The Growing Controversy Over Maintenance of Certification: What's All the Fuss?

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Key Questions for this Presentation

Is Board Certification status a reasonable marker of physician competence?
Are there other valid reasons for Board Certification status to be an eligibility criterion for medical staff membership?
Should Board Certification status be reserved as an eligibility criterion for specific privileges rather than medical staff membership?
Why is Maintenance of Certification so controversial?
Is it OK to 'grandfather' practitioners on the medical staff at the time that an MOC requirement is implemented?

A Quick History of Board Certification

The Rise of Specialists Post-WWI and concerns about competence
Early 20th century development of first specialty Boards
National Board of Medical Examiners (NBME) forms a ‘Committee on Specialists’ in 1932 to present suggestions for establishing national qualifying boards in medical specialties.
In 1933—formation of Advisory Board for Medical Specialties
In 1948 – formation of the Liaison Committee for Specialty Boards (LCSB).
Advocates of Specialty Boards Identified Numerous Benefits:

• Elevation of standards of clinical practice in specialty niches
• Education of the public and other professionals about the growing capabilities of specialists
• Protection of the public from unqualified practitioners
• Establishment of requirements for education and training in specialty medicine
• Development of educational resources for the preparation of specialists
• Provision of oversight of examination processes tied to the granting of specialty certification

Organized Medicine Endorsed Specialty Boards

“...the Board will undoubtedly gain quickly the recognition of the profession and will become in effect the licensing board of dermatologists in the United States. This is an end much to be desired. One of the things that is not needed in medicine is more confusion in medical education, such as would be caused by the states undertaking to set up standards for specialists. Volunteer certifying boards like the Board of Dermatology seem to be the proper solution of certification of specialists. This board has the confidence and best wishes of the ARCHIVES.

(AMA Archives of Dermatology and Syphilology, 1933; 27(3):505)

An Explosion of Specialties and Sub-Specialties

Post WWII rapid growth in medical science and in medical education at both the graduate and post-graduate level. Concept of sub-specialization takes hold and boards begin to grant subspecialty certificates. Simple board certification becomes something more complex: general certification, initial and recertification, primary certification, specialty certification, sub-specialty certification, certificates of added qualifications, etc.
Long-standing Questions:

• Does the creation of too many subspecialties fragment the effectiveness of primary specialty boards?
• Should specialists be required to receive general training prior to sub-specialization, and if so, how much?
• What are appropriate eligibility requirements for specialty residency training programs?
• Who should create the standards for specialty residency training?
• Should there be a ‘preceptor’ path to specialty certification in lieu of specialized residency training?
• Should specialty residency training occur only in academic institutions and if not, what community settings are adequate?

Long-standing Questions

• What are adequate examination procedures?
• Should certification reflect training and education or current competence?
• What status should training outside the United States be given?

Can ‘once-in-a-lifetime’ certification be justified?

American Board of Family Practice (founded 1969) was first to grant time-limited certification and offered its first recertification exams in 1976.

Other boards soon followed with time-limited certifications generally ranging from 6 to 10 years.
Introduction of Maintenance of Certification (MOC)

Board Certification and Hospital Privileges

The journey from education & training, to board certification, to recertification requirements, to the current controversies over Maintenance of Certification.

What does the evidence show?
MOC Backlash

In January 2014 the ABIM attempted to expand the scope of its recertification process to all internists, not only those certified after 1990. This was a tipping point and directly threatened the huge ‘baby boom’ generation of late career physicians. Professional organizations (e.g. ACP) and groups within organized medicine pushed back on expanding MOC requirements. Other groups with various self interests jumped on the bandwagon. Concerns range from the validity of testing to actual practice realities to the costs and fees involved in MOC.

We got it wrong and sincerely apologize. We are sorry.

As a result, ABIM is taking the following steps:

Effective immediately, ABIM is suspending the Practice Assessment, Patient Voice and Patient Safety requirements for at least two years. This means that no internist will have his or her certification status changed for not having completed activities in these areas for at least the next two years. Diplomates who are currently not certified but who have satisfied all requirements for Maintenance of Certification except for the Practice Assessment requirement will be issued a new certificate this year.

Within the next six months, ABIM will change the language used to publicly report a diplomate’s MOC status on its website from “meeting MOC requirements” to “participating in MOC.”

ABIM MOC Changes

ABIM is updating the Internal Medicine MOC exam. The update will focus on making the exam more reflective of what physicians in practice are doing, with any changes to be incorporated beginning fall 2015, with more subspecialties to follow.

