OHIO HOSPITAL ASSOCIATION

Collaborating to Ensure a Healthy Ohio

Dr. Paul Hicks
Opponent Testimony on HB 273
House Health Committee
October 25, 2017

Chairman Huffman, Ranking Member Antonio, and members of the House Health Committee, my name is Paul Hicks. I am a Family Physician in active practice at Grant Medical Center and the Vice President of Clinical and Physician Affairs at the Ohio Hospital Association. OHA represents 220 hospitals and 13 health systems throughout the state of Ohio. I am here to express OHA's opposition to HB 273 in its current form.

The goal of all hospitals is to make sure patients receive the right care, at the right time, in the right place by well-trained physicians. HB 273 would prohibit hospitals from requiring a physician to secure a maintenance of certification as a condition of being employed by, contracting with or having admitting privileges at the hospital. Hospitals are very concerned that this legislation does not improve quality, does not increase access and puts unnecessary restrictions on hospitals as employers.

In forming this position, OHA considered two major factors around maintenance of certification or MOC. First, should entities be allowed to consider these criteria or others in determining employment? And second, is there value to board certification and MOC?

I will use the terms board certification and MOC somewhat interchangeably as they are closely linked, with board exams happening episodically every 7-10 years and MOC being a more continual assessment with annual milestones. In many specialties, one cannot sit for the boards without ongoing assessment of competence and MOC does not happen outside of the board certification process.

In 1950, the rate of the doubling of medical knowledge was 50 years. In 2000, it was 8. In 2010, it was 3 and a half and currently it is measured in months to 1 year. So, between 2010 and 2020, with the usual 10 year cycles of board exams, a conservative estimate would say medical knowledge will have increased 16 times… and more accurately over 50 times. The objective of maintenance of certification, then, is to educate and instruct practicing physicians on the most up-to-date and current information, so that it may be incorporated into practice in a quicker fashion.

From my own experience, I started medical school in 1990. At that moment in time HIV was a death sentence, Hepatitis C was just being identified and had a 30% chance of progressing to cirrhosis of the liver, ACE inhibitors were initially being studied for congestive heart failure and Glucophage- now the first line treatment in type 2 diabetes- was 5 years from approval in the U.S. Happily, by the time I started practice, all of this had changed. Medicine had changed and it continues to evolve rapidly.

One may argue that board certification itself is unnecessary—that medical school training and current continuing medical education requirements are sufficient for a lifetime of practicing medicine. And it is ***possible*** that a highly motivated individual would keep up with the exponential increase in medical knowledge and imbed that knowledge into their care of patients. It is also possible that a person without a pilot's license could expertly fly a plane. If one says then that the State Medical Board ensures this **minimum** competence by issuing- or not- a medical license, I may agree with you.

However, maintenance of board certification is an important quality measure available to hospitals to assure excellence. You might ask, if maintenance of certification allows for the rapid assessment and education of practicing physicians, what evidence is there that such education makes a difference in patient outcomes? Well, it seems clear that those doctors who are part of the MOC process, when controlled for other variables, have better quality outcomes in the outpatient arena- at the VA and other places. They have higher patient satisfaction and are a 5th as likely to have disciplinary action against their licenses. Their patients have nearly 20% lower mortality. And they save $167 per Medicare beneficiary per year.

This brings us to our final, and critically important, point: should organizations be prohibited from making choices as to who can be part of that organization? We feel it is **imperative** that hospitals have the ability to determine who can provide care in their facilities. As stated earlier, it has never been the goal of hospitals to make it harder to find well-trained physicians. Currently, hospitals can determine which credentials are required to gain privileges in their facilities. These decisions are made jointly between physicians and the hospital administration. Hospitals must be allowed to maintain this flexibility.

Board certification and maintenance of certification are important national measures of accountability of practice, quality of care and patient safety. Allowing hospitals to use these, among other measures of quality chosen between the physicians and medical staff of the hospitals in collaboration with hospital leadership, makes Ohio one of safest, and best places to get care in the United States.

I want to thank you Mr. Chairman and the rest of the committee for your time and I am happy to answer any questions you may have.