

2017 HANDBOOK FOR OSTEOPATHIC CONTINUOUS CERTIFICATION (OCC)



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INTRODUCTION TO OCC

*American
Osteopathic Board of
Orthopedic Surgery*

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 AOBOS implement OCC for Orthopedic Surgery by January 1, 2013. If you hold a time-limited certification, you will be required to participate in all components of OCC to maintain your certification. If you hold a non-time-limited (formerly referred to as lifetime) certification, you will not be required to participate in OCC at this time. However, you are strongly encouraged to participate, particularly as more states begin to require a maintenance of certification process in order to maintain licensure.

The AOBOS uses a 10 year OCC cycle.

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

OCC Philosophy

The AOBOS 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 the public governmental agencies, licensure bodies, health plans and employers for an Osteopathic Orthopedic Surgery continuing certification process.
4. Osteopathic continuous certification will ultimately provide better patient care and a consistent method for the evaluation of osteopathic orthopedic surgery care nationally.

INTRODUCTION

(continued)

OCC Components

As a certified osteopathic orthopedic surgeon, you will be required to participate in all five (5) components of OCC to maintain your certification. The components are: Unrestricted Licensure; Lifelong Learning/CME; Cognitive Assessment; Practice Performance Assessment and Improvement; and Continuous AOA Membership.

As a board certified orthopedic surgeon, you are already participating in four of the five components. Component 4 – Practice Performance Assessment and Improvement was a new requirement introduced in 2013 for maintaining certification through OCC.

A brief overview of each component is listed in this Introduction to OCC section. Each component will be discussed in more detail later in the OCC Handbook.

Component 1: Unrestricted Licensure

AOA board certified orthopedic surgeons 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.

Component 2: Lifelong Learning/Continuing Medical Education (CME)

The AOA encourages all members to earn 120 credits over a three year cycle of which 30 CME credits should be recorded in AOA Category 1-A and the remaining 90 credits may be accumulated in any category 1-A, 1-B, 2-A or 2-B.

Members who are board certified must earn a minimum of 50 CME credits (Category 1 or 2) in their specialties.

For osteopathic physicians holding certification(s) of added qualification (CAQs), a minimum of 25% of the credits (13 credits) must be earned at the level of the CAQ. At least 30% of the specialty CME credits (15 credits) must be earned in the primary certification.

Component 3: Cognitive Assessment

Every 10 years, each time-limited certificate holder participating in OCC must successfully complete the AOBOS OCC Examination (Component 3) or the alternate OCC Examination via Clinical Pathway. These psychometrically valid exams assess each orthopedic surgeon's medical knowledge as well as core competencies in the provision of health care.

Component 4: Practice Performance Assessment and Improvement

Each physician in OCC must engage in continuous quality improvement through the comparison of their personal practice performance measured against national standards for orthopedic surgery.

The AOBOS has 15 different, chart based, online modules or PPA's, available through a third party online vendor called OCAT (Osteopathic Continuous Assessment & Training). OCAT can be accessed through the AOBOS website or directly at www.osteopathic-cat.com. The completion of one PPA module will be required each three-year CME cycle. 10 1-B CME credits are awarded for each completed PPA module.

As an alternative to completing a PPA module each 3 year cycle, physicians may attest to participation in Quality Improvement projects at their hospital or facility to fulfill the Component 4 requirement. To complete an attestation, visit the AOA Physician Portal at <https://physicianportal.osteopathic.org>, select the **OCC** menu option and **Component 4 Attestation**. For answers to frequently asked questions regarding the attestation select **Component 4 Attestation FAQs** from the **OCC** menu. Completing an attestation does not earn CME credit.

Component 5: Continuous AOA Membership

Continuous AOA membership is a required component for OCC compliance. Membership in the AOA provides each physician with connections to the professional osteopathic community, online technology, practice management assistance, national advocacy for DOs and the profession, professional publications and continuous medical education opportunities.

*As of March 2017, the Bureau of Osteopathic Specialists has resolved to decouple the membership requirement from OCC at a time and date determined by the management team in consultation with and approval by the Board of Trustees.

At the time of this publication that date has not yet been determined.

REQUIREMENTS FOR OCC

*American
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To be eligible for Osteopathic Continuous Certification in Orthopedic Surgery by the American Osteopathic Board of Orthopedic Surgery, the physician must meet the following minimum requirements.

- A. The physician must be a graduate of an AOA accredited college of Osteopathic Medicine.
- B. The physician must hold an unrestricted license to practice in the state or territory where his/her practice is conducted.
- C. The physician must be able to show evidence of conformity to the standards set in the Code of Ethics of the American Osteopathic Association.
- D. The physician must be a member in good standing of the American Osteopathic Association.
- E. The physician must have been previously certified in orthopedic surgery either by the American Osteopathic Board of Surgery (prior to July 1, 1979) or the American Osteopathic Board of Orthopedic Surgery (after July 1, 1979).
- F. The physician must currently practice the specialty of orthopedic surgery.

OCC COMPONENT 1: UNRESTRICTED LICENSURE

*American
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Orthopedic Surgery*

Osteopathic orthopedic surgeons must hold a valid, unrestricted state medical license from one of the 50 states or Canada. In addition, the physician is required to adhere to the AOA's Code of Ethics.

Physicians with restrictions on their license will have their OCC file reviewed by the Certification Compliance Review (CCR) Committee of the Bureau of Osteopathic Specialists (BOS).

