OCC

AOCD SPRING MEETING
APRIL 2015
NORTH CAROLINA
Osteopathic Continuous Certification (OCC)

American Osteopathic Board of Dermatology

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April 25, 2015
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 OCC
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
  DERMPATH, MOHS, PEDS, DERM
AOA Certifications

- PRIMARY CERTIFICATION
- CAQ
- CAQ
- CAQ
- CSQ
- CAQ

[Image: Diagram showing the relationship between different certification levels, with the primary certification overlapping with CSQ and containing three CAQ certifications.]
AOA Certifications - Current

• Primary Certifications Offered: 28
• CSQs Offered: 22
• CAQs Offered: 37
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

- Allopathic MOC
- AOA CAP Program
- Performance Improvement Initiatives
- Patient Perception
- IOM Reports on Quality Care
- CMSS Conjoint Committee
- FSMB and MOL
Institute of Medicine Reports
Patient Expectations of Physicians
Gallup Survey

<table>
<thead>
<tr>
<th></th>
<th>Very Important</th>
<th>Important</th>
<th>Neutral</th>
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<tr>
<td>Periodic Reevaluation</td>
<td>72%</td>
<td>17%</td>
<td>7%</td>
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<tr>
<td>Periodically pass test of knowledge</td>
<td>68%</td>
<td>19%</td>
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<td>Successful outcomes</td>
<td>68%</td>
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Maintance of Licensure

- Federation of State licensure Boards
- “Top of your head” survey
- State legislature develop laws
- CMS recommends
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
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

Consistency in terminology is important. For example:

- Time Dated Certificate
- Non Time Dated Certificate
- No such thing as “Lifetime” Certificate
- Certifying Boards will be provided with a list of accepted terms so documents can be updated.
Non-Time-Limited Certifications

- OCC is voluntary
- Extra credential
- Certificate show above and beyond
- Will NOT lose your certification, even if you don’t pass
- Will NOT lose your licensure
- States May Require MOC or OCC
Certified physicians are committed to life-long learning, higher standards and to practicing the highest quality patient care. The health care system in the United States is evolving, and the certification/recertification examination model is no longer the competitive standard, or the standard demanded by the public.

With the advent of more rigorous quality models, the American Osteopathic Association (AOA) and its entire associated specialty certifying boards, under the direction of the Bureau of Osteopathic Specialists (BOS) has developed Osteopathic Continuous Certification (OCC) to help meet and exceed industry and regulatory requirements.

The BOS has mandated that the AOBD implement OCC for Dermatology by January 1, 2013. **Diplomates holding a time-dated certification will be required to participate in all components of OCC to maintain certification beginning January 1, 2013.**

Diplomates holding a non-time-dated (formerly referred to as lifetime) certification, will not be required to participate in OCC at this time. However, they are strongly encouraged to participate in OCC, particularly as more states begin to require an ongoing certification process to maintain licensure.

The AOBD uses a 10 year OCC complete cycle, with 3 year CME cycles.

Non-compliance with OCC may lead to a loss of board certification.
OCC Philosophy

The AOBD recognizes the following:

1. A continuous quality improvement process in patient care promotes the identification of opportunities to improve patient care, the development of methods to address identified quality gaps in patient care, and the implementation of plans to improve and re-measure patient care.

2. Augmenting the certification process with a continuous quality improvement process provides physicians with the opportunity to evaluate and improve their knowledge base, facilitating the incorporation of evidence-based medicine into their practices.

3. There is a growing expectation by public governmental agencies, licensure bodies, health plans and employers for an Osteopathic continuous certification process.

4. Osteopathic continuous certification will ultimately provide better patient care and a consistent method for the evaluation of osteopathic dermatology care nationally.
As a certified osteopathic dermatologist, you will be required to participate in all five (5) components of OCC to maintain certification. The components are: Unrestricted Licensure; Lifelong Learning/CME; Cognitive Assessment (previously recertification examination); Practice Performance Assessment and Improvement; and Continuous AOA/AOCD Membership.

As a board certified dermatologist, you are already participating in four of the five components. Component 4 – Practice Performance Assessment and Improvement is the only NEW requirement for maintaining certification through OCC.
Osteopathic Continuous Certification (OCC)

- As of Jan. 1, 2013, all AOA boards have implemented a continuous certification process for diplomates (OCC)
Osteopathic Continuous Certification (OCC)

- Required for all diplomates with time-limited certifications
- Uniquely osteopathic
- Flexible to meet your unique practice needs
- Nationally recognized
- Five components, with core competencies integrated throughout
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
CMS Conditional Acceptance of OCC

• CMS conditionally qualifies the American Osteopathic Association for starting participation in the 2012 Physician Quality Reporting System Maintenance of Certification Program Incentive.

