Fellow Diplomate,

The American Board of Otolaryngology has made major revisions to its MOC program that we would like to share with our diplomates. These changes involve rolling out Part IV, the last component of MOC, a new publishing partner for the MOC program, changes to the Part III exam, and a new single MOC fee.

Maintenance of Certification (MOC) is a program established by the American Board of Medical Specialties (ABMS) in 2002 to address the growing demands of patients, the government, payers, and others to ensure certified doctors remain up-to-date on the latest information and work to improve the quality of healthcare. The American Board of Otolaryngology (ABOto), as one of the twenty-four ABMS member boards, has developed its MOC program over the past decade following the ABMS guidelines.

This brochure was created to explain MOC in detail so that our diplomates can better understand this evolving program. MOC is a non-punitive program to encourage lifelong learning and improve patient care. All diplomates certified and subspecialty since 2002 are required to participate, and MOC is voluntary for the other diplomates. All ABOto Directors voluntarily participate in MOC, and now that the program is complete, we feel there is real value to all board certified otolaryngologists.

If you have any questions or comments, please contact the ABOto office.

Sincerely,

Peter A. Hilger, MD        Randal S. Weber, MD
President         Chair, MOC Committee

Founding Member of the American Board of Medical Specialties (ABMS)
American Board of Otolaryngology Mission Statement

The mission of the American Board of Otolaryngology (ABOto) is to assure the public that, via its process of certification and lifelong maintenance of certification, its diplomates have met the ABOto’s professional standards of training and knowledge in otolaryngology - head and neck surgery.

The ABOto’s fiduciary responsibility is to the public. Although the ABOto carefully considers the concerns of and impact on our diplomates, it is what is in the public’s best interest that guides the ABOto’s decision making process.

Benefits of Maintenance of Certification

Participation in MOC has many benefits:

- A program to encourage practice-focused lifelong learning through annual self-assessment. Many current MOC participants have commented on how MOC has helped their practices.
- MOC is practice-focus specific. Since so many otolaryngologists limit their practice to a single area, such as Facial Plastic and Reconstructive Surgery or Allergy, the MOC program is structured so the components are relevant to their practices.
- When a patient goes to the ABOto or the ABMS website to find out if their otolaryngologist is certified, the response includes the date of certification and whether or not the individual participates in MOC.
- Use of the MOC participation logo on your website.

ABMS Maintenance of Certification

A Licensed Doctor Participating in ABMS MOC

- A growing number of hospitals and other credentialing bodies require MOC participation to maintain privileges.
- MOC is recognized by the Center for Medicare and Medicaid Services (CMS), and the ABMS is working on MOC participation being used as a measure of quality improvement activities not only with CMS, but other entities.

For more information on the benefits of MOC and how it advances your practice, please visit the ABMS website: http://www.abms.org/who_we_help/physicians/your_practice.aspx.

New Fee Structure Incorporates Single Annual Fee

With the addition of Part IV and the consolidation of the module production with Wiley Blackwell/CE City, the ABOto MOC program is complete, which creates an opportunity for a single annual fee to replace the current per-item charge. Under the old program, a diplomate would pay an average of $350 per year for Parts I – III. Under the new arrangement, the ABOto will reduce the fee to a single, $310 annual fee that covers all MOC components, including Part IV.
New MOC Website

After receiving and analyzing feedback about the current MOC Part II Self-Assessment Modules (SAMs) experience, the ABOto has teamed up with Wiley-Blackwell/CE City to develop a new, sleek, and user-friendly platform for both Part II and the addition of the Part IV Performance Improvement Modules (PIMs). We have also designed it so that you can access your MOC modules directly from your ABOto profile and not have to go to another website.

Once the new website is in place, you will log-in to your ABOto profile at www.aboto.org, select which MOC Part you need to complete, and choose the module that relates to your practice focus. Since all components of MOC will be included in a single annual fee, there is no additional charge for doing a Part II Self-assessment module.