OCC participants will be required to submit a registration form to the AOBOS confirming their compliance with three of the OCC components: AOA membership, unrestricted state licensure (including adherence to the AOA's Code of Ethics) and CME requirements.

OCC COMPONENT 2: LIFELONG LEARNING/ CONTINUING MEDICAL EDUCATION

*American
Osteopathic Board of
Orthopedic Surgery*

Each osteopathic board certified orthopedic surgeon is encouraged to fulfill 120 hours of CME credit during each three-year CME cycle. Of these, 50 hours must be in the orthopedic surgery specialty area. Specialty CME may be from Category 1 or 2.

Specialty CME will be awarded for the completion of Component 4 – Practice Performance Assessment modules.

Of the 50 specialty CMEs required each three year cycle, 15 hours must come from Category 1A in person osteopathic orthopedic surgery programs. For example, an AOA conference lecture.

Requirements for in-person specialty CME programs are that the educational lecture must:

- Be presented by an AOA or ABMS board certified physician in the specialty topic being discussed (exceptions will be reviewed on a case-by-case basis)
- Cover topic(s) of concern to osteopathic physicians in that specialty or subspecialty

There are limits to particular types of CME which can be applied during each AOA CME cycle. These limits are found in the CME Guide for Osteopathic Physicians, available on the AOA's website, www.osteopathic.org.

Physicians holding subspecialty certification must earn a minimum of 13 specialty hours in the subspecialty area of certification.

OCC COMPONENT 3: COGNITIVE ASSESSMENT

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OCC Examination

Every 10 years, each time-dated certificate holder participating in OCC must successfully complete the AOBOS OCC Examination (formerly recertification) or the alternate OCC Examination via Clinical Pathway. These psychometrically valid exams assess each orthopedic surgeon's medical knowledge as well as core competencies in the provision of health care.

The OCC Examination is developed by the American Osteopathic Board of Orthopedic Surgery. The questions are from the same sources as the Written Exam, but are predominantly taken from the Current Concepts and Instructional Course Lectures sections of the *Journal of Bone and Joint Surgery* and *Orthopedic Knowledge Updates*.

OCC Examination candidates must be OCC compliant to sit for the AOBOS Cognitive Assessment examination.

Each physician must complete the application for OCC Examination and submit the applicable fee (see application form) and associated required documents.

The official date of OCC certification will be when the American Osteopathic Board of Orthopedic Surgery notifies the candidate that he/she has successfully passed the examination and is being recommended to the American Osteopathic Association for OCC certification. Formal action by the Bureau of Osteopathic Specialists of the American Osteopathic Association is required to complete the process and the candidate may not claim OCC certification until notified of this action in an official letter from the AOA.

INSTRUCTIONS FOR OCC EXAMINATION VIA TEST CENTER

*American
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The AOBOS OCC Examination is administered annually at Prometric Centers across the country. The examination is generally scheduled on a Saturday (to minimize the time away from each candidate's orthopedic practice) in early June.

How do I apply to take the exam?

Complete the OCC Examination application and make payment through the AOBOS website, from the **OCC** menu choose **Application for OCC (Recert) Examination via Test Center**. Or use the following link:

<https://cf.osteopathic.org/cbms/applicants/index.cfm?board=118340>

What is the deadline for submitting an application?

All applications must be received in the AOBOS office by the close of business January 15th.

Applications submitted after January 15th, if accepted by the AOBOS, will be subject to a \$250 late fee.

When and how do I pay for the exam?

Complete the online OCC Examination application and make payment through the AOBOS website. www.aobos.org

How much does the exam cost?

The cost for the 2018 OCC Examination is \$2,700.

When are candidates eligible to take the exam?

Beginning in 2016, you have a three year window in which to take the OCC Examination. For example, if your certification expires 12/31/2020 you can take the exam in 2018, 2019 or 2020, and upon passing you will then be OCC certified until December 31st of 2030.

What about candidates with disabilities?

Candidates with documented disabilities must request specific accommodations 90 days prior to the exam application deadline. The AOBOS will work with the candidate to

provide accommodations that are appropriate to the disability. Prometric testing centers are all accessible to candidates in wheelchairs. Please refer to the AOBOS ADA policy on the AOBOS website, www.aobos.org for more information.

May I cancel my application?

Fees cannot be refunded after the January 15th application deadline. The AOBOS must contract for these services and has no ability to obtain a refund for a cancellation after the application deadline.

The AOBOS will refund 90% of the application fee, if the cancellation is received 30 days before the application deadline (by December 15th).

When will the exam be given?

The 2018 OCC Examination will be given on Friday, June 15, 2018.

How do I schedule an appointment to take the exam at a specific testing center?

Following the application deadline and acceptance of your application, a Scheduling Permit with information and instructions for scheduling an appointment at a Prometric® Testing Center will be available to you to download approximately six weeks before the exam date. You must have your Scheduling Permit before you contact Prometric to schedule a testing appointment. **You should contact Prometric as soon as you secure the permit. Prometric schedules on a first-come, first-served basis. The sooner you schedule your appointment, the more likely you will receive your preferred location.**

What does the exam entail? / What will the exam cover?

The examination is a one hundred question multiple-choice examination with questions taken from the area of general orthopedic surgery. The source material for the examination is the same as the Part I - Written Exam. However, the OCC Examination focuses much more on clinical orthopedics, with very few basic science or tumor questions. An excellent way to prepare for the exam is to read the Current Concepts section and Instruction Course Lectures from the *Journal of Bone and Joint Surgery* and *Orthopedic Knowledge Updates*.

