

Osteopathic Continuous Certification (OCC)

American Association of Osteopathic Examiners
Osteopathic International Alliance

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AOA Bureau of Osteopathic Specialists
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OCC DO
OSTEOPATHIC CONTINUOUS CERTIFICATION

Certifying Osteopathic Excellence Since 1939
 BUREAU OF
OSTEOPATHIC
SPECIALISTS
AMERICAN OSTEOPATHIC ASSOCIATION

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)



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AOA Specialty Certifying Boards

- 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)
- 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)

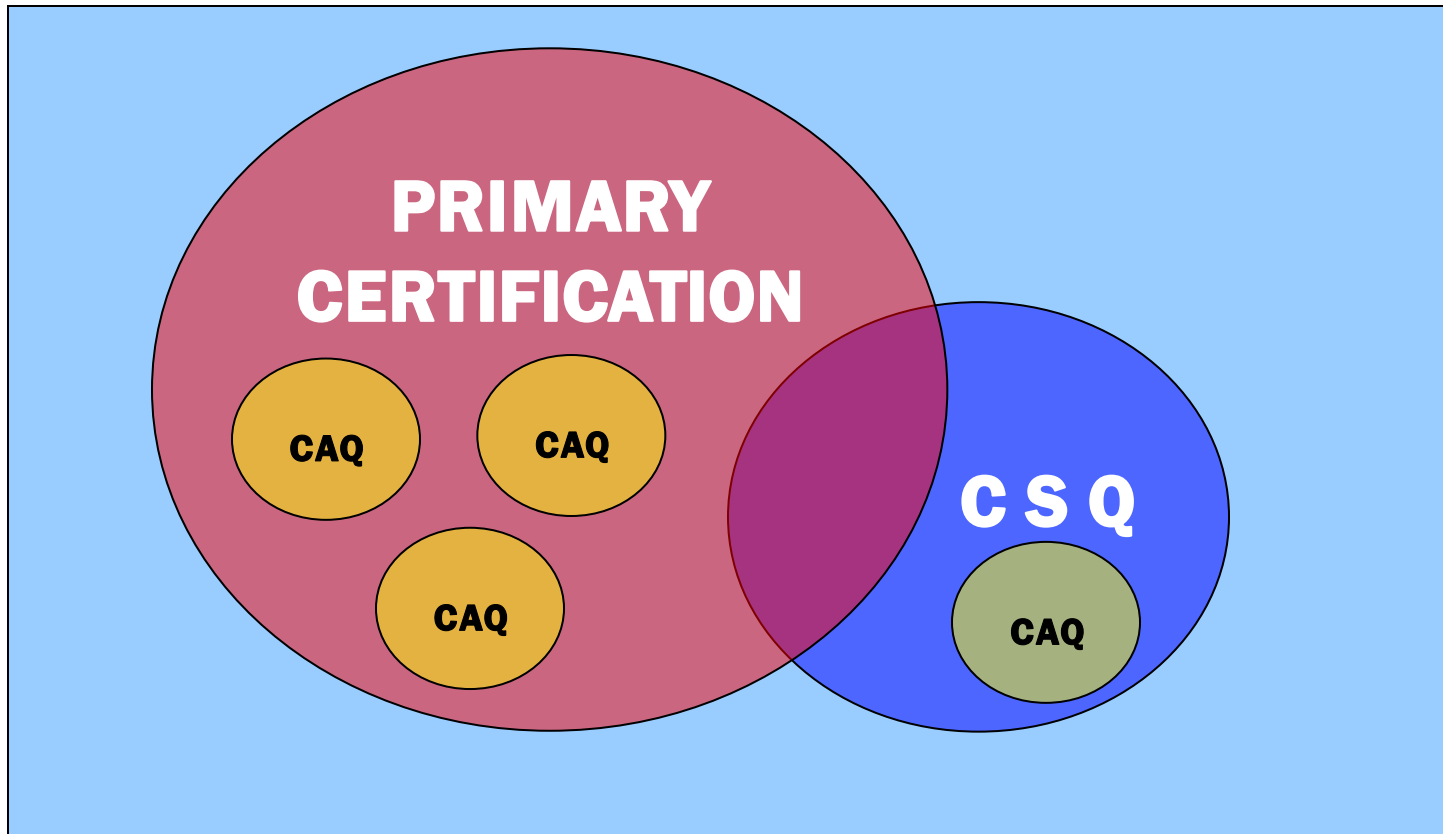


Types of AOA Board Certifications

- 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



AOA Certifications



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”*

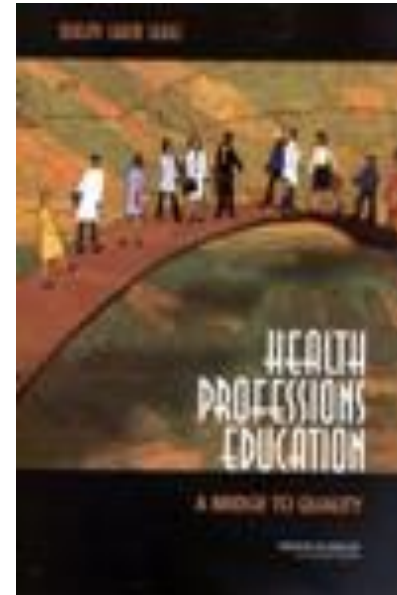
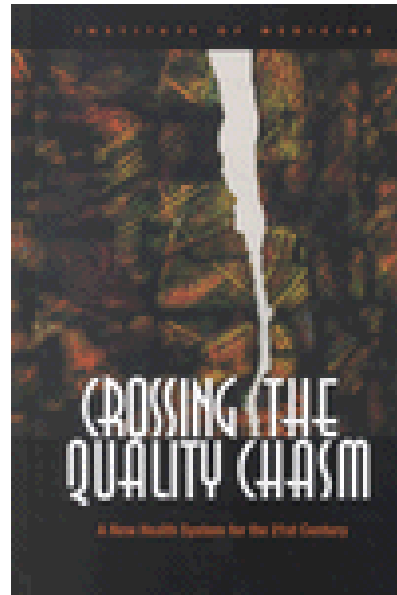
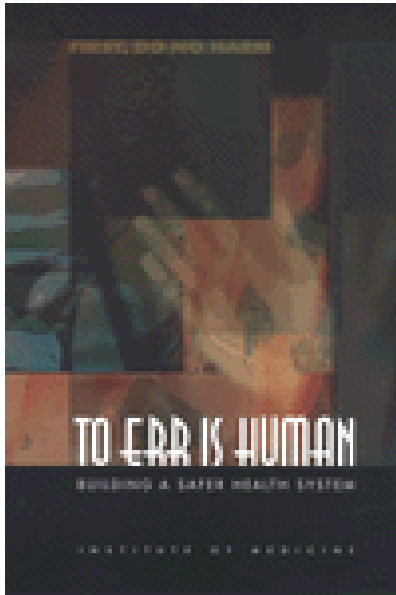
*Standards for Educational and Psychological Testing, American Psychological Association, 1985



