

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 clicks throughout the talking points to assist with flow.

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. [Click] The goal is to support continuous, lifelong learning through evidence-based CME [Click] and requirements that are streamlined, less burdensome, and can help reduce physician burnout. [Click] NBPAS has grown to over 11,000 physicians in all 50 states and [Click] provides competition and choice in continuing certification.

Slide 3: NBPAS Board of Directors

The NBPAS board is made up of physicians who volunteer their time and come from some of the most recognized institutions in clinical and academic medicine, represented here.

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. [Click and 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: How Does NBPAS Compare to Other Continuing Certification Options?

NBPAS compares favorably and offers several benefits as compared to ABMS/AOA. To start, NBPAS requires 100% physician participation which ensures that no physician can bypass continuing certification, requires all CME to be ACCME-accredited AMA PRA Cat 1, and its requirements are fixed, specialty-specific, and easy for physicians to understand and comply with.

In contrast, ABMS and AOA continue to "grandfather" or exempt up to 40% of practicing U.S. physicians from their continuing certification requirements. A lesser known subtlety being reported by physicians is that ABMS is increasingly allowing the SAME AMA PRA Cat 1 CME used by NBPAS to substitute for MOC modules.

Slide 11: “Grandfathering:” Unintentional but still has discriminatory impacts

When the practice of time-unlimited “grandfathering” was enacted, up to 40% of US physicians were exempted from MOC requirements.

These statistics were compiled from data from The American Association of Medical Colleges which indicates that grandfathered physicians are 80% Caucasian and 70% male, making grandfathering, or time-unlimited board certification the most significant form of discrimination based on age, race, and gender. Grandfathering still continues today.

NBPAS absolutely prohibits grandfathering and holds all physicians to the same requirements.

Slide 12: 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 13: 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 14: 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 15: 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 16: U.S. Department of Justice weighs in (2018)

[Click] The United States Department of Justice took a look at the issue of board certification from a competition perspective and concluded that [Click] having multiple pathways from legitimate certifying bodies is likely to reduce costs and improve the quality for physicians, patients, and the broader healthcare community.

Slide 17: What Makes NBPAS especially important now? State of Medicine:

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 155,000+ 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 18: NBPAS Benefits Physicians

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

Slide 19: NBPAS Benefits Hospitals and Employers

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

Slide 20: 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 21: 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 22: Is NBPAS Equivalent to ABMS/AOA?

Important to remember that NBPAS was founded to improve continuing certification, not mimic another program that many physicians are unhappy with. NBPAS does not provide initial board certification but requires it without exception.

[Read rest of slide]

Slide 23: Thank you