

JUNE 2010 AMERICAN BOARD OF DERMATOLOGY RETREAT

On June 12, 2010 the Directors of the American Board of Dermatology held a one day retreat in Chicago to discuss procedural dermatology and the workforce shortage of pediatric dermatologists.

Pediatric Dermatology

The half-day morning session included invited dermatologists Michael Smith, Rich Antaya, Albert Yan, Ilona Frieden and David Adelson, a public member, the ABD Directors and staff. A summary of available workforce data was presented and discussed, with consensus agreement that there is a significant shortage of medical providers with expertise in treating pediatric skin disease. This shortage is comparatively greater than for adults with skin disease and comparatively greater than for all other pediatric subspecialties. The shortage reflects not only a limited number of providers for patient care, but also an unmet need for educators to guide primary care clinicians and trainees.

The shortage is also socioeconomically linked to a large underinsured population that disproportionately affects children. In 2007, up to 50% of children were covered by Medicaid in many urban areas. Compounding the problem is the diminishing number of dermatologists willing to see underinsured patients. Limited data extracted from AAD sponsored Practice Profile Surveys revealed that 30% of dermatologists accepted Medicaid in 2007. In 2009 the question was asked differently, with responders reporting that 5% of their revenue came from Medicaid. Dr. Adelson presented survey data he recently collected from his region, showing that 11% of dermatologists accept Medicaid. This proportion did not change after an increase in Medicaid physician reimbursement to 120% of Medicare fees. The survey identified several other barriers to providing medical care to impoverished children, including billing and collecting efforts, high no-show rate, chaotic social situation, limited formulary, and perceived liability.

The retreat participants concluded that additional data is needed to further define the shortage and identify its impact on patient outcomes. Possible solutions were also proposed:

- Improve training for primary care providers by developing guidelines as well as web-based curriculum, including interactive algorithms that focus on “the big five” pediatric skin conditions: eczema, acne, warts, molluscum, and nevi.
- Suggest incorporating increased dermatology exposure into future Pediatric RRC requirements.
- Increase dermatology resident exposure to pediatric dermatology. This could be initiated with specific additions to the RRC program requirements, such as pediatric procedure and consultation logs.
- Partner with the Association of Professors in Dermatology to encourage residency programs to reserve slots for pediatric candidates.
- Revise the dermatology residency to focus on general dermatology during the PGY-1 and PGY-2 years, then begin to stratify exposure in the PGY-3 year by subspecialty interest, so that eligibility for subspecialty certification could be earned by the end of the PGY-4 year.
- Create alternate training pathways, such as a 5 year combined pediatrics/dermatology residency, or design “Special Certificate” post-residency training for pediatricians. These programs would require close collaboration with the American Board of Pediatrics. A joint ABP/ABD Task Force was proposed to facilitate this interaction.
- Partner with the AAD to generate programs that recognize and reward clinicians who provide care for the

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ALTERNATE PATHWAY TO ENTER MOC-D

Beginning in January of 2011, lifetime certificate holders as well as recertified individuals not yet in MOC-D (Maintenance of Certification-Dermatology) will be able to enter the program without first taking an examination. The American Board of Dermatology wants to encourage all its diplomates to enter MOC-D for the sake of the educational and practice assessment components, but also to allow access to the program in light of the possibility for enhanced reimbursement by certain payers and the move to link state licensure to MOC.

Notify the ABD office by email or letter if you want to apply to enter MOC-D. We will place the MOC-D table in your secure online profile at which point you may make the first year's payment of \$150, attest to your licenses and clinically active status. By the end of the first year, you will need to document a minimum of 25 hours of CME. Requirements for completion of the various program elements are described in the online table and accompanying text. You may direct further questions to 313-874-1088 or abderm@hfhs.org.

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underinsured, in keeping with stated core values of the AAD: patients first, professionalism, collaboration and social responsibility. For example, CME or MOC credit could be earned for staffing indigent care clinics or giving lectures to primary care providers. Other ideas for AAD-sponsored recognition are discounts for products or meeting registration fees, or awards for those who give their time and expertise to underinsured patients.

Procedural Dermatology

Training in micrographic and reconstructive surgery for skin cancers has been increasingly a part of the standard dermatology curriculum, and more intensive training is available through fellowship. In an effort to apply rigorous standards to these training programs, formal fellowship accreditation was initiated in 2002 through the ACGME (Accreditation Council for Graduate Medical Education), the major accrediting organization for residency and fellowship training in the US. Although the Dermatology Residency Review Committee (RRC) proposed to ACGME that the name of the fellowship reflect the fact that the training was in dermatologic surgery, strong opposition from certain surgical specialties to the use of the word "surgery" in association with "dermatology" resulted in choosing the name "Procedural Dermatology" (PD). In 2008-09, the ABD began to develop a proposal for subspecialty certification in PD through the American Board of Medical Specialties (ABMS). Many objections were raised to the subspecialty certification by dermatology colleagues and by some dermatology organizations. In response to these concerns, the ABD named a task force to reevaluate PD certification. The Procedural Dermatology Task Force (PDTF) organized a retreat to hold a constructive dialogue with representatives of various interested groups.

