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Re: Continuing Board Certification: Vision for the Future
Dec 11, 2018 Draft Report Released for Public Comment

The Pennsylvania Medical Society (PAMED) would like to provide the following feedback on several recommendations listed in the Vision Initiative Commission's December 11, 2018 report as follows:

Specific to Recommendation #1, an integrated approach as outlined will be challenging. Healthcare teams take care of patients, not just the single physician, so other members of the healthcare team impact a physician's patients and their healthcare outcomes. Additionally, we feel that ABMS Boards will be duplicating work that would best be handled elsewhere by organizations at the state and local levels.

Specific to Recommendation #2, we propose that recertification exams should be eliminated entirely. Other than the initial certification exam to establish a Diplomate's mastery of general core knowledge in the specialty, Boards should not require Diplomates to complete subsequent periodic graded knowledge exams. Physicians have continuously expressed concerns with taking time away from patient care and family to devote to studying for a graded knowledge exam after initial certification. Recertification exams are costly to produce and administer; Boards ultimately pass these costs onto Diplomates which is another common frustration expressed by Diplomates.

Instead Boards could design alternative approaches like those adopted by pathology and anesthesiology where Diplomates are engaged in formative assessments delivered in small increments on a more frequent basis. Over the cycle of certification, Diplomates periodically answer questions/review case examples and receive feedback on their responses so they can identify areas of continued focus for improvement. The Boards should develop and maintain core learning modules that include quiz questions providing immediate feedback in a strictly non-punitive fashion. The major focus of

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any alternative option should be to demonstrate that physicians are showing due diligence regarding life-long learning versus assessing knowledge at one given point in time.

Specific to Recommendation #3, ABMS should not be involved in licensure/sanctions; this should be handled at the local level by the state licensing boards.

Specific to Recommendation #4, eliminate the Part IV practice improvement component. As stated previously, healthcare teams take care of patients, not just a single physician. Other parts of the medical marketplace address performance improvement, i.e., MACRA includes MIPS/patient experience and the hospitals/health systems have the FPPE/OPPE processes where performance can be assessed at the local level.

Specific to Recommendation #5, Boards need to be fully transparent in what they report to the public. What the Diplomate has completed needs to be disclosed, even if the Diplomate is not completely through the process.

For example, currently if a physician takes his recertification exam but doesn't pay MOC fees, he is listed as not board certified. That is incorrect and causes definable damages to the physician. In this example, the physician should be listed as board certified but not participating in MOC process through an ABMS board.

The Boards need to be specific with statements regarding physicians not participating in MOC and list those physicians as "not participating in [ABMS board's] MOC process. There are alternative Maintenance of Certification pathways. Unless the ABMS and its Boards are going to confirm that the physician isn't participating with another competing board, an ABMS Board can't say "not participating in MOC" as a blanket statement or they are making a false statement about a physician's credentials.

Specific to Recommendation #7, specialty societies have resources that physicians could use to assess their learning needs. Boards could encourage physicians to use these existing tools/resources in a **non-punitive** way to identify gap areas that the Diplomate could choose to work on over multi-year period to improve knowledge and skills.

Not all CME/CPD providers develop learning activities to the same level. Therefore, ABMS should work with stakeholders to ensure that the continuing education community is placing appropriate emphasis on assessing physician change and improvement as a result of learning activities.

Specific to Recommendation #8, we cannot emphasize enough the need to reiterate to stakeholders that credentialing and privileging decisions **should not** be based on a Diplomate's certification status.

ABMS needs to define what its role is in the continuing certification process. Is it giving oversight and direction to the Boards and policing the Boards or just making recommendations with no repercussions? ABMS needs to define for physicians what their role is and why they are needed.

ABMS should publish an annual "report card" on all the Boards.

Specific to Recommendation #11, Board members should be as clinically active as the members they represent. To this end, ABMS needs to define the standards for "clinically active," i.e. percentage of time seeing patients, what minimum level of actual engagement with patients, etc.

Board leaders need to be reflective of the specialty practice demographics. Depending on the specialty, the distribution of independent practice versus academic physicians should be considered when selecting leaders.

Finally, new board members should be determined by someone **other than** the existing board members when there is an open seat to encourage diversity of opinion, culture, experience, etc. The nomination and voting processes to identify and select new board members should be facilitated by an open vote of Diplomates to create accountability of the elected board members to the needs of their profession and colleagues.

Thank you for the opportunity to comment on the Vision Initiative Commission's draft report. We look forward to reviewing the final report to the Board of Directors of the American Board of Medical Specialties in February 2019.

Respectfully,

A handwritten signature in cursive script that reads "John P. Gallagher, MD". The signature is written in black ink and is positioned to the left of the typed name.

John P. Gallagher, MD
Chair, PAMED Board of Trustees