If you do not have time to finish a module, it will be added under the “Curriculum” tab, along with any other current activities. Click the activity to continue working. Once the activity is complete, it will move to your “Transcript.”

Under “Transcript,” you will see listed all module activities that you have completed through the American Board of Otolaryngology MOC platform. In the future, you will also see those you have added from other venues. From this page, you will be able to sort by date and print the activity report as needed.

If you have any concerns while completing modules, the Support page provides you direct access to technical assistance from both Wiley-Blackwell/CE City and the American Board of Otolaryngology.

This new arrangement should greatly improve your MOC module activity experience.
An Explanation of the 4 Part MOC Requirements

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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The ABMS' MOC Star indicates that you have successfully completed the MOC requirement for that year. A green dot indicates that this requirement is available to complete at this time.

**Part I - Licensure and Professional Standing**
- Annual MOC report
- Confirmation of unrestricted medical license
- Affirmation of clinical privileges

**Part II - Lifelong Learning and Self-Assessment**
- 25 CME units annually
- Completion of an ABOto self-assessment module annually
### Parts of the MOC Cycle

#### Part III - Cognitive Expertise
- Pass a closed-book, secure exam during the last 3 years of the MOC cycle
- Exam is practice-focus specific based on participant’s preference
- Exam administered in computer testing centers around the country
- Reduced number of Clinical Fundamentals questions
- Most Clinical Fundamentals topics covered in educational modules

#### Part IV - Practice Performance Assessment
- Complete every 3-5 years
- Patient communications survey
- Professional survey
- Performance improvement modules

For more detailed information about each MOC component, turn to pages 6 and 7.
In Depth Part I - Licensure and Professional Standing

All MOC participants are required to be ABOto diplomates and must maintain an unrestricted medical license in each jurisdiction in which they practice. Additionally, MOC participants must maintain clinical privileges at a hospital or ambulatory surgical center. If clinical privileges are not maintained, the participant must affirm that the privileges were not lost due to an adverse action. Finally, the new MOC fee has been adjusted so that it covers all aspects of MOC.

In Depth Part II - Lifelong Learning and Self-Assessment

The participant must obtain 25 CME units annually, 60% of which must be in otolaryngology or, in the case of those subcertified in Neurotology or Sleep Medicine, in those areas respectively. Additionally, MOC participants must complete a Part II self-assessment module (SAM) annually.

Beginning January 2013, the SAMs will be published by Wiley-Blackwell, and will be available directly through the ABOto website so participants will not need to go to another site to obtain the modules. Also, an education module (SEMO) on the topic of the SAM will be added. Finally, access to all the modules will now be included in a single annual MOC fee so there will not be a separate charge for Part II.

In Depth Part III - Cognitive Expertise

MOC participants are required to pass a secure, closed-book exam once every 10 years. The exam becomes available during the last 3 years of the MOC cycle, providing three opportunities to pass the exam before the end of the ten year time period. These exams are computer based and are administered in testing centers around the country.

The exam consists of 80 clinical (no basic science) questions, 77 of which are specific to a practice focus area. Recognizing that many diplomates focus their practice on a limited area within otolaryngology, the ABOto has developed exams in a variety of areas so that someone who practices, for example, otology, will not have questions about laryngology. The current test options are:

- Allergy / Rhinology
- Facial Plastic and Reconstructive Surgery
- General Otolaryngology
- Head and Neck Surgery
- Laryngology
- Otology
- Neurotology (available only to those subcertified in this area)
- Pediatric Otolaryngology
- Sleep Medicine (available only to those subcertified in this area)

Clinical Fundamentals are subjects all otolaryngologists should know, regardless of practice focus. There are three questions on the exam covering the topics of:

- Emergency airway management
- Local anesthesia / conscious sedation
- General post-op management (e.g., post-op MI recognition)

The remainder of the Clinical Fundamentals is better covered in educational seminars rather than by questions on the exam. These seminars are being developed by the AAO-HNS, and will be available at its annual meeting and online ultimately.