Where is the exam given?

Computer-based delivery of the exam is provided by Prometric®, a part of the Thomson Corp. There are more than 300 Prometric Testing Centers in North America. The current testing center locations are available on the Prometric website at www.prometric.com.

INSTRUCTIONS FOR OCC

EXAMINATION VIA TEST CENTER *(continued)*

Will I be notified of the test center location and appointment time?

When you contact Prometric to schedule your appointment, you will be required to provide information found only on your Scheduling Permit. Prometric will provide you with the confirmed test day and time; the address and telephone number of the Prometric Test Center where you will test; and your Prometric Confirmation Number.

What are the testing centers like?

Prometric testing centers typically consist of an office area with 7 to 15 computer testing stations. Prometric staff members will be on hand to check in candidates and supervise the testing session. When you arrive at the test center, your required identification will be checked, you will sign in on the test center log and your photograph will be taken. Also, all testing sessions are monitored by video camera. Prometric administers a variety of educational, certification, and licensure tests; therefore, you may be at a testing center along with candidates taking other computer-based tests.

What do I need to be admitted to the test center?

You should arrive at the Prometric Test Center 30 minutes before your scheduled testing time on the exam date. If you arrive late, you may not be admitted. If you arrive more than 30 minutes after your scheduled testing time, you will not be admitted. On arrival, you are required to sign in on the test center log and to present your Scheduling Permit plus one form of unexpired, government-issued identification (such as driver's license or passport) that includes **both** your photograph and signature, after which, a digital photograph will be taken. If it contains your photograph but not your signature, you can use another form of unexpired identification that contains your signature, such as an employee identification card or credit card, to supplement your photo-bearing, government-issued identification. If you do not bring your Scheduling Permit and acceptable identification, you will not be admitted to the test.

The first and last names on your identification **MUST EXACTLY MATCH** the names on your permit. The only acceptable difference would be the presence of a middle name, middle initial or suffix on one document and its absence on the other. If your name is misspelled or differs from your name as it appears on your identification, contact the AOBOS immediately. **Name changes or corrections cannot be made within 7 business days of the exam date.**

All of your personal belongings (including watches, cellular telephones, pagers and wallets), food and beverages must be placed in a small, designated locker outside the testing room. Pagers and cellular telephones must be turned off before placing them in the locker.

INSTRUCTIONS FOR OCC

EXAMINATION VIA TEST CENTER *(continued)*

How long will a test session last and what does it include?

The 3 hour test session includes:

- An optional on-line tutorial (1 to 30 minutes);
- A 50-item section (up to 68 minutes);
- An optional break (0 to 15 minutes);
- A 50-item section (up to 67 minutes);
- An on-line post-test survey (no additional time scheduled).

The maximum total testing time will be 135 minutes and the maximum total administrative time for the tutorial, break, and survey will be 45 minutes.

Time not used for the first 50-item section will **NOT** be available for the second 50-item section. Time not used for the tutorial or break will **NOT** be available for answering items.

Candidates will be free to leave as soon as they finish the test.

Candidates will be allowed to leave the test center during the test break and are not to discuss any test items with other candidates. If candidates take any test breaks, they must return to the workstation in about 10 minutes to ensure that they initiate the next section of the test before the test clock starts running. Otherwise, they will have fewer than 67 minutes for the next section.

Will there be a tutorial available before the test administration date?

Yes. A brief tutorial and sample test is available on the AOBOS website <http://orientation.nbme.org/Launch/AOBOS>. Examinees will have the option to view the tutorial again at the test center at the beginning of the test session.

What kind of computer skills will the exam require?

The exam will use a simple, proven computer interface that will require only routine mouse, key, or cursor movements. Each item can be answered two ways:

Move the mouse to the option bubble, left click the mouse, and depress the **Enter** key (or click on the **Next** button at the bottom of the screen), or

Press one of five letter keys (A, B, C, D, or E) and then depress the **Enter** key (or click on the **Next** button at the bottom of the screen).

Please make sure that the bubble has been filled in before depressing the **Enter** or clicking on the **Next** key. Otherwise, your response will not be recorded.

If you accidentally proceed too quickly to the next item, it will be easy to return to the previous item to review the item, mark the item for review, or change your answer.

INSTRUCTIONS FOR OCC EXAMINATION VIA TEST CENTER *(continued)*

Examinees may mark an item for review before answering the item (items 5 and 10) or mark it for review after answering the item (item 13). Items that have not been answered are labeled “I” for incomplete (items 14-18).

Will I be able to skip items during the exam and go back to them?

Yes. Within the 100-item test, you will be able to skip items, mark items for review, and change answers.

Will each candidate get a different length test?

No. Each examination will include 100 items. Adaptive examinations can vary in length, but the AOBOS exam will use fixed-length forms and will not be adaptive.

Does the computer-based format affect examinee performance?

Studies have shown that a change from a paper and pencil test to a computer-administered test has no significant effect on candidate performance and that most candidates prefer the computer version. Any initial anxiety usually dissipates after answering the practice items in the tutorial section.

Will the examination scores be reported on site?

No. The examination will be scored after the administration date. Candidates should expect to receive their scores approximately 8-10 weeks after taking the exam.

How will scores be reported?

Scores will be posted online through the same web portal in which you made your exam application, you will receive an email when scores have been posted. Written results letters will also be mailed by the AOBOS.

