Dear ACP Member,

There has been a lot of discussion in the internal medicine community about the ABIM Maintenance of Certification (MOC) program since ABIM's recent email on February 3 apologizing about problems with the program and outlining a series of planned changes and commitments for improvement. In the email I subsequently sent to ACP members on February 4, I complimented ABIM's President, Dr. Richard Baron, for both the tone and content of his email. I also expressed our satisfaction in knowing that ACP was the leader in speaking for the broad internal medicine community to advocate for reform. I reflected upon how our approach for providing a strong message as well as constructive input to ABIM was successful.

Since the February 3 announcement, ABIM has reached out to ACP for assistance in recruiting a sample of physicians in clinical practice who can provide input about the blueprint that ABIM uses for selecting topics for questions on the secure examination. The feedback that ABIM would like to get about each topic concerns "how frequently is the topic seen in practice" and "how important is it for a practitioner to know about this topic." ABIM is working on a very rapid timeline to incorporate that input into the selection of questions developed for the examination to be administered in October 2015. The process for obtaining feedback has already begun, and you will be notified separately if you're part of the sample that is asked to participate in the survey and provide input. At the same time, ABIM is exploring possible changes in the nature and content of the examination that could not be implemented readily but would require a longer time-frame for implementation.

As many of you know, there has been a movement by some physicians to establish a pathway for "certification" that is independent of either ABIM or the American Board of Medical Specialties (ABMS, the umbrella organization over all specialty boards, including ABIM). We have been asked by a number of our members about "alternative pathways," and I wanted to outline a series of questions that anyone must consider when assessing alternative options:

- Will an alternative pathway be credible to substitute as a credentialing requirement for hospitals and health plans? (For example, a requirement of 50 hours of CME credit over 2 years is a very low bar, in fact representing only half of the CME requirement for medical licensure in most states.)

- If you are named in a medical liability lawsuit, how will it appear when it is noted that you have not recertified through ABIM but have instead tried to show that you are "certified" through a process that has not been widely accepted and whose requirements are minimal?

- If you have a time-limited certificate from ABIM, are you willing to forfeit that primary certification in internal medicine and/or a subspecialty of internal medicine when that certificate expires? Recognize that, after your current certificate expires, not participating in ABIM's MOC program means more than just being listed as "not participating in MOC." It means that you are no longer certified, i.e. your initial

certification is no longer valid.

- Is the fee for an alternative pathway reasonable considering both what you are getting as well as the expenses of the group that has developed the alternative pathway? For example, a fee of $169 every 2 years is almost half of the ABIM's internal medicine MOC fee, but the alternative organization has no program or product development costs, as all it is doing is sending an electronic certificate (there is an additional charge for a paper certificate).

I also wanted to clarify an issue and correct misinformation that has been raised about the relationship between MOC and the Medical Licensure Compact proposed by the Federation of State Medical Boards (FSMB). For those physicians who are not aware of the Compact, it is a proposal for a voluntary program allowing board-certified physicians to simplify and expedite obtaining multiple state medical licenses, rather than needing to go through a separate credentialing process in each state. The FSMB states the following quite clearly:

> "The Compact makes absolutely no reference to Maintenance of Certification (MOC) or its osteopathic counterpart, Osteopathic Continuous Certification (OCC). The Compact does not require a physician to participate in MOC at any stage, nor does it require or even make mention of the need to participate in MOC as a licensure renewal requirement in any state. Board certification is only an eligibility factor at the initial entry point of participation in the Compact process."

I hope this information is useful to you. I will continue to provide updates to summarize progress and new developments as they occur, and as ACP continues its advocacy and efforts to improve the MOC process.

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Dear Colleague,

On 2-23-2015, Dr. Steven Weinberger, the President of ACP, sent a disturbing letter (attached) critical of NBPAS to its members. Below, NBPAS addresses each point made by ACP:

1) *ABIM has reached out to ACP for assistance in recruiting a sample of physicians in clinical practice who can provide input about the blueprint that ABIM uses for selecting topics for questions on the secure examination. "The feedback that ABIM would like to get about each topic concerns 'how frequently is the topic seen in practice' and 'how important is it for a practitioner to know about this topic'."*

   ACP misses the point. Clinical practices within a specialty vary greatly. Practice knowledge modules and secure exams are not tailored to individual practices and therefore will always be irrelevant to a large proportion of certifying candidates.

