.0% (16.7, 23.4)	32.4% (28.0, 36.7)
Access to online reference material you may not usually use in practice (but with the ability to practice using them beforehand)	40.4% (33.8, 47.1)	20.1% (15.5, 24.6)	39.5% (32.9, 46.1)

1. Very or somewhat favorably; 2. Very or somewhat unfavorably (original scale was 5-point Likert)

Access to online reference material: Favorability with options

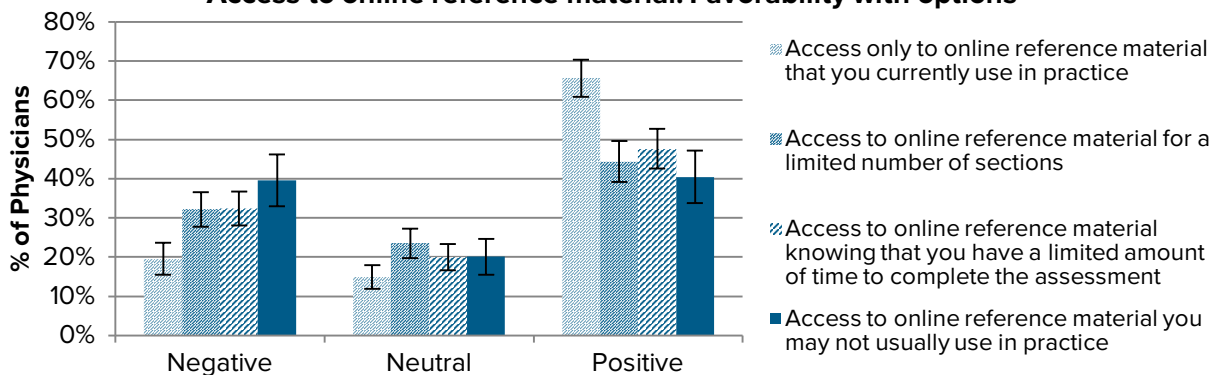


TABLE 3
Favorability of options regarding the length and frequency of assessments in this scenario

N=360	Positive ¹ (95% CI)	Neutral (95% CI)	Negative ² (95% CI)
An eight-hour assessment, every ten years	20.9% (17.2, 24.6)	13.3% (10.3, 16.4)	65.7% (61.7, 69.8)
Assessments that require two to four hours, every few years	45.0% (39.7, 50.3)	16.1% (12.4, 19.8)	38.9% (34.2, 43.6)
Assessments that require less than an hour, every year	55.4% (50.7, 60.1)	10.7% (7.2, 14.3)	33.8% (29.9, 37.8)
Assessments that require a few minutes, every week	10.5% (7.0, 14.0)	7.7% (5.1, 10.2)	81.8% (77.7, 85.9)

