

# Some Subspecialists Only Recertifying in Own Field

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The internal medicine community is concerned about the number of subspecialists in internal medicine who are choosing to recertify in their specific fields rather than in core internal medicine.

Data from the American Board of Internal Medicine (ABIM) show that 87% of subspecialists are keeping their subspecialty certificate, but only 71% have renewed certification in general or core internal medicine. Many in the latter group may be renewing in both core internal medicine and in their subspecialty, ABIM spokesman Leslie Goode said in an interview.

Interest in the general internal medicine certificate tends to vary by subspecialty, William E. Golden, M.D., an American College of Physicians regent and professor of medicine and public health at the University of Arkansas, Little Rock, said in an interview. For example, "60% of nephrologists recertify in core medicine, but the vast majority of cardiologists don't, if they recertify in cardiology," he said. The latest ABIM figures show that only 21% of cardiologists are renewing their core certificate.

Subspecialists may shy away from core internal medicine because they don't find it relevant, or are concerned they won't be able to pass the general recertification exam without intensive work. Technically, these subspecialists are internists and should be recertifying in the core discipline, said Dr. Golden, a member of the Liaison Committee on Recertification, a panel that was formed several years ago to advise the board on new pathways for recertification.

"Most members of the committee believe that good physicians are better diagnosticians if they understand key issues beyond their area of interest," he said. The committee and ABIM "are actively trying to look at how recertification in core internal medicine reflects information that all internists should know, or is relevant to a subspecialty internist."

Since 1990, the year that the ABIM began issuing 10-year certificates, nearly 80% of general internists with a time-limited certificate have recertified in core internal medicine. This includes physicians certified between 1990 and 1994, whose certificates otherwise would have expired by now.

The new "maintenance of certification" program that the ABIM plans to roll out in January 2006 may further test the stay-

ing power of general internal medicine, which has been hit hard by declining match rates. The ABIM reports that 20% of physicians who certified in internal medicine after 1990 are no longer practicing in the field, Ms. Goode said.

Early estimates are encouraging: Nearly two-thirds of ABIM diplomates with 10-year certificates have enrolled in the new program. In April, ABIM announced more flexible options for maintenance of certification, hoping to encourage internists without time-limited certificates to participate.

The steps required for maintenance of certification "are useful and important," but the process runs the risk of exacerbating the hassle factor, said Robert Hopkins, M.D., associate director of the medicine/pediatrics residency program at the University of Arkansas, Little Rock.

"Several of my colleagues in private practice—general internists and subspecialists—are concerned that the number of steps required for maintenance of certification [will] pose a major barrier to carrying out day-to-day patient care," Dr. Hopkins said. The ABIM faces challenges in getting the message out to private practices about the value of recertification, he said.

Still, Dr. Golden expressed confidence in the new system. "In the past, people have been anxious and uncertain about what it would mean," but they became more comfortable as the process became clearer.

Dr. Golden said that in his recent presentations at American College of Physicians regional meetings, he never gets a "single question or complaint" when he explains the maintenance of certification program. "It sounds complicated, but when you look at it, it's pretty straightforward."

As part of its revision of the certification process, the ABIM plans to make it simpler to renew certificates in internal medicine and the subspecialties of internal medicine. Also, more options will be available to meet the ABIM's new standard for practice performance, which entails practice improvement modules.

Diplomates will be able to use their own data or data they receive from a valid outside source—such as a group practice or insurer—toward credit for self-evaluation of practice performance. Credit will be available for participating in a quality improvement program, such as through a hospital or medical group, that meets ABIM standards. The program will retain its basic requirements, such as holding a clean license and passing a secure exam of medical knowledge.

Maintenance of certification is relatively new, so it's not surprising that some people find it overwhelming, Christine Cassel, M.D., president of the ABIM, told this newspaper. Some insurance companies may require maintenance of certification, and it may be necessary for physician privileges at hospitals, Dr. Golden said. Also, "licensure boards are increasingly looking for mechanisms to verify that physicians maintain competency, and there's been some talk that recertification would serve as a proxy for documentation for relicensure." ■

## POLICY & PRACTICE

### Uninsured Projections

The plight of the uninsured isn't likely to be resolved anytime soon. More than one in four American workers under the age of 65 will be uninsured in 2013—nearly 56 million people—driven by the increasing inability to afford health insurance, reports a Health Affairs Web-exclusive article. Because growth in per capita health spending is expected to outpace median personal income by 2.4% every year, health care coverage will continue to decline because more Americans will find it unaffordable. "It is unlikely that we will be able to solve the problem of the uninsured without some form of universal health insurance requiring contributions from some combination of employers, employees, and taxpayers," the study indicated. The researchers based the estimates of the uninsured on federal projections of health spending, personal income, and other population characteristics.

