

July 8, 2021

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Susan M. Ramin, MD, Chair, Standards Task Force
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American Board of Medical Specialties
353 N Clark Street, Suite 1400
Chicago, IL 60654-3454

Re: American Academy of Hospice and Palliative Medicine Response to ABMS Draft Standards for Continuing Certification – Call for Comments

Dear Doctors Hawkins, Ramin, Ogrinc and Mr. Granitir:

Introduction

On behalf of the nearly 5,300 members of the American Academy of Hospice and Palliative Medicine (AAHPM), we would like to thank ABMS for the opportunity to comment on the *Draft Standards for Continuing Certification*. AAHPM is the only national medical society for physicians specializing in Hospice and Palliative Medicine (HPM). Our membership also includes nurses, social workers, spiritual care providers, and other health professionals deeply committed to improving the quality of life for people living with serious illness and their families and caregivers.

Certification in HPM is supported by ten co-sponsoring ABMS member boards, by far the most of any subspecialty. Many of our members point to inconsistent and non-aligned policies among the boards as a source of concern and frustration. For example, to continue HPM subspecialty certification, physicians trained in family medicine are required to continue their primary certification while those trained in internal medicine are not, even though they may work side-by-side in a shared practice. We welcome this effort to increase consistency, alignment and collaboration among the member boards.

General Comments

1. **Physician Well-being Should Be Addressed:** We provided input into the groundbreaking work of the Vision Commission and appreciate your efforts to incorporate their recommendations in these draft new standards. We note a missed opportunity in this document, though, to demonstrate full transparency regarding why the Vision Commission and these resulting draft new standards were urgently needed. In Appendix II, you mention that the Vision Commission had the laudable intention of making continuing certification “more meaningful, relevant, and valuable to diplomates” without acknowledging the context of growing dissatisfaction and burnout among physicians that made this initiative an imperative both for their own well-being and the

public good that depends on that well-being. There is mounting evidence that requiring physicians to engage in burdensome activities with little perceived value is a potent driver of burnout and that burnout has a negative impact on patient safety and quality of care. Indeed, as burnout has reached crisis proportions in the medical profession, it is critical that ABMS and its member boards study how their policies and activities impact physician well-being and take steps to prevent and mitigate any associated negative outcomes.

2. **Assessment and Activities Should Be Relevant to Practice and Recognize What Physicians Are Already Doing:** We welcome the intention in these draft standards to offer assessment and activities that are relevant to the physician's particular focus of practice. In addition, we urge boards to identify and recognize the many activities physicians routinely undertake outside of board assessments to advance their lifelong learning, professionalism and performance. Boards should ensure that physicians perceive continuing certification as adding value and not redundant or unduly burdensome.
3. **Specialty Societies Should Be Recognized as Key Partners:** We appreciate the frequent references in these draft standards to working with stakeholders and applaud your intention to involve diplomates and candidates more in the study and design of your continuing certification policies and activities. We note, though, that you have not acknowledged the key role of medical specialty societies. We provide our members with a vibrant professional community, a trusted source for education and a unified voice to advocate for what matters most to them. Specialty societies have an established leadership role within organized medicine, particularly with respect to setting clinical and professional standards, providing continuing professional development and improving quality, and they work closely with the other stakeholders who are most relevant to your mission. We urge you to embrace the critical and unique role that medical specialty societies play in advancing the profession in general and your mission in particular and name them as key partners rather than relegating them to the status of generic stakeholders. We further recommend that ABMS and member boards should be held accountable for collaborating with specialty societies and not with commercial entities who do not embrace a fiduciary responsibility for advancing the profession.
4. **Specialty Societies Should Lead Continuous Professional Development and Quality:** We appreciate the value these draft standards place on continuous professional development, quality, and performance improvement, but advise that ABMS and member boards take a fully collaborative approach and recognize the historic and ongoing leadership role and expertise of specialty societies in these spheres. For example, with respect to improving the quality of hospice and palliative care, AAHPM set the national agenda with its *Measuring What Matters* initiative, collaborated with interprofessional partners to update the *National Consensus Project Clinical Practice Guidelines for Quality Palliative Care*, partnered with academic centers to launch a

unified clinical data registry and quality collaborative for the HPM field (the Palliative Care Quality Collaborative), and engaged in a cooperative agreement with CMS to develop two new patient-reported measures of the experience of palliative care. We have gained a deep understanding of the complexity of clinical quality improvement in a team-based practice environment across a range of care settings. We are concerned that Standards 18 – 20 fail to recognize that expertise in performance improvement science is centered outside the scope of ABMS and member boards and that there are no validated methods to link certification decisions for individual physicians with engagement in a board-specified quality agenda. We have similar concerns about Standard 17 and potential encroachment on the longtime leadership and deep expertise of specialty societies in continuous professional development.

