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January 15, 2019

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Christopher Colenda, MD, MPH, and William Scanlon, PhD
Co-Chairs, Vision Initiative Commission
ABMS Vision Initiative
via email

Dear Drs. Colenda and Scanlon,

The American Psychiatric Association (APA) is a medical specialty organization representing over 38,500 psychiatrists in the United States. The APA is submitting comments in response to the ABMS's Vision Initiative Commission's draft report dated December 11, 2018.

For decades, the APA has been committed to lifelong learning and professionalism. As a professional organization representing psychiatrists, we have advocated for a maintenance of certification (MOC) system which: 1) involves a series of options that individuals can exercise in determining by what means they will demonstrate their continued knowledge and competence; 2) is responsive to the interests of the wide variety of practitioners of psychiatry; 3) would allow psychiatrists multiple avenues to demonstrate their continued knowledge and competence through activities predominantly in their specific area of work; 4) leverages educational products developed by our organization to count toward MOC requirements; and 5) is not a barrier to medical licensure, hospital credentialing, or insurance paneling.

The Vision Initiative's draft report examines many components of the current ABMS MOC process. We are sharing our comments in the following way: 1) the need for the Vision Commission to acknowledge and address its inherent conflict, 2) inclusion of new items which the Commission did not include in the draft the report, 3) suggestions for specific directive actions to be taken by ABMS and the Vision Commission, and 4) requests to maintain specific recommendations made in the draft report.

APA requests the Vision Commission acknowledge its own inherent conflict and provide a path forward for ongoing assessment of MOC by a truly independent organization.

The Vision Commission was established and funded by ABMS, and the results of this draft report largely reinforce/validate ABMS's currently policies and approaches to MOC. It is important to acknowledge that this work was not done by a truly independent body of scholars and researchers. APA would support a recommendation that ongoing and regular re-evaluations of the MOC program be

completed by truly independent organizations such as the National Academy of Medicine or other esteemed bodies.

The Vision Initiative failed to meet certain aspects of its mandate by not examining several issues which are of crucial interest to physicians. The APA would ask that the Vision Commission include the following items in its final report. Without these items, the report will be insufficient:

The value proposition of MOC to physicians is not established or articulated.

The Vision Initiative's survey showed that 12% of those responding to the survey found value in the MOC program, 46% had mixed feelings, and 41% did not find value in the MOC program. Despite these results, the Commission's report does not articulate the value of participating in MOC to the 88% of physicians who had mixed feelings or found no value in the MOC program. There is a clear licensing system in place to ensure the safe practice of medicine through each individual state's Board of Medicine licensing system, which already encompasses requirements for medical knowledge, patient safety, professionalism, and continued individual physician learning requirements. What is the additional value provided to physicians for participating in the MOC program on top of the requirements established by their state medical boards? There is a lack of consistency across ABMS member boards with regard to what it means to maintain board certification. Is this a minimal bar to ensure minimal competence to practice in a field? Or does board maintenance of certification mean that a physician so recognized is among the most knowledgeable and competent in their respective field? This draft report, therefore, does not reach a key goal outlined on page 6, which reads, "Provide value to diplomates to ensure that the efforts and costs needed to maintain certification are commensurate with the benefits." **APA recommends the Commission accurately report in a detailed and evidence-based manner how MOC programs provide value to diplomates beyond that of state licensing boards.**

The role of alternative pathways to MOC, including alternative boards and society-based pathways, is not discussed.

The U.S. Department of Justice issued an opinion that suggested that competition is important in the MOC field (<https://www.justice.gov/atr/page/file/1092791/download>); however, the Vision Initiative report does not discuss any alternatives to the ABMS MOC system. Specifically, the following questions should be addressed:

- What role might alternative boards play in promoting competition and flexibility within the marketplace for both patients and physicians?
- What lessons can be learned from the ABIM-sponsored Society Based Pathways for MOC that are currently underway with the American College of Cardiology (ACC), American College of Physicians (ACP), and American Society of Clinical Oncology (ASCO)? This model should be available to all professional associations. If specialty societies are able to create products that adhere to all elements of an ABMS member board's framework, shouldn't the specialty society be able to develop and deliver these products directly to members without having to also require diplomates to engage in separate activities directly with their specialty board?

