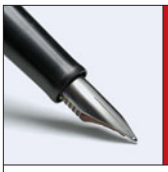


LETTER FROM THE EDITOR-IN-CHIEF

Longitudinal Assessment: A Dent in the ABMS Armor?

With the volume of dissent against Maintenance of Certification (MOC) now at a fever pitch, American Board of Medical Specialties (ABMS) boards are finally making changes to their recertification programs with the intent of reducing the burden on physicians.

The issue could not be more acute than in urgent care, where many UCA member physicians have been practicing for years. Working outside of their specialties of training and growing more distant from the best practice standards therein, recertification is an increasingly more difficult exercise. Additionally, the pressure for active board certification is mounting as more urgent care practices become affiliated or owned by health systems and as payers begin tightening the panels in saturated markets.

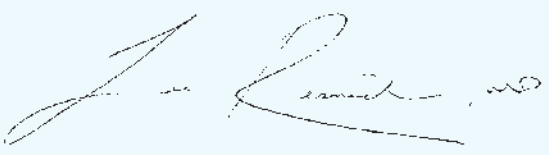
All of this has created an increasingly untenable situation. It bears mentioning that it is now easier for a physician assistant or nurse practitioner to become credentialed with a hospital or payer than it is for a physician. Essentially, credentialing requirements have deemed that a previously board-certified physician who doesn't recertify is "less capable" than an advanced practitioner who has no recertification requirement. That's not a knock on advanced practitioners—their boards have it right—but it's a serious flaw in the logic of our ABMS-dominated medical staff privileging and credentialing systems.

Not only are these recertification requirements unfair and potentially even career-changing, they are expensive, time-consuming, disruptive and stressful. At a time when there are few compelling reasons to enter into a primary care specialty, shouldn't we be looking for ways to ease the burden?

Fortunately, several efforts are afoot to either eliminate or reduce the relentless pressure of specialty recertification. Both the American Board of Family Medicine and American Board of Internal Medicine have implemented versions of a "longitudinal assessment" as an alternative pathway for recertification. These options allow for diplomates to sit for open book, online assessments. For family physicians, these assessments will be comprised of 25 questions every 3 months until 300 questions have been answered over a 3–4-year period. Feedback is immediate and references for correct answers are shared. Better yet, no additional payment is required to participate (a major complaint with the 10-year MOC process). ABIM announced a similar plan with online testing every 2 years (90 questions each) that allows for use of Up-To-Date for reference (a curious partnership with a for-profit entity). While neither of these MOC programs is perfect, each reflects an ABMS monopoly under pressure to reform. And that is a good step in the right direction.

Other challenges to traditional certification processes continue at both the national and state level. The National Board of Physicians and Surgeons (NBPAS) has been growing its influence in recent years with its cry for replacing MOC entirely with the same CME requirements used for state licensure. While they have achieved greater recognition and have a growing membership, their influence over the hospital and payer credentialing has been rather limited. So, NBPAS, along with state medical societies and other alternative certification boards, have been influencing several state legislatures to ban or limit board certification as a condition of licensure, reimbursement, employment, or admitting privileges. While there have been some consolation victories, nothing consequential has been passed into law. Most legislative observers believe, however, that the environment for action exists and, with time, just might yield enough momentum to turn the tide of these certification mandates.

Ideally, we will find a way forward that unburdens physicians from the expense and disruption of recertification exams while also allowing for greater freedom of practice. As urgent care physicians, we are in the uniquely difficult position of practicing in a different setting than our original certification was intended to test. For now, we can only look forward to a time when we can pursue our passion for urgent care medicine without unfair obstacles or punitive actions. ■



Lee A. Resnick, MD, FAAFP
Editor-in-Chief, *JUCM, The Journal of Urgent Care Medicine*