RESOLUTION 201 - 2012

Subject: Costs of Assessing Clinical Competence

Introduced by: Paul Wertsch, MD

Referred to: Quality and Clinical Outcomes

Whereas, There is a lot of attention being paid on how we can assure the clinical competence of practicing physicians by our various specialties as well as by state licensing boards and all of the entities are actively developing tools that can be used to measure clinical competence; and

Whereas, There is a scarcity of knowledge or agreement on what are the best methods to test clinical competence for new physicians entering the profession as well as physicians with many years of practice and there is a flurry of activity in developing new methods from proctored, high-stakes written exams requiring fingerprinting and retina scans for identification to clinical simulation using high-tech dummies, to clinical exams using living actor patient's, to self assessment exams: and

Whereas, The CME, testing of competence, and certifying of clinical competence has generated a whole new industry requiring large amounts of money to support the educating, testing, and certifying of clinical competence and since the medical specialties and state licensing boards requiring the testing are the same entities profiting from the testing the cost continue to increase (a recent estimate from a professional working in the field suggested that $3000-$6000 per year would eventually be required to maintain current MOC - maintenance of certification for specialties and MOL maintenance of licensure for state medical licensing boards); and

Whereas, Yearly costs of $3000-$6000 per year would negatively effect practices of private physicians especially in rural or other under-served areas and also practices in specialties that are already facing shortages like family medicine which has a large number of older physicians nearing retirement that might be forced out of practice early because of these requirements of unproven methods of assessing clinical competence; and therefore be it

RESOLVED, That the Wisconsin Medical Society ask our AMA to support the concept that any method used to determine clinical competence be supported by evidence of effectiveness in determining clinical competence; and be it further

RESOLVED, That the Wisconsin Medical Society ask our AMA work in the federation of medicine to promote that all specialties only use tests of clinical competence that have been proven effective or set up pilot projects to test for effectiveness; and be it further

RESOLVED, That the Wisconsin Medical Society work with our Medical Licensing Board and ask our AMA work to have all state licensing boards agree to only use methods to test clinical competence that have been proven effective; and be it further

RESOLVED, That our Wisconsin Medical Society ask our AMA to observe methods used by specialties to determine clinical competence to be sure they are truly testing clinical competence and not tools being used in turf battles; and be it further

RESOLVED, That our AMA keep our legislators informed on the effect these Maintenance of Certification (MOC) and Maintenance of Licensure (MOL) efforts might have on medical workforce
by aggravating the shortages of physicians in critical specialties through making it more difficult and expensive to continue to practice medicine.

Fiscal note: Within current budget.

**Relevant Policies**

**Society:**

**EMC-001**
Education and Research as a Component of the Health Care System: The Wisconsin Medical Society recognizes that education and research are a critical component of our health care system and must be appropriately funded. As the health care system is reformed or changed, it is essential that provisions or mechanisms to provide adequate, stable financing of medical education and research be included. (BOD, 0611)

**EMC-003**
Continuing Medical Education Hours: The Wisconsin Medical Society supports maintaining the current number of continuing medical education hours required to maintain a license to practice medicine in Wisconsin and supports random audits by the Medical Examining Board for physician compliance with CME credit requirements. (HOD, 0411)

**EMC-004**
Procedures for Reconsideration and Appeal of Adverse Accreditation Decisions: It is the policy of the Wisconsin Medical Society that Continuing Medical Education (CME) adverse accreditation decisions must adhere to specific guidelines. (BOD, 0610)

**EMC-010**
Examination for Maintenance of Medical License: The Wisconsin Medical Society opposes the imposition of any clinical skills examination for maintenance of medical license as other mechanisms exist to ensure physician’s competence. (HOD, 0410)

**DRU-001**
Guiding Principles on Prescription Drugs: The Wisconsin Medical Society (Society) supports the following policy on prescription drugs:

The Wisconsin Medical Society supports appropriate legislative or regulatory programs that will ensure, to the greatest extent possible, the availability and affordability of prescription drugs for all Wisconsin patients. The following elements should be included in any legislation or regulation:

• The primary focus should be the best interest of patients.
• Allowance for the most efficacious and cost-effective treatment for patients, providing for reasonable formularies with a medically appropriate range of treatment options.
• Patients’ needs and ability to pay must be taken into consideration.
• Dealing effectively with the recent sharp escalation in the cost of prescription drugs, which is disproportionately increasing relative to overall cost increases in the health care system.

