ABIM’s Experience with DANS Data

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Disclosures
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• Senior Vice President, Assessment and Research at the ABIM

• To protect the integrity of certification, ABIM enforces strict confidentiality and ownership of exam content.

• No exam content or individual physician data will be disclosed in my presentation.
ABIM’s Mission

• To enhance the quality of health care by certifying internists and subspecialists who **demonstrate** the knowledge, skills and attitudes essential for excellent patient care.

**We are**... *Of the profession, for the public.*

• Self-regulation and public accountability
The Breadth of Internal Medicine

- Adolescent Medicine
- Adult Congenital Heart Disease
- Advanced Heart Failure & Transplant Cardiology
- Cardiovascular Disease
- Clinical Cardiac Electrophysiology
- Critical Care Medicine
- Endocrinology, Diabetes & Metabolism
- Gastroenterology
- Geriatric Medicine
- Hematology
- Hospice and Palliative Medicine
- Hospital Medicine (Focused Practice)
- Infectious Disease
- Interventional Cardiology
- Medical Oncology
- Nephrology
- Pulmonary Disease
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Transplant Hepatology

- Certify 1 of every 4 practicing physicians in US
- Over 250,000 valid certificates
Purpose

• Initial Certification
  • Medical licensure is non-differentiated so….
  • Specialty boards evolved to publicly recognize emerging specialization areas
  • Recognizes readiness for unsupervised practice in the specialty or subspecialty

• Maintenance of Certification
  • Demonstrate whether or not an internist is staying current with knowledge and practice in his/her discipline.
Unskilled and unaware of it: How difficulties in recognizing one’s own incompetence lead to inflated self-assessments.

The Dunning-Kruger Effect

![Graph showing the Dunning-Kruger Effect with the three lines: Actual, Perceived Mastery, and Perceived Performance. The x-axis represents Objective Performance Quartile (Bottom, Third, Second, Top), and the y-axis represents Percentile.]
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1936</td>
<td>ABIM established, first certification in Internal Medicine, followed by CV, GI, Pulm Subspecialties</td>
</tr>
<tr>
<td>1973</td>
<td>Nine subspecialties added</td>
</tr>
<tr>
<td>1987</td>
<td>Voluntary recertification tried but unsuccessful</td>
</tr>
<tr>
<td>1990</td>
<td>Time-limited certification</td>
</tr>
<tr>
<td>2000</td>
<td>Required recertification/MOC</td>
</tr>
<tr>
<td>2006</td>
<td>Conversion to computer exams complete</td>
</tr>
<tr>
<td>2014</td>
<td>Continuous MOC program; Cert and MOC exams begins separating blueprints and standards</td>
</tr>
<tr>
<td>2018</td>
<td>Alternative maintenance pathway</td>
</tr>
</tbody>
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Disciplinary Action Notification System (DANS)

Overview
A central repository for disciplinary sanctions, licensure information and ABMS certification data used in the licensing and credentialing of physicians and physician assistants

Credentials Services
The PDC Profile is a detailed report used by licensing and credentialing professionals to verify sanction history, licensure and ABMS certification

Board Designated Request
For physicians and physician assistants to request a report to be sent to a state medical board

Certifications
The FSMB has received certification from the National Committee for Quality Assurance (NCOA)

Contact
For more information, contact the PDC

ABMS Display Agent
The PDC serves as an official display agent for American Board of Medical Specialty Certification
Causes for Disciplinary Action

• Restricted License
• Failure of Behavior
  • Moral, Ethical, Professional
• Misconduct
  • Competence, Integrity
• Misrepresentation
  • Application, Eligibility, Certification
• Exam Misconduct
Considerations

- Ability to practice independently
- Gravity
- Duration
- Remorse
- Responsibility
- ABIM precedent
ABIM Process for Disciplinary Actions

