Maintenance of Certification Continuing Medical Education, and Nursing Professional Development

A subset of VACs QI Projects are offering Maintenance of Certification Part 4, Continuing Medical Education (CME) Credit, and/or Nursing Professional Development (NPD) Credit to their systems. If your system is participating, please use this appendix as a guide for context and additional activities required to receive credits.

**What is Maintenance of Certification?**
Maintenance of Certification (MOC) is a continuing professional development framework established by the American Board of Medical Specialties (ABMS). While board certification is a voluntary process, some hospitals, third-party payers, and practice groups may require physicians to be board certified, and to maintain their board certification status in order to maintain hospital privileges.

The MOC process consists of a four-part framework with the goal to support lifelong learning and improve quality of care. Each of the 24 member boards interprets the requirements slightly differently, but the core requirements are:

- **Part I: Professionalism and Professional Standing**
- **Part II: Lifelong Learning and Self-Assessment**
- **Part III: Assessment of Knowledge, Judgment, and Skills**
- **Part IV: Improvement in Medical Practice**
  
  **Part IV requires that physicians complete some form of practice assessment, performance improvement, or quality improvement project.**

Provided all MOC intervention and meaningful participation requirements are met, board certified physicians are eligible to receive MOC Part IV credit for their work completed on the VACs QI project.

The ABMS *Achieving the Vision* Initiative will likely result in streamlining and revision to MOC requirements in the future. As of Winter 2019, these are the most current requirements for maintaining board certification.

**Medical Licensure & Continuing Medical Education (CME) Credit**

- State medical boards establish the minimum required competencies for physician licensure. All physicians must have a license to legally practice medicine.
- Most medical boards require that physicians complete continuing education in order to renew their license. The total amount of credit required, as well as frequency of renewal, varies by state.
- *AMA PRA Category 1 Credit™* is the most commonly accepted type of CME credit for physicians. Other professions (e.g. physician assistants) can use CME credit for their licensure requirements, but this also varies by state. State boards are the ultimate arbiters of what credit they will accept.

**Nurse Licensure and Nursing Professional Development (NPD) Credit**

- State boards of nursing regulate the practice of nursing, and similarly set the minimum required competencies for nursing licensure. All nurses must have a license to legally practice nursing.
- Most boards of nursing require that nurses complete professional development to maintain their license. The total amount of credit required, as well as frequency of renewal, varies by state.
- American Nurses Credentialing Center (ANCC) Contact Hours are accepted by all state boards of nursing.
- Some nurses maintain specialty certifications through the ANCC, and other certifying bodies. Many states require that nurse practitioners (NPs) maintain a specialty certification, and in some states this fulfills all of their licensure renewal requirement.
  
  **Important:** Because of the diversity of specialty certifications and distinct requirements, nurses should consult their specific certifying body for details on maintaining certification.
Medical Assistants

- States typically do not require that a medical assistant (MA) maintains a license or certification in order to practice as an MA.
- Some medical assistants may elect to pursue national certification as a medical assistant to distinguish themselves professionally; the American Medical Technologists (AMT) and the American Association of Medical Assistants (AAMA) are the two core certifying bodies.
- The AAMA recognizes non-AAMA CEU credits for MA recertification; the AMT may also recognize non-AMT credits.
  - **Important:** MAs should always verify their certification requirements directly with their certifying body. We cannot guarantee that any MA certifying body will recognize the performance improvement learning format.

Credits Offered for Meaningful Participation in the VACs QI Project:

- MOC Part IV:
  - 25 points for the American Board of Pediatrics
  - 20 points for the American Board of Family Medicine or 1 Performance Improvement Activity
  - 30 points for the American Board of Internal Medicine
- 30 Performance Improvement CME Credits *AMA PRA Category 1 Credits™*
- 30 ANCC Contact Hours

Maintenance of Certification Part 4: Requirement Detail

The below figure illustrates the MOC Part IV point requirement (top row) versus the amount of credit received for meaningful participation in the initiative (bottom row):

**ABP**
- Must earn a total of 100 points in Part 2 & Part 4 activities. A minimum of 40 points must be satisfied by Part 4 every five years.
- Participation in MOC program counts for **25 points**

**ABFM**
- Must earn total of 50 points in Part 2 and Part 4 activities. At least 1 Performance Improvement (Part 4) activity must be completed every 3 years.
- Participation in MOC program counts for **20 points or 1 Performance Improvement Activity**

**ABIM**
- While ABIM does not have a formal Part 4 requirement, diplomates must earn a total of **100 points every 5 years**.
- Participation in MOC program counts for **30 points**

How do clinicians attain credits and meaningfully participate?