The exam fee has been eliminated, and is included in the new MOC annual fee.
In Depth Part IV - Practice Performance Assessment

The ABOto will roll out this last section of MOC over the next few months. Part IV will consist of three components:

- A patient survey in which the participant will receive feedback on communications and the patients’ experiences.
- A professional survey in which the participant will receive feedback from other professionals with whom he/she interacts.
- A Performance Improvement Module (PIM) is being developed in partnership with Wiley Blackwell and CE City, a company that has worked with other certifying boards in the development of their MOC programs. The PIM is based on the classic quality improvement cycle of measure, analyze, implement changes, and re-measure. The ABOto is developing a series of Performance Improvement Modules (PIMs) in which the diplomate will enter data into an online system about a series of patients with a given condition. At least two to three PIMs will be available in each of the practice focus areas. The diplomate will receive feedback comparing the results to available guidelines or measures, as well as other otolaryngologists who complete the PIM. If an area that could be improved is identified, the diplomate can use this information to improve his or her practice. The diplomate can then re-measure to show there has been improvement in practice. In addition, there will be a link to an educational module for additional background information. Currently, the plan is to require completion of a PIM once every 3 – 5 years.

- MOC is recognized by CMS, and the ABMS is working on MOC participation being used as a measure of quality improvement activities not only with CMS, but other entities.

Why Maintenance of Certification?

Physicians and others have always strived to improve the quality of healthcare. Over the past two or three decades, this has become a topic of increasing importance for the public, hospitals, payers, and other groups. In 1999, the Institute of Medicine published “To Err is Human” which revealed the magnitude of the problem, and further catalyzed interest in healthcare quality improvement. Interest in this topic continues to grow, and MOC is the ABMS’ response to this mandate. If we, as physicians, do not address this issue, other entities will, and the results will not be as good as the programs developed by physicians through the medical specialty boards.

The main reason for MOC is quality improvement and lifelong learning. The vast majority of otolaryngologists-head and neck surgeons practice good medicine on most patients most of the time. But why not all patients, all of the time? Perhaps this is an unachievable goal because, in the end, we are humans. Nevertheless, it is a laudable goal that our patients deserve.
Available Self-Assessment Modules by Specialty

Listed below are the current available MOC Modules. Eight new modules are added annually. For questions or comments about MOC, please contact MOC@aboto.org.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Allergy</td>
<td>Patient with an Allergy Emergency</td>
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<td>Child with Epiphora and Nasal Obstruction</td>
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<td>Patient for Evaluation of Nasal Allergies</td>
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<td>Facial Plastic &amp; Reconstructive Surgery</td>
<td>Patient with Post-Surgical Facial Nerve Paralysis</td>
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<td>Patient with Cutaneous Malignancy of Nose</td>
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<td>Patient with Sagging Eyelids</td>
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<td>Head &amp; Neck</td>
<td>Patient with Parotid Mass</td>
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<td>Patient with Hypercalcemia</td>
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<td>Patient with Thyroid Nodule</td>
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<td></td>
<td>Patient with Lateral Neck Mass</td>
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<td>Laryngology</td>
<td>Patient with Hoarseness</td>
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<td></td>
<td>Patient with Laryngeal Mass</td>
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<td></td>
<td>Patient with Shortness of Breath</td>
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<tr>
<td>Otology / Neurotology</td>
<td>Patient with Recurrent Vertigo</td>
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<td></td>
<td>Patient with Unilateral Hearing Loss</td>
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<td>Patient with Dizziness and Hyperacusis</td>
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<td>Patient with Progressive Hearing Loss</td>
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<td>Patient with Right-Sided Hearing Loss</td>
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<td>Patient with Acute Facial Paralysis</td>
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<td>Sleep Medicine</td>
<td>Patient with Snoring and Daytime Somnolence</td>
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