### Unreadable Privacy Forms

Privacy forms used by major health care institutions are often lengthy and too difficult for patients to read, according to a study published in the Journal of the American Medical Association (2005;293:1593-4). The Health Insurance Portability and Accountability Act requires that health care institutions inform patients in detail about the use of information obtained during medical care, through a notice of privacy form "written in plain English." The median length of the forms was six pages, and often used inappropriately small type, and complex language that was unlikely to be understood by a "considerable proportion" of the populations served by these institutions, the report said. Privacy practice notices from 185 institutions listed in the 2004 U.S. News & World Report "best hospitals" issue were collected for the study.

### Banishing Bad Bugs From Food

Food-borne illnesses continue to decline, according to the latest report from the CDC and other federal agencies. From 1996 through 2004, the time period in which the agency's FoodNet surveillance system has been tracking the incidence of food-borne illness, *Escherichia coli* O157 infections decreased by 47%, whereas *Cryptosporidium* infections dropped 40%, and *Yersinia*, 45%. *Campylobacter* infections declined by 31%, possibly because of greater consumer awareness of safe poultry handling and cooking methods. Not all food-borne infections have shown a downward trend. *Vibrio* infections caused by consumption of certain types of raw shellfish increased by 47% during this time period, and salmonella infections declined by only 8%, the CDC reported.

### Obesity in African Americans

Officials at the Department of Health and Human Services have awarded \$1.2 million to fight obesity in African Americans. The money will be used by

a coalition of national organizations to fund prevention, education, public awareness, and outreach activities aimed at promoting understanding of the impact of obesity. Nearly two-thirds of Americans are overweight or obese, but the problem appears to be more prevalent in the African American community. Adult African American women have age-adjusted obesity rates of 49%, compared with 31% for adult white women, according to 1999-2002 data from the Centers for Disease Control and Prevention. African American girls and boys also had higher rates of overweight than did white children in the same age groups. HHS plans a second phase of the initiative targeting the Hispanic community.

### Seniors Don't Take Their Medicine

Four in 10 seniors don't take their medications as prescribed—either because the drug regimens were too complex and costly, they didn't think the drugs were helping them, or they didn't think they needed them, a survey of 17,685 Medicare beneficiaries aged 65 years and older revealed. The 2003 survey, which was conducted prior to the enactment of the Medicare Modernization Act, found that drug coverage made a substantial difference in adherence rates. Of seniors without drug coverage, 37% reported cost-related nonadherence, compared with 22% of seniors with drug coverage. "Urging doctors and patients to talk more about these issues and developing systems to monitor quality and safety" could improve compliance, said Commonwealth Fund President Karen Davis. The survey was conducted by the Kaiser Family Foundation, the Commonwealth Fund, and Tufts-New England Medical Center and was posted as a Health Affairs online article.

### Bill on Livestock Antibiotics

Sen. Edward M. Kennedy (D-Mass.) and Sen. Olympia J. Snowe (R-Maine) have introduced a bill to cut down on the amount of antibiotics used in livestock, citing evidence that increased antibiotic use in animals leads to reduced effectiveness in humans. "Antibiotics are among the greatest miracles of modern medicine, yet we are destroying them faster than the pharmaceutical industry can create replacements," Sen. Kennedy said in a statement. "If doctors lose these critical remedies, the most vulnerable among us will suffer the most—children, the elderly, and persons with HIV/AIDS, who are most in danger of resistant infections." The measure would require the Food and Drug Administration to withdraw approval for nontherapeutic use of eight classes of antibiotics in food-producing animals after 2 years if the use has not been proved harmless during that time. It also requires manufacturers of animal drugs or drug-containing feed to make their sales records available to government regulators for tracking emerging antimicrobial resistance.

—Jennifer Silverman

## TALK BACK

Should subspecialists be required to recertify in core internal medicine, and not just in their own subspecialty?

Share your thoughts!

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