• CMS will be “Conditionally Qualifying” boards pending verification that technical requirements are met.
CMS Requirements

Physician Quality Reporting

• Quality measures
• Submit data for 12 month reporting period
• Either as individual or member of selected group practice

• AND
CMS Requirements

AND

• More frequently than is required to qualify for or maintain board certification:
  
  – Participate in MOC Program

  – Successfully complete a qualified MOC Program practice assessment
Component 1: Unrestricted Licensure

- AOA board certified dermatologists must hold a valid, unrestricted license to practice medicine in one of the 50 states or territories. In addition, adherence to the AOA’s Code of Ethics is required as part of this component. Candidates will attest to meeting this requirement once in each three year CME cycle.
Lifelong Learning

- Minimum of 120 credits of CME during each three-year cycle (two boards require 150 credits)

- Minimum of 50 specialty credits must be in the specialty area of certification
  - As applicable, 25% of specialty credits must be in each CAQ subspecialty focus area
AOA CME Requirements

120 CME Credits

30 1-A Credits

50 Specialty CME Credits

CAQ Specialty CME Credits (as applicable)
OCC Requirements for Diplomate

- Component 2
- Lifelong learning/continuing medical education
  - Fulfill a minimum of 120 hours of CME credit during each 3-year CME cycle
    - 50 credit hours must be in dermatology
    - 25 credit hours must be through the AOCD
    - CAQ’s have 50% requirement or 25hrs.
    - If you hold more than 1 CAQ this is reduced to 13hrs./CAQ
    - Specialty CME must be presented by AOA or ABMS certified in the specialty topic being presented
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
Component 3: Cognitive Assessment

• Every 10 years, each time-dated certificate holder participating in OCC must successfully complete the AOBD OCC Cognitive Assessment Examination (previously re-certification examination). These psychometrically valid exams assess dermatology knowledge as well as core competencies in the provision of health care.
OCC Component 4

- Practice Performance Assessment (PPA) 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

Physician Submits data Quality Improvement Data (CAP, Hospital, etc.)

Patient Surveys

Board Reviews Data Against National Benchmarks

Physician Receives Report with Recommendations for Improvement
Component 4 library

• Different vendors offer PPAs – Costs vary by vendor
• Designed to be relevant to your individual practice. Some examples:
  – Informed Consent
  – Melanoma
  – Acne
  – Surgical Patient Safety
Component 4: Practice Performance Assessment and Improvement (PPA)

- Each physician in OCC must engage in continuous quality improvement through the evaluation of their personal practice performance and development of quality improvement plans.

- The AOBD will have several different, chart based, online modules available through the AOA O-CAT program. The completion of one PPA module will be required every 5 years in the cycle (i.e. one PPA module completed during years 1-5 and one PPA module completed during years 6-10).

- Participants will also be required to complete one Communication module (available through AOA O-CAT) every 5 years in the cycle (i.e. one communication module completed during years 1-5 and one communication module completed during years 6-10).
OCC Requirements for Diplomate

• Component 4:

• Practice performance assessment and improvement (O-CAT, self-assessment, education thru CME, AAD MOC Modules, patient survey, Physician survey)
  - Requires diplomates engage in continuous improvement through comparison of personal practice performance measured against national standards for his or her medical specialty.
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.
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.
## AOBD OCC PHASE IN

<table>
<thead>
<tr>
<th>Certification Expiring</th>
<th>Component 4 Requirements</th>
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<tr>
<td>2013-2016</td>
<td>No Component 4 Requirements</td>
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<tr>
<td>2017-2019</td>
<td>One Activities Each: One Practice Performance Assessment and One Communication Module on OSCAT</td>
</tr>
<tr>
<td>2020 and Beyond</td>
<td>Two Activities Each: Two Practice Performance Assessment and Two Communication Module on OSCAT</td>
</tr>
</tbody>
</table>
OCC is NOT Pass/Fail

• It is about practice performance and excellence
• How your clinical practice compares to national benchmarks and your peers
• Designed to help direct your self-learning
Core Competencies

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
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.
Communication

• Most people think they communicate well

• Always room for improvement
Research shows

The longer a physician is in practice the more his or her communication skills deteriorate.
Communication

Affects:
• Patient Safety
• Patient Care
• Patient Retention
• Patient Referral
• Risk Management
• Malpractice
• Staff performance
Failure in Communication

Can occur at many levels

- physician to patient
- staff to patient
- physician to physician/healthcare team
- patient to physician/staff
- third-party payor to healthcare team
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
So what do we do?

