



American Board of Medical Specialties

Higher standards. Better care.®

American Board of Medical Specialties
353 North Clark Street, Suite 1400
Chicago, IL 60654
T: (312) 436-2600
F: (312) 436-2700

www.abms.org

September 25, 2017

Dear Chairman Huffman and Members of the Ohio House Health Committee:

On behalf of the American Board of Medical Specialties (ABMS), thank you for the opportunity to comment on Ohio House Bill 273. My name is Mira Irons, I am Senior Vice President for Academic Affairs at the ABMS. I am a Board Certified pediatrician and geneticist, and I participate in Maintenance of Certification (MOC).

As the leading organization overseeing physician certification in the United States, the American Board of Medical Specialties (ABMS), opposes House Bill 273 because hospitals, health plans, and the patients they serve have a right to expect that board certified medical specialists are meeting national practice standards established by their peers in their chosen medical specialty.

My statement this morning addresses the following areas:

- The work of the ABMS Member Boards to address physician concerns about the relevance and convenience of MOC programs.
- The profession's responsibility in setting, maintaining, and ensuring adherence to the highest standards of specialty medical practice.
- The role of Continuing Medical Education in the Maintenance of Certification process. CME is an important part of continuing certification but it is not an adequate replacement for MOC.
- The growing body of evidence illustrating why programs like MOC are necessary and how MOC specifically is positively impacting patient care.

MOC Improvements

The ABMS Boards Community is committed to ensuring that physicians and patients alike benefit from MOC programs that are relevant to practice and improve patient care. Our community is engaging physicians across the country to solicit feedback on how to make MOC more helpful and less burdensome. That feedback has already produced substantial improvements that will enhance physician experience with MOC. Most significantly, the Boards are implementing new approaches to their assessment programs that will reduce the cost, burden and stress associated with taking tests – one of the biggest issues identified by physicians who participate in MOC.

In addition, the boards are building greater flexibility into their programs, so that the professional development and improvement activities physicians participate in at work will satisfy MOC requirements. The best example of this is the ABMS Multi-Specialty Portfolio Program,

Member Boards of the American Board of Medical Specialties

American Board of Allergy and Immunology | American Board of Anesthesiology | American Board of Colon and Rectal Surgery | American Board of Dermatology
American Board of Emergency Medicine | American Board of Family Medicine | American Board of Internal Medicine | American Board of Medical Genetics and Genomics
American Board of Neurological Surgery | American Board of Nuclear Medicine | American Board of Obstetrics and Gynecology | American Board of Ophthalmology
American Board of Orthopaedic Surgery | American Board of Otolaryngology | American Board of Pathology | American Board of Pediatrics
American Board of Physical Medicine and Rehabilitation | American Board of Plastic Surgery | American Board of Preventive Medicine | American Board of Psychiatry
and Neurology | American Board of Radiology | American Board of Surgery | American Board of Thoracic Surgery | American Board of Urology

John C. Moorhead, MD, MS
Chair

Barry S. Smith, MD
Chair Elect

Robert H. Miller, MD
Secretary-Treasurer

Valerie M. Parisi, MD, MPH, MBA
Immediate Past Chair

Lois Margaret Nora, MD, JD, MBA
President and Chief Executive Officer

which enables physicians in nearly all the specialties to obtain MOC credit for participating in organizational quality and safety improvement programs and locally supported professional development activities. Ohio Portfolio participants include the Ohio Chapter of the American Academy of Pediatrics, the Cincinnati Children's Hospital Medical Center, the Cleveland Clinic, Nationwide Children's Hospital, The Ohio State University - Wexler Medical Center and the University of Cincinnati.

Finally, as further evidence of our commitment to improve MOC, last month ABMS announced the establishment of a multi-stakeholder Commission that will assess the role and function of continuing certification, focusing on ways to ensure it is meaningful and valued by both physicians and patients alike. This initiative will be conducted in partnership with specialty societies, state medical associations, physicians, hospitals and health systems, and the general public and patients.

The Profession Should Set Quality and Safety Standards

Medical specialty board certification is a peer-reviewed, physician led process that relies on the contributions of thousands of practicing physician volunteers around the country to develop program requirements and content. The profession bears a responsibility to set standards for specialty practice. Board Certification has been the profession's mechanism for doing that. Further, decisions regarding what quality indicators should be used to credential physicians for medical specialty practice should be made at the local level by hospitals and their medical staffs, who are in the best position to determine what is needed to meet the needs of their local communities. House Bill 273 creates an unnecessary regulatory burden on the Ohio healthcare system by substituting the state's judgment for that of private organizations in determining what credentials they will require of the physicians they contract with, employ or pay.

The ABMS Member Boards, in collaboration with their societies and physicians around the country should continue to work together to improve MOC, rather than the state placing restrictions on private organizations' freedom to use the credential in their decision-making processes.

Continuing Medical Education is an important part of MOC

The MOC framework calls for physicians to obtain **practice-relevant** CME, but substantial evidence suggests that CME by itself is not enough to guarantee that a physician is up to date on the best practices of his or her specialty. Keeping up is difficult. The world of medicine continues to change exponentially and the pace of advances in medical knowledge and technology has become staggering. Additionally, substantial evidence exists that skills and

knowledge decline over time; we do not always assess ourselves accurately; physicians who have been in practice longer may be at risk for providing lower quality care; and the least skilled and most confident physicians are often the least able to accurately judge their own performance. That's why MOC also requires periodic knowledge and skill assessments and encourages participation in quality improvement activities. The assessment component of MOC is important because it identifies knowledge and skills gaps. The quality improvement component assures physicians are engaging in activities aimed at improving patient care, which is in part why medical staffs at some of the most respected and prestigious health systems in the US require Board Certification and participation in an MOC program.

A Growing Body of Evidence Supporting MOC

There is a growing base of evidence, published in respected, peer-reviewed journals, indicating that Board Certification and MOC improve care. Board certified physicians practice safer, higher quality medicine, and tend to incur fewer disciplinary actions by state medical licensing boards than physicians who are not Board certified. For example,

- Among patients with acute myocardial infarction, treatment by a Board Certified internist or cardiologist is associated with a 19 percent reduction in mortality rate than those treated by a non-certified internist or cardiologist.
- Board Certified physicians are five times less likely to have state medical licensure disciplinary actions than a non-certified physician, and the higher a physician scores on their initial certification exam, the less likely they are to have state medical licensure disciplinary actions against them.
- In the field of Pediatrics, participation in MOC activities has demonstrated:
 - Improved asthma action plans in asthma controlled tests resulting in a decline of asthma exacerbations in children
 - Decreased medical errors and preventable adverse events
 - Improved screening for injury prevention

Physicians created Board Certification over 100 years ago so that patients could distinguish between physicians who had the knowledge and skills to provide the full scope of care in a given specialty, from those who did not. With today's rapid pace of change in medicine, hospitals, patients, providers and physicians need more than ever to be able to trust that medical specialists are up to date in their specialty's best practices. MOC provides that public attestation in a way that no other activity, including continuing medical education, does.

Thank you for your time and consideration.