Further discussion of fees collected by ABMS boards is needed.

The Vision Initiative survey showed “cost” rated number one in “concerns” selected by 58% of respondents. Cost, including exam fees and annual MOC payments to boards, should be directly addressed in the recommendations made in the report. There is also no discussion about the appropriate use of fees collected from diplomates. While Recommendation 11 alludes to the importance of diverse governance boards for each specialty to address mistrust about fees and financial information, **the Commission would be well served to comment on the appropriate use of fees and propose mechanisms for how diplomates can be made aware of how the dollars within their fees are being allocated to specific programs (e.g., IT, test development, staffing, etc.).**

Greater role clarity must be established between certifying boards and specialty societies.

Many of the recommendations support the position that the professional associations, academies, and colleges would best serve as the entities that are responsible for continuing certification, and many recommendations echo what the associations, academies, and colleges already do. It is important to recognize that education and professional development are the domains of specialty societies, and assessment is the domain of the certifying boards. However, the recommendations (e.g., Recommendation 7, Finding 1) at times blur the lines between “learning” and “assessment,” and further role clarity is needed to avoid duplication, overlapping activities, and excess burden on diplomates. **The APA strongly disagrees with the notion that the ABMS and the boards will assume leadership for many aspects of physician learning and improvement -- this is the role of societies and CME providers.**

ABMS must explicitly state that MOC status should not impede a physician’s ability to practice medicine.

The APA agrees with the recommendations that ABMS boards have a responsibility to inform organizations that continuing certification should “not be the only criterion used in these decisions” and further “encourage hospitals, health systems, payers, and other health care organization[s] to not deny credentialing or certification to a physician solely on the basis of certification status” (Recommendation 8); however, **this statement does not go far enough.** ABMS and all the member boards should engage in a broad information campaign to all physicians, hospitals, insurance panels, and state medical boards explicitly stating that the sole use of a physician’s MOC status is inappropriate and a perversion of the intent of board certification. Diplomates should be provided with letters which can be furnished to employers, patients, legislators, and others of interest and state that a physician’s decision to not participate in an ABMS MOC program is not necessarily a reflection on the quality of the care provided by a physician, and attempts to use non-participation in MOC status to reach conclusions about a physician’s fitness to deliver care are inappropriate and are beyond the scope of the ABMS process.

As a result of several of the conclusions reached by the Vision Commission, the APA requests that the Vision Commission include these additional actions in its final report:

APA supports a proposed timeout on the use of the secure examination for continuing certification.

In recommendation 2f, the Vision Commission notes that continuing certification status should not be withdrawn based on a single high-stakes examination within MOC programs. The Vision Commission also notes in the findings the heterogeneity of approaches used by different boards in administering this exam. The APA and other organizations support a suspension of the secure examination and the development of more practice-relevant alternatives to the exam that support ongoing acquisition of knowledge that is relevant to the general practice of modern psychiatry and that do not impose a significant burden on physicians.

APA supports a proposed timeout on MOC Part-4 until research can be conducted that shows Part-4 improves practice without introducing unnecessary burdens on physicians.

MOC Part-4 activities were identified by much of the physician community as being onerous, irrelevant to practice, and/or a duplication of quality improvement activities physicians were already engaged in as part of other regulatory or workplace requirements. Until such time that it can be shown that Part-4 activities improve physician quality, patient safety, or overall physician satisfaction, it is not reasonable to “expect diplomate participation and meaningful engagement” in practice improvement (Recommendation 4). APA recognizes the vital importance of physician engagement in practice assessment and quality improvement, but further work is needed to establish the independent validity of the Part-4 requirement. The practice improvement component must add value while minimizing diplomate burden; reflect the reality of clinical practice; complement existing efforts, such as clinical data registries and the federal physician payment requirement for practice improvement activities; incorporate clearly defined performance improvement standards; and recognize physician participation in existing team- and system-based improvement.

