

Why Every Hospital System Should
Recognize Recertification via NBPAS

History

- American Board of Medical Specialties (ABMS) board certification began in 1936
- The ABMS comprises 24 “member boards” of which the American Board of Internal Medicine (ABIM) is the largest, certifying one quarter of all US physicians.
- From 1936-1989, ABMS board certification was a voluntary lifetime credential earned by physicians at completion of their residency training.
- In 1990, ABMS Board Certification transitioned to time-limited credential requiring re-certification every 10 years (marketed as “Maintenance of Certification” (MOC)) or *lose their board certification credential*. Many physicians need board certification for hospital employment and insurance panel participation.
- Older (predominantly white/male) physicians certified before 1990 were exempted from this requirement.

ABMS Board Re-Certification Does NOT Improve Hospitalization or Ambulatory Quality Care Metrics

- Institution of time-limited board certification does not improve patient quality of care after initial ABMS board certification

(Note: second reference is the American Board of Internal Medicine's (ABIM) own study)

- * Hayes J, Jackson JL, McNutt GM, Hertz BJ, Pwalikowski SA. Association between physician time-unlimited vs time-limited internal medicine board certification and ambulatory patient care quality JAMA 2014 Dec 10; 312(22): 2358-63. DOI: [10.1001/jama.2014.13992](https://doi.org/10.1001/jama.2014.13992)
- * Gray BM, Vandergrift JL, Johnson MM, Reschovsky JD, Lynn, LA, Holmboe ES, McCullough JS, Lipner RS. Association between imposition of a Maintenance of Certification requirement and ambulatory care-sensitive hospitalizations and health care costs. JAMA 2014 Dec 10; 312(22): 2348-57. DOI: [10.1001/jama.2014.12716](https://doi.org/10.1001/jama.2014.12716)

Physician Concerns Mount

- On February 3, 2015, due to physician uproar over the ABMS/ABIM “Maintenance of Certification” (MOC) pathway, the ABIM issued a statement admitting “[We got it wrong](#)” due to its burdensome, costly, and clinically unproven recertification requirements.
- In 2015, the National Board of Physicians and Surgeons (NBPAS) was created to provide an alternate recertification pathway that was clinically rigorous, evidence-based, less burdensome, and a nationally accepted re-certification credential.

Antitrust Issues

- On Sep 10, 2018, the Department of Justice, Antitrust Division issued a guidance statement that strongly encouraged competition in physician certification.*
- Beginning in December, at least three antitrust lawsuits were filed against ABMS member boards (ABIM, Am Board of Radiology, and ABPN. One antitrust case against the American Board of Psychiatry and Neurology is ongoing.

* <https://asmacinfo.org/wp-content/uploads/2018/09/2018-DOJ-Letter-on-Board-Certification-2.pdf>

AMA Stance on Physician Certification

- Policy D-275.954
 - 33. Through legislative, regulatory, or collaborative efforts, will work with interested state medical societies and other interested parties by creating model state legislation and model medical staff bylaws while advocating that **Continuing Board Certification** not be a requirement for: (a) medical staff membership, privileging, credentialing, or recredentialing; (b) insurance panel participation; or (c) state medical licensure.
 - 34. Increase its efforts to work with the insurance industry to ensure that **continuing board certification** does not become a requirement for insurance panel participation.

<https://policysearch.ama-assn.org/policyfinder/detail/certification?uri=%2FAMADoc%2Fdirectives.xml-0-683.xml>

ABMS Vision Commission Report on MOC (2019)

- “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.”

https://www.mag.org/wp-content/uploads/2020/08/Commission_Final_Report_20190212.pdf (Page 16)

- At all academic teaching institutions, because all physicians MUST be ABMS or AOA board-certified and participate in lifelong ABMS MOC re-certification, their hospital privileges and insurance panel participations are at risk.

