Sunday, May 3, 2015

8:00 a.m. – Second Meeting – Ambassador Ballroom

REPORTS OF REFERENCE COMMITTEES

48-15 - Opposing the Federation of State Medical Boards Interstate Medical Licensure Compact - AMEND

The Committee amended the resolved portion(s) to read:

RESOLVED: That MSMS oppose participation with the Federation of State Medical Boards' Interstate Medical Licensure Compact; and be it further

RESOLVED: That the American Medical Association oppose the Federation of State Medical Boards' Interstate Medical Licensure Compact.

The Committee recommended that the word "any" be stricken from the first resolved in order clarify the intent of the resolution. The Committee heard a great deal of testimony that the board certification, and by extension Maintenance of Certification, requirement in the Interstate Licensure Compact would be extremely problematic. Furthermore, the Committee did not hear a great deal of evidence that there was enough of a problem to justify a new process of licensing physicians. The word "any" was removed in order to express the sentiment that MSMS would not support the state of Michigan joining the Compact, while allowing MSMS the opportunity to work with the FSMB to resolve any issues of concern.

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49-15 - The National Board of Physicians and Surgeons as a Certifying Organization – SUBSTITUTE (See Resolution 73-15)

The Committee heard a great deal of testimony with respect to the issue of Maintenance of Licensure and Maintenance of Certification. Nearly half of the resolutions referred to the Committee dealt with the lack of objective evidence to support the maintenance of certification as well as the burdens placed on physicians to comply with these unproven requirements. The Committee substituted the language in Resolution 73-15 in order to reflect the issues raised by this resolution and the discussion that occurred during the committee.

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51-15 - State of Michigan Administered Combined Specialty Exams - Physician Licensing – SUBSTITUTE (See Resolution 73-15)

The Committee heard a great deal of testimony with respect to the issue of Maintenance of Licensure and Maintenance of Certification. Nearly half of the resolutions referred to the Committee dealt with the lack of objective evidence to support the maintenance of certification as well as the burdens placed on physicians to comply with these unproven requirements. The Committee substituted the language in Resolution 73-15 in order to reflect the issues raised by this resolution and the discussion that occurred during the committee

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53-15 - Review Board Recertification and Maintenance of Certification (MOC) Process – SUBSTITUTE (See Resolution 73-15)

The Committee heard a great deal of testimony with respect to the issue of Maintenance of Licensure and Maintenance of Certification. Nearly half of the resolutions referred to the Committee dealt with the lack of objective evidence to support the maintenance of certification as well as the burdens placed on physicians to comply with these unproven requirements. The Committee substituted the language in Resolution 73-15 in order to reflect the issues raised by this resolution and the discussion that occurred during the committee.

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73-15 - Promote Alternative Pathways to Continuing Board Certification - SUBSTITUTE

Resolutions 35, 49, 51, 53, and 73 were considered together. The Committee drafted the following substitute resolution:

Title: Review Board Recertification and Maintenance of Certification Process

Whereas, the 2014 MSMS House of Delegates recommended halting the Maintenance of Certification (MOC) process, and

Whereas, the American Board of Internal Medicine and other boards belonging to the American Board of Medical Specialties continue to implement onerous programs on physicians, and

Whereas, the MOC programs are time-consuming, costly, and are not proven to substantially improve patient care, and

Whereas, hospitals and health care plans are increasingly requiring board certifications for membership, therefore be it

RESOLVED: That MSMS supports Maintenance of Certification (MOC) only under all of the following circumstances:

1. MOC must be voluntary
2. MOC must not be a condition of licensure, hospital privileges, health plan participation, or any other function unrelated to the specialty board requiring MOC
3. MOC should not be the monopoly of any single entity. Physicians should be able to access a range of alternatives from different entities.
4. The status of MOC should be revisited by MSMS if it is identified that the continuous review of physician competency is objectively determined to be a benefit for patients. If that benefit is determined to be present by objective data regarding value and efficacy, then MSMS should support the adoption of an evidence based process that serves only to improve patient care.

The Committee heard a great deal of testimony on the subject of Maintenance of Certification (MOC). Many physicians expressed concern that the MOC process is extremely coercive because board certification can limit the ability of physicians to participate with health plans and serve on hospital medical staffs. Many physicians expressed concerns that the primary interest of the certifying boards was profitability as opposed to the best interests of patient care. Many physicians expressed concern that, because specialty boards are private, unelected and unaccountable, these boards have little incentive to change. Furthermore, many physicians believe that alternative options should be viable alternatives to the existing MOC pathway. There are physicians that believe that MOC can serve a benefit in terms of educating physicians about changing standards. Many physicians believe that if it can be proven that a process can be established that directly benefits patients by assuring the competency of a physician, then physicians should welcome such approaches. These were the recurring themes of all of the resolutions submitted on the topic of MOC. However, each of the resolutions approached the underlying concerns from a different angle. If the Committee simply adopted all of the resolutions as written, the policy would have been inconsistent and contrary in some areas. Consequently, the Committee attempted to harmonize all of the approaches into one comprehensive policy as it relates to MOC. First, it should be noted that all of these points must be present for MSMS to support any iteration of MOC. A voluntary process acknowledges that physicians may want to pursue MOC for purposes of professional development. It also implies that physicians should not need to be coerced by some external reason such as loss of hospital privileges or participation in health plans. MOC should not be an exclusive product to a specific specialty board. By prohibiting monopolies, the focus will be on the service being offered to the physician by the board as opposed to the control the board wishes to impose on the physician. Finally, this policy reflects the potential that this policy may need to change in the future. The Committee also discussed that MSMS already has existing policy to seek legislation to prohibit MOC as a condition of licensure, health plan participation, or hospital privileges. Collectively, this approach addresses the full range of concerns expressed by physicians with respect to MOC.

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