CONSENT CALENDAR

Mr. Speaker, your reference committee recommends the following consent calendar:

**Recommended for Adoption**

1. Resolution 16-503: Analysis of American Board of Internal Medicine (ABIM) Finances
2. Report 5, Board of Trustees, Resolution 15-503: The Education of Pennsylvania Physicians, Fellows, Residents, and Students to the Legislative Processes of Pennsylvania and How to Participate Therein
3. Report 6, Board of Trustees: Policy Sunset

**Recommended for Adoption as Amended or Substituted**

5. Resolution 16-504: Endorse National Board of Physicians and Surgeons (NBPAS) for Recertification
6. Resolution 16-505: Support Reform of the Maintenance of Certification (MOC) Process and Adopt a Position Favoring Acknowledgment of an Alternative Board, the National Board of Physicians and Surgeons (NBPAS), for Certification of Physicians Pursuing Lifelong Education

**Recommended Not for Adoption**

6. Resolution 16-501: Practicing Physician Declining Membership Analysis

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1. **RESOLUTION 16-503: ANALYSIS OF AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) FINANCES**

   **RECOMMENDATION:**

   Mr. Speaker, your reference committee recommends that Resolution 16-503 be adopted.

   Resolution 16-503 directs the Society to petition the American Medical Association (AMA) to analyze the finances of the American Board of Internal Medicine (ABIM) and share the results.

   Your reference committee heard considerable testimony in favor of this resolution.

2. **REPORT 5, BOARD OF TRUSTEES, RESOLUTION 15-503: THE EDUCATION OF PENNSYLVANIA PHYSICIANS, FELLOWS, RESIDENTS, AND STUDENTS TO THE LEGISLATIVE PROCESSES OF PENNSYLVANIA AND HOW TO PARTICIPATE THEREIN**
RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Report 5, Board of Trustees, Resolution 15-503 be adopted.

3. REPORT 6, BOARD OF TRUSTEES: POLICY SUNSET

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Report 6, Board of Trustees: Policy Sunset be adopted.

4. RESOLUTION 16-502: PARTICIPATION OF PHYSICIANS ON HEALTHCARE ORGANIZATION BOARDS

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 16-502 be amended as follows:

RESOLVED, That the Pennsylvania Medical Society advocate for and promote the membership of actively practicing physicians on the boards of healthcare organizations including, but not limited to, acute care providers, insurance entities, medical device manufacturers, and health technology service organizations; and be it further

RESOLVED, That the Pennsylvania Medical Society promote educational programs on corporate governance that prepare and enable physicians to participate on health organization boards; and be it further

RESOLVED, That the Pennsylvania Medical Society provide existing healthcare boards with resources that increase their awareness of the value of physician participation in governance matters; and be it further

RESOLVED, That the Pennsylvania Delegation to the AMA craft a similar resolution to take this issue forward to the American Medical Association at the next feasible opportunity. 2017 AMA House of Delegates Annual Meeting.

Resolution 16-502 requests that the Society advocate for physician membership on the boards of healthcare organizations like insurance entities and medical device manufacturers as well as educate physicians to enable them to participate. Further, the resolution asks PAMED to direct the AMA delegation to take the issue to the AMA.

Your reference committee supports the intent of this resolution and has included the author’s suggested language to further strengthen this resolution.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 16-502 be adopted as amended.

5. RESOLUTION 16-504: ENDORSE NATIONAL BOARD OF PHYSICIANS AND SURGEONS (NBPAS) FOR RECERTIFICATION
RESOLUTION 16-505: SUPPORT REFORM OF THE MAINTENANCE OF CERTIFICATION (MOC) PROCESS AND ADOPT A POSITION Favoring ACKNOWLEDGMENT OF AN ALTERNATIVE BOARD, THE NATIONAL BOARD OF PHYSICIANS AND SURGEONS (NBPAS), FOR CERTIFICATION OF PHYSICIANS PURSUING LIFELONG EDUCATION

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the following substitute resolution be adopted in lieu of Resolutions 16-504 and 16-505.