1. Very or somewhat favorably; 2. Very or somewhat unfavorably (original scale was 5-point Likert)

Shorter assessments: Length and frequency favorability

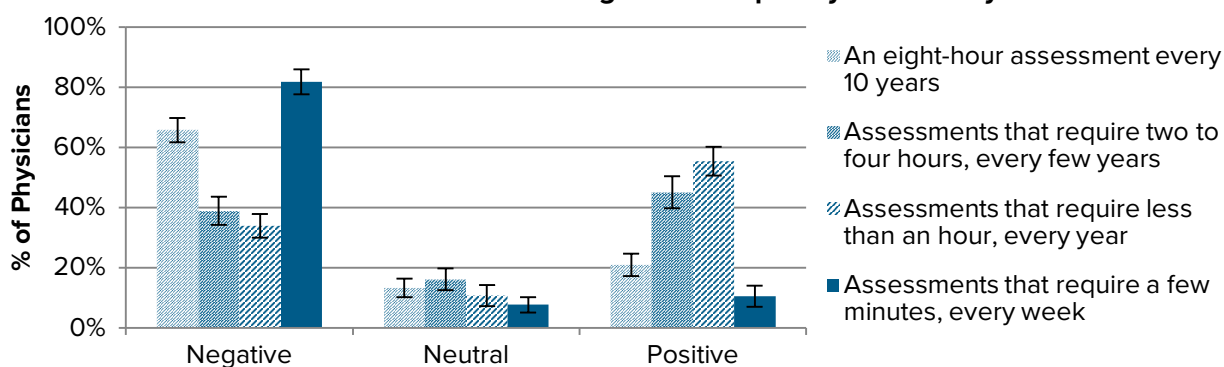


TABLE 4
Favorability of options regarding testing location

N=360	Positive ¹ (95% CI)	Neutral (95% CI)	Negative ² (95% CI)
Your home or office	87.5% (83.7, 91.4)	4.8% (2.8, 6.7)	7.7% (4.8, 10.6)
A local medical center or hospital	34.0% (29.1, 38.8)	21.5% (16.6, 26.3)	44.6% (38.3, 50.8)
A dedicated secure testing center (e.g., Pearson center)	20.8% (16.6, 24.9)	19.1% (14.6, 23.5)	60.2% (55.1, 65.2)

1. Very or somewhat favorably; 2. Very or somewhat unfavorably

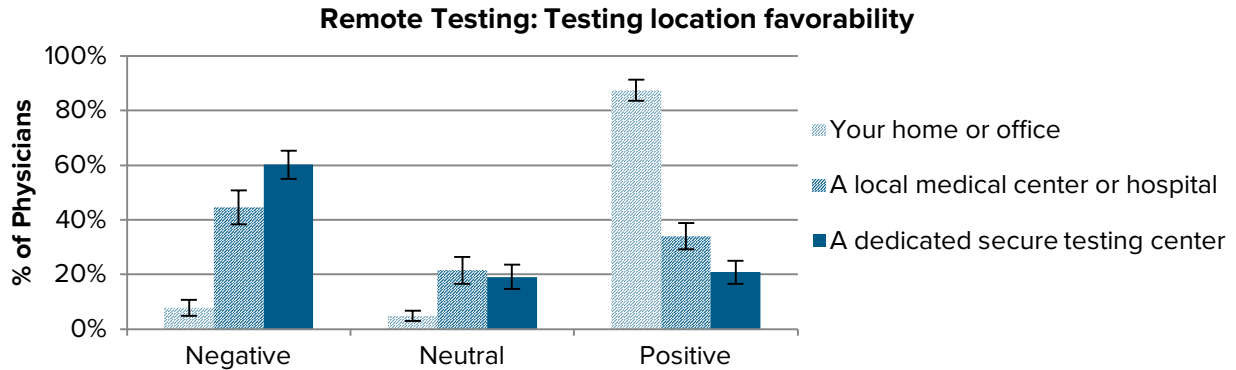


TABLE 5
Comfort with potential tasks related to facilitate remote testing

N=360	Positive ¹ (95% CI)	Neutral (95% CI)	Negative ² (95% CI)
Setting up a web camera	50.1% (44.0, 56.2)	14.7% (11.6, 17.7)	35.3% (29.4, 41.1)
Downloading and installing testing software	73.9% (69.4, 78.3)	11.4% (8.5, 14.4)	14.7% (11.2, 18.2)
Setting aside a quiet, secure testing environment in your home or office for the length of the assessment	81.3% (77.6, 85.1)	6.9% (4.8, 9.0)	11.8% (8.2, 15.4)

1. Very or somewhat comfortable; 2. Very or somewhat uncomfortable (original scale was 5-point Likert)

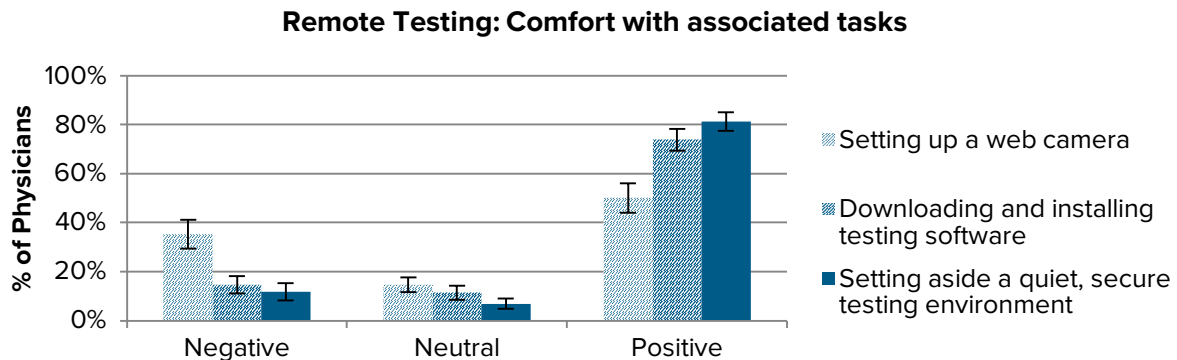


TABLE 6**What do you want maintaining your board certification to say about you as a physician?**