Create Mindfulness!
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.
O-CAT

Fulfills requirements for

• OCC Components 2 & 4

• CMS “more frequent”
O-CAT

Developed with physician point of view

• “Thou shalt not annoy the docs!”

• Useful, practical

• Enjoyable

• Physicians review every step of the way
O-CAT

Program Goals:
• To embed knowledge, hone skills, apply behavior
• Online training takes place over a minimum of 6 months
• Series of short “module-ettes”
O-CAT

Allows physicians to use their practice as a laboratory

• Observe phenomena

• Institute strategies

• Reflect upon the effects
O-CAT Structure

1. Physicians fill out pre-training self assessment of their knowledge, attitudes, skills, or behaviors.

• P-CAT Online: Show first screen
2. Physicians read commissioned research-based articles written by scholars specifically for physicians on each topic

- P-CAT Online: Show Orientation Module
O-CAT Structure

3. Clinical scenarios/case studies illustrate concepts from the article. Physicians investigate and reflect upon choices as related to the topic.

4. Assessment consists of multiple choice questions, matching and reflective responses.
O-CAT Structure

5. Physicians fill out the post-training self-assessment instrument.

- Results given to individual
- Only aggregate results made public
O-CAT Topics

- Fundamentals of Communication
- Medical Motivated Sequence
- Listening
- Patient Safety and Communication
- Improving Patient Compliance
- Health Literacy
- Ask Me Three
- What a Difference a Word Makes
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.)
O-CAT Topics

- Emotional Labor
- Projecting Empathy
- Language and Culture
- Difficult Topics
- Statistical Literacy
- Diagnostic News Delivery
- Communicating Osteopathic Philosophy
Clinical Performance Assessment Tool

• Fulfill Component 4 utilizing AAD’s module
  – OCAT
    • Modules include:
      – Acne
      – Atopic Dermatitis
      – Melanoma
      – Biopsy PI CME
Patient and Peer Surveys

- AAD has surveys available to be utilized through their systems
  - Patient Communication Survey
  - Peer Communication Survey

Create your own survey
CLEAVER DERMATOLOGY PATIENT QUESTIONNAIRE

In an effort to assure quality patient care in our facility, we would appreciate your cooperation in completing the following questionnaire based upon your last visit or experience with our office and returning it to us. Thank you for your assistance.

YES  NO

☐ ☐ 1. Were our phones answered quickly and professionally?

☐ ☐ 2. Were you able to get an appointment when it was convenient?

☐ ☐ 3. Was our waiting room comfortable?

☐ ☐ 4. Was the staff helpful and courteous during the check in/check out process?

☐ ☐ 5. Were our nurses friendly/courteous/helpful?

☐ ☐ 6. Were our nurses sympathetic to your needs?

☐ ☐ 7. Did you receive phone calls from our staff in a timely manner?

☐ ☐ 8. If you saw the Nurse Practitioner, did the Nurse Practitioner discuss your condition/procedure to your satisfaction?

☐ ☐ 9. If you saw a doctor, do you feel like the doctor spent enough time with you?

☐ ☐ 10. If you saw the doctor, did the doctor discuss your condition/procedure to your satisfaction?

☐ ☐ 11. Are our office hours satisfactory?

☐ ☐ 12. If you were seen by a resident physician, did he/she treat you courteously and politely?

Circle which resident was involved in your care:

Dr. Rivera or Dr. Jonathan Cleaver or Dr. Knabel.

If you marked no to any of the questions above or would like to make any additional comments, please do so here.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Thank you for taking the time to assist us.
Self Assessment Modules

SRC was asked to provide the criteria for an acceptable Self Assessment Module.

SAMs are:
• Objective
• Time framed
• Measureable
• Reportable
• Actionable for improvement
Performance Improvement Module
Requirements of ABMS Board & AOCD

• Evaluation of practice performance completed twice in ten year
  – Peer and communication survey
    • At five years
    • At 10 years
  – Practice Assessment/quality improvement
    • Twice per ten-year cycle—at 5 years and 10 years
    • Chart abstractions sent in to sponsoring organization for feedback
Quality Reporting Systems

- AAD PQRS (Physician’s quality reporting system)
- AOA PQRS/O-CAT
  - Eligible for bonus for 2011 and 2012 reporting measures
  - 2015 will be penalized for not meeting measures
Measures

• Melanoma: Continuity of Care Recall System (#137)

• Melanoma: Coordination of Care (#138)

• Overutilization of Imaging Studied in Stage 0-1A Melanoma (#224)
### Continuity of Care - Recall System (127):

