Across Physician Specialties Certification is Associated with Better Care

Board certification was associated with higher performance on a broad range of quality measures. For patients with acute myocardial infarction, being treated by board-certified family physicians was associated with higher rates of aspirin and beta-blockers given at admission and aspirin prescription at hospital discharge and a 15% reduction in mortality.

There is a positive association between the rate at which preventive care services were delivered for Medicare patients and certification status in internal medicine or family medicine.

Patients hospitalized for heart failure treated by board-certified physicians have 5% lower mortality.

Maintenance of Certification for Family Physicians (MC-FP)

Family physicians are participating in MC-FP at rates at or above participation in periodic certification. Participation in a Diabetes or Hypertension Part IV module was associated with improvement in quality of care in both physician and patient reported measures; however, there were no consistent patterns of association between either physician or quality improvement characteristics and improvement suggesting that participating in the quality improvement process itself is associated with improvements in care.

Obtaining Part IV MC-FP credit through the AAFP's Diabetes METRIC module was associated with improvements in quality of care and in practice organization needed to provide high quality care.

Over a 2-year period, participation in either a Diabetes Part II or Part IV module was associated with larger improvements in diabetes quality of care measures compared to physicians who did not participate in MC-FP activities.

Completing the Asthma SAM in a group setting where practice guidelines were emphasized was associated with increased adherence to guidelines in practice.

Changes in the Heart Failure SAM content to promote beta blocker use, consistent with guidelines, were reflected in actions in the clinical simulation.

Continuous certification combined with increasing years of clinic experience, until 30 years from residency graduation, were associated with better examination performance.

Family medicine residency directors believed that MC-FP products are helpful in assessing competencies and in building medical knowledge of residents and residents who complete SAMs are more likely to pass their board exam.

Group Part IV activities were associated with physicians learning from each other about how to deliver high quality care.
References


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