Influencing Factors on the Development of OCC



Institute of Medicine Reports



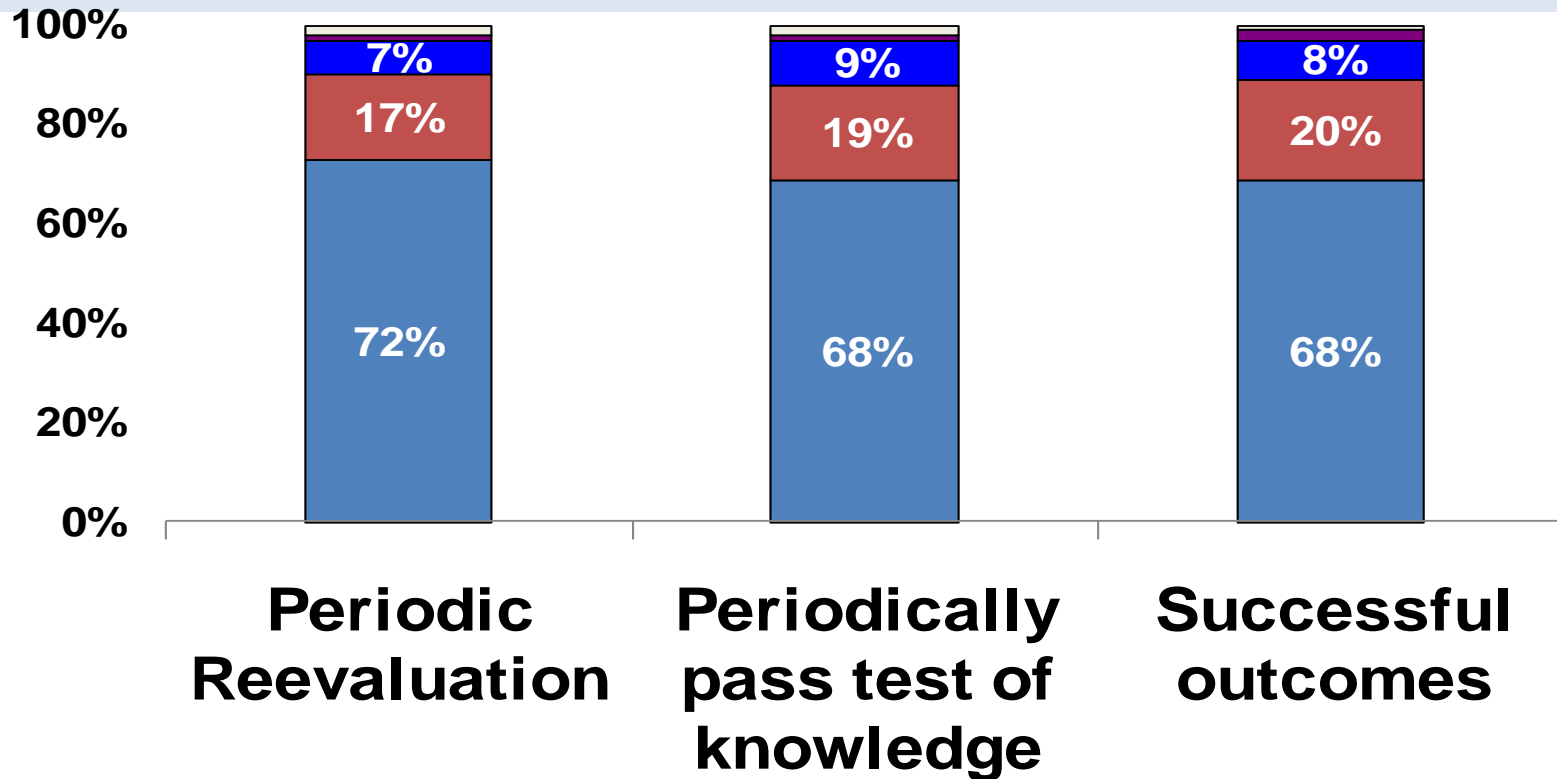
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Patient Expectations of Physicians Gallup Survey



