

# Board Certification & Re-Certification

Frederick Regional Health System

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# Real Issue – Measuring Quality

Quality measures for most goods & services are widely available:



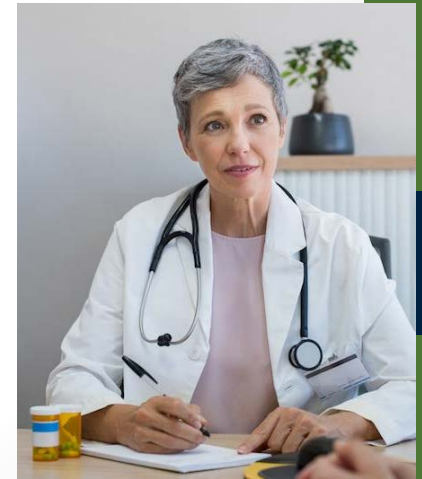
# Measuring Performance

Airline pilots:                      Biannual flight tests  
   Constant flying with colleagues



# Measuring Professional Quality

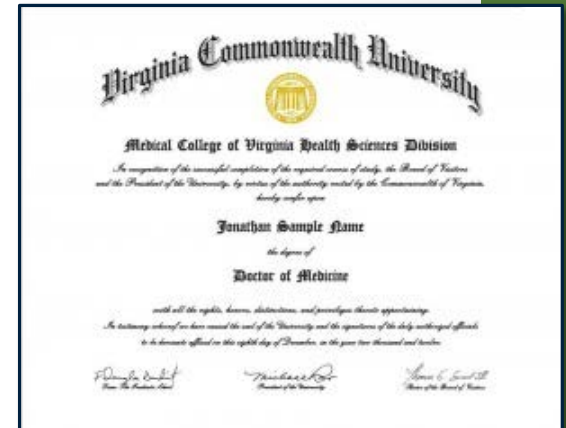
- No major profession measures quality of its members by periodic direct performance testing:
  - Lawyers
  - Physicians
  - Teachers / Professors
  - Nurses
  - Etc





# Surrogate Measures of Quality

- Educational History & Degrees
- Licensing
- Certifications (eg: board certification)
- References from professional colleagues
- Word of mouth from other patients
- Patient satisfaction surveys
- CME completion
- Online Reviews
- Number of lawsuits
- Etc



# Board Certification

- Initial Certification (good for 10 yrs)
  - Approved medical school & residency
  - References
  - Extensive (full-day) exam
  - Application & fee
- Re-certification (since ~1985)
  - Test again in 10 years
  - More recent MOC (maintenance of certification): smaller tests more frequently, projects, proof of [some] CME



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## Is Board Certification Overrated?



**There's less evidence of its value it than you might think.**

# Evidence

Weak evidence that docs who achieve initial board certification have better quality/performance:

- Fewer lawsuits
- Outcomes (eg: mortality, complications) *might* be marginally better, but the studies on this are mixed:
  - Majority of studies show no difference
  - Many studies show 1-3% better performance, with wide overlap, and not statistically significant
  - A few studies show worse performance (!?)





# Evidence

- Zero evidence that docs who re-certify perform better.
- Zero evidence that doctors who follow most MOC processes (periodic tests & projects) perform better.
- Moderately good evidence that doctors who do regular CME (continuing medical education) perform better, *especially* if the CME is related to their specialty.

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- Good **Peer Review** is far better than MOC as a measure of physician quality / performance.



# ABIM Controversy (~2010 forward)

- Written test every 10 years is too broad – doesn't reflect how docs are actually practicing.
- MOC requirements are onerous and a waste of time, with no evidence of patient or physician benefit.
- No emphasis on relevant CME.
- Grandfathering makes no logical sense.
- Fees have become unreasonably high, especially for MOC and tests.



# NBPAS

- Controversy culminated in 2014 with formation of an alternative Board for physicians:  
**National Board of Physicians And Surgeons**
- Differences:
  - Initial certification by ABMS Board
  - No required 10-year tests
  - No MOC process
  - Required relevant CME



# Frederick Regional Health System

## Sept 2015

Continue to require initial NBMS board certification [within 5 yrs of training or 5 yrs on our staff].

Modified our Med Staff Bylaws (with Board approval) to accept NBPAS certification for required board re-certification



# Follow-up

- Very few (<1%) of our doctors have converted to the NBPAS
- Most of those few only did so with their basic (internal medicine) certification, not their specialty (cardiology, pulmonary, etc) certification
- No concerns at all from The Joint Commission
- Could potentially cause an issue with some accreditation organizations (eg: ACS Commission on Cancer)
- We feel our peer review system does a very good job of tracking provider performance

# Summary - FRHS

- We feel initial board certification still has some value (especially since at that point our hospital still has no direct peer review experience with that physician).
- Relevant continuing education [CME] is very important.
- A strong medical staff peer review process is far better than MOC or re-certification at finding & improving weak doctor performance.  
So re-credentialing has no value for us.

# Questions ??