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SUBMITTED ELECTRONCIALLY VIA
https://visioninitiative.org/commission/draft-report/

Christopher Colenda, MD, MPH, Co-Chair
William Scanlon, PhD, Co-Chair
Vision Initiative Commission

Re: American Board of Medical Specialties Statement on Vision for the Future Commission Draft Report for Public Comment

Dear Drs. Colenda and Scanlon,

The American Geriatrics Society (AGS) greatly appreciates the opportunity to comment on the draft report of the *Continuing Board Certification: Vision for the Future Commission (the Vision Commission)* The AGS is a not-for-profit organization comprised of nearly 6,000 physician and non-physician practitioners who are devoted to improving the health, independence and quality of life of all older adults. The AGS provides leadership to healthcare professionals, policy makers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy.

The AGS commends the ABMS for establishing the Vision for the Future Commission. We see this as an important first step in revising physician certification and continuing certification so that its member Boards are guided by a shared set of principles and that operationalizing these principles if consistent across Boards and specialties. The draft report of the Vision Commission demonstrates that ABMS has heard the concerns raised by patients, physicians, medical specialty societies, and other stakeholders about the how maintenance of certification is currently organized and implemented. AGS hopes the Vision Commission's final report reflects what we know will be rich stakeholder commentary and that the implementation that will follow by ABMS member Boards is consistent across Boards and aligned with these principles.

GENERAL COMMENTS

Given the highly negative testimony regarding practice improvement (Part IV) of maintenance of certification, AGS was surprised by recommendation #4, that continuous certification "must expect diplomate participation and meaningful engagement" in practice improvement. AGS understands the importance of all clinicians continuously seeking to improve their performance in practice. However, we believe that further work is needed to identify how practice improvement should be assessed in the context of continuing certification.

We are particularly concerned that any practice improvement component must: (1) add value while minimizing diplomate burden; (2) reflect the reality of clinical practice; (3) be complementary to and not duplicative of the quality and payment system under Medicare while not increasing reporting burden; and (4) recognize physician participation in team- and system-based improvement.

The AGS does want to note its support for recommendations 6 and recommendations 11-15.

We want to particularly note our support for recommendations 9 and 10 which are focused on ongoing research and evaluation of continuing certification that fully engages the physician community. We believe it is critical that the ABMS and its member Boards engage in a process of continuing quality improvement that is focused on demonstrating the value and effectiveness of continuing certification.

Consistency of Implementation

In addition, while AGS agrees with the goals of several of the recommendations, we have specific comments on several recommendations in order to be sure that they provide clear guidance to ABMS member Boards so that as the Boards' move to implement these new guiding principles, there is consistency of approach across the Boards to how diplomates are measured and certified. We are concerned that if there is no consistency in implementation, there will continue to be erosion in physicians' and the public's understanding of what it means to be board certified which will lead to the demise of physician self-regulation.

CMSS Moratorium Recommendation

Finally, AGS strongly supports the Council of Medical Special Societies' proposed moratorium on the use of the high stakes, summative examination for continuing certification and a suspension of the practice improvement component for continuing certification until ABMS and its member boards can implement the recommended changes to continuing certification.

DIVERSITY AND INCLUSION

Given the aging of the US population, AGS recommends that the American Board of Medical Specialties include a statement of principles for Board certification about preparing the physician workforce to care for older adults. That statement should focus on the populations being cared for by diplomates, which is increasingly more diverse with regards to culture, socioeconomic status, and gender. In 2008, the National Academies of Science (at that time the Institute of Medicine) released its ground-breaking report, *Retooling for an Aging America: Building the Health Care Workforce*. Among other recommendations, that report recommended that: "All licensure, certification and maintenance of certification for healthcare professionals should include demonstration of competence in care of older adults as a criterion."[1] As a follow up to that report, the AGS convened a multispecialty conference that included representation from specialty societies and boards and participants unanimously agreed that we should work towards the goal of a certification system that reflects the IOM recommendation.[2] We have added a specific sub-recommendation to Recommendation 2 that addresses this request to be sure that there is common agreement across Boards specific to diverse populations.

COMMENTS ON SPECIFIC RECOMMENDATIONS

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

[1] http://www.nationalacademies.org/hmd/reports/2008/retooling-for-an-aging-america-building-the-health-care-workforce.aspx

[2] https://onlinelibrary.wiley.com/doi/full/10.1111/j.1532-5415.2011.03503.x

We suggest that the details in carrying out this recommendation be thought out carefully so as not to create more burden and that attention be paid to consistent implementation across Boards. We also suggest aligning practice improvement with local requirements so as not to duplicate work.