Criteria NBPAS Requires All Physicians to Meet

- Prior ABMS/AOA Member Board Certification
- Valid Medical License
- Submission of CME Credits
 - 50 hours of ACCME-accredited, AMA PRA Category 1 CME within last 24 months
- Active Hospital Privileges
- Medical Staff Appointment/Membership
 - If medical staff appointment/privileges were lost solely due to not participating in MOC, this is verified with the medical staff office and candidates may still qualify for NBPAS recertification.

NBPAS Recertification is a Nationally Recognized Credential for Health Plans and Hospitals

- JCAHO Added NBPAS as a Designated Equivalent Source Agency 7/21/2022
- NBPAS Meets Accreditation Standards for Det Norske Veritas (DNV), National Committee of Quality Assurance (NCQA), and the Utilization Review Accreditation Commission (URAC)
- Accepted by hundred of entities including hospitals, health systems, telemedicine companies, and health insurers.*

* List available upon request: <https://nbpas.org/pages/accepting-hospitals>

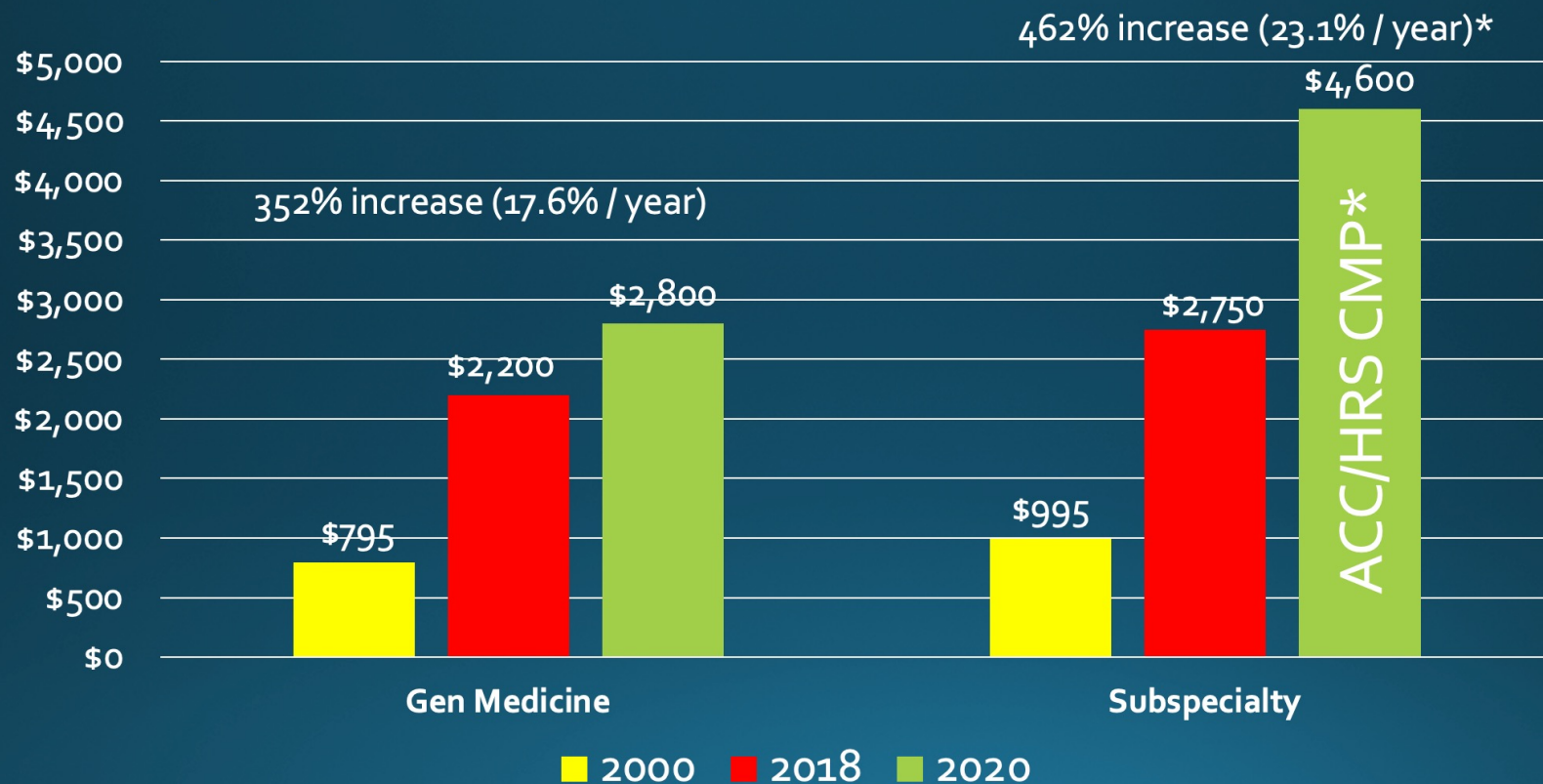
ABMS Views NBPAS As a Competitor – Issues Statement*