Resolved, That the Pennsylvania Medical Society fully support the concept of viable alternatives to MOC; and be it further

Resolved, That the Pennsylvania Medical Society adopt as its policy those principles of recertification as articulated in AMA policy, “Maintenance of Certification H-275.924”:

AMA Principles on Maintenance of Certification (MOC)

1. Changes in specialty-board certification requirements for MOC programs should be longitudinally stable in structure, although flexible in content.
2. Implementation of changes in MOC must be reasonable and take into consideration the time needed to develop the proper MOC structures as well as to educate physician diplomates about the requirements for participation.
3. Any changes to the MOC process for a given medical specialty board should occur no more frequently than the intervals used by that specialty board for MOC.
4. Any changes in the MOC process should not result in significantly increased cost or burden to physician participants (such as systems that mandate continuous documentation or require annual milestones).
5. MOC requirements should not reduce the capacity of the overall physician workforce. It is important to retain a structure of MOC programs that permits physicians to complete modules with temporal flexibility, compatible with their practice responsibilities.
6. Patient satisfaction programs such as The Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient survey are neither appropriate nor effective survey tools to assess physician competence in many specialties.
7. Careful consideration should be given to the importance of retaining flexibility in pathways for MOC for physicians with careers that combine clinical patient care with significant leadership, administrative, research and teaching responsibilities.
8. Legal ramifications must be examined, and conflicts resolved, prior to data collection and/or displaying any information collected in the process of MOC. Specifically, careful consideration must be given to the types and format of physician-specific data to be publicly released in conjunction with MOC participation.
9. Our AMA affirms the current language regarding continuing medical education (CME): "Each Member Board will document that diplomates are meeting the CME and Self-Assessment requirements for MOC Part II. The content of CME and self-assessment programs receiving credit for MOC will be relevant to advances within the diplomate's scope of practice,
and free of commercial bias and direct support from pharmaceutical and
device industries. Each diplomate will be required to complete CME
credits (AMA PRA Category 1 CreditTM, American Academy of Family
Physicians Prescribed, American College of Obstetricians and
Gynecologists, and/or American Osteopathic Association Category 1A)."
10. In relation to MOC Part II, our AMA continues to support and promote
the AMA Physician's Recognition Award (PRA) Credit system as one of
the three major credit systems that comprise the foundation for continuing
medical education in the U.S., including the Performance Improvement
CME (PICME) format; and continues to develop relationships and
agreements that may lead to standards accepted by all U.S. licensing
boards, specialty boards, hospital credentialing bodies and other entities
requiring evidence of physician CME.
11. MOC is but one component to promote patient safety and quality.
Health care is a team effort, and changes to MOC should not create an
unrealistic expectation that lapses in patient safety are primarily failures
of individual physicians.
12. MOC should be based on evidence and designed to identify
performance gaps and unmet needs, providing direction and guidance for
improvement in physician performance and delivery of care.
13. The MOC process should be evaluated periodically to measure
physician satisfaction, knowledge uptake and intent to maintain or change
practice.
14. MOC should be used as a tool for continuous improvement.
15. The MOC program should not be a mandated requirement for
licensure, credentialing, reimbursement, network participation or
employment.
16. Actively practicing physicians should be well-represented on specialty
boards developing MOC.
17. Our AMA will include early career physicians when nominating
individuals to the Boards of Directors for ABMS member boards.
18. MOC activities and measurement should be relevant to clinical
practice.
19. The MOC process should not be cost prohibitive or present barriers to
patient care.
20. Any assessment should be used to guide physicians’ self-directed study.
21. Specific content-based feedback after any assessment tests should be
provided to physicians in a timely manner.
22. There should be multiple options for how an assessment could be
structured to accommodate different learning styles.
23. Physicians with lifetime board certification should not be required to
seek recertification.
24. No qualifiers or restrictions should be placed on diplomates with
lifetime board certification recognized by the ABMS related to their
participation in MOC.
25. Members of our House of Delegates are encouraged to increase their
awareness of and participation in the proposed changes to physician self-
regulation through their specialty organizations and other professional
membership groups.
And be it further

Resolved, That the Pennsylvania Medical Society also adopt as its policy
AMA policy, “Maintenance of Certification and Osteopathic Continuous
Certification D-275.954” as follows:
Our AMA will:

1. Continue to monitor the evolution of Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for MOC, and prepare a yearly report to the House of Delegates regarding the MOC and OCC process.

