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*The mission of the American College of Cardiology and the American College of Cardiology Foundation is to transform cardiovascular care and improve heart health.*

January 15, 2019

Continuing Board Certification
Vision for the Future Commission
Via electronic submission:
https://www.surveygizmo.com/s3/4691093/Commission-DRAFT

Dear Colleagues:

This letter contains the full response of the American College of Cardiology to the December 11, 2018 request for public comment published by the Vision for the Future Commission.

## General Principles

- The ACC concurs that continuing certification should constitute an integrated program with standards for lifelong learning and assessment.
- The ACC believes that patients are best served by physicians participating in a formative, not summative, maintenance of certification process.
- The maintenance of certification process should limit its scope to medical knowledge of patient care and not practice improvements or other areas outside this scope.
- The cost of the maintenance of certification process, including time away from practice, remains an issue for physicians.

**Recommendation #1: Continuing certification should constitute an integrated program with standards for professionalism, assessment, lifelong learning, and practice improvement.**

The ACC concurs that continuing certification should constitute an integrated program with standards for **lifelong learning** and **assessment**.

The ACC believes that the concept of medical **professionalism** is highly complex, and it is probably most adroitly expressed in the "Physician Charter" [*Ann Intern Med*. 2002 Feb 5;136(3):243-6.] which has three principles and ten commitments.

Principles

A. Primacy of Patient Welfare
B. Patient Autonomy
C. Social Justice

Commitments

1. Professional competence
2. Honesty with patients

3. Patient confidentiality
4. Maintaining appropriate relations with patients
5. Improving quality of care
6. Improving access to care
7. A just distribution of finite resources
8. Scientific knowledge
9. Maintaining trust by managing conflicts of interest

These principles and commitments are aspirational and, in general, inarguable, but they are virtually unmeasurable and are certainly unenforceable by specialty boards. Medical licensure bodies are reactionary and notoriously weak in enforcing principles of medical professionalism, but they are the best authoritative mechanism currently available and are likely to remain so in the future.

The ACC believes that a movement to increase the specialty boards' activities in this area would be ill-advised and that this should not be developed beyond the "Part I" standard of medical licensure in good standing. The one possible exception may be a requirement for diplomates to periodically engage in an educational module on medical professionalism.

The ACC believes that including a requirement for **practice improvement** in continuing certification will continue to be problematic. Past efforts within the specialty of Internal medicine have not been successful for several reasons well documented in the Vision Commission preliminary report.

The ACC believes that, since the Federal Government has implemented practice improvement requirements in its payment regulations, it has become the *de facto* law of the land. It is therefore redundant and unnecessary for specialty boards to have a similar requirement for continuing certification.

The ABIM model of allowing practice improvement activities to fulfill Medical Knowledge requirements but not requiring a minimum amount of such activity seems ideal. Practice improvement activities should be sufficient, but not necessary, to fulfill continuing certification requirements. Additionally, demonstration of knowledge of practice improvement methodology could be a requirement for continuing certification.

<u>Recommendation #2</u>**: Continuing certification should incorporate assessments that support diplomate learning and retention, identify knowledge and skill gaps, and help diplomates learn advance in the field.**

a. **ABMS Boards should use longitudinal and other innovative assessment methods that collectively contribute to the determination of continuing certification status.**
b. **Continuing certification should use multi-source data to assess knowledge, judgment and medical decision-making skills, as well as**

**other professional competencies required to sustain and enhance optimal patient care.**

c. **As new advances in medicine and patient care emerge in clinical practice, the ABMS Boards should be encouraged to consider what core knowledge, judgement and skills are needed to be a diplomate in their core specialty or subspecialty and create assessments that are preferentially focused on the content of the diplomate's principle area of practice in that specialty.**
d. **ABMS Boards should be encouraged to develop and test innovative approaches to diplomate assessment to help ensure that diplomates have integrated these advances into their clinical practice.**
e. **ABMS Boards must provide timely and relevant feedback as part of any assessment.**
f. **Continuing certification status should not be withdrawn solely due to substandard performance on a single, infrequent, point-in-time-assessment (e.g. every seven-to ten-year examination).**

The ACC strongly supports these recommendations. The ACC concurs with the findings related to Recommendation #2 that state "Assessments should be truly formative and designed to both assess and promote learning" and "the Commission recommends ABMS Boards move to truly formative assessment approaches that are not high-stakes nor highly-secured formats." The ACC believes that summative assessments are not essential for continuing certification activities and that high-quality, comprehensive, verifiable, regularly periodic, and robust formative assessments can be created that are sufficient to meet the expectations of society. Furthermore, the ACC concurs with the finding for Recommendation #2 that "ABMS Boards who maintain a summative-only assessment focus will continue to alienate physicians and will further frustrate certified diplomates." The ACC has already witnessed these responses from many cardiologists.

**<u>Recommendation #3</u>: Professionalism is an important competency for which specialty-developed performance standards for certification must be implemented.**

a. **ABMS Boards should develop new and reliable approaches to assessing professionalism and professional standing.**
b. **ABMS Boards should have common standards for how licensure actions for professionalism impact continuing certification.**

As noted above under Recommendation #1, the ACC does not concur with #3: a. of this recommendation. The potential for overreaching by the specialty boards is very high here, and with the debacle of MoC over the past 5 years, it is unlikely that diplomates of any specialty are likely to willingly cede this oversite authority to their specialty boards. Valid licensure should suffice for continuing certification.

The ACC concurs with #3: b. of this recommendation. Specialty societies should develop their own robust codes of professional ethics for their members, but, short of an action by

a legislatively authorized licensing body, these codes should not bear on continuing certification.

