

Coming to a Board Meeting Near You: The Expanding Controversy over Physician Maintenance of Certification

BY TODD SAGIN, M.D., J.D., SAGIN HEALTHCARE CONSULTING, LLC

Most hospital board members will not be aware of a controversy that has been roiling the national physician community for several years concerning specialty board certification. The issue is whether medical staff members should be required to maintain specialty board certification to be eligible for the appointment or reappointment of hospital privileges.

In the near future, this contentious issue could be elevated by your medical staff organization to become a matter for board involvement. Hospital governing bodies should be prepared to address the matter and manage potential political fallout on relationships with their physician community.

The Maintenance of Certification Debate

In recent decades, a majority of hospitals and health systems have made specialty board certification a criterion for medical staff membership and/or privileges. This has occurred without much controversy because it has been common for medical staffs to “grandfather” non-boarded members who were on staff at the time this criterion was adopted.

The best recognized organization that promulgates standards for board certification has been the American Board of Medical Specialties (ABMS), which formally recognizes 24 medical specialty boards that comprise the ABMS membership. More than 75 years ago, the ABMS and its predecessor organization began to develop and advocate for a national set of standards for the education of medical specialists. While originally board certification was offered as a lifetime status, starting in the 1970s, several of the ABMS member boards began to make their board certification designations time-limited. Many medical staffs wrestled with whether to require board “recertification” to maintain hospital privileges and the results have been mixed. Over the past two decades, hundreds of medical staffs have amended their bylaws to require that board certification be continuous, while others have found this to be too onerous an imposition on physicians who were already well established in practice.

In the last few years, the matter of continued board certification has heated up considerably. This is the result of an ABMS initiative that began nearly 15 years ago to have all of its member boards adopt an approach called Maintenance of Certification (MOC). The ABMS argues that these new requirements are based on evidence-based guidelines, national standards, and best practices in combination with customized continuing education that demonstrates mastery of specialty subject matter. Advocates of MOC argue it benefits physicians because it drives focused learning based on individual practice needs, may decrease malpractice premiums, can reduce duplicate demands for evidence of competence from credentialing bodies, and can be used to market the quality of a physician’s care.

However, the approach has vocal detractors who see MOC as burdensome requirements imposed on physicians to meet the growth demands of sponsoring specialty boards. Opponents of MOC are dismissive of its scientific basis and argue that it fails to conform to the actual practice realities and clinical demands that individual physicians face day to day. Recent pushback from practicing physicians comes from several distinct groups: doctors who fail to qualify for or achieve board certification from ABMS specialty boards; doctors in the latter years of practice who do not wish to undertake the burdens required of MOC with retirement in their near future; practitioners who object to the expenses relating to participation in MOC; and physicians excluded from medical staffs and managed care organizations that require MOC for membership and/or privileges. This pushback from physicians has escalated markedly as a large number of baby boomer practitioners enter their last years

Key Board Takeaways

Maintenance of physician specialty board certification has become a controversial issue among doctors. Some physicians or medical staffs may come to the hospital board requesting changes in current board certification requirements under the medical staff bylaws. Boards should prepare for emotional discussion on this matter by becoming knowledgeable about the pros and cons of physician maintenance of certification (MOC). They should also consider the following questions:

- Should medical staff members be required to be specialty board certified in order to be granted initial membership and/or privileges?
- Should medical staff members be required to maintain specialty board certification as a criterion for reappointment of membership and/or privileges?
- What board specialty societies should the hospital accept as certifying organizations? Only the American Board of Medical Specialties (ABMS) and American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS)? Any self-proclaimed specialty board or collection of such boards?
- Should the board allow long-standing medical staff members to opt out of maintenance of certification?
- How will these decisions impact the hospital’s reputation, quality, competitiveness, eligibility for narrow network participation, and malpractice rates?
- How will these decisions impact working relations with the hospital’s physician community?

of active practice and as a result of a decision in January 2014 by the American Board of Internal Medicine (ABIM) to no longer



exempt internists who became board certified before 1990 from MOC.¹

Specialty societies that comprise the ABMS have been responding to this criticism and several are making modifications in their MOC programs. The American Board of Internal Medicine has been a particular target of MOC protestors, and it has made significant changes in recent months to make its requirements less burdensome and more relevant to variations in clinical practice.

Be Prepared for MOC Discussions

In the next few years, it is likely that vocal MOC opponents will be taking their opposition to medical staff forums to continue their fight. Many medical staffs that currently require continuous board certification will entertain proposals to remove the requirement. Supporters of a continued MOC requirement will argue that the rapid pace of change in medical science and practice necessitates a method to ensure physicians are staying currently competent. Given widespread concern about the quality of medical care in hospitals, they believe that a medical staff whose members are board certified on a continuous basis protects patients and enhances the caliber of care.

This fight may come before the hospital board if the medical staff votes for

bylaw amendments that change current credentialing criteria. Proposed changes may be aimed at eliminating MOC or board certification requirements or at altering the board certification organizations that will be considered acceptable for credentialing purposes. At present, most medical staffs recognize the member specialty boards of ABMS or those of the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS). However, there are many other self-designated specialty boards in the marketplace that cater to the self-serving needs of particular cliques of physicians. Some have been formed to promote the marketing of practitioners who wish to grow their business (e.g., specialty boards that support doctors doing cosmetic procedures). Others have been formed to create a home for those unable or unwilling to achieve board certification through an ABMS or AOABOS member. A few of these organizations have made an effort to bring some rigor to their certification requirements. Others have requirements that amount to little more than paying a fee.

Board members should be careful to avoid being swayed by the emotional outbursts and passion a few physicians bring to this issue. If the board certification controversy surfaces before the board, it would be wise to establish a working committee to fully explore the matter. There is considerable literature to review that looks at the value of board certification. Beyond a desire to have competent physicians, a hospital should also consider other germane factors. Having board certified physicians is

often viewed by third parties as an indicator of a hospital's quality. Having physicians required to participate in MOC can be a marketplace differentiator where competition is stiff. Many third-party payers prefer to work with hospitals and health systems where physicians are board certified and it may be a requirement for physicians who wish to be included in their managed care networks. This may also be true if a hospital wishes to be designated a Center of Excellence by a payer or employer or included in a narrow network option. If the hospital is self-insured it should look at the data on board certification and malpractice incidence.

Once a board has studied the issue, it should engage with thoughtful medical staff leaders in crafting a best approach. Some organizations might find it helpful to bring in a facilitator to ensure the discussions are constructive, well-informed, and respectful. The maintenance of good hospital-physician relations is essential to the success of both, but they are often a fragile affair. This controversy may not yet be on your board agenda, but forewarned is forearmed and the MOC battle is not likely to recede any time soon. ●

The Governance Institute thanks Todd Sagin, M.D., J.D., Governance Institute Advisor and a consultant who works with hospitals and medical staffs on a wide range of issues and controversies. He can be reached at tsagin@SaginHealthcare.com or found on the Web at www.SaginHealthcare.com.

1 The controversy broke into public view in a recent article: Kurt Eichenwald, "The Ugly Civil War in American Medicine," *Newsweek*, March 2015 (available at www.newsweek.com/2015/03/27/ugly-civil-war-american-medicine-312662.html).