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**Is Greater Participation in Maintenance of Certification Associated with a Decrease in Malpractice Litigation or Medical Board Disciplinary Actions?**

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**Presenter Disclosures**

**Gerald K. Arnold, PhD, MPH**

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

"No relationships to disclose"

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**Maintenance of Certification (MOC)**

- Professional response to the need for public accountability and transparency
- Physician commitment to
  - Continuous professional development
  - Lifelong learning
  - Quality improvement

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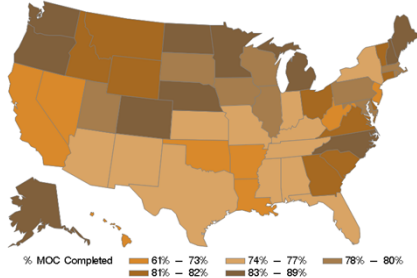
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### ABIM MOC Rate 82%, 2000-2010

MOC Completion Rate, by State



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### MOC Status and Quality of Care

- Mixed evidence on an association between board MOC status and the quality of clinical care
  - Holmboe et al., 2008
  - Pham et al., 2005
  - Simpkins et al., 2007
- No prior research on its association of malpractice claims and medical licensure actions with MOC participation

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### Objective

- To examine whether completing internal medicine MOC contributes to lowering the number and size of overall malpractice claims and state medical board disciplinary actions in internal medicine

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### Study Sample

- 56,953 internists (general internists and subspecialists) whose last certificate was granted between 1990 and 1999



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### Data

- American Board of Internal Medicine (ABIM) Certification Data, 2000-2010
- National Practitioner Data Bank Public Use File, 2000-2010
  - Malpractice claims (all specialties)
  - Specialty of defendant is not available
- Disciplinary Alert Notification System by the Federation of State Medical Boards, 2000-2010
  - Disciplinary actions (internal medicine specific)



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### Empirical Model 1 (State-Level)

- Test whether a MOC completion rate in each state is associated with the number and size of malpractice claims
- Aggregated state-level analysis with state fixed effects
- Independent variable
  - A lagged five-year of moving average of MOC completion rate in each state
- Dependent variables
  - Number of malpractice claims in each state
  - Median damage amounts awarded in each state



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### Empirical Model 2 (Physician-Level)

- Test examine an association of completing MOC and the likelihood of an internist ever getting suspended or revoked
- Physician-level logistic regression model with state fixed effects
- Independent variable
  - MOC completion
- Dependent variables
  - Ever getting suspended
  - Ever getting revoked



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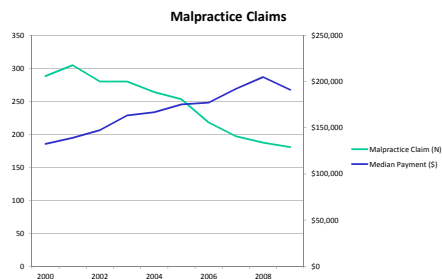
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### Malpractice Claims, 2000-2010



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### Result 1: MOC and Malpractice Claims (State)

	Mean	1 percentage point increase in five years moving average in MOC would change % in	p-value
Malpractice Claims (N)	253	-3.7	<.001
Median Payment (\$)	\$185,897	1.6	.11



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### Result 2: MOC and Disciplinary Actions (Physician)

	Mean	OR (95% CI)	p-value
Suspended	13.7%	0.11 (0.09 to 0.14)	<.001
Revoked	0.2%	0.05 (0.03 to 0.09)	<.001

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### Summary

- Higher rates of completing MOC in a state are associated with lowering the frequency of malpractice claims but not the severity of liability claims
- An internist who completed MOC is less likely to ever get suspended or revoked

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### Implications

- With much attention focused on medical errors and patient safety issues, MOC is recognized as one professional response to improving quality of care
- As medical specialty boards try to promote quality of care through MOC for all physicians, an association between board MOC status and physician performance needs to be validated

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