**Recommendation #4: Standards for learning and practice improvement must expect diplomate participation and meaningful engagement in both lifelong learning and practice improvement. ABMS Boards should seek to integrate readily available information from a diplomate's actual clinical practice into any assessment of practice improvement.**

The ACC concurs with this recommendation with respect to lifelong learning, but, as noted above, not for a practice improvement requirement for reasons delineated under Recommendation #1. The ACC would support development of standards for knowledge of practice improvement methodologies.

**Recommendation #5: ABMS Boards have the responsibility and obligation to change a diplomate's certification status when certification standards are not met.**

The ACC concurs with this recommendation after timely notification and a reasonable opportunity for remediation.

**Recommendation #6: ABMS Boards must have clearly defined remediation pathways to enable diplomates to meet assessment, learning and practice improvement standards in advance of any loss of certification.**

The ACC concurs with this recommendation and emphasizes the notion of a "clearly defined pathway.

**Recommendation #7: ABMS Boards should collaborate with professional and CME/CPD organizations to create a continuing certification system that serves the public while supporting diplomates in their commitment to be better physicians.**

a. **ABMS Boards should share aggregated results and trends in knowledge gaps with other specialty organizations to assist in the promulgation of medical advances to result in safe, higher quality patient care.**
b. **ABMS Boards, specialty societies, CME/CPD providers, and other organizations should work together on a uniform ABMS data strategy to create seamless transfers of information to ease diplomate burden in reporting what they have done, ensure patient privacy, minimize costs, and enable meaningful engagement (e.g. diplomate feedback, gaps in knowledge, registries, etc.).**
c. **ABMS Boards should have structured, at least annual, meetings with major specialty/subspecialty organizations to receive input and feedback**

**about initial certification and continuing certification decisions and programs.**

d. **ABMS Boards through the ABMS should engage and communicate, at least annually with state medical societies and state medical boards to receive input and feedback about initial certification and continuing certification decisions and programs.**

The ACC concurs with parts a., c., and d. of this recommendation, and it encourages ABMS Boards to reduce the burdens of having to track and report both CME and MoC credits. The ACC does not concur with part b. of this recommendation that "CME/CPD providers and other organizations" should be engaged with ABMS Boards in activities described in part b. of this recommendation. The ACC believes that these collaborations with ABMS should be solely with not-for-profit medical specialty and subspecialty organizations.

**<u>Recommendation #8</u>: The certification has value, meaning and purpose in the health care environment.**

a. **Hospitals, health systems, payers, and other health care organizations can independently decide what factors are used in credentialing and privileging decisions.**
b. **ABMS must inform these organizations that continuing certification should not be the only criterion used in these decisions and these organizations should use a wide portfolio of criteria in these decisions.**
c. **ABMS must encourage hospitals, health systems, payers and other health care organizations to not deny credentialing or privileging to a physician solely on the basis of certification status.**

The ACC concurs with this recommendation, particularly with respect to the autonomy of hospitals, health systems, payers, and other health care organizations to make independent credentialing and privileging decisions.

**<u>Recommendation #9</u>: ABMS and ABMS Boards should collaborate with other organizations to facilitate and encourage independent research that determines:**

a. **Whether and to what degree continuing certification contributes to diplomates providing safe, high quality, patient-centered care; and**
b. **Which forms of assessment and professional development activities are most effective in helping diplomates maintain and enhance their clinical skills and remain current in their specialties.**

The ACC concurs with this recommendation.

<u>Recommendation #10</u>: **ABMS Boards must collectively engage in a regular continuous quality improvement process and improve the effectiveness and efficiency of continuing certification programs.**

The ACC concurs with this recommendation.

<u>Recommendation #11</u>: **ABMS Boards must comply with all ABMS certification and organizational standards.**

a. **ABMS Boards must include diverse diplomate representation for leadership positions and governance membership and require a supermajority (more than 67%) of voting Board members to be clinically active. ABMS Boards should also include at least one public member.**

The ACC believes that this recommendation speaks to the internal operation of the ABMS and, therefore, does not render an opinion on it.

<u>Recommendation #12</u>: **Continuing certification should be structured to expect diplomate participation on an annual basis.**

The ACC concurs with this recommendation. Annual participation is a feature of the ACC's proposed maintenance of certification solution. The ACC believes that ABMS Boards should recognize, and make allowances for, physicians who may, for valid reasons (illness, sabbatical, medical or family issue) may not participate in MoC for a period of a year.

<u>Recommendation #13</u>: **ABMS Boards must regularly communicate with their diplomates about the standards for the specialty and to foster feedback about the program.**

The ACC concurs with this recommendation.

<u>Recommendation #14</u>: **ABMS Boards should have consistent certification processes for the following elements:**

a. **A uniform cycle length before a decision about certification status is determined;**
b. **Grace periods (either before or after the certification end date);**
c. **Remediation pathways;**
d. **Re-entry pathways to regain certification;**
e. **Single set of definitions for how certification is portrayed and communicated to users of the credential including the public (e.g. certified, participating in continuing certification, probation, revocation, not certified, etc.); and**

**f. Appeals processes.**

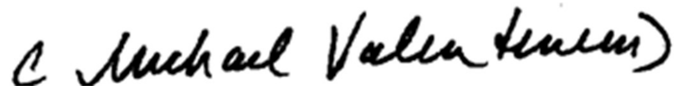
The ACC concurs with these recommendations.

**Recommendation #15:**
**ABMS Boards should facilitate reciprocal longitudinal pathways that enable multi-specialty diplomates to remain current in multiple disciplines across ABMS Boards without duplication of effort or excessive requirements.**

The ACC concurs with this recommendation.

Thank you for your interest in our input to this draft document. If you have any questions, please do not hesitate to contact me at your convenience.

Sincerely yours,



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