

Both ABIM, ABFM to Offer Hospitalist Certification

BY JOYCE FRIEDEN

With the first board certification exam in hospital medicine less than a year away, the long-awaited program has grown in scope following the decision by the American Board of Family Medicine to allow family physicians to join internists in pursuing the new credential.

Starting in May 2010, internists and family physicians can sign up with their respective boards to take the exam that will be one of the requirements for certification with a Focused Practice in Hospital Medicine. The first exam will be on Oct. 25, 2010.

Internists seeking hospitalist certification already can start working on the required self-evaluation and practice improvement modules developed by the American Board of Internal Medicine (ABIM). The American Board of Family Medicine hopes to make its modules available starting in January, said Robert Catoi, a spokesperson for the ABFM.

The new credential will be offered through the maintenance of certification (MOC) framework, explained Dr. Jeffrey Wiese, president-elect of the Society for Hospital Medicine and chair of the ABIM internal medicine question-writing committee. The new certification process is “really a separate pathway,” he said. For example, “an internist [doing his required MOC] would choose to go down the hospital medicine process rather than the standard MOC process. But the framework is going to be the same.”

Candidates will have to complete requirements in four areas: citizenship (including evidence of state licensure), self-evaluation, practice improvement, and secure exam. These requirements can be met in lieu of the standard MOC process, but newly trained internists seeking the new credential must first be certified in internal medicine and have at least 3 years of practice focused on hospital medicine.

“One wrinkle for hospitalists is that they would be required to have Advanced Cardiac Life Support certification,” Dr. Wiese noted. A minimum number of inpatient medicine contacts also would be required.

The self-evaluation module in the hospital medicine pathway is “not going to differ appreciably [from those used in the existing MOC process], but the vision going forward is [to have] more hospital-focused sets, on things like patient safety and transition of care,” said Dr. Wiese, who is a professor of medicine at Tulane University in New Orleans.

The practice improvement module “will focus on the ability to interact well with a team,” he said. “The candidate would sign up, would identify some practice area, collect data on the practice, design an intervention, and collect data again after a few months to show an improvement in practice delivery.”

The secure exam will differ from the standard internal medicine exam “in that

it has much greater hospital medicine-focused content, but also questions on quality, patient safety, and transitions,” he continued. “Individuals that pass this exam can hold themselves out to patients and say, ‘I have competence understanding systems of care, transitions of care, and quality.’ Our part is to design an exam that reflects all those virtues.”

Dr. Eric Holmboe, the ABIM’s senior vice president and chief medical officer, noted that the idea for certification with a Focused Practice in Hospital Medicine came from hospitalists themselves. “They came to the board over 5 years ago saying they believed their field had matured to the point that it needed to have a specific program, and their primary driver was quality and defining the discipline,” he said. “They were interested in the [physician’s] role in patient safety and quality and transitions at the hospital.”

In addition, the hospitalists felt that taking MOC exams that emphasized outpatient care was not a good fit for their practice, Dr. Holmboe said.

Dr. Holmboe noted that in addition to hospitalist certification, an option for certification in ambulatory care (originally called comprehensive care/internal medicine) was under consideration in recent years. “There was a lot of concern about moving that forward, mostly because of the beleaguered state of primary care,” he said. “That’s been put on hold—not that it [won’t] necessarily come back, but we are not pursuing this MOC pathway right now.”

In a statement on its Web site, the ABIM noted that “the rapid growth and development of this field is evidenced by the fact that there are currently about 20,000 hospitalists in the United States; approximately 85% are internists.”

The ABIM did not go the subspecialty route with hospital medicine because “subspecialty practice involves applying internal medicine as well as specialized knowledge and procedures to a subset of internal medicine patients,” the statement explains. “In contrast, hospital medicine is the practice of internal medicine for patients during hospitalization.”

The new certification process is considered a pilot program by the American Board of Medical Specialties, Dr. Holmboe noted. The ABIM “will be doing pretty extensive research ... to find out what value and impact this [pathway] has for hospitalists and patients.”

