

**BLUE CROSS BLUE SHIELD OF MICHIGAN TESTIMONY**  
***Before the House Health Policy Committee on HB 4135***

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Thank you, Mr. Chairman/members of the House Health Policy Committee. I appreciate the opportunity to come before you to address our concerns with House Bill 4135.

Under current law and as part of our social mission to improve the quality of health care in Michigan, BCBSM uses board certified standards for credentialing and network inclusion. The approved Maintenance of Certification (MOC) standards we utilize are determined by the provider community and the 24 boards consisting of its peer group of physicians throughout the country.

While BCBSM is sympathetic to concerns being raised by the provider community relative to board certification and the MOC, we ask that you not remove our ability to utilize these nationally recognized board standards as they are being reconsidered, or until a replacement for credentialing is put into place. While the state's current Continuing Medical Education (CME) requirements compliment board certification, we do not believe they are an adequate as the sole replacement for the MOC.

As written, HB 4135 would virtually eliminate the ability of health plans to establish their own reasonable credentialing standards for physician network participation; a process we utilize to ensure the highest quality physician network for our members and something our customers demand when contracting with us for their health care. We find it interesting that the portion of the bill package dealing with hospital admitting privileges has been removed from the discussion. It makes little sense to allow Michigan hospital systems to continue to utilize MOC as a quality measure for granting physician's hospital privileges, without enabling health insurers to use these same standards as a quality measure for determining its physician network status.

That said, BCBSM acknowledges the genuine concerns being communicated within the provider community specific to board certification through the American Board of Medical Specialties (ABMS). We do not fully disagree that MOC has fallen short of its goals and must be modernized to create a less burdensome process that is relevant to what physicians do in practice. However, until a replacement is found that is more meaningful than the state's Continuing Medical Education (CME), we are asking that you not remove this credentialing tool at a time when it is being re-examined and updated.

Regardless of the profession – whether it be health care, law enforcement, education or accounting – there is no certification that guarantees performance or positive outcomes. However, we believe the Board Certification requirements of the ABMS Member Board are a reliable indicator of a physician's training and competence to care for patients within a specific medical specialty. While not perfect, the MOC program is an extension of that training and competence.

In the changing landscape of health care, where medical standards and practices continue to evolve quickly, the importance of continuing cation in rapidly-evolving technologies and evidence-based practices become even more vital. This dynamic environment has also created a need for greater alignment between the requirements for licensure (CME), board certification requirements (MOC) and health performance expectations through CMS quality payments and health plan performance tools. A

better connection and more flexible and market-driven synergistic approach to learning and improvement needs to be established. We believe the coordination currently occurring among physician groups will help to determine the best approach.

Since 2015, the American Board of Internal Medicine (ABIM) - the largest of the ABMS certifying boards - and the Accreditation Council for Continuing Medical Education (CME) have been collaborating with physicians to simplify and better integrate MOC and CME. Similarly, ABMS Member Boards and the AMA Council on Medical Education are working to modernize the Boards' recertifying examination processes, with over half of the ABMS Member Boards considering piloting alternative assessment models, incorporating feedback from physicians to make necessary adjustments to MOC, including shorter testing on a 2-year basis, open book examinations and a "knowledge check-in" that will offer more continuous learning with immediate feedback. Time is needed to further evaluate the various recommended changes being considered.

Lastly, while the Physician Compact recently put into place by several states (and adopted by the Michigan House last session) does not explicitly require a physician to participate in the Maintenance of Certification (MOC) process, the Federation of State Medical Boards believe MOC is required to maintain specialty board certification and therefore, is also required to be licensed through the Compact. In fact, its own definition of "physician" requires MOC for most participating physicians and would place those who do not participate in MOC at a competitive disadvantage. *[NOTE: The Compact states that rules made by the Interstate Commission have "the force and effect of statutory law in a member state."]*

In closing, BCBSM supports lifelong learning and professional accountability and is committed to holding our network physicians to the highest standards relative to the delivery of quality care for our members. We are on board with advocacy efforts to improve and align processes to better reflect the changing nature of medical practices with a synergized approach that best delivers value to our physicians and our members. In the meantime, we ask that you not remove this certification tool as work continues to find an alternative path that aims to resolve physician concerns with MOC requirements of the national credentialing boards.

Thank you for your consideration and I welcome any questions.