

New Certificate Option Endorsed for Internists

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Over the next several months, officials at the American Board of Internal Medicine will be developing requirements for enhanced certification in comprehensive internal medicine.

The new optional certification would be called Recognition of Focused Practice, a designation that ABIM officials have been developing in order to recognize the special skills gained during practice, said Dr. Richard J. Baron, chair-elect of the ABIM Board of Directors. The added certification would be an optional part of the regular maintenance of certification process.

ABIM is developing a similar Recognition of Focused Practice certification pathway for hospital medicine (INTERNAL MEDICINE NEWS, June 15, 2007, p. 1). Before either of the two certification options can go forward, however, the Recognition of Focused Practice pathway must be approved by the American Board of Medical Specialties. Those discussions are ongoing, Dr. Baron said.

"It's very much a work in progress," he said.

In the meantime, the ABIM Board of Directors has endorsed the idea that comprehensive internal medicine is a form of practice that is different from what is recognized by the underlying general internal medicine certificate. The board also recently asked a committee to develop requirements for such recognition. That group will report back to ABIM in February 2008.

Officials at the American College of Physicians are supportive of the concept of an added optional certification for the comprehensive internist.

"It's a healthy proposal to acknowledge that there are different ways doctors tend to spend their time or focus their practice," said Dr. David C. Dale, ACP president.

The idea also complements the concept of the advanced medical home, which

ACP and other primary care organizations have been advancing in Congress and throughout organized medicine.

Recertifying as a "comprehensive" internist would be a good fit for an internist working in the advanced medical home, because it would recognize the special skills of the internist who oversees patients with complicated illnesses across various care settings, Dr. Dale said.

The decision by ABIM to move forward with designing the requirements for a comprehensive internal medicine certification comes after a number of months of discussions held by an ABIM work group.

Led by Dr. Baron, the work group convened a series of roundtable discussions with a variety of health care practitioners and other stakeholders, including physicians, insurers, purchasers, and members of the health care team, including nurse practitioners and pharmacists. Members of the work group also consulted with chronic care patients.

What came out of those discussions was a "remarkably consistent vision" of what people wanted from a comprehensive internist, Dr. Baron said.

For example, there was strong consensus among the discussion participants that the comprehensive internist should communicate with patients efficiently and provide access not just for visits but also for questions and for follow-up between visits.

The groups also agreed that the comprehensive internist should have a deep knowledge of medicine and of the patient, Dr. Baron said.

If ABIM officials are successful in establishing a Recognition of Focused Practice certification in comprehensive internal medicine, it would be optional for physicians, he said.

The process could be valuable for internists because payers may see the added value of the services provided by a comprehensive internist and could choose to pay more to physicians with such certification, he said. ■

POLICY & PRACTICE

IOM Offers Smoking Measures

A combination of increased excise taxes, nationwide indoor smoking bans, and other measures would significantly lower the U.S. smoking rate, which now hovers at around 21% of the adult population, according to a report from the Institute of Medicine. But to achieve faster, more certain reductions, the Food and Drug Administration should be given broad regulatory authority over tobacco marketing, packaging, and distribution, said the report, *Ending the Tobacco Problem: A Blueprint for the Nation*. The IOM also recommended requiring all health insurance plans to cover smoking cessation programs and launching new efforts aimed at curbing youth interest in smoking and access to tobacco. The report urged federal lawmakers to limit tobacco advertising to text-only, black-and-white formats, and to prohibit tobacco companies from using terms such as "mild" and "light." "Aggressive policy initiatives will be necessary to end the tobacco problem," the report said. "Any slackening of the public health response may reverse decades of progress in reducing tobacco-related disease and death."

Retiree Plans Offer Rx Coverage

A majority of retiree health benefit sponsors said that for 2006 they continued to offer prescription drug coverage, despite the availability of the new Medicare Part D drug benefit, according to a Government Accountability Office report. Most plans also accepted the government's retiree drug subsidy (RDS) payments, which were created along with the Part D benefit as an incentive for privately sponsored retiree health plans to continue offering drug coverage. The GAO found that, in the short term, retiree health plan sponsors appear to have left drug benefits largely unchanged. But over the longer term, it's not clear whether the availability of the Medicare Part D drug benefit may make it more likely that sponsors will stop offering prescription drug benefits, the GAO said.

