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January 14, 2019

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Dear Drs. Colenda and Scanlon:

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) submits the following comments on the “Continuing Board Certification: Vision for the Future Commission, Draft Report for Public Comment” on behalf of its membership. The AAO-HNS is the nation’s largest organization representing approximately 12,000 physicians who diagnose and treat disorders of the ear, nose, throat, and related structures of the head and neck. Our mission is to help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education, research, and health policy advocacy.

The AAO-HNS recognizes the significant time and effort put forth by both the members of the Vision Commission, as well as the various stakeholders who submitted input to the Commission vital to the preparation of the draft recommendations. The Academy has publicly supported the value and necessity of professional self-regulation, life-long learning with concomitant assessment of physician knowledge, and performance improvement resulting in optimal patient care. In fact, the Academy and the American Board of Otolaryngology-Head and Neck Surgery issued the following joint statement in December 2017:

**American Academy of Otolaryngology-Head and Neck
Surgery/American Board of Otolaryngology Joint Statement on
Professional Self-Regulation and Continuous Certification**

“The American Academy of Otolaryngology-Head and Neck Surgery and the American Board of Otolaryngology are strongly committed to the promotion of professionalism and safe, high-quality care through professional self-regulation. We feel this is best accomplished through ongoing lifelong participation in high-quality, meaningful, and relevant learning activities as well as on-going assessment related to an otolaryngologist head and neck surgeon’s current practice. We support the concept of designing learning and assessment activities that can be integrated into the physician’s normal workflow. We recognize that these activities require constant development and continuous improvement, including incorporation of feedback from practicing otolaryngologist-head and neck surgeons.”

T: 1-703-836-4444
F: 1-703-683-5100
W: www.entnet.org
A: 1650 Diagonal Road, Alexandria, VA 22314

It is our opinion that the past attitudes and policies propagated by the American Board of Medical Specialties (ABMS) and/or its component boards have created a situation in which a significant number of the board-certified physician community have lost confidence in the ABMS's ability to recognize the reality of a changing healthcare delivery system and adapt its policies in a timely fashion. This has contributed to the somewhat urgent situation that exists today, which in turn led to the formation of the Vision for the Future initiative. The AAO-HNS also believes this may well be the last opportunity to create a system that recognizes the concerns of all stakeholders, including the diplomates. For that reason, we recommend taking the time necessary to "get it right" or risk significant splintering of the medical community with a marked proliferation of alternative boards, or even worse, the loss of physicians' opportunity for meaningful self-regulation.

As set forth below, the AAO-HNS will offer comments related to the overall content of the Draft Report, followed by comments on the Report's specific statements and recommendations, particularly those areas of significant concern to our members.

First, we must acknowledge the current situation that our clinicians face in the day-to-day practice of medicine. Over the last several years, there has been widespread recognition of "physician burnout" with resultant dedication of resources to identify and address etiologic factors, both individual and systemic, contributing to this far-reaching problem. There is no question this issue has been worsened by the ever-increasing administrative burden placed on physicians of documenting not only direct care both for payment and quality reasons, but also a plethora of additional "practice related" areas. These include almost constant new requirements and courses from hospital systems, state licensing boards, payers, and the medical community itself. There already exists significant duplication among these entities that serves no tangible benefit to either physicians or their patients. This Report makes recommendations that would only amplify this problem, particularly in the realm of professionalism.

Further, it is our opinion this Report is an attempt to expand ABMS responsibilities and powers well beyond what has been traditionally associated with certifying boards – the verification of adequate knowledge and skill to practice good clinical medicine. In fact, the recommendations included in the Report have the potential to be in conflict with policies of state medical boards, hospital credentialing processes, and payer participation, and at a minimum, duplicative of their responsibilities. Our members have significant concerns about an ABMS expansion into areas where it has no proven expertise and the establishment of yet another standard or hurdle to overcome, beyond the existing requirements of the previously-mentioned entities. To do this right, significant additional resources would be required which would place an undue burden on smaller boards and specialties, and most certainly increase costs to the diplomates.

The AAO-HNS is also concerned that flexibility previously available to individual boards within the ABMS system would be taken away for the most part, potentially subjecting diplomates of the progressive, responsive boards to the same debacle experienced by ABIM diplomates. Further, this shift would have the potential to eliminate the incentive for the self-improvement opportunities that the Draft

Report seems to favor. The “one-size-fits-all” approach fails to recognize the significant differences within the specialties represented by the ABMS, both in initial training, and more importantly, in the ongoing practice of each respective area.