N=360	Yes¹ (95% CI)
I meet the minimum general requirement of knowledge to practice in my field.	33.7% (28.2, 39.1)
I demonstrate excellence in my medical knowledge.	41.7% (36.2, 47.2)
I am staying current in the knowledge I need to practice.	76.3% (71.7, 80.9)
Patients, payers and colleagues can be sure I am safe to rely on.	34.2% (29.2, 39.1)
I am engaged in improving the quality of my practice.	36.5% (30.4, 42.7)
My patients believe I am effective at incorporating their values and preferences into their care.	21.8% (17.8, 25.9)
Other	7.1% (4.4, 9.8)

1. Check all that apply

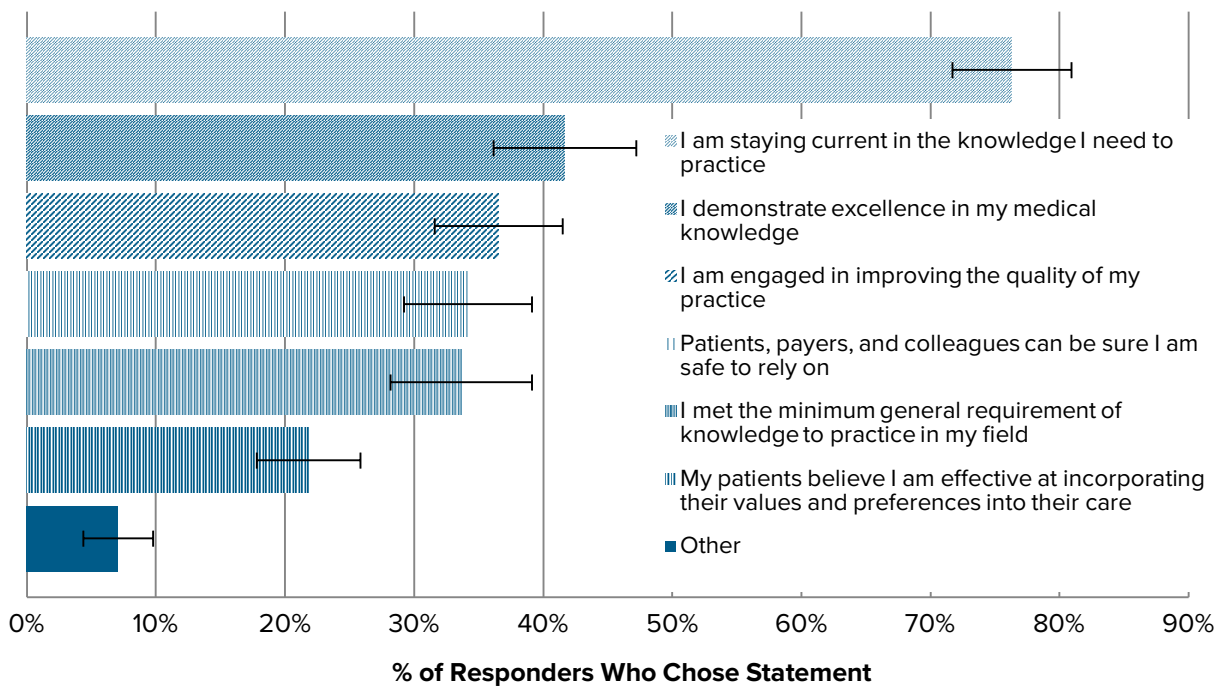
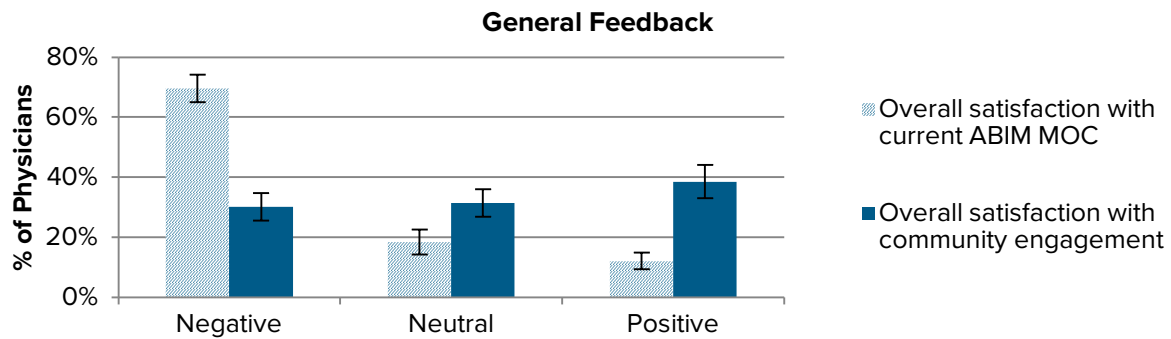
What do you want maintaining your board certification to say about you as a physician?

