

**The Medical Society of Virginia**  
**Scott Johnson, General Counsel**  
**Comments to JCHC**  
**Regarding AARP Presentation**

- Mr. Chairman and members of the Commission, I am Scott Johnson, General Counsel of the Medical Society of Virginia. I appreciate the opportunity to address the issue raised by the AARP.
- I want to first thank the AARP, Madge Bush, and the good people there for meeting with us and working with us to discuss this issue. We have shared our views on this with the AARP.
- Let me give you an update regarding on going efforts first at the state level and then at the national level.
- At the outset, please allow me to clearly state that the MSV and its 8,600 members are also committed to improvement in the quality and delivery of health care.
- Through the Medical Society of Virginia Foundation, we are supporting several initiatives that promote best practices, enhance competencies and provide patient services to improve health outcomes. Permit me to address three initiatives for you:
  - First, the “To Goal” program, which presently focuses on improving recognition and treatment of coronary artery disease and hypertension using strategies to improve physician identification of at-risk patients and providing the tools and resources necessary to ensure that patients adhere to treatment protocols that comply with recommended practice guidelines.

- Second, the “Free Clinic Medical Directors Initiative” which provides a forum for free clinic medical directors and free clinic volunteer physicians to network and learn best practices for treating patients and assuring quality medical care at the free clinics.
  - Third, the “DOC Rx Relief” Program which assists Virginians without prescription insurance coverage obtain the medications they need , free of charge, so that they may comply with their recommended medication regimen and improve their health outcomes.
- Now permit me to turn to the national level and provide you with an update of the activities there.
  - The MSV supports, along with the American Medical Association, the American Hospital Association, the National Board of Medical Examiners, the Federation of State Medical Boards and many other national organizations, the development by the American Board of Medical Specialties (ABMS) of the Maintenance of Certification (MOC) initiative.
  - The ABMS is a national organization that includes among its member boards 24 of the major medical specialties, including Family Practice, Internal Medicine, Emergency Medicine, Neurological Surgery, Ophthalmology and Pediatrics among others.
  - The MOC initiative focuses on the six general competencies deemed necessary for physician specialists:
    - Patient care
    - Medical Knowledge
    - Practice-based learning and improvement
    - Interpersonal and communicative skills
    - Professionalism

- Systems-based practice.
- These six competencies are incorporated into four component categories and are adopted by all ABMS Member Boards as the model for recertifying their specialists. These four components include:
  - Professional standing (valid, unrestricted license)
  - Lifelong learning and self-assessment
  - Cognitive expertise
  - Practice performance assessment
- The Maintenance of Certification program, adopted by all 24 member boards in 2006, is the new gold standard for physician recertification and encompasses a massive national effort, using evidence-based guidelines and national standards and best practices to improve physician competency through customized continuing education.
- Demonstration of the Maintenance of Certification is achieved through the actual periodic recertification program and by requiring proof of continuing education and experience in between recertification exams.
- Physician specialties are moving rapidly to develop programs customized for each specialty that are based upon the ABMS general competencies and components.
- At its September 2007 interim meeting, the ABMS, through its “Building Bridges to MOC” program brought together representatives from all their member boards to exchange ideas, share progress in implementation and develop performance measures.
- In our view, this effort by the ABMS and its members is a significant movement toward the vast majority of the ideas proposed by the AARP in its presentation.

- We believe that the strong focus on national standards of care and evidence-based guidelines adopted by the ABMS is an appropriate model that marshals the considerable, national resources of the member boards, resources that would not necessarily be available to state licensing boards.
- At some point in the future, Demonstrations of Competency as identified by the AARP may be a condition of relicensing by state medical boards. However, at present, we would suggest that such a requirement is premature and should be assessed as the ABMS MOC initiative progresses and matures.
- Allowing the ABMS to take the lead on competency assessment has many advantages, including a national focus, widespread support and participation by physician specialists and the availability of extensive resources and expertise.
- Requiring that the Virginia Board of Medicine include competency assessment as a condition of licensure at this time, when there is so much being done on the national level, would be duplicative of effort, likely much more limited in scope than the MOC and would seriously challenge the Board's existing resources and capacities.
- Please remember that the Virginia Board of Medicine is funded solely by physician license fees. The Board and its staff is working very hard and does a good job. To mandate what is being proposed would be extremely costly and would divert valuable resources from adjudicating complaints.
- We look forward to continuing our working relationship with the AARP going forward and to keeping you updated on the national work on Maintenance of Certification (MOC).
- Thank you and I will be happy to answer any questions.