What will the passing score be?

The AOBOS will determine the minimum passing score.

INSTRUCTIONS FOR OCC

EXAMINATION VIA TEST CENTER *(continued)*

Irregular Behavior

Irregular behavior is defined by the Board as any behavior that undermines the application, assessment, or certification processes of the Board or that threatens the integrity of the certification process. Anyone having information or evidence that suspected irregular behavior has occurred should submit a written, signed statement to the Board providing a detailed description of the incident and/or circumstances and copies of any supporting documentation and evidence. Insofar as possible, such reports will be handled confidentially; however, the Board will not investigate and/or act on unsigned or verbal reports. Irregular behavior may occur prior to, during, and/or following examination application and administration. Such behavior may include, but is not limited to, the following:

- seeking and/or obtaining access to examination materials prior to the examination
- falsifying information on application or registration forms
- impersonating a candidate or engaging another individual to take the examination by proxy (Copying, giving, or receiving unauthorized information or assistance of any kind during the examination.)
- copying answers from another candidate or allowing answers to be copied
- making notes of any kind during an examination except on the laminated note boards provided at the test center
- memorizing and reproducing test questions and/or copyrighted information
- altering or misrepresenting scores
- failure to adhere to Prometric Test Center regulations
- possessing unauthorized materials during an examination administration (e.g., watches, recording devices, photographic equipment, electronic paging devices, cellular telephones, reference materials)
- other behavior that threatens the integrity of the exam
- causing a disturbance of any kind
- leaving the test center while the test section is open
- removing or attempting to remove erasable note board from the testing room
- tampering with the operation of the computer or attempting to use it for any function other than taking the examination

INSTRUCTIONS FOR OCC EXAMINATION VIA TEST CENTER *(continued)*

Looking in the direction of the computer monitor of another candidate during the examination may be construed as evidence of copying or attempting to copy, and a report of such behavior may result in a determination of irregular behavior.

INSTRUCTIONS FOR OCC EXAMINATION VIA CLINICAL PATHWAY

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An alternate pathway for OCC certification was established in 2003. It is a practice based exam, which essentially involves performing a standard Part III Clinical Examination. This may be particularly attractive to those surgeons who have sub-specialized and may have difficulty with a general orthopedic surgery examination.

Due to the expense of arranging and contracting examiners, the charge for this service is \$6,500. The Clinical Pathway examination is available on the AOBOS website. Click the following link to go directly to exam applications:

<https://cf.osteopathic.org/cbms/applicants/index.cfm?board=118340>

The completed application, surgical logs, and other application documentation requirements will be due in the AOBOS office by March 1st.

You will need to carefully read the information pertaining to the Part III Clinical Examination in the Handbook for Candidates for Board Certification, which can be downloaded from the AOBOS website, www.aobos.org or to go directly to the Handbook, click the following link: <http://www.aobos.org/mm/files/Candidate-Handbook-Master.pdf>

Once the application and all of the other required information is received by the AOBOS, surgical logs are reviewed by one of the AOBOS Board members. After approval of the logs, two clinical examiners will be assigned by the AOBOS to conduct the examination.

Please contact the AOBOS office via phone (312) 202-8208 or e-mail aobos@osteopathic.org for further information.

OCC COMPONENT 4: PRACTICE PERFORMANCE ASSESSMENT & IMPROVEMENT

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As a part of OCC each physician must engage in continuous quality improvement through the comparison of their personal practice performance measured against national standards for orthopedic surgery.

Component 4 is a requirement that was introduced in 2013 for maintaining board certification in orthopedic surgery. The Component 2 requirement can be met by completing one PPA (Practice Performance Assessment) module every 3 year cycle. It can also be met by completing an attestation to Quality Improvement activities that you have participated in at your hospital/facility. The attestation form and frequently asked questions about the attestation can be found on the Physician Portal under the OCC menu.

<https://physicianportal.osteopathic.org/PPA/FAQ>

The Practice Performance Assessment and Improvement component is module based, requiring the completion of one module during each three-year CME cycle. The AOBOS has developed these modules in conjunction with the American Osteopathic Academy of Orthopedics (AOAO).

Fifteen (15) preliminary modules have been developed in following topic areas:

- Peri-Operative Care for Total Hip/Total Knee and Hip Fracture
- Distal Radius Fracture
- Herniated Lumbar Disc Treated Operatively
- Knee Arthroscopy
- Informed Consent
- Non-Operative Carpal Tunnel
- Operative Carpal Tunnel
- Pediatric Supracondylar Humerus Fracture
- Non-Operative Ankle Fracture
- Operative Ankle Fracture
- Peri-Operative Safety
- Orthopedic OMT
- Non-Operative Shoulder Impingement
- Operative Shoulder Impingement
- Lower Extremity Long Bone Intramedullary Nailing

OCC COMPONENT 4: **(CONTINUED)**

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Each module will be available online through a link on the AOBOS website, or by going directly to the O-CAT™ system website www.ostcat.com, and will consist of a physician logging ten (10) consecutive cases, in the module topic area, from the physician's personal practice. The individual physician's module results will be measured against national standards. If the results fall below acceptable thresholds, there will be a required educational activity followed by a reassessment in the same module with 10 new consecutive cases. All physician logged cases are subject to audit.

Since these modules take some time to complete, it is highly recommended each physician begins their required module in the first or second year of the CME cycle.