More specifically, while the AAO-HNS maintains a neutral stance on several statements and recommendations presented in the Draft Report, we do **support and endorse** the following:

- Initial certification and continuing certification have different purposes.
- Initial certification has value.
- Diplomates are committed to providing high-quality care.
- The process should provide value to diplomates to ensure costs are commiserate with benefits.
- All programs should support diplomates in their goal to improve their care of patients.
- The term “Maintenance of Certification” should be abandoned and replaced.
- ABMS Boards should be encouraged to consider what core knowledge, judgment, and skills are needed to be a diplomate in their core specialty or subspecialty and create assessments that are preferentially focused on the content of the diplomate’s principal area of practice.
- ABMS Boards must provide timely and relevant feedback as part of any assessment.
- ABMS Boards must have a clearly defined remediation pathway.
- ABMS must encourage hospitals, health systems, payers, and other health organizations to not deny credentialing or privileging to a position solely on the basis of certification status.
- ABMS and the ABMS Boards should collaborate with other organizations to facilitate and encourage independent research that determines:
 - Whether and to what degree continuing certification contributes to diplomates providing safe, high-quality, patient-centered care.
 - Which forms of assessment and professional development activities are most effective in helping diplomates maintain and enhance their clinical skills and remain current in their specialties.
- ABMS Boards must regularly communicate with their diplomates about the standards for the specialty to foster feedback about the program.

However, there are specific concerns with some of the Report’s statement and recommendations, as well as the tenor of the document. Specifically, the AAO-HNS **opposes** the following:

- The Commission recommends that professionalism, assessment, lifelong learning, and practice improvement must be part of continuing certification programs.
 - Within the Draft Report, there are multiple references to the term “practice improvement.” To our knowledge, a uniformly-accepted definition of “practice improvement” and processes designed to achieve such have not been established. There are certainly a number of Quality Improvement projects done within health systems, but as to what constitutes an individual physician’s “practice improvement” has not been determined. This is another area where the ABMS has no record of proven success.

- The Commission believes all diplomates should be expected to participate in their respective ABMS Board’s continuing certification programs in order to ensure they are keeping current with advances in their specialties. Continuing certification should be structured to expect diplomate participation on an annual basis.
 - Perhaps the most divisive of all the recommendations is the Commission statement that expects all diplomates, regardless of the type of certificate they possess, to participate in continuing certification programs to ensure they are keeping current with advances in their specialty. The insinuation that the only way a diplomate can keep current with advances in their specialty is to participate in an ABMS program is ludicrous. Over 60 percent of AAO-HNS members currently hold time-unlimited certificates. If this provision is mandated, the likelihood for lawsuits, formation of alternative boards, abandonment of specialty associations, or retirement by many diplomates exponentially increases. Instead of mandating participation, one should create a product that is actually desirable to its participants and proven by evidence to positively affect patient outcomes, maintain and improve skills, fit within an improved workflow system, accomplished with reasonable time and effort, and satisfies CME, licensure, and privileging requirements at a reasonable cost.
- ABMS Boards should have structured, at least annual, meetings with the major specialty/subspecialty organizations to receive input and feedback about initial certification and continuing certification decisions and programs and should engage and communicate, at least annually, with state medical societies and state medical boards to receive input and feedback about initial certification continuing certification decisions and programs.
 - The AAO-HNS asserts this requirement, as well as others in the Report, would impose undue hardships on smaller boards that may not have adequate resources to comply without significantly raising cost to diplomates.
- ABMS Boards should include at least one public member.
 - While the AAO-HNS agrees public input is critical, it is shortsighted to mandate a public member on every board. There are more representative and efficient ways to gather public input that would embody a much broader viewpoint than an individual participant might bring.

In summary, our greatest concerns revolve around the perceived effort of the ABMS to expand its reach and consolidate power at the expense of individual board flexibility. This would result in duplicate or worse evaluations by hospitals and state medical boards and increase the root cause of a great deal of “physician burnout” faced by the average practitioner. Further, the Draft Report’s statements and recommendations fail to recognize the difference in training and maintenance of skills between the various specialties. Finally, the current makeup of the various ABMS boards is not reflective of the physician or patient community in the United States at this time. There is virtually no representation for many groups demographically, as well as type of practice. Specifically, there is a gross

underrepresentation of the private practicing physician in these organizations, which is a major reason why the ABMS currently finds itself in its current position.

Thank you for your consideration of our comments, and we look forward to future opportunities to review the much-needed modifications to the Draft Report. If you have questions regarding the above-stated concerns, please contact healthpolicy@entnet.org.

Sincerely,



James C. Denny III, MD, FACS
Executive Vice President/CEO