The Society supports continuing physician education on clinically appropriate, cost-effective prescribing in order to enhance patient access to prescription drugs.

State level solutions could include:
• State-funded programs to provide assistance to low income Wisconsin citizens to purchase
prescription medications.
• Physician and patient education programs on the use of bio-equivalent generics.
• Purchasing pools for volume purchasers.
• Medicaid waivers (i.e., State of Vermont pilot).
• Pharmaceutical rebate and discount programs.

Federal level solutions could include:
• Changing the re-importation laws for pharmaceuticals.
• Changing federal price and competition regulations.
• Restriction of direct-to-consumer marketing.
• Other options included in the American Medical Association Council on Medical Service report on Pharmaceutical Spending in the U.S. (Dec 2000) (HOD, 0409)

AMA:

H-275.923 Maintenance of Certification / Maintenance of Licensure
Our AMA will:
1. Continue to work with the Federation of State Medical Boards (FSMB) to establish and assess maintenance of licensure (MOL) principles with the AMA to assess the impact of MOC and MOL on the practicing physician and the FSMB to study the impact on licensing boards.
2. Recommend that the American Board of Medical Specialties (ABMS) not introduce additional assessment modalities that have not been validated to show improvement in physician performance and/or patient safety.
3. Encourage rigorous evaluation of the impact on physicians of future proposed changes to the MOC and MOL processes including cost, staffing, and time.
4. Review all AMA policies regarding medical licensure; determine if each policy should be reaffirmed, expanded, consolidated or is no longer relevant; and in collaboration with other stakeholders, update the policies with the view of developing AMA Principles of Maintenance of Licensure in a report to the HOD at the 2010 Annual Meeting.
5. Urge the National Alliance for Physician Competence (NAPC) to include a broader range of practicing physicians and additional stakeholders to participate in discussions of definitions and assessments of physician competence.
6. Continue to participate in the NAPC forums.
7. Encourage members of our House of Delegates to increase their awareness of and participation in the proposed changes to physician self-regulation through their specialty organizations and other professional membership groups.
8. Continue to support and promote the AMA Physician’s Recognition Award (PRA) Credit system as one of the three major CME credit systems that comprise the foundation for post graduate medical education in the US, including the Performance Improvement CME (PICME) format; and continue to develop relationships and agreements that may lead to standards, accepted by all US licensing boards, specialty boards, hospital credentialing bodies, and other entities requiring evidence of physician CME.
10. Continue to support the AMA Principles of Maintenance of Certification (MOC).
11. Monitor MOL as being led by the Federation of State Medical Boards (FSMB), and work with FSMB and other stakeholders to develop a coherent set of principles for MOL.
12. Our AMA will 1) advocate that if state medical boards move forward with the more intense MOL program, each state medical board be required to accept evidence of successful ongoing participation in the American Board of Medical Specialties Maintenance of Certification and American
Osteopathic Association-Bureau of Osteopathic Specialists Osteopathic Continuous Certification to have fulfilled all three components of the MOL if performed, and 2) also advocate to require state medical boards accept programs created by specialty societies as evidence that the physician is participating in continuous lifelong learning and allow physicians choices in what programs they participate to fulfill their MOL criteria. (CME Rep. 16, A-09; Appended: CME Rep. 3, A-10; Reaffirmed: CME Rep. 3, A-10; Append: Res. 322, A-11)