The AOBOS currently has these initial 15 modules available to physicians, with additional modules being developed as necessary.

An example of one of the Practice Performance Assessment and Improvement Modules is presented below.

Module 1: Peri-Operative Care for Total Hip/Total Knee and Hip Fracture

1. Has patient been risk assessed for DVT?
2. Was DVT prophylaxis administered?
3. Were IV antibiotics administered within one (1) hour of incision?
4. Were IV antibiotics discontinued within 24 hours?
5. If a Foley catheter was used, was it discontinued within SCIP guidelines?
6. Did discharge instructions include instructions for progressively increasing mobility?

The currently established rules/guidelines for measurement are 10 consecutive charts for review (subject to audit), 100% compliance for all questions for nine of the ten charts.

OCC COMPONENT 4: (CONTINUED)

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All of the AOBOS' Practice Performance Assessment and Improvement (PPA) modules will be delivered online through software developed by Meaningful Measurement's Osteopathic-CAT (Physicians Continuous Assessment & Training) system.

The following information will assist you in entering the Osteopathic-CAT online system.

Before you can enter chart information into the O-CAT™ system, you will be required to complete a user profile. O-CAT™ will assign your user id to the email addresses entered in the registration process.

The screen below is the opening screen you will see each time you use O-CAT™ by either clicking on the link from the OCC page of the AOBOS website or going to the Osteopathic-CAT website at www.ostcat.com

To create your User Login information, click the red **HERE** link to enter your profile information.

O steopathic-CAT
Physicians Continuous Assessment & Training

HOME REGISTER HERE

PHYSICIANS REGISTER BY CLICKING **HERE**.
IF YOU HAVE ALREADY REGISTERED, USE THE BOX TO THE RIGHT TO LOGIN.

PHYSICIAN LOGIN

Email
Password
 Remember my login
Login

PATIENT/STAFF SURVEY

TAKE SURVEY

IN THE INTEREST OF SCIENCE AND INCREASING THE QUALITY OF YOUR CARE AND SAFETY, WE ASK THAT YOU FILL OUT THIS SURVEY ABOUT YOUR EXPERIENCE WITH YOUR LAST VISIT TO YOUR DOCTOR. ALTHOUGH YOUR DOCTOR WILL SEE A REPORT OF RESPONSES, ALL INDIVIDUAL ANSWERS ARE CONFIDENTIAL. WE WILL USE THIS INFORMATION TO HELP PROVIDE YOU WITH THE MOST COMPASSIONATE CARE POSSIBLE.

Click on the link above and use your doctor's unique ID to begin the survey.

Thank you!

PLEASE NOTE: this site only supports Chrome. You will need to use Chrome as your browser to use the full capabilities of this site. You may download it by clicking **HERE.**

You **MUST** have pop-ups allowed for use of this site. If you check "prevent further dialogs" while working on this site you must re-start your browser to continue.

If you have any questions, please use the contact form available from the HOME menu above.

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For established users, enter your login information under **PHYSICIAN LOGIN**.

OCC COMPONENT 4: (CONTINUED)


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When using the Osteopathic-CAT system for the first time, you will be required to pay the \$295.00, two year subscription fee to gain unlimited access to all of the orthopedic surgery PPA modules as well as other core competency modules developed by Meaningful Measurements to fulfill the Component 4 requirements.

Since the AOBOS does not use a voucher system for the subscription fee, you will click on the **No Voucher Code – Regular Registration** button.

REGISTER

PLEASE FILL OUT THE FORM BELOW WITH YOUR CORRECT INFORMATION TO REGISTER.
YOUR CONNECTION TO THIS SITE IS SECURED.

 VERIFIED BY
click 14.08.15 17:28 UTC

Note: Your board may require a separate registration for OCC prior to awarding credit for lessons and/or PPAs. If you are unsure whether you are registered, please check with your board to be sure you are registered and ready to receive credit.

Please use a valid email address. The system needs to send information, feedback, and decisions from your board. Make sure that the email address entered for registration is one that you have access to. Please add customerservice@osteopathic-cat.com to your email contacts.

OCAT is \$295.00 for a 3 year subscription.

Voucher Code:

[Process Voucher Code](#) [No Voucher Code - Regular Registration](#)

You will then enter your profile information and click on the [Pay Now and Register](#) button. Once the registration process is completed, you will move to the Home screen of the Osteopathic-CAT system, as seen below.

O steopathic-CAT
Physicians Continuous Assessment & Training

HOME LESSONS HOW TO USE OCAT SURVEYS PPAS LOGOUT

[View Lessons](#)

Click above to go to the lesson page.

WELCOME

[Edit Profile](#)