Group Medical Costs Rise

The cost of providing group health benefits to employees increased sharply during the past 6 months, with the vast majority of employers, regardless of business size, paying significantly more for account renewals than in the fall of 2006, according to a survey by the Council of Insurance Agents & Brokers. Despite the cost increases, most employers are continuing their traditional coverage plans and shifting costs to employees in the form of higher deductibles and copayments as opposed to limiting options or discontinuing coverage.

AMA Fights Medicare Cuts

Physicians report that they will severely limit the numbers of Medicare patients they treat if Congress doesn't act to avert planned Medicare physician payment cuts, which will total 10% on

Jan. 1, 2008, and will reach about 40% over the next 9 years, according to an American Medical Association survey of nearly 9,000 physicians. If Medicare payment rates are cut by 10% in January, 60% of physicians report that they will limit new Medicare patients, and 40% say they will limit established Medicare patients, the AMA survey found. "As physicians brace for nine years of steep payment cuts, it will be extremely difficult for them to continue accepting new Medicare patients into their practices," said AMA Board Chair Dr. Cecil Wilson. "The baby boomers begin entering the program in 2010, and the Medicare cuts increase the likelihood that there may not be enough doctors to care for the huge influx of new Medicare patients." MedPAC, Congress' advisory committee on Medicare, has recommended that Congress halt next year's 10% cut and update payments 1.7% in line with practice cost increases. The AMA has launched a publicity campaign to urge federal lawmakers to deflect the cuts and update payment rates based on practice cost increases.

Call to Share Student Mental Info

Legislation in the U.S. House of Representatives would allow schools and universities to share a student's mental health information with parents or guardians, but only if the student is considered a danger to himself or others. Rep. Tim Murphy (R-Pa.), a child psychologist and cochair of the Congressional Mental Health Caucus, sponsored the legislation (H.R. 2220). The bill would clarify the Family Educational Rights and Privacy Act of 1974, which currently inhibits schools from notifying parents when a student might pose a significant risk of suicide, homicide, or assault, according to Rep. Murphy. "We want to remove the barrier that prevents schools from contacting parents to get them the help they need, not only for the safety of their child, but also of others on campus," he said in a statement.

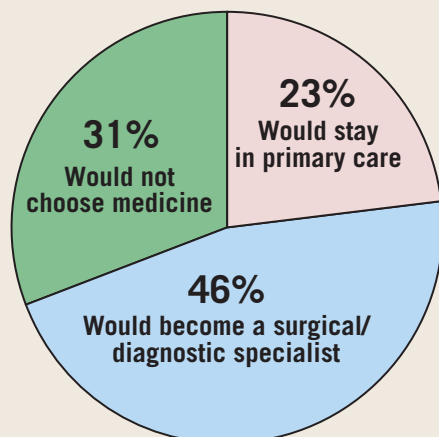
Bipolar Disorder More Common

A new survey indicates that as many as 4% of American adults might have bipolar disorder at some point in their lifetime, higher than the 1% prevalence found in previous surveys. Researchers from the National Institute of Mental Health queried about 9,282 people from 2001 to 2003 as part of the National Comorbidity Survey-Replication. Based on the survey, the authors reached lifetime estimates of 1% for bipolar I disorder; 1.1% for bipolar II disorder; and 2.4% for subthreshold bipolar disorder. Most patients with a lifetime history of bipolar disorder and lifetime treatment were under the care of psychiatrists; patients with subthreshold bipolar disorder were more likely to receive care from a general medical professional. The study appeared in the May issue of the Archives of General Psychiatry.

—Jane Anderson

DATA WATCH

Most Internists Surveyed Would Not Choose Primary Care Again



Note: Based on responses from 143 internists.
Source: Merritt, Hawkins & Associates