TABLE 7
General Feedback

N=360	Positive (95% CI)	Neutral (95% CI)	Negative (95% CI)
Overall satisfaction with the current ABIM MOC program as a whole	12.1% ¹ (9.3, 14.8)	18.3% (14.1, 22.5)	69.6% ² (65.0, 74.2)
How well has ABIM done over the past several months at addressing the needs and concerns of the internal medicine community?	38.5% ³ (32.9, 44.2)	31.4% (26.7, 36.1)	30.1% ⁴ (25.5, 34.6)

1. Very or somewhat satisfied; 2. Very or somewhat dissatisfied (original scale was 5-point Likert)

3. Very or somewhat well; 4. Very or somewhat poorly (original scale was 5-point Likert)



APPENDIX
Respondent characteristics after correction showing comparison to total population*

	Sample N	Sample, Corrected (95% CI)	Population
Sex			
<i>Female</i>	431	35.2% (32.5, 37.9)	35.1%
<i>Male</i>	794	64.8% (62.1, 67.5)	64.9%
Age			
<40	351	28.7% (26.1, 31.2)	27.7%
40-55	568	46.4% (43.6, 49.2)	47.5%
56+	306	25.0% (22.6, 27.4)	24.9%
Report Group			
<i>Grandfather</i>	100	8.2% (6.6,9.7)	8.4%
<i>Must Be Maintained</i>	220	18.0% (15.8, 20.1)	17.6%
<i>Time-Limited</i>	905	73.9% (71.4, 76.3)	74.0%
Currently in MOC			
<i>No</i>	425	34.7% (32.0, 37.4)	36.3%
<i>Yes</i>	800	65.3% (62.6, 68.0)	63.7%
Certificate Type			
<i>General Internist</i>	581	47.4% (44.6, 50.2)	49.0%
<i>Specialist</i>	644	52.6% (49.8, 55.4)	51.0%
Region			
<i>Caribbean</i>	9	0.7% (0.3, 1.2)	0.5%
<i>East North Central</i>	187	15.3% (13.2, 17.3)	13.9%
<i>East South Central</i>	65	5.3% (4.0, 6.6)	4.7%
<i>Middle Atlantic</i>	219	17.9% (15.7, 20.0)	17.5%
<i>Mountain</i>	62	5.1% (3.8, 6.3)	5.3%
<i>New England</i>	89	7.3% (5.8, 8.7)	7.5%
<i>Pacific</i>	174	14.2% (12.2, 16.2)	15.0%
<i>South Atlantic</i>	212	17.3% (15.2, 19.4)	19.0%
<i>Unknown</i>	24	2.0% (1.2, 2.7)	2.0%
<i>West North Central</i>	64	5.2% (4.0, 6.5)	5.8%
<i>West South Central</i>	120	9.8% (8.1, 11.5)	8.7%

***Note:** There were no statistically significant differences in attitudes toward any of the exam ideas or related questions between the sample and population respondents. There were, however, some notable trend differences in attitudes in that the sample was less unsure about shorter, more frequent assessments and slightly more positive towards the 10-year exam and access to external resources during the assessment. The sample was generally less negative toward their overall satisfaction with MOC (very or somewhat dissatisfied: 66.0% [sample] vs. 73.6% [population], $p < .01$) and less negative toward ABIM's recent community engagement efforts (very or somewhat poorly: 30.7% [sample] vs. 35.3% [population], $p < .01$).



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