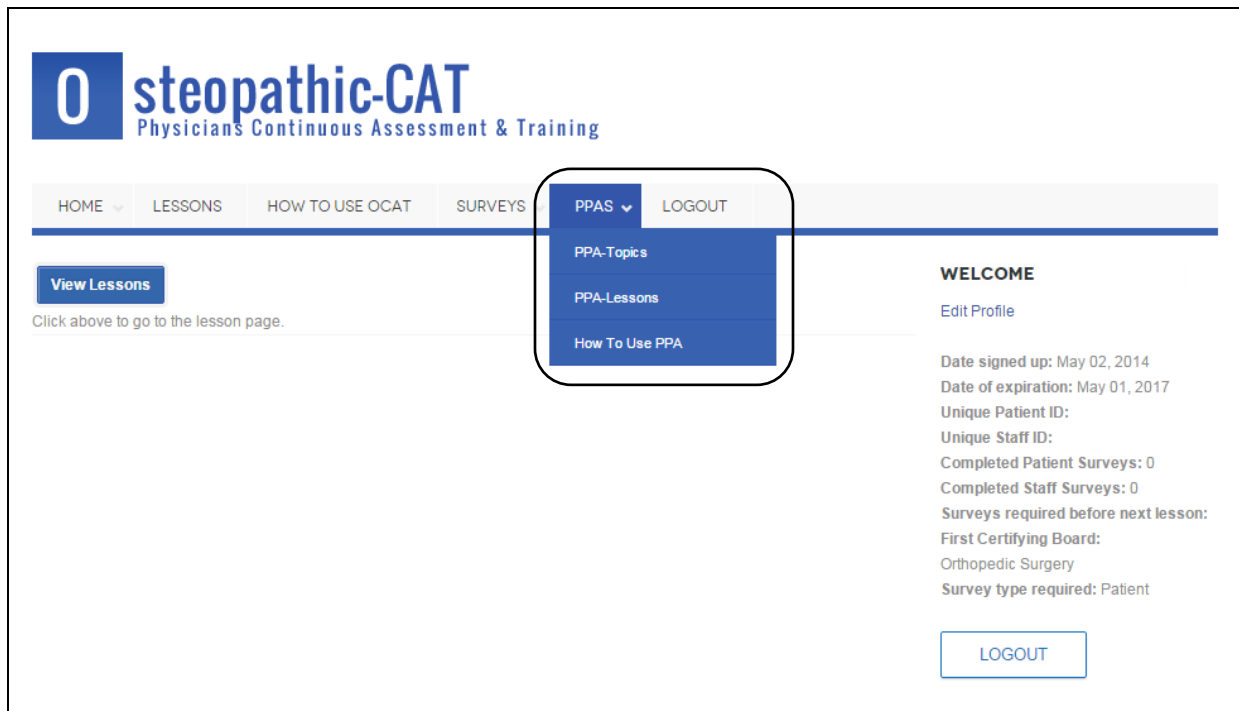
Date signed up: May 02, 2014
Date of expiration: May 01, 2017
Unique Patient ID
Unique Staff ID
Completed Patient Surveys: 0
Completed Staff Surveys: 0
Surveys required before next lesson:
First Certifying Board:
Orthopedic Surgery
Survey type required: Patient

[LOGOUT](#)

OCC COMPONENT 4: (CONTINUED)

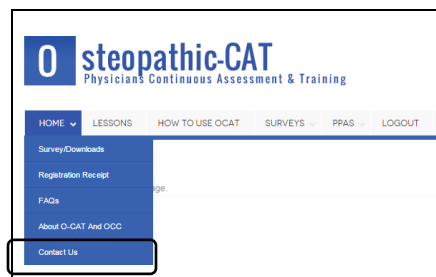
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From this Home screen you can access the orthopedic surgery PPA modules by clicking on the **PPAS** option and choosing **PPA topics**. Choose the module you would like to complete from the list of orthopedic surgery PPA modules.



For information on how to use the PPA module software, online instructions are available on this Home screen from the drop-down list under PPAs select **How To Use PPA**.

Additional information/help for the Osteopathic-CAT system can be accessed from the **FAQs** available from this same menu bar at the top of the Home screen. For any questions or issues requiring more involved support for the PPAs, choose the **Contact Us** option for one on one help.



OCC COMPONENT 4: **(CONTINUED)**

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Once the data for the 10 consecutive charts is entered for the PPA module, and the module is finished, the AOBOS will be notified and a designated Reviewer will assess the results. The individual physician's module results will be measured against national standards and either be approved as complete (meeting or exceeding the benchmarks) or sent back for remediation. If remediation is required, the suggested PPA educational activity will be required. After completion of the educational portion of the process, 10 new consecutive charts in the same PPA module topic will need to be collected to reassess the topic and show improvement over the first module results. Once improvement in the module topic is measured, the module will be marked as complete.

The AOA's OCC software platform will be notified of the successful module completion and the AOA will assign CME credit for successfully finishing the PPA component. Ten category 1B credits will be issued for the successful completion of the module.

OCC COMPONENT 4:

(CONTINUED)

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As an alternative to completing a PPA to fulfill the Component 4 requirement diplomates may attest to Quality Improvement Project activities at their hospital/facility. The attestation form can be found on the Physician Portal under the OCC menu.

<https://physicianportal.osteopathic.org/PPA>

Following are some Attestation **Helpful Tips and Frequently Asked Questions**.

Please keep in mind **this is not a comprehensive list of all possible QI activities**, but rather a list to help you recognize activities you may already be participating in that may qualify for OCC Component 4 credit. Please contact the board if you have questions about specific QI activities.

What is a Quality Improvement (QI) Activity?

Quality improvement (QI) consists of systematic and continuous actions that lead to measureable improvement in health care services and the status of targeted patient groups. The National Academy of Medicine (formerly the Institute of Medicine) defines quality in health care as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations. QI activities can be completed within your institution or as part of a national initiative.

OCC Component 4 requires that you engage in continuous quality improvement through comparison of personal practice performance measured against national standards for your medical specialty. Attesting to a QI activity can count for credit under OCC Component 4 – Practice Performance Assessment (PPA). Each QI activity attested will count for one PPA module.

What are some examples of QI Activities?