Invited guests at the afternoon retreat consisted of representatives from the American Academy of Dermatology, American Academy of Dermatology Advisory Board, American Dermatological Association, American College of Micrographic Surgery, American Society of Micrographic Surgery, American Society of Dermatologic Surgery, the Association of Professors of Dermatology, and representatives from 6 state dermatology societies (California, Florida, Illinois, Oregon, Pennsylvania, Texas; Ohio was invited but was not able to send a representative). In order to have an interactive discussion, the number of invitees was necessarily limited. In selecting state dermatology societies to invite, the ABD requested recommendations from the AAD Advisory Board Executive Committee, as

the various state and regional societies' representatives constitute the AAD Advisory Board. The PDTF, the Board of Directors, and Executive Staff of ABD, and a representative of the public were also present.

The format for discussion was to consider the following key questions:

- *Are there any circumstances under which ABD subspecialty certification should be offered to those who have completed fellowship training in PD?*

It is standard for ACGME-accredited fellowships to have associated certification available through member Boards of the ABMS. There are exceptions, mainly fellowships with small numbers of programs, but it is quite unusual for an ACGME-accredited fellowship with more than a handful of programs not to have subspecialty certification available. PD currently has 44 ACGME-approved fellowship programs but no subspecialty certification. The fundamental question has to do with whether PD should remain an exception to the usual practice of offering subspecialty certification. If it is an exception, why is it an exception?

- *If there is certification, what should the focus of certification be?*

The focuses of the ACGME-approved fellowship are techniques of micrographic surgery of skin cancers, complex cutaneous surgical reconstruction, management of high-risk skin cancers, and associated knowledge bases such as tumor biology and wound healing. If there is certification, should its focus match that of the fellowship? There are a few dermatology fellowships that emphasize cosmetic dermatologic procedures. Should the focus of certification be broader, to include cosmetic dermatology? Are there other alternatives?

- *If there is certification, what should the name be?*

Should the name Procedural Dermatology be retained or would a name more reflective of what is being certified be more appropriate and less subject to misunderstanding about what the certification represents? If not PD, then what name?

- *If there is certification, who should qualify to sit for the certifying examination when it is initially offered?*

In previous experiences, ABD has had an initial "grandfather" period where application for certification was offered to any Board-certified dermatologist who wished to apply (dermatopathology) or to any Board-certified dermatologist whose practice could be demonstrated to be concentrated in the subspecialty field

(pediatric dermatology). Should there be a grandfather period? If so, who should qualify to apply?

For all of the above questions, the PDTF presented to the group a very wide range of points of view that have been articulated by various individuals and organizations, then opened the floor to comments from the guests. There followed a productive and collegial discussion, with each of the invited guests contributing. The retreat was not designed or anticipated to result in consensus on all key issues, and indeed a variety of opinions were aired. There did appear to be general agreement that the subspecialty has value for dermatology and for patients. The PDTF and the ABD very much appreciate the efforts of all involved in helping the ABD come to decisions that are in the best interests of the public and of the specialty.

At the Interim Board meeting the following day the Directors determined that, whether or not subspecialty certification is pursued, certain changes in the fellowship are advisable. Specifically, a name change and a change in program requirements to emphasize dermatologic surgical oncology should be sought. Both of these are under the purview of the Dermatology RRC and should be taken up in the next review cycle, which is in approximately 5 years. As subspecialty certification is closely linked to fellowship training (with the possible exception of "grandfathered" individuals), it was felt most appropriate to make the above amendments to the fellowship prior to considering submission of an application for subspecialty certification.

NEW DATES FOR 2011 MOC-D/RE-CERTIFICATION EXAMINATION !

**February 10-19, 2011 (excluding Sunday)
September 19-24, 2011**

The examination will be administered at a Pearson Vue testing center located near your home. If your certificate expires in 2011, 2012 or 2013, you are eligible to take the 2011 examination. Application for the February 2011 examination has closed but the deadline for receipt of applications for the September examination is March 14, 2011. Visit the ABD website for more information – www.abderm.org – or telephone the office at 313-874-1088.

For those of you who have applied to take the February 2011 examination, registration at Pearson Vue will open on November 15, 2010. Visit the Pearson Vue website at <http://www.pearsonvue.com/> and click on "Locate – Find a Test Center" to locate a test center in your area.