■ Very Important

■ Important

■ Neutral

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

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



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



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



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



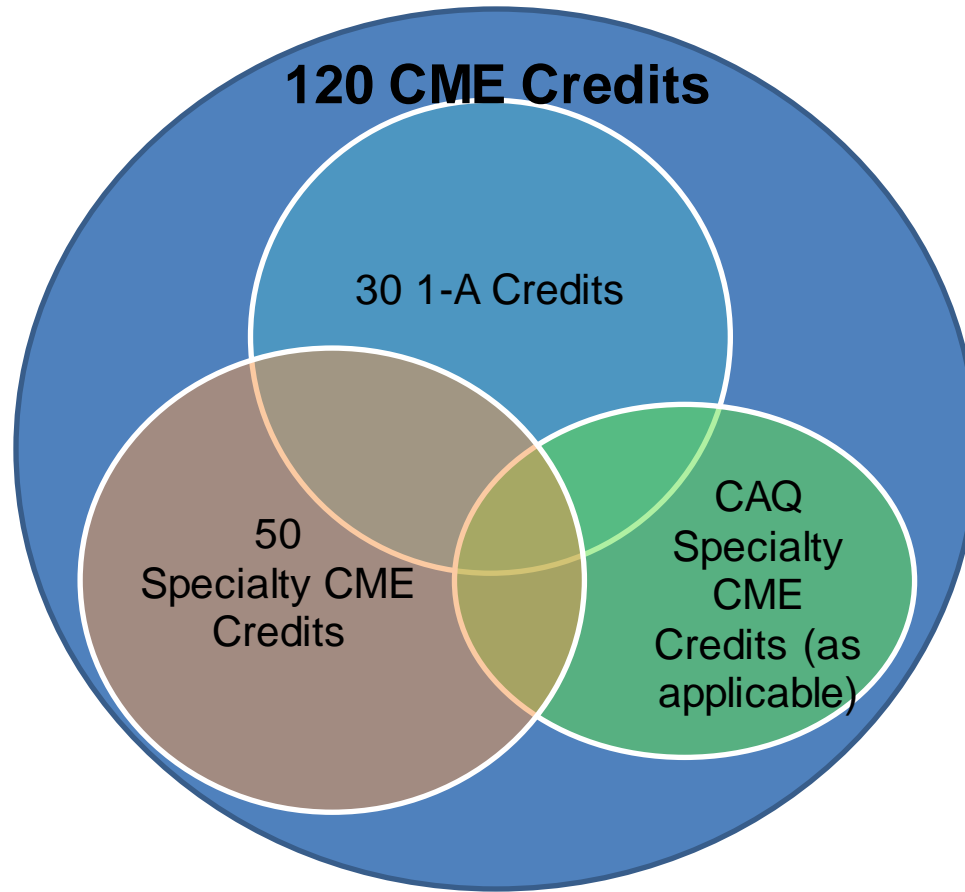
OCC Component 2

- **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



AOA CME Requirements



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



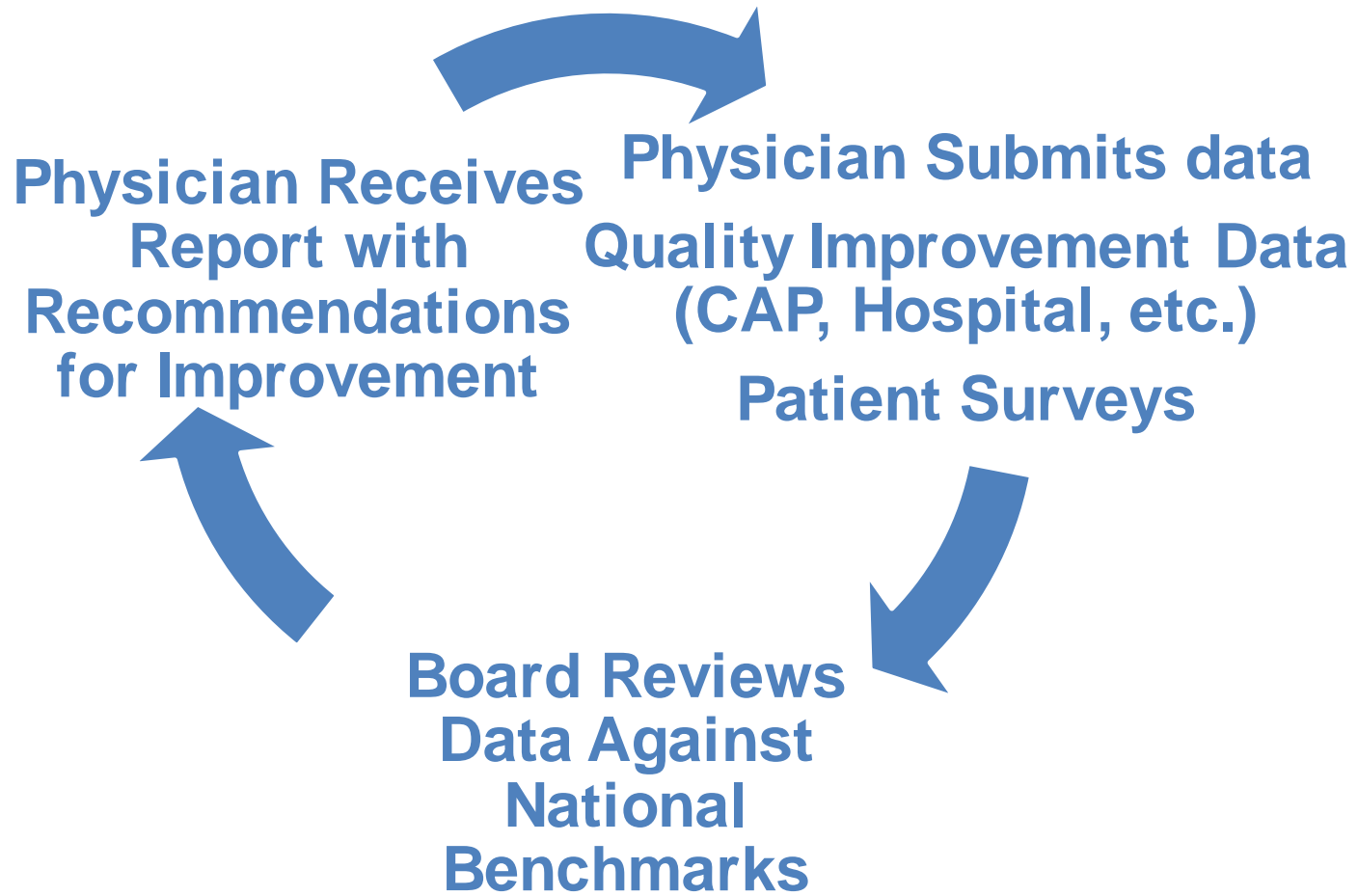
OCC Component 4

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



General Process for Component 4



Example - AOBFP – Component 4

Requirements for Diplomate

- **The candidate will demonstrate performance improvement in knowledge and skills; scores may be compared to national benchmarks and standards of care based on documented evidence.**
 - This component Osteopathic Continuous Certification Assessment Program (OCCAP), is a disease state management practice specific evaluation. This will be based on data abstraction of specific disease state management parameters such as is done in the traditional CAP submission.



Example - AOBFP OCC- 4

Requirements for Diplomate

- **Each Certification Cycle (Years 1 thru 6 of 8-year certificate term)**
 - Each diplomate must complete a total of four OCC modules in six years.
 - Two modules must be from the currently listed OCCAP subject areas and require the completion of CAP measure sets (chart abstraction) or the use of another assessment tool that provides performance data demonstrating practice performance improvement.



Example – AOBFP Data Collection

- **Completion of the educational unit of two OCCAP modules**
 - An OCCAP measure set will be completed (data from 20 charts is entered for the measure set) for **one** module.
 - Completion of one attended or web-based AOBFP approved educational unit referable to this module
 - Completion of an AOBFP web-based exam for each module based on the educational unit
 - Candidate enters final chart data from an additional 20 charts for measure set



OCC Pathways

- **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 board 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 (Component 4) data specific to their area of clinical practice
- The format of the data for the module relative to clinical practice must be submitted for the certifying board approval prior to participation.



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.)



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



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



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



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



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



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



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



Professionalism

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



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



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



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



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.*



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 will be developed at the CAQ level*



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*



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: Internal Medicine and Emergency Medicine*



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*



Summary

■ OCC

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



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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