



Medical Systems Management: How the Business of Medicine Affects Me

Anthony Chiodo, MD, MBA

Michigan Medicine


Department of Physical Medicine and Rehabilitation


Disclosures

- ABPMR Chair
- AANEM President-Elect
- At-large member of the ABMS Board of Governors

Philosophy

- Are professional organizations best equipped to oversee their field?
 - Content expertise
 - Best ability to recognize variance in ability and performance
 - What is their culture for self-monitoring?
 - Protect the public
 - Protect the professional
 - Protect the field

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- Is government best equipped to oversee professional licensing?
 - May lack content expertise but could invite members to work in concert with the government
 - Protecting the people as the primary goal
 - Has enforcement teeth
 - Size and scope of this responsibility

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- **Is a blended approach best?**
 - United States Physician Regulation System
 - Are there areas where self-regulation goes awry?
 - Are there adequate checks and balances to protect both the public and the professional?



GOVERNMENT REGULATION

Airline Pilots

- Justification: 99% accuracy would be considered unacceptable
- FAA regulations regarding training under certified instructor
- Equipment specific certification
- Pass written and practical examination
- Biannual physical and practical examinations

Law Profession

- State by state licensing
- Professional rules set and enforced by state supreme court
- Common law rules governing malpractice, breach of duty
- Legislatures set statutory regulations and criminal penalties
- Because lawyers participate heavily in producing the governing professional rules and the broader external law that affects the bar, lawyers in some respects are distinct among regulated professionals

Medical Licensing Regulating Industry


- Federation of State Medical Boards (FSMB): 70
- It supports its member boards as they fulfill their mandate of protecting the public's health, safety and welfare through the proper licensing, disciplining, and regulation of physicians and, in most jurisdictions, other health care professionals.
 - USMLE co-sponsor: US Medical Licensing Exam (NBME)
 - SPEX: Special Purpose Exam for people who have been out of practice
 - FCVS: Federation Credentials Validating Service
 - Physician Data Center: comprehensive repository of licensure and sanction data provided by state medical boards, the Department of Defense, the U.S. Department of Health and Human Services, and a growing number of international regulatory agencies
 - DANS: robust reporting system to the ABMS Boards (pushed to them rather than pulled from the Board)

Licensing and Regulatory Affairs: MI

- LARA supports business growth and job creation while safeguarding Michigan's citizens through a simple, fair, efficient and transparent regulatory structure.

Michigan Board of Medicine

- The Michigan Board of Medicine was originally formed with the enactment of Public Act 237 of 1899. This act provided for the examination, regulation, licensing and registration of physicians and surgeons in the State of Michigan, and for the discipline of offenders against the Act

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- The Public Health Code mandates certain responsibilities and duties for health professional licensing
 - Philosophy: promote and protect the public's health, safety, and welfare
 - Ascertain minimal entry level competency of medical doctors
 - Require continuing medical education during licensure
 - Take disciplinary action against licensees who have violated the Michigan Public Health Code.
 - The Michigan Board of Medicine consists of 19 voting members: 10 medical doctors, 1 physician's assistant, and 8 public members.

State of MI Qualifications

- Graduate from an approved medical school in the US or Canada or obtain Educational Commission for Foreign Medical Graduates (ECFMG) Certification
- Complete two years of accredited postgraduate training (PGT)
 - Accreditation Council of Graduate Medical Education (ACGME)
 - College of Family Physicians of Canada
 - Royal College of Physicians and Surgeons of Canada
 - National Joint Committee on Accreditation of Pre-registration Physician Training Programs of the Canadian Medical Association
 - Any hospital accredited by the Joint Commission on Accreditation of Hospitals (JCAH).
- Pass Step 3 of the USMLE examination.
- Note: Board Certification is not required

State Medical Board

- Investigatory ability
- Privilege to grant and rescind license to practice
- With USMLE 3 and two years training as the competency bar, this is NOT their area of expertise
- Primary responsibility is to ensure minimal standards for professionalism
 - Future discussion regarding ABMS

Physician Self-regulation



TECHNICAL AND CONTENT STANDARDS

By Physician Led Organizations


- Medical Schools regulated by LCME
- Resident and Fellowship training regulated by ACGME
- Board Certification regulated by ABMS member boards

Failures in Physician Self Regulation

- British examples (1990's)
 - Shipman committed 236 patient murders
 - Ayling committed 12 accounts of sexual assault
 - Kerr and Aslam committed sexual assault on psychiatric patients
 - Green committed sexual assault on 9 male patients
 - Surgeons committed malpractice resulting in 30 preventable child deaths
 - Gynecologist who gained privileges and committed 34 malpractice charges after having been found to have committed malpractice resulting in the deaths of 2 patients in Canada


Prior: self governing community of equals


- GMC made it difficult for patients to make formal complaints about doctors during much of the period when the events underlying the scandals occurred. Complaints required a statutory declaration sworn before a Commissioner of Oaths
- Guidance on Professional Conduct, explicitly advised that “the deprecation by a doctor of the professional skill, knowledge, qualifications or services of another doctor” could itself amount to serious professional misconduct
- The Council is only concerned if there has been SPM; it may regret other types of misdemeanour, but it has no jurisdiction over them

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- Not only did the “bad apple” doctors contaminate the good standing of the entire profession, they also critically exposed the state to blame by revealing its deficiencies in running the NHS and in regulating doctors

New General Medical Council

- 12 member board provides oversight into licensing
- 6 physician and 6 lay members
- “We decide which doctors are qualified to work here and we oversee UK medical education and training.”
- “We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.”
- “We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.”