H-275.924 Maintenance of Certification
AMA Principles on Maintenance of Certification (MOC):
1. Changes in specialty-board certification requirements for MOC programs should be longitudinally stable in structure, although flexible in content.
2. Implementation of changes in MOC must be reasonable and take into consideration the time needed to develop the proper MOC structures as well as to educate physician diplomates about the requirements for participation.
3. Any changes to the MOC process for a given medical specialty board should occur no more frequently than the intervals used by each board for MOC.
4. Any changes in the MOC process should not result in significantly increased cost or burden to physician participants (such as systems that mandate continuous documentation or require annual milestones).
5. MOC requirements should not reduce the capacity of the overall physician workforce. It is important to retain a structure of MOC programs that permit physicians to complete modules with temporal flexibility, compatible with their practice responsibilities.
6. Patient satisfaction programs such as The Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient survey would not be appropriate nor effective survey tools to assess physician competence in many specialties.
7. Careful consideration should be given to the importance of retaining flexibility in pathways for MOC for physicians with careers that combine clinical patient care with significant leadership, administrative, research, and teaching responsibilities.
8. Legal ramifications must be examined, and conflicts resolved, prior to data collection and/or displaying any information collected in the process of MOC. Specifically, careful consideration must be given to the types and format of physician-specific data to be publicly released in conjunction with MOC participation.
9. The AMA affirms the current language regarding continuing medical education (CME): "By 2011, each Member Board will document that diplomates are meeting the CME and Self-Assessment requirements for MOC Part 2. The content of CME and self-assessment programs receiving credit for MOC will be relevant to advances within the diplomate’s scope of practice, and free of commercial bias and direct support from pharmaceutical and device industries. Each diplomate will be required to complete CME credits (AMA Physician’s Recognition Award (PRA) Category 1, American Academy of Family Physicians Prescribed, American College of Obstetricians and Gynecologists, and or American Osteopathic Association Category 1A)."

10. MOC is an essential but not sufficient component to promote patient-care safety and quality. Health care is a team effort and changes to MOC should not create an unrealistic expectation that failures in patient safety are primarily failures of individual physicians. (CME Rep. 16, A-09)

D-275.971 American Board of Medical Specialties - Standardization of Maintenance of Certification Requirements
Our AMA will work with the American Board of Medical Specialties to streamline Maintenance of Certification (MOC) to reduce the cost, inconvenience, and the disruption of practice due to MOC requirements for all of their member boards, including subspecialty requirements. (Sub. Res. 313, A-06; Reaffirmed: CME Rep. 7, A-07; Reaffirmed: CME Rep. 16, A-09)
D-270.989 Improvements to the Maintenance of Certification Process
By September 15, 2008, our AMA Board of Trustees will write a letter to the American Board of Medical Specialties (ABMS) asking that it work with its 24 member boards to:

a. coordinate with each other, the ABMS, specialty societies and the AMA to ensure that the demands of Maintenance of Certification (MOC) are reasonable; b. educate physicians and increase their understanding of the MOC process and its requirements; c. solicit physician input and feedback regarding MOC implementation; d. make transparent all recertification-related costs; e. work to minimize the disruption of physician practice due to MOC requirements; and f. ensure that the number of MOC-related testing dates and the locations of testing sites are ample enough to minimize the burden on physician practices and their time away from clinical care. (Res. 323, A-08; Reaffirmed: CME Rep. 16, A-09)

H-300.988 Restoring Integrity to Continuing Medical Education
The AMA (1) supports retention of the definitions of continuing medical education in the Physicians' Recognition Award ("Continuing medical education is composed of any education or training which serves to maintain, develop or increase the knowledge, interpretive and reasoning proficiencies, applicable technical skills, professional performance standards or ability for interpersonal relationships that a physician uses to provide the service needed by patients or the public.") and revised ACCME Essentials ("Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public."); (2) urges members of the medical profession to be attentive to the distinction between continuing medical education and continuing education which is not related directly to their professional activities; (3) believes that accredited sponsors should designate as continuing medical education only those continuing education activities which meet the definition of continuing medical education in the revised ACCME Essentials; (4) encourages the ACCME and state medical associations on the state level to weigh seriously, in considering the sponsor's continued accreditation, instances where an accredited sponsor identifies non-continuing medical education activities as continuing medical education; and (5) encourages state medical boards to accept for credit continuing education which relates directly to the professional activities of physicians, although each state with mandatory continuing medical education for reregistration of license has the prerogative of defining the continuing education it will accept for credit. (CME Rep. A, A-82; Reaffirmed: CLRPD Rep. A, I-92; Reaffirmed: CME Rep. 2, A-03)