- “NBPAS does not offer an external assessment of knowledge and skills” *(On the contrary, NBPAS requires initial ABMS Board Certification)*
- “NBPAS does not have a requirement for improving medical practice, nor does to appear to engage in research to provide evidence-based data supporting the value of its programs and informing its continued quality improvement.” *(NBPAS relies on ACCME, URAC, NCQA, and others to assure value of their accepted CME meets quality standards)*
- “Neither the Joint Commission nor the National Committee for Quality Assurance has rendered any judgment about the equivalency or NBPAS’s certificate to an ABMS Board Certification.” *(Because they are NOT the same – one (NBPAS) relies on the other (ABMS))*

* <https://www.abms.org/wp-content/uploads/2022/07/ABMS-Response-to-NBPAS-False-Claims-of-Certification-Equivalency.pdf>

History of Costs of ABIM Board Certification

Reality: Growth in MOC[®] Fees



Costs and Conflicts of Interest

ABMS MOC

\$220 / yr
+120/yr each subspecialty

NBPAS

\$189/2 yrs/subspecialty

2-year Cost

Primary Specialty	\$440	\$189 (57% savings)
Two Specialties	\$680	\$378 (44% savings)
Three Specialties	\$800	\$567 (29% savings)

Total of Top 10 Leadership Salaries*

\$4,214,468

\$0

* Source 2020 Form 990

Costs and Conflicts of Interest

ABIM MOC

2 Leaders in 19 years (self-selected)

Physicians must agree to sale of their testing/certification data to third parties (Group Purchase Orgs / Pharmacy benefit Managers / Credentialing agencies, etc.)

High overhead (ABIM Foundation funded by \$78 million of physician test fees, \$2.3 million 2-bedroom condominium, \$6.5 million to Cayman Islands in 2015)

NBPAS

1 leader in 7 years (founder)

No sale of test/certification data

Low overhead
(\$36,000 office rent)

Costs and Conflicts of Interest

ABIM MOC

Affiliated with ACGME

(ABMS, AHA, AMA, AOA, CCMS, AACOM)

Undisclosed lobbying of Congress in 2009 (\$120,000) and CEO of ABIM was longtime paid Board Member of Kaiser Hospital and Health Plans and Premier, Inc (Group Purchase Organization)*

<https://www.propublica.org/article/hidden-financial-ties-rattle-top-health-quality-group>

NBPAS

Independent of ACGME

Costs and Conflicts of Interest

ABIM MOC

Threatens to expand its powers and limit scientific discourse outside testing venue by revoking certification status for self-determined “misinformation” on social media*

* Baron RJ and Enjes YD. Physicians Spreading Misinformation on Social Media — Do Right and Wrong Answers Still Exist in Medicine? NEJM 7 Jul 2022; 387: 1-3. DOI: [10./1056/NEJMp2204813](https://doi.org/10.1056/NEJMp2204813)

NBPAS

Promotes industry-standard CME that fulfills physicians’ self-selected educational needs.

In Summary

Allowing NBPAS re-certification as an alternative to ABMS board re-certification promotes competition in the physician certification marketplace, helps manage significant conflicts of interest with ABMS re-certification, and would improve physician morale, recruitment, and retention without compromising patient care.