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

While there was overall agreement with these recommendations, there was also concern that they need to be operationalized so they are practical, valuable and not burdensome. Our specific comments on sub-regulations are as follows:

- **2.c.:** We recommend identification of knowledge and skill gaps should include attention to diverse populations so as to better reflect practice (Diversity and Inclusion Comment above).
- **2.d.:** We believe all Boards should consider innovative assessment methods created by ABMS member boards (e.g., microlearning) as a way of providing continuing professional development and feedback that is not overly burdensome and episodic.
- **2.e.:** Related to *"timely and relevant feedback"* as part of assessment 2.e, we recommend providing clarity on the feedback specifically about whether it is informational or correctional. To be most relevant, feedback should afford opportunity for active learning.
- **2.f.:**
    - We suggest the Commission provide details about what standards would be used for physicians who have been out of practice and are now re-entering the clinical workforce to determine whether they should be certified (2.f).
    - AGS does not believe that it lowers the burden on diplomates to be offered the option of taking a more frequent high-security exam that covers the entire range of that specialties' knowledge. Instead, this approach increases the burden on and costs for the diplomate.
    - AGS is concerned that as alternatives are developed to the high-stakes exam, that these be consistent across specialties so that all specialists are held to the same standard. We have seen a wide variation in how individual specialty boards are choosing to implement more frequent assessment that give diplomates more flexibility in how and where they engage with self-assessment that counts towards Board certification. It is particularly worrisome when different Boards implement different standards for more frequent self-assessment.

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

We support the intent of this recommendation. However, the draft is vague on how this complex, multi-faceted characteristic would be operationalized. Efforts to address this recommendation should be managed well so as not to be overly burdensome or duplicative of professional assessments done for hospital privileging and licensing renewals.

<u>Recommendation #4</u>: 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.
This recommendation assumes that the Boards should be the sole arbiters of standards for life-long learning and practice improvement. Further, we are concerned that the Vision Report specifically states that "*the ABMS Boards should establish criteria and guidelines for using practice improvement work completed in the diplomate's practice environment to meet continuing certification requirements*" as it does not suggest that there should be collaboration with specialty societies or other important stakeholders. We are also concerned that it does not sufficiently recognize that physicians, particularly those reporting practice improvement activities under MIPS, could be additionally burdened if individual boards implement this policy in a way that requires additional reporting that is duplicative.

Recommendation #5: ABMS Boards have the responsibility and obligation to change a diplomate's certification status when certification standards are not met.
We find this recommendation to be vague and premature given that ABMS is still working towards clarifying how decisions regarding certification are made as well as the import of such determinations.

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.
AGS fully supports a remediation pathway for diplomates. Care must be taken to ensure that these pathways are not burdensome or punitive. Instead, remediation pathways should support diplomates in active and meaningful learning.

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.
We support this recommendation, but have suggestions about how to add clarity. We recommend greater transparency about how national certification standards and state licensing requirements should be aligned so as to decrease burden on the individual diplomate. Further, we believe all Boards should be transparent about revenue, operational budgets and stewardship of funds. Lastly, one of the hardest things for practicing physicians to do is to not only keep up with new knowledge but to determine which new knowledge is most relevant. A system to guide physicians about where to direct their attention would be helpful.

Recommendation #8: The certification has value, meaning and purpose in the health care environment.
AGS supports the recommendation's focus on the inappropriate use of certification as a sole criterion for privileging and credentialing by hospitals and health systems. However, we believe this is the responsibility of the individual hospital, health systems, and payers.

Recommendation #11: ABMS Boards must comply with all ABMS certification and organizational standards.
We support this recommendation and agree with the issues around transparency.

- Patient-centered care is of specific importance to Geriatrics. We suggest that the each Board include a member explicitly empowered to consider patient-centeredness in its approach to certification.

Recommendation #12: Continuing Certification should be structured to expect diplomate participation on an annual basis.
We support the intent for continuous learning. We envision that avoidance of isolated intermittent high-stakes testing could allow timely and targeted learning and incorporation of key advances in the field.

Recommendation #13: ABMS Boards must regularly communicate with their diplomates about the standards for the specialty and to foster feedback about the program.
AGS would support more communication and feedback to and from diplomates that clearly demonstrate how their feedback influences changes in the program. However, clarity should be provided about how much diplomates should be involved in setting the standards for what is considered satisfactory for continuing certification and how feedback is operationalized so that is not overly burdensome.

Recommendation #14: 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 processes are portrayed and communicated to users of the credential including the public; and**
f. **Appeals process.**

AGS supports this recommendation. There is wide divergence about current practices and future directions and we believe operationalizing this so that there is consistency across Boards is critical.

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 efforts or excessive requirements.
AGS support this recommendation, which is of particular importance for Geriatrics where many physicians are also boarded in in other specialties

AGS appreciates the opportunity to comment on this draft report and recommendation and thanks the Commission for their attention to these comments. Please contact Marianna Drootin at mdrootin@americangeriatrics.org if you have any questions.

Sincerely,

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