

Physician Deck Talking Points, 09.13.23

Thank you for your interest in sharing information about the National Board of Physicians and Surgeons (NBPAS). Please refer to the following talking points while you present this slide deck to colleagues. Some slides are self explanatory and contain all necessary text on the slide.

Some of the slides are “animated” meaning that the next text box will not appear until you click a key to continue. We have notated these slides with a double asterisk (**) preceding the slide title so that you will know when to expect an animated slide. Any key will advance the slide.

For more information, reach out to the NBPAS team at info@nbpas.org.

Slide 1: NBPAS header

Thank you for taking the time to learn more about the National Board of Physicians and Surgeons or N-B-P-A-S for short. I'll be sharing a short slide deck about NBPAS that will help answer key questions and provide a high level overview of the NBPAS pathway for continued board certification which is now nationally recognized.

****Slide 2: Brief overview of NBPAS**

As a brief overview, NBPAS was founded in 2015 as a physician-led nonprofit. The goal is to support continuous, lifelong learning through evidence-based CME and requirements that are streamlined, less burdensome, and can help reduce physician burnout. NBPAS has grown to over 11,000 physicians in all 50 states and provides competition and choice in continuing certification.

****Slide 3: Why add NBPAS in addition to ABMS MOC?**

- NBPAS approach is clinically relevant and specific to unique patient populations
- Cat 1 CME offers cutting edge and real-time learning of rapidly emerging trends in research, clinical care, and best practices.
- NBPAS is led by physician leaders who practice medicine and are well-connected to the realities of daily clinical practice
- NBPAS prohibits grandfathering
- Physicians are unusually unified in their opinions of MOC. No single entity should be able to wield an expensive and arduous process that burdens the medical industry and raises the cost of care. Competition is not only good, but necessary.

Slide 4: Common Q&A with NBPAS

I'll now run through some of the most common questions and answers.

****Slide 5: Is NBPAS Accepted?**

First, “Is NBPAS Accepted?” Yes, NBPAS meets national accreditation standards for hospitals and health plans, verifies physician credentials as required, and is accepted at a growing number of hospitals, health systems, telemedicine companies, and other physicians employers.

Slide 6: NBPAS added as “designated equivalent source agency” by TJC and an “acceptable source for board certification” by NCQA.

Taking a closer look, these are letters to NBPAS from the two largest accreditors in the United States, The Joint Commission and NCQA, both which officially acknowledge NBPAS in their accreditation standards.

Slide 7: What About Health Insurance Companies?

The good news is that recognition by payers is widespread and growing. The most important point to understand is that accreditation standards for health plans allow HOSPITALS to decide on credentialing requirements for their medical staff, not vice versa. In practical terms this means, (generally speaking), that hospitals tell their payers how physicians will be credentialed, not the opposite. This is a very common misunderstanding and very important.

****Slide 8: What are NBPAS Clinical and Professional Requirements?**

NBPAS clinical and professional requirements are straightforward. Read through bullets.

Slide 9: Will NBPAS Help Reduce Costs?

NBPAS significantly reduces costs not only for physicians but also for hospitals that reimburse for continuing education. This slide compares NBPAS with ABIM which is the largest member board of ABMS. With one subspecialty added, NBPAS can save, on average, up to 72%. This savings doesn't even take into account the indirect costs associated with lost time, and reduced productivity, time away from patients, etc.

Slide 10: An important point to be aware of:

NBPAS bases its requirements on AMA PRA Category 1™ hours and ABMS member boards now also allow the AMA PRA Category 1™ credits to count as MOC points. On

the right side in the blue box you can find an email sent from the ACCME to NBPAS confirming this point.

Slide 11: What Does The Data Say About MOC?

After 20 years of studying, there is still no widely agreed upon, Level A evidence that identifies MOC as a superior continuing education product. I'll highlight 3 significant studies here that focus on outcomes.

Slide 12: MOC and Ambulatory Care-Sensitive Hospitalizations

The first, from JAMA, looked at the relationship between MOC participation and ambulatory care-sensitive hospitalizations which can significantly impact patient care and health care costs. There was a significant sample size of over 150,000 patients, with about 1,800 physicians equally split between time limited and time-unlimited physicians. The study found no significant differences associated with participation in MOC.

Slide 13: Association between Time-Unlimited vs Time-Limited Internal Medicine Board Certification and Patient Care Quality

The second study, also from JAMA, looked at 10 well established primary care performance measures. The study captured data from almost 70,000 patients at 4 VA hospitals, and again found no significant differences in outcomes for patients cared for by internists with time-limited or time-unlimited certification for any of the performance measures.

Slide 14: Association between board certification, maintenance of certification, and surgical complications in the United States

And finally, from the American Journal of Medical Quality, there was a very large patient outcomes study that looked at surgical complications among nearly 2 millions patients in 4 major surgical subspecialties. And again, completion of MOC was NOT associated with differences in complication rates.

Slide 15: Important to note: Physicians are assessed more than ever through a robust number of quality programs. In the digital era, tracking and data collection is almost ubiquitous.

Slide 16: Typical physician quality measures

In support of that point, NBPAS surveyed a number of its diplomates regarding the breadth and depth of quality programs they participate in as part of their day to day work. This list is not exhaustive but highlights many activities that physicians participate in, day in and day out.

Slide 17: Additional quality measures mandated by states

This slide is a continuation of the previous and shows additional requirements, education, and assessments that physicians comply with, and of course these may vary state to state. The important point here is that physicians' quality and performance undergo continuous and considerable oversight. We believe that the idea that physicians lack oversight without MOC is inaccurate.

****Slide 18: Growing physician shortage**

Now is a very difficult time to be practicing medicine.

It's estimated that up to 25% of physicians plan to leave medicine w/in 5 years, not necessarily due to retirement age. [Click]

Highlighting the trend of physician loss, there is a FB community of more than 170,000+ physicians who network while looking to build a career outside of medicine. [Click]

The physician shortage is well-known and growing to 124,000 by 2034, and... A new economic analysis, just published, estimated that \$260 million per year is lost to physician burnout and turnover, costs ultimately paid for by employers, patients, and society at large. [Click]

****Slide 19: NBPAS Benefits Physicians**

There are many benefits of NBPAS to physicians as follows...

****Slide 20: NBPAS Benefits Hospitals and Employers**

And also many benefits to hospitals as listed here....

Slide 21: How do I add NBPAS to Hospital Bylaws?

Adding NBPAS to bylaws is generally straightforward and requires an MEC vote to make it official.

****Slide 22: NBPAS in Bylaws: Two Examples**

Here are two examples of bylaws at hospitals that have added NBPAS. [Click]
There are a number of ways to word the update. [Click]

****Slide 23: Summary**

In summary, it's important to remember that NBPAS was founded to improve continuing certification, and keep physicians practicing medicine. NBPAS does not provide initial board certification but requires it without exception.

[Read rest of slide]

Slide 24: To close, this is a quote by NBPAS founder, Paul Teirstein, MD. The idea that physician-led medicine leads to clinical excellence is what drives the NBPAS mission and our passion for requiring and supporting lifelong learning.

Slide 25: Thank you!