Grandfathered Physicians: A Few Choose to Recertify

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While the prospect of maintain ing certification is met with resistance by many physicians, some internists say the process is useful and relevant.

In a recent issue of the New England Journal of Medicine, two internists who were certified before 1990 and therefore have grandfathered lifetime certifications detailed their experiences of going through the maintenance of certification process.

Troyen A. Brennan, M.D., president of Brigham and Women’s Hospital Physician’s Organization and past chair of the American Board of Internal Medicine (ABIM), was motivated to voluntarily re certify by a feeling of hypocrisy in advocating the process for his younger colleagues but not going through it himself. And he was growing uncomfortable with some relevant clinical issues such as new antiretroviral drugs for HIV infection. “I was not just feeling self-down: I had patients to consider,” Dr. Brennan wrote (N. Engl. J. Med. 2005;353:1989-92).

He allotted 2 years to complete the maintenance of certification process. The biggest hurdle, Dr. Brennan wrote, was the exam. Even after reviewing the literature and online textbooks, he found the ABIM’s self-evaluation program modules difficult. But despite his struggle to prepare for the exam, Dr. Brennan wrote that the material was both relevant and useful.

“My review improved my hunches about common medical problems and made me comfortable in areas that used to be somewhat murky,” he wrote.

Another grandfathered internist, Richard J. Baron, M.D., has also been through the process of voluntary maintenance of certification and described his experience completing an ABIM practice improvement module for diabetes (N. Engl. J. Med. 2005;353:1992-3).

Dr. Baron, an internist in Philadelphia and a director at ABIM, found mixed results in his practice. To complete the module, he mailed a structured patient survey to a random sample of 21 patients with diabetes and audited their charts.

All of the patients surveyed reported that it wasn’t a problem to reach the office with a question or get a referral. However, only 60% of patients said they “definitely” knew what to do to alleviate symptoms of low blood sugar, and only half of the patients rated their overall diabetes care as “excellent” or “very good.”

Dr. Baron also found out that while all 21 patients had undergone hemoglobin measurements, only 15 of the 21 patients had urinary microalbumin results available.

The results will help him to improve patient education and implement systems designed to increase the number of diabetes patients who undergo annual urinary microalbumin testing, he wrote. One of the big challenges facing officials at the ABIM is convincing grandfathered physicians to recertify. ABIM’s President and CEO Christine K. Cassell, M.D., said in an interview:

About 80,000 interns—out of approximately 180,000 ABIM diplomates—hold only lifetime certificates. Of those, about 3% have voluntarily participated in maintenance of certification, according to ABIM.

Part of the problem is that physicians don’t realize the process is very low risk. Physicians with time-limited certificates may stress over the text because they could lose their certification, but grandfathered physicians will always have their lifetime certificate, she noted.

Dr. Cassell said she is hopeful that more grandfathered physicians will volunteer for recertification, especially if it can help them in other areas such as getting recognition from their states to maintain their payments from a health plan.

Starting in January, internists will face new requirements for maintenance of certification. The practice assessment component, which is currently voluntary, will become a requirement next month.

Physicians will have a number of options for fulfilling this requirement, including any of the ABIM’s practice improvement modules, its peer-and-patient feedback module, or existing patient data from an insurer. Another option is participating in an approved quality-improvement program.

Also in January, ABIM will introduce a point system to eliminate the need to count modules. Instead of a requirement to complete five self-evaluation modules with one medical knowledge module in the physician’s area, the new process will call for completing self-evaluation modules to earn 100 points.

Physicians must earn 20 points in medical knowledge, 20 points in practice performance, and 60 points in electives. The points are valid for 10 years from the date the modules are completed.

The point system will make it easier for physicians to renew certificates in more than one area, according to ABIM. The same 100 points will satisfy all self-evaluation requirements regardless of how many certificates the physicians renew.

All participating physicians will receive a second certificate, physicians will only need to be licensed and in good standing, to pass the secure exam in the two areas, and to earn 100 points.

Details on changes to ABIM’s maintenance of certification process are available online at www.abim.org/moc/moc_news.htm.