



Fields of Opportunities

STATE OF IOWA

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MAINTENANCE OF LICENSURE ACCEPTABILITY SURVEY: IOWA ADMINISTRATION RESULTS SUMMARY – MAY 2014

The National Board of Medical Examiners (NBME), the American Board of Medical Specialties (ABMS), and the Federation of State Medical Boards (FSMB), in continuing efforts to assess support/awareness of Maintenance of Licensure (MOL), developed the MOL Acceptability Survey to gather information from licensed physicians about the types of professional development activities they find to be most helpful.

MOL is a national initiative aimed at strengthening patient care by requiring licensed physicians to provide, as a condition of license renewal, evidence that they are actively participating in a program of continuous professional development that is relevant to their areas of practice, measured against objective data sources and aimed at improving performance over time. The (FSMB), a non-profit organization that represents the nation's 70 state medical boards, is working with its member boards to develop this initiative.

Iowa is one of 11 state medical boards that have agreed to undertake projects and surveys to determine how competency assessments might be integrated in the licensure renewal process. The Iowa Board has not taken a position on the MOL initiative. Results of this survey were reviewed at the Board's meeting in June 2014.

The survey was administered via an online questionnaire and was made available to Iowa physicians by announcements in several direct emails. The data collection period spanned 6 weeks in the spring of 2014 (March 24 through April 28). Of the approximately 7,181 physicians in Iowa, 1,599 completed the questionnaire and were included in the analyses presented below. Having responses from only 22% of Iowa physicians does limit the generalizations that can be made from analyses. Over half of all respondents (57.8%) indicated that they knew nothing or very little about the discussions regarding MOL.

Several demographic questions were asked to aid in analyses and to allow examination of the similarity between the respondent sample and the larger population of Iowa physicians. Survey respondents' year of graduation from medical school ranged from 1943 to 2013 and their distribution of age was not unlike that reported by the American Medical Association (AMA)¹. Most respondents had a MD degree (77%) and this corresponds closely to the AMA's estimates

¹ American Medical Association. (2013). Physician Characteristics and Distribution in the US. American Medical Association.

of the percent of physicians with a MD degree (81%). Almost all respondents indicated that they were licensed to practice medicine (99.6%). Over two-thirds of respondents (69%) were licensed in one state and 22% were licensed in two states.

Only 10% of the respondents reported that they did not practice clinical medicine at the time of the questionnaire administration. Most respondents (83%) indicated only one area of practice and the most common areas of practice were Family Medicine/Family Physicians (23%), General Internal Medicine (9%) and Internal Medicine Subspecialties (7%). The AMA's estimate for

Family Medicine/Family Physicians (17%) is slightly lower than what is reported here, but the AMA's estimate for the percent of Iowa physicians who primarily practice Internal Medical (12%) is larger. About 8% of respondents indicated a primary area of practice that was not one of the 26 common practice areas listed on the questionnaire. Respondents were most likely to provide patient care in an office for a single-specialty practice (28%), a teaching hospital (27%) or an office for a multi-specialty practice (19%).

Almost 90% of respondent physicians reported that they had ever been board certified. Of those that had not, 75% intended to become board certified in the future. The board with the most certified physicians was the American Board of Family Medicine (ABFM) (27%) followed by the American Board of Internal Medicine (ABIM) (17%) and the American Board of Pediatrics (ABP) (9%). Almost one-quarter of respondents (24.3%) reported being certified or recertified in the last 2 years. A slightly larger percentage (27.9%) indicated that they had not been certified or recertified since 2000.

Many respondents (73%) who were certified by an ABMS member board said that they were on schedule to meet the requirements for Maintenance of Certification (MOC), but some were also unsure (11%). A lower proportion of Osteopathic respondents (21%) were enrolled in Osteopathic Continuous Certification (OCC) or planned to participate in OCC within the next two years.

The most commonly reported methods for improving the quality of medical practice were conference attendance (81%), reading the medical literature (79%), in-person CME programs (74%) and on-line CME programs (66%). The least commonly reported methods were a participation in a data registry (8%), formal course or preceptorship (10%), practice audits (10%), and point-of-care learning (11%). Respondents were most likely to participate in CME/CPD activities more frequently than once a month (41%) or about once a month (21%). The primary reasons that most respondents participated in CME/CPD in the last two were to improve overall knowledge (91%) and improve patient care (79%). Less common reasons for participating were to take advantage of networking opportunities (12%) and fulfill a contract requirement or for employment (17%).

On average, respondents found all methods to be somewhat or very useful for improving the quality of the medical practice (average usefulness ratings were between 2.0 and 2.7 on a scale of 1 to 3 where 1 is not at all useful and 3 is very useful). Respondents were most likely to receive objective feedback following their experiences with practice audits (86%).

Respondents who found participation in a practice audits useful and had received objective feedback most frequently reported that they received it in the forms of detailed description of overall findings (58%), comparison to peers at the item level (42%) and suggested improvement activities (42%). Note that the small number of physicians (12) responding to the questions about practice audits should temper interpretation.

On average, respondents reported that the feedback from all methods provided insight into strengths and opportunities for improvement (average insight ratings were between 2.2 and 2.7 on a scale of 1 to 3 where 1 is no insight at all and 3 is very much insight). Over half of the respondents (53%) reported dedicating 10 or more work days to CME/CPD activities (including conference attendance) in the last two years. While respondents were most likely (39%) to spend between \$1,000.00 and \$3,000.00 in a typical two-year period on CME/CPD activities, a non-trivial number (17%) indicated that they had spent over \$5,000.00.

The above analyses and results provide insight into the types of professional development activities that Iowa physicians find to be most helpful. When considering these results, it is important to be mindful of the number of physicians that participated in this survey (1,599). This response rate (22%) does not facilitate generalization of results to the larger population of all Iowa physicians.

Response Rates

Table 1. Interview Completion

Completion Status	N	Pct of Total
Complete	1554	96.80
Partially Complete	45	2.80
Answered No Questions	6	.40
Total	1,605	100

$$\begin{aligned} \text{Overall response rate} &= (\text{Complete} + \text{Partially Complete}) / (\text{Total number of physicians}) \\ &= (1,554 + 45) / 7,181 = .223 \approx 22\% \end{aligned}$$