MOC/PQRI Q&A

Bill passage

As you know, the House of Representatives voted March 21, 2010 to approve the Senate bill (HR3590) as well as a budget reconciliation bill (HR4872). The American Board of Medical Specialties (ABMS) has provided the questions and answers below to help you understand what the passage of the HR3590 Senate bill (which incorporates MOC/PQRI language) means to Board certified physicians.

What Maintenance of Certification language is included in the healthcare reform legislation?

We are very pleased to report that ABMS Maintenance of Certification® (ABMS MOC®) has been recognized by Congress and will soon be signed into law as an option for physician participation in the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative, also known as PQRI.

The MOC/PQRI language is included in Senate bill HR3590. It amends the criteria for participation in quality reporting and incentive payment adjustment by inserting "or through a Maintenance of Certification program operated by a specialty body of the American Board of Medical Specialties that meets the criteria for such a registry."

What exactly is PQRI?

PQRI is a physician quality reporting system established by the CMS. The program includes an incentive payment for physicians who satisfactorily report data on quality measures for professional services provided to Medicare beneficiaries.

ABMS MOC requires all participating physicians to assess their own quality of care in comparison with peers and national benchmarks. That process makes MOC a natural fit with the CMS quality reporting agenda.

When does this new MOC option for PQRI participation go into effect?

The effective date is 2011.

Does this change the incentive payment for PQRI participants?

Yes, the bill enhances PQRI incentive payment for eligible physicians who voluntarily choose to participate through the new MOC pathways, which provide an increased incentive payment as of 2011.

What is the specific PQRI incentive payment increase in this new bill?

For 2011 through 2014, eligible physicians who meet the PQRI requirements could qualify for a payment increase of 0.5 percent for Medicare covered professional services.

What happens to the PQRI incentive payment after 2014?

The PQRI incentive payment will continue for participating physicians. But beginning in 2015, eligible physicians who choose not to participate in PQRI will be paid for Medicare covered professional services at a rate of 98.5 percent. In 2016, that payment rate will be reduced to 98 percent.

How do I use my MOC activity to qualify for participation in PQRI?

Starting in 2010, each of the 24 Member Boards will be considering whether their MOC program will be participating in this PQRI incentive program. Based on their decision, they will provide physicians with guidance on how to participate. Beginning in 2011, physician diplomates who successfully complete an MOC practice-based assessment comparing quality of care to peers and to national standards would be able to use this measure to meet PQRI requirements and to qualify for PQRI payment incentives that apply to care provided to Medicare patients.

The American Academy of Dermatology is in the process of organizing a practice improvement exercise relating to melanoma that will allow diplomates to fulfill MOC-D requirements and PQRI reporting. Once ready for your use, you may access the program through a link placed beneath the MOC-D table in your ABD profile or directly through the AAD.

What does the American Board of Dermatology do now?

The American Board of Dermatology – like all other ABMS Member Boards – will now begin the process of determining how we will choose to participate with this new pathway within the PQRI program. The ABD encourages all organizations interested in dermatologic education to develop and submit programs to the ABD which will fulfill MOC-D and PQRI reporting requirements. Once these have been approved, a link to the website will be provided beneath the MOC-D table of your ABD profile. ●

American Board of Dermatology

Congratulations to the following 79 physicians who were recertified by the American Board of Dermatology on August 8, 2010

Deborah J. Armstrong	Susan Deborah Laman
Bitu Bagheri-Dastgheib	Patricia Ledwig
Carl Bigler	Annette Lynn
Marc Eric Boddicker	Robert William Martin III
John Bradford Bowden	Nancye McCowan
Brian Bradshaw	Jessica Mehta
Sharon Bridgeman-Shah	Beatriz Mendez
Jennifer Buckley	Julie Mermilliod
John Scott Cardone	Elias J. Michael
Joseph Catanzaro	Robert F. Moreland Jr.
Joy B Chastain	Jennell Nelson-Outerbridge
Cindy Chen	Farhad Niroomand
Bharati Chittineni	Frederick D. Ott
Lisa Cohen	Lisa A. Pawelski
Pamela Davis	Eric Pitts
Kathleen DeManivel	Neill C. Porter
George Dobo	Jerome Potozkin
David Eilers	Phoebe Rabbin
Janet Fairley	Jeffrey Lawrence Rand
Evan Farmer	Franziska Ringofeil
Jerry Feldman	Tom Roark
Susan Gass	Jane Rowe
Pierre George	Kirk Saddler
Stanley Gilbert	Lori Schaeen
Rashel Goodkin	Maralyn Seavolt
Scott Guenther	Jessica Severson
Mary Hall	Navjeet Sidhu-Malik
Curtis Henderson	Margaret Stewart
Ann E. Hern	Erik Stratman
Oscar Hevia	Janet N Sullivan
Ronald Higgins	Eric Torp
Thomas Hirota	Charles Trapp
Benjamin Hsu	Malika Tuli
Razan Kadry	Barry Waldman
Diane Kallgren	Gary White
Candance Kimbrough-Green	Paul Yamauchi
Candace King	Regina Yavel
Lewis Kirkegaard	James Yiannias
Kenneth Klein	Patricia Yun
Raymond Kuwahara	

This is in addition to the 94 dermatologists who were recertified in March 2010.