2) *Will an alternative pathway be credible to substitute as a credentialing requirement for hospitals and health plans?*

   Many hospitals are currently considering such a substitution. Many believe a substitution will be credible and is sorely needed. Additionally, it should be noted that in some areas, NBPAS requirements for certification are more stringent than ABMS requirements (i.e. the NBPAS requirement for active hospital privileges in some specialties and the NBPAS requirement for privileges in the certified specialty to never have been involuntarily revoked and not reinstated).

3) *If you are named in a medical liability lawsuit, how will it appear when it is noted that you have not recertified through ABIM but have instead tried to show that you are "certified" through a process that has not been widely accepted and whose requirements are minimal?*

   NBPAS is surprised ACP would resort to such scare tactic. This is simply an embarrassment. Does ACP think physicians are naïve enough to believe ABIM certification will impact lawsuits? NBPAS Board members are thought leaders in the medical community. Clearly, NBPAS certification carries gravitas.

4) *If you have a time-limited certificate from ABIM, are you willing to forfeit that primary certification in internal medicine and/or a subspecialty of internal medicine when that certificate expires?*

   This is another misguided embarrassing scare tactic. ACP leadership is attempting to mislead candidates about the ABIM MOC process. If one does not initially pursue MOC and later decides to pursue MOC, all one has to do is make up the deficiencies, and, of course, pay ABIM's fees.

5) *Is the fee for an alternative pathway reasonable considering both what you are getting as well as the expenses of the group that has developed the alternative pathway? For example, a fee of $169 every 2 years is almost half of the ABIM's internal medicine MOC fee, but the alternative organization has no program or product development costs, as all it is doing is sending an electronic certificate (there is an additional charge for a paper certificate).*

   NBPAS (a 501 (C) (3) organization. Fees will be adjusted (hopefully down), to cover expenses. NBPAS is a grassroots endeavor with no endowment compared to ABIM's annual revenue of $55,000,000.

The NBPAS annual budget is expected to be in the hundreds of thousands. Physician working for ABIM earn $400,000 to nearly $1, 000, 0000 annually. Physicians working for NBPAS receive no salary. With its very small budget, NBPAS must run our office, hire staff to verify physician applications, and pay legal as well as information technology expenses. Surprisingly, one of NBPAS's expenses are fees ABMS charges to verify their diplomat's certification (patients do not have to pay to verify physician certification but professional organizations must pay ABMS). ABIM has a $55M budget and does the same things as NBPAS but, additionally, provides test questions. There is no solid evidence these test questions improve the quality of patient care. It has been estimated ABIM receives approximately $4,000 for each test question it develops.

6) *"I also wanted to clarify an issue and correct misinformation that has been raised about the relationship between MOC and the Medical Licensure Compact proposed by the Federation of State Medical Boards (FSMB)…'The Compact makes absolutely no reference to Maintenance of Certification (MOC)'."*

Once again, ACP attempts to mislead its physicians. While the statement above is partially correct, if the Compact requires ABIM certification, then MOC will be required for all diplomats with time limited certificates.

Finally, we should point out that ACP has a considerable conflict of interest on this issue. ACP sells resources that can be used for MOC. Some examples are MKSAP modules that can earn MOC points costing $389- $889 and MOC exam prep courses costing $760 - $920. Furthermore, there is an informal relationship between ACP and ABIM. Many ABIM members have become president of ACP.

Ten days after NBPAS was launched, ABIM apologized to its diplomats and made positive, although inadequate, changes to MOC. NBPAS finds it offensive that ACP should take credit for these changes. Instead of complementing NBPAS on inspiring change at ABIM, ACP is publically critical of NBPAS. We believe ACP should do the right thing and support alternative certification pathways that provide physician choice.

Sincerely yours

Paul Teirstein. M.D.

President, NBPAS