5. Boards Should Be Accountable for Supporting Diversity, Inclusion and Health Equity:

We advise that it is a serious omission that the only mention of diversity, inclusion, health care equity or justice is a single statement in the commentary accompanying Standard 18: “As part of the Quality agenda, Member Boards should collaborate with stakeholders to identify and acknowledge the health and health care disparities that exist in their specialty and work to decrease and eliminate these disparities.” We recommend that this concern should be elevated to the level of a specific standard. Specialty societies should be called out as key partners in this endeavor, and boards should accept accountability for studying and mitigating the impact of certification assessments and activities on diversity and inclusion in the specialty workforce.

6. Boards Should Take an Evidence-based Approach to Developing Policies and Activities:

We urge ABMS to return to the Vision Commission recommendations to build both an evidence base and a framework for supporting individual diplomates in their efforts to advance health and healthcare. The Commission recognized the significant challenges of developing an infrastructure to support learning activities that produce data-driven advances in clinical practice, the need to recognize work already done by diplomates to advance practice, the requirement to satisfy a value proposition with evidence of benefit and avoidance of burden, and the need to develop and implement pilot projects for new ideas and approaches that support individual diplomates in their contribution to team care quality. Regarding Standard 3, for example, changing the continuing certification interval from ten years to five for diplomates who opt for the high-risk examination in some specialties would impose significant burdens and costs without any supporting evidence that it would drive better performance. We recommend conducting pilot programs and studying the relevant outcomes before making policy decisions of this magnitude.

7. Continuing Certification Should Not Be a Sole Criterion for Credentialing and Privileging:

The Vision Commission Recommendation on Use of the Credential states that ABMS must inform hospitals, health systems, payers, and other health care organizations that continuing certification should not be the only criterion used in credentialing and privileging decisions, and must encourage these organizations to not

deny credentialing or privileging to a physician solely on the basis of certification status. AAHPM appreciates ABMS efforts toward clarity, including the June 2019 ABMS release of a special communication to hospital and health system leaders regarding appropriate use of board certification in privileging and credentialing decisions. However, that 2019 special communication did not fully meet ongoing needs for publicly visible clarity regarding the purpose of certification, and the policy is not clearly and consistently reflected by Member Boards. We recommend a more visible approach to disseminating the ABMS policy on appropriate use of board certification in privileging and credentialing decisions.

- 8. Standards and Commentaries Should Use Plain Language That Practicing Physicians and the Public Can Understand:** It is clear that these draft standards are addressed to member boards, and they include jargon that a typical practicing physician without special expertise in certification matters or an interested member of the public might not understand. To increase transparency for these critically important stakeholders, we recommend that you create a plain-language version of the draft standards and make it clear when you are talking about examinations versus other continuing certification activities and when results are pass-fail versus simply providing information and guidance with respect to retaining certification status.
- 9. ABMS Should Clarify How Draft Standards Relate to Current MOC Standards:** Although you cite the ABMS Standards for Maintenance of Certification (MOC) 2014 as a source in Appendix I, you refer to these draft standards for continuing certification as “new” and have not specified whether they would replace the currently active 2014 MOC standards (nor, presuming so, exactly how and when). For placing these draft new standards in a historical context, it would be helpful to see a comparison of each draft standard to any relevant currently active standard with highlighting of what has been changed, added or deleted.