APA supports allowing state medical boards be the sole decider of physician professionalism.

The ABMS should consider meeting state medical board professionalism requirements as necessary and sufficient evidence of professionalism for purposes of MOC until we have a demonstrably better alternative. The Vision Commission acknowledges the challenge of measuring professionalism, and Recommendation 3 suggests that ABMS should use disciplinary actions taken by state medical boards as a proxy for professionalism. The APA supports deferring all decisions about professionalism to the state medical board and remove itself from the process of having to re-adjudicate issues that state medical boards are already investigating and determining appropriate sanctions. If a diplomate has an active medical license, that should be sufficient for the purposes of MOC.

In the final report, the APA requests that the Vision Commission maintain the following elements:

1. ***The APA agrees that there should be more options for low-stakes assessments*** as noted in Recommendation 2, which states, “Continuing certification should incorporate assessments that support diplomate learning and retention, identify knowledge and skill gaps, and help diplomates learn advances in the field.” We support the notion for multiple focused opportunities to demonstrate knowledge rather than activities that are old-style high-effort, high-stakes exam.
2. ***The APA supports an expansion of MOC options that allows diplomates to engage in lifelong learning activities that align with one’s specialty and clinical practice.*** If information is already available regarding a physician’s participation in lifelong learning, quality improvement, or professionalism from another source, the APA supports the notion of incorporating this existing knowledge as a means of addressing MOC requirements, as noted in Recommendation 4. This recommendation asks that “ABMS boards should seek to integrate readily available information from a diplomate’s actual clinical practice into any assessment of practice improvement.”
3. ***APA supports diversity in leadership that represents the entire field of psychiatry within each board.*** As noted in Recommendation 11, “ABMS Boards must include diverse diplomate representation for leadership positions and governance membership and require that a supermajority (more than 67%) of voting Board members be clinically active.” **The APA would ask the Vision Initiative to define “clinically active” as a licensed physician who engages in 20+ hours of clinic time per week. Furthermore, we recommend that a limit be placed on the number of academicians vs. generally full-time practicing individuals on the boards.**
4. ***APA agrees that initial certification and continuing certification have different purposes*** (Guiding principle 1).
5. ***APA agrees that there is a need for “timely and relevant feedback” as part of assessments*** (Recommendation 2e).
6. ***APA supports the recommendation that “continuous certification should not be withdrawn solely due to substandard performance on a single, infrequent, point-in-time assessment”*** (Recommendation 2f), including the recommendation that the ABMS boards move to “truly formative assessment approaches that are not high-stakes nor highly-secured formats.”
7. ***APA agrees that there is a need for “clearly defined remediation pathways” prior to any loss of certification*** (Recommendation 6).
8. ***APA agrees that existing physician practice data should count toward meetings board certification requirements*** (Guiding Principle 6). For those physicians working in organized healthcare systems who are already engaged in quality improvement or other regulatory requirements (such as Joint Commission requirements), these activities should be used to meet MOC requirements.

We appreciate the Vision Commission's thoughtful consideration of our comments and look forward to reviewing a final report.

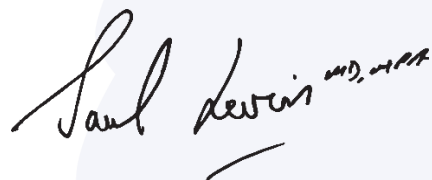
Best regards,

A handwritten signature in black ink, appearing to read "Altha J. Stewart".

Altha J. Stewart, MD
President

A handwritten signature in black ink, appearing to read "Bruce J. Schwartz".

Bruce J. Schwartz, MD
President-Elect

A handwritten signature in black ink, appearing to read "Saul Levin".

Saul Levin, MD, MPA
CEO and Medical Director