2. Continue to review, through its Council on Medical Education, published literature and emerging data as part of the Council's ongoing efforts to critically review MOC and OCC issues.

3. Continue to monitor the progress by the American Board of Medical Specialties (ABMS) and its member boards on implementation of MOC, and encourage the ABMS to report its research findings on the issues surrounding certification and MOC on a periodic basis.

4. Encourage the ABMS and its member boards to continue to explore other ways to measure the ability of physicians to access and apply knowledge to care for patients, and to continue to examine the evidence supporting the value of specialty board certification and MOC.

5. Work with the ABMS to streamline and improve the Cognitive Expertise (Part III) component of MOC, including the exploration of alternative formats, in ways that effectively evaluate acquisition of new knowledge while reducing or eliminating the burden of a high-stakes examination.

6. Work with interested parties to ensure that MOC uses more than one pathway to assess accurately the competence of practicing physicians, to monitor for exam relevance and to ensure that MOC does not lead to unintended economic hardships such as hospital de-credentialing of practicing physicians.

7. Recommend that the ABMS not introduce additional assessment modalities that have not been validated to show improvement in physician performance and/or patient safety.

8. Work with the ABMS to eliminate practice performance assessment modules, as currently written, from MOC requirements.

9. Encourage the ABMS to ensure that all ABMS member boards provide full transparency related to the costs of preparing, administering, scoring and reporting MOC and certifying examinations.

10. Encourage the ABMS to ensure that MOC and certifying examinations do not result in substantial financial gain to ABMS member boards, and advocate that the ABMS develop fiduciary standards for its member boards that are consistent with this principle.

11. Work with the ABMS to lessen the burden of MOC on physicians with multiple board certifications, particularly to ensure that MOC is specifically relevant to the physician's current practice.

12. Work with key stakeholders to (a) support ongoing ABMS member board efforts to allow multiple and diverse physician educational and quality improvement activities to qualify for MOC; (b) support ABMS member board activities in facilitating the use of MOC quality improvement activities to count for other accountability requirements or programs, such as pay for quality/performance or PQRS reimbursement; (c) encourage ABMS member boards to enhance the consistency of quality improvement programs across all boards; and (d) work with specialty societies and ABMS member boards to develop tools and services that help physicians meet MOC requirements.

13. Work with the ABMS and its member boards to collect data on why physicians choose to maintain or discontinue their board certification.
14. Work with the ABMS to study whether MOC is an important factor in a physician's decision to retire and to determine its impact on the US physician workforce.

15. Encourage the ABMS to use data from MOC to track whether physicians are maintaining certification and share this data with the AMA.

16. Encourage AMA members to be proactive in shaping MOC and OCC by seeking leadership positions on the ABMS member boards, American Osteopathic Association (AOA) specialty certifying boards, and MOC Committees.

17. Continue to monitor the actions of professional societies regarding recommendations for modification of MOC.

18. Encourage medical specialty societies' leadership to work with the ABMS, and its member boards, to identify those specialty organizations that have developed an appropriate and relevant MOC process for its members.

19. Continue to work with the ABMS to ensure that physicians are clearly informed of the MOC requirements for their specific board and the timelines for accomplishing those requirements.

20. Encourage the ABMS and its member boards to develop a system to actively alert physicians of the due dates of the multi-stage requirements of continuous professional development and performance in practice, thereby assisting them with maintaining their board certification.