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American Board
of Medical Specialties

Higher standards. Better care.®

Update American Board of Medical Specialties (ABMS)

Randall Roenigk, MD ABMS Board of Directors

The ABMS Board of Directors meets four times a year. The Board is composed of one director from each of the 24 Member Boards, the ABMS Executive Committee and CEO, 3 associate members and 3 (soon to be 6) public members. Topics of interest to diplomates of the ABD from the ABMS meetings are summarized here.

Display of MOC Participation

Beginning August 2011 the ABMS website will list all certified diplomates in the following format.

Physician name

American Board of XX

*Participating in Maintenance of Certification (MOC)**

Yes

No

**A physician is designated as participating in MOC if he/she is enrolled in the MOC program of his/her Member Board and meeting the requirements of that program.*

ABMS/AMA Physician Consortium for Performance Improvement (PCPI) Master Agreement

The cost of developing valid performance measurement tools exceeds the resources available to the ABMS, all smaller Boards and most medium-sized Boards. There are some of the larger Boards (internal medicine, family medicine, pediatrics) and some specialty societies that have developed validated performance measurement tools. Partnering with AMA allows the ABMS to play a role in the development of performance tools that may be shared by the 24 Boards. One example is the agreement between the American Board of Allergy and Immunology and the American Board of Dermatology to develop a performance measurement tool for dermatitis that may be used in Part 4 of MOC. This is a complex issue. Currently, CMS has an incentive system in place that was

approved in the healthcare reform bill. PQRI allows a 1.5% bonus for participation which decreases over time. If you participate in an MOC part 4 program, you get an incremental bonus of 0.5% which will not decrease over time.

The ABMS Board of Directors approved the principles for copyright ownership and a master agreement with the AMA PCPI. As part of the terms of the agreement, Member Boards are to receive license to use all existing PCPI measures along with any measures jointly developed by the ABMS and AMA PCPI. This agreement does not exclude other boards from having their own performance measurement efforts and does not discourage relationships with professional associations. However, it is recognized that PCPI would like to have "control" of the performance measurement market and sees the AMA relationship with ABMS as a way to do this. The AMA has budgeted \$6.9 million per year to develop these performance measurement tools.

State Medical Board Communications and Outreach Program

A workgroup of the Board of Directors was charged with the development of a formal State Medical Board Communications and Outreach program for 2011. This issue is a direct result of the concerns expressed by the American Board of Dermatology last year with regards to the American Board of Physician Specialists' activities in Florida. Upon further study, the ABMS staff has recognized that the ABPS is a significant threat because of its aggressive activities. ABMS also recognizes that there are physicians who might migrate to ABPS because their certification does not require accredited training in the specialty and because of perceived onerous nature of ABMS MOC. Many member boards and members of the Board of Directors expressed concern about ABPS and their efforts to gain recognition by state medical boards in various parts of the country and in many specialties.

International Certification

The ABMS is following the lead of the ACGME and some other American academic medical centers who are working with other countries, specifically the Ministry of Health in Singapore, to establish a medical training and certification environment similar to that which we have in America. They have a physician shortage and may want to develop their country as a medical destination. The ABMS Board of Directors approved an agreement that allows for a 15-month feasibility study with a three-year timeline. The contract is with ABMS and not Member Boards although some Boards have already been targeted for initial work on this project.

Establishment of a Standing Committee on Ethics and Professionalism

Dr. Stephen Webster served as Chair of the Ethics and Professionalism Task Force which culminated in the establishment of a standing committee on ethics and professionalism in medicine.

Governance Bylaws Change to Increase the number of public members from 3 to 6.

This concept was discussed at previous retreats and approved in concept at a previous Board meeting. The ABMS Board of Directors decided to expand from three to six public members serving on the Board.

Policies on Research and Data Sharing Collaborations

There have been requests from AAMC and NBME to use the ABMS database. Policies around sharing that database are already in place, but the financial impact of this request centers on the legal issues associated with this database. COREP (Committee on Research and Evaluation Procedures) will work with ABMS staff and outside consultants to develop policies and procedures for assessing requests for research and data sharing and governing approved collaborations.

Dr. Roenigk represents the ABD on the Board of Directors of the ABMS. ●