H-300.982 Maintaining Competence of Health Professionals
(1) Health professionals are individually responsible for maintaining their competence and for participating in continuing education; all health professionals should be engaged in self-selected programs of continuing education. In the absence of other financial support, individual health professionals should be responsible for the cost of their own continuing education. (2) Professional schools and health professions organizations should develop additional continuing education self-assessment programs, should prepare guides to continuing education programs to be taken by practitioners throughout their careers, and should make efforts to ensure that acceptable programs of continuing education are available to practitioners. (3) Health professions organizations and faculty of programs of health professions education should develop standards of competence. Such standards should be reviewed and revised periodically. (4) When reliable and cost-effective means of assessing continuing competence are developed, they should be required for continued practice. (5) Patient relations and ethics are appropriate subjects for continuing education; educational providers should increase the offering in these fields. (BOT Rep. NN, A-87; Reaffirmed: Sunset Report, I-97; Reaffirmed: BOT Rep. 17, A-04)
H-300.973 Promoting Quality Assurance, Peer Review, and Continuing Medical Education
Our AMA: (1) reaffirms that it is the professional responsibility of every physician to participate in voluntary quality assurance, peer review, and continuing medical education activities; (2) to encourage hospitals and other organizations in which quality assurance, peer review, and continuing medical education activities are conducted to provide recognition to physicians who participate voluntarily; (3) to increase its efforts to make physicians aware that participation in the voluntary quality assurance and peer review functions of their hospital medical staffs and other organizations provides credit toward the AMA’s Physicians’ Recognition Award; and (4) to continue to study additional incentives for physicians to participate in voluntary quality assurance, peer review, and continuing medical education activities. (BOT Rep. SS, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CME Rep. 2, A-11)

H-300.958 Support for Continuing Medical Education
The AMA: (1) supports the concept of lifelong learning by recognizing the importance of continuing medical education as an integral part of medical education, along with undergraduate and graduate medical education; (2) encourages physicians to maintain and advance their clinical competence and keep up with changes in health care delivery brought about by health system reform; (3) assists and supports the expansion and enhancement of funding resources for continuing medical education on a local, regional, and national basis through foundations, private industry, health care organizations and appropriate government agencies; (4) encourages U.S. medical schools to integrate continuing medical education into the continuum of undergraduate and graduate medical education; (5) supports and assists medical schools, teaching institutions, and other health-related organizations in developing and facilitating implementation of health policy that supports research in continuing medical education, relevant to the needs of practicing physicians; and (6) supports efforts to facilitate and speed development of computer-based interactive and distance learning technologies to support learning needs of practicing physicians regardless of their geographic location. (Sub. Res. 310, A-94; Reaffirmed by CME Rep. 10, A-97; Reaffirmed: CME Rep. 2, A-07; Reaffirmed: CME Rep. 3, A-08)

D-300.978 Continuing Medical Education Credit for Maintenance of Certification / Osteopathic Continuous Certification Activities
1. Our AMA will petition both the American Board of Medical Specialties (ABMS) and the American Osteopathic Association (AOA) to strongly encourage each of its specialty boards to offer certified Continuing Medical Education (CME) credit for required Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC) activities dealing with practice performance assessment and life-long learning.
2. Our AMA encourages all specialty societies to grant certified CME credit for activities that they offer to fulfill requirements of their respective specialty boards’ MOC and associated processes. (Res. 329, A-11)