21. Recommend to the ABMS that all physician members of those boards governing the MOC process be required to participate in MOC.

22. Continue to participate in the National Alliance for Physician Competence forums.

23. Encourage the PCPI Foundation, the ABMS, and the Council of Medical Specialty Societies to work together toward utilizing Consortium performance measures in Part IV of MOC.

24. Continue to assist physicians in practice performance improvement.

25. Encourage all specialty societies to grant certified CME credit for activities that they offer to fulfill requirements of their respective specialty board's MOC and associated processes.

26. Support the American College of Physicians as well as other professional societies in their efforts to work with the American Board of Internal Medicine (ABIM) to improve the MOC program.

27. Oppose those maintenance of certification programs administered by the specialty boards of the ABMS, or of any other similar physician certifying organization, which do not appropriately adhere to the principles codified as AMA Policy on Maintenance of Certification.

28. Examine the activities that medical specialty organizations have underway to review alternative pathways for board recertification; and determine if there is a need to establish criteria and construct a tool to evaluate if alternative methods for board recertification are equivalent to established pathways.

29. Ask the ABMS to encourage its member boards to review their maintenance of certification policies regarding the requirements for maintaining underlying primary or initial specialty board certification in addition to subspecialty board certification, if they have not yet done so, to allow physicians the option to focus on maintenance of certification activities relevant to their practice.

30. Call for the immediate end of any mandatory, secured recertifying examination by the ABMS or other certifying organizations as part of the
recertification process for all those specialties that still require a secure, high-stakes recertification examination.

31. Support a recertification process based on high quality, appropriate Continuing Medical Education (CME) material directed by the AMA recognized specialty societies covering the physician’s practice area, in cooperation with other willing stakeholders, that would be completed on a regular basis as determined by the individual medical specialty, to ensure lifelong learning.

32. Continue to work with the ABMS to encourage the development by and the sharing between specialty boards of alternative ways to assess medical knowledge other than by a secure high stakes exam.

33. Continue to support the requirement of CME and ongoing, quality assessments of physicians, where such CME is proven to be cost-effective and shown by evidence to improve quality of care for patients.

Resolved, That the Pennsylvania Medical Society oppose maintenance of certification programs administered by the specialty boards of the ABMS or any similar physician certifying organization, which do not appropriately adhere to the principles codified as AMA policy on Maintenance of Certification; and be it further

Resolved, That the Pennsylvania Medical Society oppose use of Maintenance of Certification status as mandatory criteria for hospital credentialing, medical insurance plan participation, or state medical licensure.

Resolution 16-504 requests that the Society recognize and support recertification by the National Board of Physicians and Surgeons (NBPAS) as well as take this resolution to the AMA for consideration.

Resolution 16-505 requests the Society to endorse NBPAS and seek AMA endorsement of NBPAS.

Your reference committee heard a plethora of testimony on the two resolutions and feels the combined sentiment fulfills the need of our membership to continue to promote quality lifelong learning while respecting the time and finances of the physician community.

6. RESOLUTION 16-501: PRACTICING PHYSICIAN DECLINING MEMBERSHIP ANALYSIS

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-501 not be adopted.

Resolution 16-501 asks that the Society petition the AMA to study the decline in AMA’s “Mature” and “Senior” membership categories.

Your reference committee is sensitive to the author’s desire to seek additional information regarding AMA’s declining membership in the “Mature” or “Senior” membership categories. While not necessarily germane to the Pennsylvania Medical Society, the AMA delegation is committed to connecting Pennsylvania physicians to an existing 2015 study conducted by the AMA. The Chair of the delegation plans to address this with AMA staff and communicate his findings to the author.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 16-506 not be adopted.

Your reference committee did not feel that this resolution would serve all of the member physicians of the Pennsylvania Medical Society. Testimony on this resolution seemed to support a select group of physicians and did not provide enough insight to recommend any further action at this time.
Respectfully submitted,

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