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Is this patient included in a recall system which includes scheduling the next complete physical skin examination within 12 months?</td>
<td></td>
<td></td>
<td></td>
<td>Tip</td>
</tr>
<tr>
<td>14. Does your recall system include the patient's full contact information, cancer diagnosis, date of cancer diagnosis, target physical date, and a process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment?</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Tip</td>
</tr>
<tr>
<td>15. If the patient was not entered into a recall system or the system did not include all of the components, is this due to:</td>
<td>System Reason</td>
<td>Other Reason</td>
<td></td>
<td>Tip</td>
</tr>
</tbody>
</table>

### Coordination of Care (134):

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Help</th>
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</thead>
<tbody>
<tr>
<td>16. Was this a new episode of melanoma for this patient?</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Tip</td>
</tr>
<tr>
<td>17. Was an excision for a malignant melanoma performed during this visit?</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Tip</td>
</tr>
<tr>
<td>18. Are other physicians participating in the patient's care?</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Tip</td>
</tr>
<tr>
<td>19. If yes, was documentation of the treatment plan sent to other physicians participating in the patient's care within one month of initial diagnosis?</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Tip</td>
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<tr>
<td>20. Is a treatment plan documented in the chart that includes all of the following: diagnosis, tumor thickness, and plan for surgery or alternate care?</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Tip</td>
</tr>
<tr>
<td>21. If a complete treatment plan was not documented or communicated within one month, is this due to:</td>
<td>System Reason</td>
<td>Patient Reason</td>
<td>Other Reason</td>
<td>Tip</td>
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### Imaging Overutilization (224):

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Help</th>
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<tbody>
<tr>
<td>22. Were imaging studies ordered related to the melanoma?</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Tip</td>
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<tr>
<td>23. What stage was the melanoma when diagnosed?</td>
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<td>N/A</td>
<td>Tip</td>
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<tr>
<td>24. Did the patient have signs or symptoms of melanoma?</td>
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<td></td>
<td>N/A</td>
<td>Tip</td>
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<tr>
<td>25. If the imaging was ordered at Stage 0 or 1A, was this due to:</td>
<td>System Reason</td>
<td>Medical Reason</td>
<td>Other Reason</td>
<td>Tip</td>
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</table>
### PQRI Patient Chart Log Form

80% of all Medicare Part B FFS Patients Melanoma Patient Charts (see codes below for guidance)

<table>
<thead>
<tr>
<th>Seq #</th>
<th>Date Seen</th>
<th>Patient Name</th>
<th>Record # (Chart ID, in house)</th>
<th>Chart Pulled</th>
<th>Chart Entered</th>
<th>Data Entry ID #</th>
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Model physician treatment plan letter

Date

Primary Care Physician Name
Primary Care Physician Address

Dear Dr. ____________:

I had the pleasure of seeing a mutual patient, (patient’s name), in the office on (date of office visit – MUST BE WITHIN ONE MONTH OF WRITING THIS LETTER). After reviewing the medical history and clinical findings, I diagnosed (patient’s name) with melanoma.

Please note that I have formulated a treatment plan for (patient’s name) and documented the following issues:

- The patient has a tumor thickness the size of (list tumor thickness)
- The patient has been informed of their diagnosis of melanoma
- The patient has been informed of their treatment plan which is noted below

Treatment Plan
(Describe the treatment plan for the patient including whether surgery or any alternate care is required)

I will follow up with our patient to assess the progress made. As you know, patients who have had one melanoma have an increased risk of developing other new melanomas. I have impressed upon (patients name) the importance of a life-long annual skin exam to ensure early detection of any new melanomas. Thank you for your confidence in me and my staff. Please call me if you have any questions regarding this case.

Warm regards,

Physician Name
Physician Address
Physician Telephone

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Est. Anticipated Physician Cost for OCC

- $1800 fee for examination and preparation per 10 year cycle
- CME cost varies
- O-CAT cost $295/3 years 2 times/10 years
- Yearly PQRS may require more
- Maintenance of Certification Fee $300 per 3 years or $900 for 3 cycles or 9 years
Questions / Concerns?

Lloyd Cleaver
Secretary/Treasurer
American Osteopathic Board of Dermatology
P.O. Box 7545
Kirksville, MO 63501
660-665-2184
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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 five (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 complete OCC for each certification, including passing an examination and completing practice performance activities (OCC Components 3 and 4)
  – Example: Internal Medicine and Dermatology
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
INITIAL RESPONSES

• “The process was easier than I’d expected, and receiving CME for it is great.”

• “The practice performance assessment was easy to follow once I got started, and it directly related to my practice.”
Summary

- **OCC**
  - Assures high standards for patient care
  - Demonstrates commitment to continuous improvement
  - Is practice-relevant
  - Ensures osteopathic excellence