To earn professional credit, clinicians must meaningfully participate in the project. This is the difference between passive participation and actively contributing to practice improvements designed to improve HPV vaccination. To meaningfully participate, a clinician must:

- Provide direct or consultative care to patients, or serve as a part of the core QI team
- Collaborate actively by attending All Staff Meetings and reviewing data at least three times
- Be intellectually engaged in planning and executing the project
- Implement the project’s interventions—practice changes designed to improve vaccination—as appropriate to role/profession

A clinician must meet all criteria above to have meaningfully participated. **It is insufficient to only attend All Staff Meetings/view webinars as the sole form of participation.** The clinician should **contribute** to the Plan-Do-Study-Act (PDSA) process of selected interventions, as well as **implement** individual practice changes they personally select (e.g. recommendation method) into practice.

Completing 3 All Staff MOC Trainings

- Follow all the details in Step #3: Engage and Prepare All Staff above. Remember to complete all 3 sessions by October to get credit by December 2020.
- **Remember to highlight for providers:** the all staff meeting is just a mechanism to allow the clinical team to gather, review HPV vaccination rates, analyze gaps, receiving training, and discuss change concepts for improving rates. It is important that providers are also implementing changes they select into practice outside of the all staff meetings and contributing to the achievement of the aim to improve HPV vaccination rates.

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Disclosure Forms
It is a requirement of all accredited continuing medical education and nursing professional development providers to ensure independent, unbiased content based on best evidence. One method the Boston University School of Medicine Continuing Medical Education Office (BUSM CME) uses to achieve this imperative is enforcing a process of disclosure and resolution of personal conflicts of interest. BUSM CME will:
- Collect information on relevant financial relationships using an electronic survey
- Review & Resolve any conflicts of interest, if applicable
- Disclose relationships—including the absence of relationships—to the learners by inserting the disclosure slide into your deck

**Collect: Who needs to complete a disclosure form?**
BUSM CME requires that all ACS Managers involved in planning/executing the program, the ACS Leadership Team, the health system core QI team, as well as any speakers to complete the disclosure form.

**Collect: What does the health system manager need to do?**
1. Complete/submit a disclosure form on your own behalf.
2. Circulate the disclosure form link to your core QI team.
   - Tip: Reserve the first 2-3 minutes of your core team meeting agenda for completing the form. Core QI team members can complete the survey on their phones.
3. E-mail emjansen@bu.edu with: the date of your first all staff meeting, a list of your core QI team members, and speakers (staff name, e-mail, and health system name) at least 2 weeks prior to the first all staff meeting.

**Review & Resolve: What do we do if we need to resolve any potential conflicts of interest?** BUSM CME, Dr. Rebecca Perkins, and Cammie Townsend (Lead Nurse Planner) are responsible for reviewing and resolving any potential conflicts of interest. If a relevant financial relationship exists, BUSM CME will escalate this to their attention, and they will determine the appropriate remedy to resolve the conflict of interest. We will provide you with instructions pending this decision. Generally, there are no relevant financial relationships disclosed by core QI team members to resolve, and this is an infrequent occurrence.

**Disclose: The last step in the process is to disclose the relevant financial relationship information—including the absence of relationships—to all learners** (i.e. all staff engaging in the project/seeking credits). BUSM CME will provide you with a slide you will need to insert in your PowerPoint All Staff Meeting deck. If you have not received this slide, it may mean that there are still outstanding disclosure forms. Please e-mail Emily at emjansen@bu.edu.

**Commercial Support and Independence of Education**
- Grants or in-kind donations from commercial interests cannot be sought nor accepted for lunch and learns, speakers, or any other purpose in conjunction with this project
- A commercial interest cannot be permitted to influence the project design or implementation, including recommendations on measurement, nor intervention selection
  - E.g. a representative from Merck cannot be a member of the core QI team
- If your system participates in certain access programs, that is fine; Merck cannot be a driver/influencer of the trajectory of the improvement work

**End of Project Credit Claiming**
At the end of the project year, participants will receive instructions to claim the MOC/CME/NPD credit. This will include:
- If seeking MOC: BU takes their information and report it to the ABMS, who in turn reports it to the boards.
- If seeking CME/CNE: There is an embedded link in the attestation that directs them to our learning management system. They create an account, complete a brief set of CME/CNE required questions, and then an electronic certificate is generated.
# Credit Requirements by State

Please Note: Requirements for licensure are subject to change. State Boards of Medicine and Nursing are the source of truth; we advise that clinicians consult these entities directly for the final word on what will be accepted. *AMA PRA Category 1 Credit™* is accepted by all Boards of Medicine.

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<thead>
<tr>
<th>State</th>
<th>MD</th>
<th>PA</th>
<th>APRN (NPs)</th>
<th>RN/LPN</th>
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<tbody>
<tr>
<td>Texas</td>
<td>24 credits every year, at least 12 must be <em>AMA PRA Category 1 Credit™</em> (CME Credit) every year</td>
<td>40 hours every year; at least 20 must be <em>AMA PRA Category 1 Credit™</em></td>
<td>20 contact hours every two years or national certification</td>
<td>20 contact hours every two years</td>
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