Particular Standards

- **Standard 1 – Program Goals:** We agree with the importance of setting clear program goals and recognize the need for some flexibility for member boards based on their unique circumstances but wonder how ABMS can expect to achieve its stated intention of driving greater consistency among the boards if it has not specified a core set of *goals*, not just *standards*, that all member boards should hold in common.
- **Standard 2 – Requirements for Continuing Certification:** We agree that requirements and deadlines must be clearly defined. We are concerned about striking the proper balance between flexibility and consistency. In particular, for greater consistency, it would be helpful to develop a shared definition of extenuating circumstances and to align the procedures that comprise due process.
- **Standard 3 – Assessment of Certification Status:** We find this standard to be unclear as stated. Does the maximum 5-year interval refer to a pass-fail assessment, participation in other continuing certification activities, or both? As noted in our general comments,

no evidence has been presented that would indicate better outcomes for more frequent assessments than the current maximum of 10 years for some boards. Thus, it is not clear that the benefits would outweigh the costs and burdens for such a change.

- **Standard 4 – Transparent Display of Certification History:** We support the intention to align all member boards around consistent terminology to describe certification status. In addition, we recommend specifying the terminology to use for diplomates who are currently engaged in due process or appeal.
- **Standard 5 – Opportunities to Address Performance or Participation Deficits:** We agree with the importance of fair and sufficient warning and the expectation that boards would reach out to specialty societies to develop resources to address performance deficits. Given the considerable lead time around educational development, we recommend that this standard specify a minimum time frame for fair and sufficient warning of at least two years. We also recommend that the standard specify the delivery of this high stakes warning through multiple communication channels.
- **Standard 6 – Regaining Certification:** We agree that boards should provide a clear and consistent pathway to regaining certification when not revoked for a breach in professionalism but note that the lack of specificity regarding what constitutes such a breach may result in inconsistent practices among the member boards. We also request clarification about how the history of a lapsed and subsequently restored certificate would be publicly displayed.
- **Standard 7 – Program Evaluation:** We support the call for member boards to *“continually evaluate and improve their continuing certification programs.”* The use of feedback from diplomates to assess the benefit and burden of continuing certification was a foundational expectation of the Vision Commission, including the impact on physician burnout and well-being. In this draft standard, however, program evaluation requirements remain vague, and *“appropriate data”* is not clearly defined. Specialty societies could play an important role in program evaluation, but they are not recognized here as a key stakeholder. As noted by the Vision Commission, independent program evaluation should include diplomate feedback. Further, the program evaluation should include an assessment of the outcomes associated with continuing certification. We recommend revising the draft standard to emphasize the need for collaboration and independent research on the value of continuing certification with an expectation to gather direct feedback from diplomates on its perceived value and impact. We also suggest that the commentary include the following language from the Vision Commission: *“ABMS Boards should collaborate with independent academic health centers with expertise in health system research to understand what components of continuing certification and forms of assessment are most effective in helping diplomates keep current in their specialty, and to study the impact of continuing certification on diplomate stress, on diplomate financial and administrative burden, and on the physician workforce.”*
- **Standard 8 – Holders of Multiple Certificates:** We appreciate the call to streamline requirements and reduce duplication of effort for diplomates holding multiple certificates, a common circumstance for our members who specialize in the practice of HPM. However, these draft standards fail to address the situation of subspecialty

certifications supported by multiple co-sponsoring boards, where coordination and alignment is even more critical. Ten co-sponsoring ABMS member boards support the HPM subspecialty certification, but their policies conflict on major concerns, including whether diplomates are required to continue their primary certification. We recommend that ABMS mandate alignment of policies among co-sponsoring boards and request that, where currently in conflict, they all adopt the least restrictive policy.