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- Setting physician practice standards
 - Set undergraduate and postgraduate medical training standards and oversight
 - Includes inspections
 - Manage continued professional development
 - Revalidation every five years
 - Investigative powers and with full disciplinary power

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- ECFMG partners with the [National Board of Medical Examiners \(NBME\)](#) in administering the Step 2 Clinical Skills (CS) component of USMLE, a requirement for IMGs and for graduates of U.S. and Canadian medical schools who wish to be licensed in the United States or Canada. Through this collaboration, ECFMG uses its experience in assessment to ensure that all physicians entering U.S. GME can demonstrate the fundamental clinical skills essential to providing safe and effective patient care under supervision.
 - ECFMG Certification also is a requirement for IMGs to take Step 3 of the three-step [United States Medical Licensing Examination \(USMLE\)](#) and to obtain an unrestricted license to practice medicine in the United States.

What is Self-Regulated in the US?

- Training
- Certification
- Continuing Education

Training Self Regulation

- ACGME
- Current Topics
 - physician wellness
 - assistant physician
 - duty hours
 - ECFMG oversight

Certification Self Regulation

- ABMS
- Individual Member Boards

ABPMR

- Key expertise is on board examination (Written, Oral, subspecialty)
- Key issues
 - Psychometric expertise
 - Exam security
 - Exam template and content expertise
 - Exam item writing methodology
 - Exam standard setting
- Concept of the minimally competent physician
- Sets standards but does not make products: conflict of interest (no MOC products, no CME, no courses)

What are some of the potential pitfalls for certifying beyond minimally competent?

1. PAYERS DIFFERENTIATE

2. DOES MEASUREMENT MEAN ANYTHING

3. IS THE DATA VALID

Purpose of MOC

- YES: Ensure maintained competency in the medical knowledge of the field
- YES: Stay up to date
- NO: Ensure no issues with regard to aging that impact ability to practice

Drivers of MOC

- Patient groups: “How do you ensure that your physicians stay up to date?”
- Data that supports the weak value of typical CME
- Data that supports the notion that people (not just physicians) are not good at identifying their knowledge gaps
- What role do physicians play in making healthcare safe?

MOC

- Part I: License
- Part II: CME and self assessment
- Part III: Examination
- Part IV: Practice Improvement

Part I

- Varying interpretation among the boards on whom to certify and whom to not
 - Lost license
 - Probation
- Additional components
 - Supervisor Attestation
 - Colleague Attestation
 - Hospital Credential Committee Attestation
 - 360 Evaluation

What is new in MOC?

- Activities that meet Part II and Part IV
- Adult learning theory and the format of Part III
 - Adults learn with repetitive testing
 - Cramming gets you through an exam but does not help knowledge going forward
- Modular exams
 - Make exams more relevant
 - Make exams that reflect the candidate's work
- Expanded menu of Part IV activities

ABMS

- Federation of Member Boards
- Do services together that others cannot do alone
 - Exam Security
 - Employee compensation
 - Examination Platform
 - Examination Standards
- Share best practices
 - MOC Directory
- Communications
- Maximize efficiencies: Liability
- Consistency: What the payers want
- Alternative Pathways to Board Certification
- Pilot MSIV year as a HO-I year

Improvement in Medical Practice

- Consensus that leads to Part IV: safety, preventing errors, improving diagnoses
- Member Boards identify Minimally Competent
- Future need is to identify the High Value Physician (Competent and Efficient)
 - Based on outcome data: Holy Grail
 - Registries: limitation
 - Limitation of EMR: Don't talk to payer databases

MOC IV Activities

- Portfolio Project
- Self-Designed PIP
- Hospital based or training program PIP
- Leadership position engaged in performance improvement
- Research publication/presentation in performance improvement

Continuing Education

- ACCME
- The ACCME's mission is the identification, development, and promotion of standards for quality continuing medical education (CME) utilized by physicians in their maintenance of competence and incorporation of new knowledge to improve quality medical care for patients and their communities.

Specialty Societies

- Education
- Advocacy
- Practice Tools

Specialty Societies

- AAFP
- ACP
- AOA
- ASIM
- ESGP/FP
- Wonca

Examples

- AAPMR
- AAP
- ASIA
- AACPDMD
- ISIS (Interventional Society for Interventional Spine)
- NASS
- AIUM
- AASM

AMA

- Advocacy
- Education and publications
- Practice resources
- Insurance and financial services
- With AAMC, supports Liaison Committee on Medical Education

Education

- Meetings
- Periodicals
- Paper, video, web based education
- Meets ACCME standards to provide CME in areas of expertise

Advocacy

- Lobbying
 - Clinical
 - Research
- Representing the field to government, physician groups, payors
 - Policy
 - Reimbursement

Practice Tools

- Billing and coding tools
- Job boards and postings
- Registries
- Quality reporting
- Practice Guidelines
- Practice Development Tools

Summary

- Government regulation via licensing: address professionalism
- Physician self-regulation training and continuous certification
- Payers looking for more than “minimally competent”, although there is not yet data to support their need