QI activities often fall into two major categories: Process Improvement and Condition Management / Improvement. Again, **this is not a comprehensive list**.

Process Improvement (examples)		
Access to care	Discharge (planning, documentation, elimination of delays, etc.)	Fire prevention (i.e. Fire Safety in the OR)
Hand washing	Meaningful Use	Patient Satisfaction / Patient Experience of

	Attestation for EMR	Care (PEC) / Physician Communication Skills (patient surveys, CAHPS, Press Ganey) minimum 20 surveys / patients
Radiation safety (i.e. Image Gently, Image Wisely, etc.)	Standardization of patient handovers from the OR to the ICU	Telehealth services (i.e. use to expand practice access)
Telemetry (i.e. use and impact)	Wound care	

Condition Improvement / Management (examples)

Acute myocardial infarction	Alcohol use / withdrawal	Asthma
Delirium	Depression screening	Diabetes / glycemic control
DVT / PE / VTE	Falls	Fetal monitoring
HIV screening	Hypertension	Infection prevention and control (i.e. compliance with the Joint Commission's Surgical Care Improvement Activity (SCIP) Core Measure Set; infection control in the laboratory, etc.)
Osteoporosis	Pneumonia	Tobacco Use

Other activities that may count for PPA credit attestation (examples)

American College of Radiology (ACR) RADPEER CMS	Core Measures	CMS PQRS Quality Measures
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Committee service (participation as a member of an institutional / departmental QI / clinical quality / safety review committee – minimum one year service required to receive credit	Compliance Control	Focused Professional Practice Evaluation (FPPE)
MACRA / Merit-based Incentive Payment System (MIPS) participation	Mammography Quality Standards Act (MQSA) Medical Audit or ACT Mammography Accreditation Program (MAP)	National Clinical Registry Participation (by submitting data – examples of clinical registries include IRIS (Intelligent Research in Sight); PCMH Sleep Medicine Registry; other national clinical registries as listed on www.nih.gov/health-information/nih-clinical-research-trials-you/list-registries or patientregistry.ahrq.gov)
NCQA Patient-Centered Medical Home (PCMH) Recognition Program participation	Ongoing Professional Practice Evaluation (OPPE)	Patient Safety Organization – participation in an AHRQ-listed PSO (https://psa.ahrq.gov/listed)
Performance Improvement in Pathology (PIP)	Prescription Drug Monitoring Program (annual registration)	Publications (i.e. publishing an article in a peer-reviewed journal)
Simulation courses		***HANDS (Handling All Neonatal Deliveries Safely) Initiative – If you are an OB/GYN who completed Ascension Health’s HANDS Initiative, please follow the Ascension Health internal reporting process. They will report your completion to the AOA for PPA credit.

To see the full FAQ page, visit the Physician Portal;
<https://physicianportal.osteopathic.org/PPA/FAQ>

OCC COMPONENT 5: CONTINUOUS AOA MEMBERSHIP

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Continuous AOA membership is a required component for OCC compliance. Membership in the AOA provides each physician with connections to the professional osteopathic community, online technology, practice management assistance, national advocacy for DOs and the profession, professional publications and continuous medical education opportunities.

All diplomates must continuously maintain membership in the AOA or Canadian Osteopathic Association and pay all applicable fees.

*As of March 2017, the Bureau of Osteopathic Specialists has resolved to decouple the membership requirement from OCC at a time and date determined by the management team in consultation with and approval by the Board of Trustees.

At the time of this publication that date has not yet been determined.

AOA's OCC SOFTWARE PLATFORM (PHYSICIAN PORTAL)

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All registered OCC participants have access to the AOA's new Physician Portal through the AOA website, <https://physicianportal.osteopathic.org/>. This system is designed to allow physicians to monitor their progress in all five (5) components throughout the OCC cycle.

Login using your AOA # and the password you use for membership on osteopathic.org. You will have the opportunity to create or reset your password if needed.

Choosing **Profile** from the menu will give you access to make updates to your AOA Profile.

Certificates gives a current status and history of your certificate.

OCC will give an overview of all 5 OCC Components.



CME gives access to your CME Report to view and print.

Learning accesses a current CME events calendar as well as online CME opportunities.



AOA PHYSICIAN PORTAL

Welcome to the AOA Physician Portal, the place to find your CME Report, Specialty Certificates, OCC status, and more. To get started, use the menu above or the buttons below.

			
CERTIFICATES	OCC	CME	LEARNING
Click here to view your AOA Specialty Board Certificates.	Click here to view your status for all five OCC Components. Use the menu above to view Component 4 Attestation FAQs or submit a Component 4 Attestation.	Click here to view your current CME Report.	Click here for the AOA Online Learning site. Use the menu above to find board exams or live CME events.

NON-TIME-LIMITED VS TIME-LIMITED CERTIFICATE HOLDERS

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At this time, OCC is voluntary for non-time-limited (formerly called lifetime) certificate holders.

Failure in the OCC process will in no way result in the loss of certification for physicians holding lifetime certification. Maintaining AOA membership, including meeting CME requirements and payment of the annual AOA registration fee, is required to maintain non-time-limited certification.

The AOA and AOBOS strongly encourage non-time-limited certificate holders to participate in OCC, particularly as more states begin to require a maintenance of certification process in order to maintain licensure.