MOC enrollment fees will remain at or below the 2014 levels through at least 2017. By the end of 2015, ABIM will assure new and more flexible ways for internists to demonstrate self-assessment of medical knowledge by recognizing most forms of ACCME-approved Continuing Medical Education.
Various ABMS specialties are feeling push back differently.

Examples:
Both the American Psychiatric Association (APA) and the American Academy of Neurology (AAN) have called on the American Board of Psychiatry and Neurology (ABPN) to remove "Part IV" performance-in-practice requirements. American College of Allergy, Asthma & Immunology used reserves to pay MOC fees for fellows attending their Annual Scientific Meeting.

ABFM to Simplify Maintenance of Certification (MOC) for Family Physicians and Make It More Meaningful: A Family Medicine Registry

The American Board of Family Medicine (ABFM) launches the start of a family medicine registry with a study called the Trial of Aggregate Data Exchange for Maintenance of Certification and Raising Quality (TRADEMaRQ). This study is supported by the US Agency for Healthcare Research and Quality and is the first phase of a nearly $7 million investment by the ABFM to make maintenance of certification (MOC) easier and more meaningful, to help physicians turn their electronic health record (EHR) data into useful information, and to support the Physician Quality Reporting System (PQRS), meaningful use, and other reporting needs. The ABFM is the first board to sponsor a registry, and this is the first clinical registry to support MOC.

Who is Certifying?

Today there are hundreds of specialty ‘boards’ – some rigorous, many self-serving.
The three largest certifying bodies:
American Board of Medical Specialties (ABMS) recognizes 24 member boards that certify nearly 800,000 physicians in over 150 general specialties and subspecialties.
American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS)
American Board of Physician Specialties (ABPS)
Case Scenario

In 1999 the medical staff at Sharon Hill Hospital revised their bylaws to require board certification for membership and/or privileges. There was considerable controversy and the revision passed only because current members were ‘grandfathered’ (i.e. exempted from the new criterion). In 2005 a measure to require recertification failed to pass a medical staff vote. Currently a proposal to require MOC is being discussed at the MEC. Hospital management is in favor because competitors advertise their high numbers of board certified physicians. In addition, several closed networks are emerging in the marketplace and they require members to be board-certified. To smooth passage of the change, a proposal has been made to ‘grandfather’ current staff members. The hospital Board has asked the CMO and medical staff professional to brief them on the matter. What should they say?

How Should Your Medical Staff and Board Respond to ‘Alternative’ Specialty Board Organizations?

The field has always been crowded with ‘alternative’ specialty boards. In the wake of the MOC battles opponents of ABMS have founded the National Board of Physicians and Surgeons (NBPAS) and are seeking recognition from hospitals and their medical staffs.

Comparing Board Certification Requirements:

**ABIM:**
- Possess valid, unrestricted license
- Earn MOC points by completing some MOC activity every 2 years and earn 100 points every 5 yrs (at least 20 points in medical knowledge).
- If dual-boarded by more than 1 ABMS member then self-evaluation requirements waived.
- Pass the MOC exam in your specialty(ies) every 10 years.
- Other requirements may apply by specialty and situation. See [www.abim.org/maintenance-of-certification/requirements.aspx](http://www.abim.org/maintenance-of-certification/requirements.aspx)
Comparing Board Certification Requirements:

NBPAS
Candidates must have been previously certified by an American Board of Medical Specialties (AMMS) member board. Candidates must have a valid, unrestricted license to practice medicine in at least one US state. Candidates who only hold a license outside of the US must provide evidence of an unrestricted license from a valid non-US licensing body. Must have completed a minimum of 50 hours of specialty relevant ACCCME approved CME within past 24 months. Reentry following lapse of certification requires 100 hours CME with past 24 months. Other requirements may apply depending on specialty.- wee https://nbpas.org

Checking on MOC Status
See abim.org/credentialers for latest information

ABIM no longer issues certificates with end dates, however we recognize that some entities require a current certification status to complete primary-source verification. We will be updating this status on our website on an annual basis. Therefore, we encourage credentialers to use ABIM’s annual recertification date of April 1 to obtain accurate information about your physician’s current certification status by visiting abim.org/verify on April 1 annually. By utilizing the annual re-verification date suggested, you will have accurate information about a diplomate’s current certification status.

Checking on MOC Status

ABIM has introduced changes to its Maintenance of Certification (MOC) program and its board certification status reporting processes. In addition to reporting board certification, ABIM reports whether or not ABIM Board Certified physicians are participating in MOC (i.e., engaging in MOC activities more frequently). The changes to the MOC program requirements apply to all ABIM Board Certified physicians, regardless of when they were initially certified.
What Lies Ahead? How Should Hospitals and their Medical Staffs Proceed?