- **Standard 9 – Diplomates Holding Non-time-limited Certificate:** We support offering low- or no-risk pathways to voluntary participation by holders of non-time-limited certificates and recognize that such certificates will eventually age out or be phased out.
- **Standard 10 – Review of Professional Standing:** We agree that the boards should perform primary source verification of licensure annually to assess professional standing. This standard and commentary are written in a legalistic fashion and use terms such as *material action* and *professionalism* that should be more clearly defined. We are concerned about the burden this draft standard places on the diplomate to report any action against them within a defined period, particularly since they may not know what constitutes a reportable action. The Vision Commission specifically recommended that the Boards “develop new, reliable and consistent approaches to evaluate professionalism and professional standing in collaboration with specialty societies.” We recommend that the draft standard require that “member boards confer with specialty societies in identifying reliable and consistent approaches to evaluate professionalism and professional standing.”
- **Standard 11 – Responding to Issues Related to Professional Standing:** We agree with the need for consistent and transparent policies on professional standing and due process and assert that the determination for “material breach” and standards for non-professional behavior should be universally applied across specialties and states, without variability based on specialty or geography.
- **Standard 12 – Program Content and Relevance:** We applaud the intention of increasing the relevance of assessments and activities to the scope of the diplomate’s actual practice. For HPM diplomates who practice solely within the specialty, for example, we question the value of requiring that they continue their primary board certification. Specialty societies are best positioned to determine evidence-based core clinical and practice-specific content areas. We recommend revising the draft standard to require boards to collaborate with specialty societies in that regard.
- **Standard 13 – Assessment of Knowledge, Judgment, and Skills:** We note that this standard and commentary is vague and uses jargon such as *formative* and *secure assessments* that may be confusing to diplomates, public advocates and other stakeholders. We recommend re-writing this standard in plain language with clear concepts like *pass-fail* and *examination*. We do not recommend mandating a shorter certification interval without evidence that it adds value and improves outcomes. Boards should collaborate with specialty societies to identify and address educational needs that may emerge in the course of continuing certification activities.
- **Standard 14 – Use of Assessment Results in Certification Decisions:** We recognize the responsibility of boards to make certification decisions at specified intervals on the basis

of defensible criteria. We applaud the statement in the commentary that “member boards should ensure that subject matter experts engaging in assessment development are clinically active.”

- **Standard 15 – Diplomat Feedback from Assessments:** This standard uses a lot of jargon and should be re-written in plain language that non-experts can understand. We agree that receiving actionable feedback from assessments can add value for diplomates. We appreciate the statement in the commentary that “member boards are encouraged to work with specialty societies and other providers” in identifying educational resources but advise that it should go further and *require* boards to collaborate with specialty societies and not with for-profit or private entities.
- **Standard 16 – Sharing Aggregated Data to Address Specialty-based Gaps:** We agree with the intention to share aggregated data with diplomates and specialty societies to assist in developing targeted learning opportunities but advise strengthening the verb from *should* to *must*. To achieve the goal behind this draft standard, communication between boards and specialty societies must be frequent, timely, two-sided and vigorous.
- **Standard 17 – Lifelong Professional Development:** We agree that continuing certification assessments and activities should support continuous professional development (CPD), but note that specialty societies have the experience, expertise, relationships and platforms to do this well and are the recognized leaders in this regard. Boards must work collaboratively with specialty societies to ensure the best results and avoid wasteful, duplicative efforts.
- **Standard 18 – Quality Agenda:** As discussed in our general comments, specialty societies have the detailed knowledge, expertise and platforms to drive the quality agenda and should remain in the lead role. This draft standard should be revised to require that boards work collaboratively with specialty societies in the development of a quality strategy.
- **Standard 19 – Diplomat Engagement in Improving Health and Health Care:** Although we appreciate the aspiration that continuing certification should engage diplomates in meaningful clinical quality improvement, evidence is lacking for the effectiveness of current approaches. Until further study produces better evidence, we advise that engagement in quality improvement activities to support continuing certification should be voluntary.
- **Standard 20 – Approaches for Improving Health and Health Care:** We found the commentary to be visionary and aspirational. We agree wholeheartedly with the intention of this draft standard and will point out once again that success will depend on the extent to which member boards collaborate with specialty societies as trusted partners. Participation in these wide-ranging activities should be voluntary, and innovative approaches should be piloted and studied.

Conclusion

AAHPM appreciates the transparency and stakeholder engagement demonstrated by ABMS throughout the process from launching the Vision Commission to development of these draft

standards, and we're grateful for this opportunity to provide detailed feedback. We applaud your intention to improve value for diplomates and the public and to create a more consistent, fair and equitable approach to continuing certification across the specialties. We stand ready to partner with you in advancing the profession and the public good and would be happy to meet with you and other key partners to discuss our recommendations in greater detail.

Sincerely,



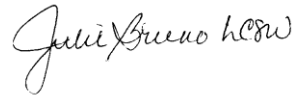
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