- In 2016: 3,535 DANS Reports; 1,136 diplomates
  - Those that lose all licenses lose their certification, but with actions in one state but not in another are referred for due process
- ABIM Credentials and Certification Committee (“CCC”)
  - Notifies physician of any pending disciplinary sanction and timeline
  - Summarizes and copies of evidence to physician
  - Physician may make written submission
- Appeal Panel
  - Physician has a right to appeal
  - Panel - three non-ABIM employee physicians, with at least one member of ABIM Board of Directors
- ABIM may notify credentialing bodies etc. of final disciplinary sanctions
Evidence that Certification/MOC Matters

- External Measures of Quality
  - Cost
  - Processes of care
  - Outcomes of care
    - Disciplinary actions
    - Clinical care

  Linked with…

- ABIM Measures of Certification/MOC
  - Certification status (initial cert, MOC)
  - Exam status (pass/fail)
  - Exam scores
  - MOC requirement
Two Studies

- Disciplinary Action

  *Linked with…*

  1. Certification Status
  2. Certification Exam Performance
Disciplinary Actions and *Cert Status*

*Lipner et al., 2016, Acad Med*

- **Sample**: 66,881 physicians who did their first year of training in IM between 1995-2004
  - ABIM certified – 95%
  - Other ABMS certified – 1.6%
  - Not certified – 3.4%
- **Method**:
  - Three datasets combined
    - FSMB, ABIM, AMA
  - Logistic regression, ANOVA
Disciplinary Actions and Cert Status

Disciplinary Actions

- ABIM: 95%
- Other ABMS: 1.6%
- Not Certified: 3.4%
Disciplinary Actions and *Cert Status*

- Severity of Disciplinary Actions by Certification Status
The Not Certified Cohort is More Likely to…

• Have received a disciplinary action
• Have more severe disciplinary actions
• Have lower program ratings on medical knowledge in 1st year
• Be an international medical graduate
• Be male
• Have attended more than one IM residency program
Sample: 66,171 physicians who entered training in IM between 1990-2000 and became diplomates
  • Disciplinary actions between 1990-2006

Method:
  • Retrospective cohort study
  • Multivariate Cox proportional hazard analysis
## Disciplinary Actions  (n=638)

<table>
<thead>
<tr>
<th>Basis for Disciplinary Action</th>
<th>Physicians Disciplined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to meet CME</td>
<td>21.6%</td>
</tr>
<tr>
<td>Substandard care/negligence</td>
<td>12.4%</td>
</tr>
<tr>
<td>Fraud/billing/tax irregularities</td>
<td>9.1%</td>
</tr>
<tr>
<td>Controlled substance violation</td>
<td>8.2%</td>
</tr>
<tr>
<td>Exam/licensure irregularities</td>
<td>7.4%</td>
</tr>
<tr>
<td>Substance use</td>
<td>4.9%</td>
</tr>
<tr>
<td>Failure to comply with board</td>
<td>4.9%</td>
</tr>
<tr>
<td>Convicted of crime</td>
<td>3.8%</td>
</tr>
<tr>
<td>Inadequate records</td>
<td>2.7%</td>
</tr>
<tr>
<td>Other</td>
<td>25.0%</td>
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</tbody>
</table>
Disciplinary Actions and Cert Exam Performance

There was about a 20% - 25% reduction in risk when moving from one bar to the next.
Summary of Two Studies

**ABIM Board Certified Physicians are more likely to...**

...AVOID DISCIPLINARY ACTION

5x LESS LIKELY

ABIM Board Certified physicians are 5x less likely to have state medical licensure disciplinary actions than a non-certified physician.

SCORE MEANS LESS DISCIPLINARY ACTION

The higher a physician’s score on the initial certification exam, the less likely they are to have state medical licensure disciplinary actions against them.

REFERENCES:


Conclusion

- Certification in IM is a marker of professionalism for the public
  - Those certified are less likely to get disciplined
  - Those scoring higher on the exam are less likely to get disciplined
- Similar study for Maintenance of Certification currently under review....
Questions?
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www.abim.org