Although the ABFM is the only board so far to join ABIM in the pilot program, it’s possible that the American Board of Pediatrics or other boards may join, Mr. Catoi said. Dr. Holmboe said that although pediatrics might be a possibility, “we haven’t had any conversations along those lines yet” with the specialty. He added that Focused Practice in Hospital Medicine “is not something that would be offered to [a specialty such as] ob.gyn.; it’s about general practice in the hospital on a broad range of patients who are hospitalized for a variety of conditions.” ■

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2010 Medicare Premiums Set

Most Medicare beneficiaries will not see a Part B monthly premium increase in 2010, even though costs in the program have risen, the Centers for Medicare and Medicaid Services said. A “hold harmless” provision in Medicare law prevents the CMS from increasing Part B premiums this year because beneficiaries will not get a 2010 cost-of-living increase in their Social Security benefits. The CMS had calculated that Part B premiums will rise to about \$110 next year, from \$96 in 2009. But under the hold-harmless provision, only 27% of beneficiaries will be charged the increased amount. Most of those are also Medicaid-eligible, which means that the government program will pay their Medicare premiums, including the increase.

CMS Proposes Medicare Changes

The CMS has proposed stronger standards for Medicare Advantage and Part D drug plans wanting to participate in Medicare. The agency said the proposed rule would hike program requirements for the more than 4,000 prescription drug and health plans offered to beneficiaries and would improve protections for the people who enroll in those plans. The rule would ensure “meaningful differences” between drug or health plans offered by the same company in a region, thereby eliminating duplication in offered plans, the CMS said. The proposal also would protect beneficiaries from some costs by clarifying requirements relating to out-of-pocket charges.

Dr. Tooker Stepping Down at ACP

Dr. John Tooker is stepping down as executive vice president and chief executive officer of the American College of Physicians, the college has announced. Dr. Tooker will remain in his position until a search committee selects his replacement, a process the ACP said should take 6-12 months. “It has been and remains a privilege to serve as ACP’s executive vice president and CEO,” Dr. Tooker said in a statement. “My decision was influenced by a family member’s health, and my desire to spend more time with my family.” Dr. Tooker served as the college’s deputy executive vice president and chief operating officer from 1995 until 2002, when he assumed his current title. He also chairs the boards of the National Committee for Quality Assurance and the National eHealth Collaborative, and serves on the boards of the National Quality Forum, Certification Commission for Health Information Technology, and Electronic Health Record Patient Safety Advisory.

Med Schools Enroll Most Ever

Enrollment in both new and existing U.S. medical schools continues to ex-

pand, according to data released by the Association of American Medical Colleges. First-year enrollment increased by 2% over 2008 to nearly 18,400 students, the AAMC said. Four new U.S. medical schools—Herbert Wertheim College of Medicine, Miami; Commonwealth Medical College, Scranton, Pa.; Paul L. Foster School of Medicine, El Paso, Tex.; and University of Central Florida College of Medicine, Orlando—seated their first classes this year, accounting for half of the 2009 enrollment increase. In addition, 12 existing medical schools expanded their 2009 class sizes by 7% or more. Still, medical school enrollment must be expanded further to avert an expected shortage of 124,000 to 159,000 physicians by 2025, the AAMC said.

Boomer Health Spending Rises

Total health care expenses for Americans aged 45-64 doubled between 1996 and 2006, from an inflation-adjusted \$187 billion to \$370 billion, according to the Agency for Healthcare Research and Quality. The AHRQ found that while the proportion of middle-aged people who incurred medical expenses remained constant at 89%, average health care expenses increased from an inflation-adjusted \$3,849 to \$5,455. Prescriptions constituted a much higher portion of total expenses in 2006 than in 1996, the federal agency said, while the share spent for hospital inpatient care decreased. The average expense per service rendered also increased significantly. For example, the average physician office visit jumped to \$207 from an inflation-adjusted \$128, prescription medicines nearly doubled from \$103 to \$199, and an emergency department visit rose from \$563 to \$947, the AHRQ found.

Docs Like State’s Health Reforms

A large majority of practicing physicians in Massachusetts support that state’s 2006 health reform law, a study in the *New England Journal of Medicine* indicated. Three-quarters of physicians essentially said they want to continue the law’s policies, although 46% would make some changes—especially to cover more of the uninsured and to better control costs. Only 13% of physicians in the state opposed the health reforms created through the legislation, and just 7% said they believe the policies should be repealed, according to the study, conducted by Harvard researchers. “The findings suggest that it is possible to provide near-universal coverage of the population and have a resulting system that most physicians believe improves care for the uninsured without undermining their ability to provide care to their patients,” study coauthor Robert Blendon, Sc.D., said in a statement.

—Jane Anderson