Physicians holding a non-time-limited general orthopedic surgery certification and a time-limited Subspecialty Certification in Hand Surgery must fully participate in the OCC process for Hand Surgery in order to maintain the subspecialty certification and be deemed compliant with OCC. The OCC process remains voluntary for the general orthopedic surgery certification.

For physicians holding time-limited certification, failure to successfully complete the OCC process will result in the loss of certification at such time as the current time-limited certificate expires.

PATHWAY FOR OCC (CERTIFICATION) REINSTATEMENT

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The AOBOS adheres to the Policies and Procedures of the AOA's Bureau of Osteopathic Specialists for physicians seeking to regain OCC certification in orthopedic surgery.

OCC Reentry Process

Physicians whose time-limited certification has been deemed inactive for any reason may petition the AOA's Certification Compliance Review Committee to reactivate the certification. This process also applies to non-clinical and academic physicians reentering clinical practice and to former non-time-limited certificate holders who did not maintain their board certification as required.

- Physicians reentering the certification process within three (3) years of the expiration or inactivation of their certification may reenter the process by sufficing any outstanding OCC requirements not fulfilled when the certification became inactive. The date of certification will be effective on the date that all requirements have been satisfied.
- Physicians wishing to reenter the certification process three (3) or more years following the expiration or inactivation of their certification must take the Component 3 Cognitive Assessment at the next available administration and immediately begin the OCC process through participation in a Component 4 activity. Specialty certifying boards may also require additional remedial activities such as training or CME may also be required.

DUAL CERTIFICATION 1 - OSTEOPATHIC AND ALLOPATHIC CERTIFICATES

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Physicians participating in the Maintenance of Certification (MOC) process through one or more of the ABMS-recognized certifying boards may petition to submit their practice performance assessment activities completed through MOC and apply them to their OCC Component 4 requirements. However, the AOBOS may also require an osteopathic component to satisfy Component 4 requirements.

DUAL CERTIFICATION 2 - TWO PRIMARY AOA CERTIFICATES

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An orthopedic surgeon, who is dually boarded through two AOA specialty certifying boards, will need to complete Component 3 – Cognitive Assessment; Component 4 – Practice Performance Assessment and Improvement; and complete the 50 hours of specialty credit CME hours in both primary certifications.

Because of the unique nature of each specialty, physicians holding two or more general certifications administered through the AOA must meet all criteria for both Specialty Certifying Boards' OCC processes. However, CME earned will apply to both Specialty Certifying Boards, with the exception of the specialty CME requirements for each specialty and/or subspecialty certification.

SUBSPECIALTY CERTIFICATION AND OCC

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If an orthopedic surgeon holds a subspecialty certification in addition to their primary orthopedic surgery board certification, several OCC requirements will be required to maintain the subspecialty certification.

Subspecialty certification certificate holders must have a minimum of 13 hours (25%) of their 50 specialty credits for every three year CME cycle in the subspecialty certification area.

A minimum of one Component 4 - practice performance assessment and improvement module must be completed in the subspecialty certification area every 10 years (one of the three required each OCC cycle).

Physicians holding a non-time-limited general orthopedic surgery certification and a time-limited Subspecialty Certification in Hand Surgery must fully participate in the OCC process for Hand Surgery in order to maintain the subspecialty certification and be deemed compliant with OCC. The OCC process remains voluntary for the general orthopedic surgery certification.

OCC AND MAINTENANCE OF LICENSURE (MOL)

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A number of state licensing boards are currently considering Maintenance of Licensure (MOL) programs, with more states to follow in the next few years.

The Federation of State Medical Boards (FSMB) has recommended that state legislation include that participation in OCC be deemed as having met the state's MOL requirements.

NON-CLINICAL ORTHOPEDIC PHYSICIANS AND OCC

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A non-clinical physician is a physician with no patient contact. Those physicians who treat no patients may apply for the clinically inactive certification status, which allows diplomats to propose Component 4 activities that are applicable to their current role in osteopathic medicine. The AOBOS will determine the acceptability of the proposed activities. All other components of OCC must be satisfied, including the examination.

Physicians must attest to their clinically inactive status through petition to the AOBOS. This status may also apply to academic physicians who do not supervise residents providing patient care and unemployed physicians.

Upon reentry to clinical practice, physicians must notify the AOBOS within thirty (30) days following return to patient care.

The AOA will report clinically inactive status to the public and any credentialers through the profile service of the American Osteopathic Information Association (AOIA) and the website www.aoaprofiles.org.

FELLOWSHIP EXEMPTION IN OCC

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AOA board certified physicians who begin fellowship training are exempt from participation in Component 4 of OCC during the training period only.

Contact the AOBOS to determine the OCC requirements for which this situation applies upon re-entering full participation in OCC.

OCC REENTRY PROCESS

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Physicians whose time-limited certification has been deemed inactive for any reason, may petition the BOS' Certification Compliance Review Committee to reactivate the certification. This process also applies to non-clinical and academic physicians reentering clinical practice and to former non-time-limited certificate holders who did not maintain their board certification as required.

Physicians reentering the certification process within three (3) years of the expiration or inactivation of their certification may reenter the process by sufficing any outstanding OCC requirements not fulfilled when the certification became inactive. The date of certification will be effective on the date that all requirements have been satisfied.

Physicians wishing to reenter the certification process three (3) or more years following the expiration or inactivation of their certification must take the Component 3 – Cognitive Assessment at the next available administration and immediately begin the OCC process through participation in a Component 4 activity. The AOBOS may also require additional remedial activities such as training or CME may also be required.