



January 15, 2019

Christopher Colenda, MD, MPH, Co-Chair

William Scanlon, PhD, Co-Chair

Continuing Board Certification: Vision for the Future Commission

RE: Continuing Board Certification: Vision for the Future Commission Draft Report for Public Comment

Dear Drs. Colenda and Scanlon:

On behalf of the American College of Rheumatology, we thank the Vision Initiative Commission for your commitment to improving the continuing certification model and for engaging all stakeholders in the process. The ACR would like to specifically thank the Commission for listening to our testimony on March 19, 2018 and for the opportunity to provide comments on the Commission's Draft Report.

The ACR, which serves over 7,200 rheumatologists, the majority of whom are certified by the American Board of Internal Medicine (ABIM), is encouraged by the thought and deliberation of the Vision Commission's Draft Report.

The ACR has long advocated for a certification model based on the principles of physician self-regulation that assesses knowledge while providing the ability to improve knowledge in a manner that enhances patient care. Based on the Commission's Draft Report, we believe this is a shared goal.

In reviewing the report, we observed some discordance between the Commission's findings and the recommendations based on these findings. Our comments below are intended to seek clarity and offer suggestions in an attempt to better align the findings and recommendations.

Recommendation #1: Continuing certification should constitute an integrated program with standards for professionalism, assessment, lifelong learning, and practice improvement.

This recommendation implies that the ABMS boards should set the standards for elements of an integrated program beyond assessment, such as setting standards for professionalism and practice improvement. The boards and the specialty societies should jointly set these standards. The ACR is particularly concerned about the inclusion of practice improvement as a requirement for continuing certification (see Recommendation #4 for additional commentary). The ACR supports the Commission's belief that continuing certification programs should support diplomates in their efforts to stay current in the specialty and provide high-quality patient care. For programs to meet this goal, standards must be flexible enough to allow the physician to develop and implement a continuing professional development plan relevant to his/her professional role and responsibilities. To this end, physicians must have the autonomy to identify and access appropriate educational resources or activities.

Recommendation #2: Continuing certification should incorporate assessments that support diplomate learning and retention, identify knowledge and skill gaps, and help diplomates learn advances in the field....

The ACR appreciates and agrees with the thorough discussion included in the findings linked to Recommendation #2. We are concerned that many of the critical conclusions that were reached in the findings are not specifically reflected in recommendations. In particular, the ACR strongly agrees with the statement "*The Commission recommends ABMS Boards move to truly formative assessment approaches that are not high-stakes not high-secured formats*" (page 15). The ACR urges the Commission to include this statement as a final recommendation.

Another important point made in the findings was that *“greater frequency of highly-secured assessments was not sufficient to eliminate the high-stakes nature of periodic examinations”* (page 15). The ACR strongly agrees with this opinion and requests the Commission elevate this recommendation in its final report to emphasize that increasing the frequency of assessments is not consonant with decreasing the burden of a secure exam.

The ACR fully supports a recommendation focused on the need to provide *“timely and relevant feedback”* (Recommendation #2e) and that *“continuous certification should not be withdrawn solely due to substandard performance on a single, infrequent, point-in-time assessment”* (Recommendation #2f).

Recommendation #3: Professionalism is an important competency for which specialty-developed performance standards for certification must be implemented.

- a. **ABMS Boards should develop new and reliable approaches to assessing professionalism and professional standing.**
- b. **ABMS Boards should have common standards for how licensure actions for professionalism impact continuing certification.**

Based on the findings of the Report, it appears that the intent of Recommendation #3 is for there to be more consistent inclusion of disciplinary concerns from state boards into summative decisions regarding continuing certification. The ACR supports this intent, but this recommendation does not accurately reflect this goal. Rather, the recommendation implies the ABMS Boards have oversight of these functions. Because state boards, hospitals, academic centers, and medical societies already have effective regulations and professionalism codes in place, an oversight role for ABMS is not necessary. The ACR suggests the language of this recommendation be modified so that its intent is clear.

Recommendation #4: Standards for learning and practice improvement must expect diplomate participation and meaningful engagement in both lifelong learning and practice improvement. ABMS Boards should seek to integrate readily available information from a diplomate’s actual clinical practice into any assessment of practice improvement.

The ACR believes physicians should be encouraged to participate in quality improvement activities. However, because quality of patient care is already measured and reported through multiple mandated mechanisms, including the Merit-Based Incentive Payment System (MIPS), we believe an ABMS requirement for quality improvement is redundant and unnecessarily burdensome, since these activities are already mandated by regulatory bodies that have the resources and expertise to provide a more complete evaluation. In addition, patient voice and patient safety are assessed by physician institutions, accountable care organizations, and state and local licensing requirements. The Commission acknowledges in their discussion that physicians do participate in these practices, and notes that the process should not be duplicative of these activities. Therefore, the ACR strongly urges that the participation in practice improvement be removed from ABMS Board program requirements because the additional oversight and subsequent reporting and documentation is duplicative and unnecessary.

Recommendation #5: ABMS Boards have the responsibility and obligation to change a diplomate’s certification status when certification standards are not met.

The statement, in the findings, *“the Commission believes that all diplomates should be expected to participate in their respective ABMS Board’s continuing certification program...”* (page 21) implies that physicians who have time-unlimited certifications will be required to participate in continuing certification. The ACR recommends clarification in the Vision Commission’s final report that this is not the case.

Recommendation #6: ABMS Boards must have clearly defined remediation pathways to enable diplomates to meet assessment, learning, and practice improvement standards in advance of any loss of certification.

The ACR supports this recommendation and encourages the Commission to consider including the timing of the remediation pathway. The ACR believes that for the assessment to be most effective, physicians must be provided with the opportunity for rapid remediation if performance is not satisfactory.

Recommendation #12: Continuing certification should be structured to expect diplomate participation on an annual basis.

The ACR supports the importance of ongoing learning. However, no discussion is provided as to how and why the recommendation for annual participation by diplomates was conceived. For some ABMS Boards, an annual requirement will increase physician burden unless continuing certification is modified to a formative pathway. If this recommendation is to be maintained, the Commission would be encouraged to emphasize that inclusion of annual participation should be part of an overall program structure plan that supports a formative approach to assessment. In addition, the ACR requests that ABMS Boards allow exceptions without penalty to be made to this annual requirement to allow for life events.

Recommendation #14: ABMS Boards should have consistent certification processes for the following elements.....

To align with the findings and to reduce perceptions of inequity among diplomates, the ACR requests “*forms of diplomate authentication to meet security requirements*” (page 33) be added to the list of elements in the Recommendation #14.

Finally, it is unclear in the draft report the time frame in which ABMS and its member Boards would be expected to respond to the Commission’s recommendations. Providing greater clarity regarding any expected timeline would be helpful to physicians and societies and allow them to anticipate how they will be engaged in this evolving process.

As ACR leaders travel around the country and listen to our members talking about issues affecting our profession, few issues have engendered as much impassioned debate as Maintenance of Certification. The results from a recent survey of ACR members and non-members reaffirm that the rheumatology community wants a different and better certification program. Therefore, the ACR is motivated to continue exploring all avenues for improving the process for rheumatologists and the patients they serve.

The College is ready to serve as a resource to the ABMS and to help with understanding the impact of future changes in continuing certification on practicing rheumatologists. We sincerely appreciate the Commission’s effort and commitment to seeking meaningful solutions.

Sincerely,



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