

ABPN Implementing Recertification Changes

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Psychiatrists and neurologists who take the recertification examination in 2007 will face new requirements under the maintenance of certification process.

Starting next year, physicians taking the exam will need to have completed 30 hours of specialty- or subspecialty-specific category 1 continuing medical education credits. Over the next 10 years, that requirement will grow to 300 hours of CME over a 10-year period. Other new requirements will be phased in over the next few years, according to Katie DiOrio, a spokesperson for the American Board of Psychiatry and Neurology (ABPN).

Impetus for the maintenance of certification process comes from the American Board of Medical Specialties, which began developing maintenance of certification several years ago. The basic requirements—evidence of professional standing, self-assessment, and lifelong learning; demonstration of cognitive expertise; and evaluation of performance in practice—apply to all 24 medical specialty boards. The ABPN is still working out the details of the self-assessment activities and performance-in-practice modules, including how to provide the tools for ABPN diplomates to fulfill these components.

“Maintenance of certification implementation is really in its infancy,” Ms. DiOrio said. She advised board diplomates to continue to visit the ABPN Web site at www.abpn.com for updates to the maintenance of certification requirements.

Among other requirements, starting with the 2010 examination year (applications for which are due in 2009), diplomates of the ABPN will be required to have completed at least one major self-assessment activity over the 10-year cycle.

Psychiatrists have several approved options in this area. They can complete the American College of Psychiatrists’ Psychiatrists In-Practice Examination, post-reading questions from the journal *Focus*, or the American Psychiatric Association’s Practice Guidelines Program.

The self-assessment requirement was originally scheduled to go into effect next year, but officials at ABPN postponed implementation to give physicians more time to complete the activities. ABPN officials also wanted more time to approve additional programs for diplomates to use in fulfilling the component. In an effort to gather information about how many physicians have already started using self-assessment tools, ABPN officials are asking physicians to note on their maintenance of certification applications any self-assessment activities that they have completed, Ms. DiOrio said.

The other new requirement being phased in as part of the new maintenance of certification process is a performance-in-practice component, which is aimed at evaluating whether a physician has participated in performance improvement activities over the 10-year cycle. Beginning in the 2013 examination year, psychiatrists and neurologists will need to complete one module in this area. Three modules will be required by the 2017 examination cycle.

Each module will include chart reviews of five cases from a specific diagnostic category, along with feedback from either five peers or five patients seen in the past 3 years. To complete each module, physicians also will be required to compare clinical case data with published practice guidelines or with their peers and obtain feedback on their performance and on how to improve the effectiveness of their practice. Physicians will also need to develop a plan to improve their performance.

Within 24 months of the original assessment, physicians will be asked to reassess their practice using five cases in the same diagnostic category and to get feedback from either at least five peers or five patients.

For physicians who are actively involved in continuing education and are current on the literature, the CME and self-assessment requirements being phased in over the next few years will not be an additional burden, said Dr. Deborah J. Hales, director of the division of education at the American Psychiatric Association.

Performance-in-practice, however, will require more work by physicians. APA officials are working to make the performance review process a learning experience for physicians and to make it easier through online tools, Dr. Hales said.

Elizabeth Hughes, assistant director of education and recertification for the American Academy of Child and Adolescent Psychiatry, agreed that physicians should be aware that the performance-in-practice component is coming. At this point, though, there is still not a clear picture of how those requirements will be implemented, she said.

In the meantime, Ms. Hughes’ advice is to stay up-to-date in the field. Don’t wait until the last 2 years before recertification to do the work. “It’s designed to be an every-year process,” she said. ■

The APA provides recertification resources online at www.psych.org/edu/recertification.cfm.

POLICY & PRACTICE

Mental Health Rx Restrictions

Medicare Part D drug plans often employ utilization management techniques, such as prior authorization, for commonly prescribed antidepressants and antipsychotics, according to a report from the Medicare Rights Center. The group, which advocates for Medicare beneficiaries, reported that the use of utilization management strategies varies widely among drug plans, but these approaches are generally used for commonly prescribed drugs and more expensive medications. On average, 23% of antidepressants and 24% of antipsychotics were determined to be either not covered or restricted by utilization management techniques. The Medicare Rights Center called on officials at the Centers for Medicare and Medicaid Services to review all utilization management restrictions to ensure that they are “clinically sound” and are not designed to steer patients to low-cost but medically inappropriate treatments. The group is also pushing for Part D plans that differentiate patients who are beginning a new therapy from those who are stable on a medication at the point of sale. “It is a cruel and devastating hoax to impose insurmountable hurdles between people with mental illnesses and the medicines they need to have decent lives,” Robert M. Hayes, president of the Medicare Rights Center, said. “The CMS should outlaw these barriers to health.” The report analyzed antidepressant and antipsychotic drug coverage across 15 Part D drug plans.

CDC Launches Autism Study

Officials at the Centers for Disease Control and Prevention are launching a multistate study aimed at pinpointing the risk factors for autism spectrum disorders. The \$5.9 million study will include about 2,700 children aged 2-5 and their parents. The study will be conducted over 5 years and will look at possible associations with factors such as infections or abnormal responses to infections, genetic factors, the mother’s reproductive history, family history of medical and developmental problems, and abnormal hormone function. “We hope this national study will help us learn more about the characteristics of children with [autism spectrum disorders], factors associated with developmental delays, and how genes and the environment may affect child development,” Dr. José F. Cordero, director of the CDC’s National Center on Birth Defects and Developmental Disabilities, said.

Medicaid Enrollment, Spending

Spending by the states under the Medicaid program increased 2.8% during the state fiscal year 2006, the smallest increase in about a decade, according to the Kaiser Family Foundation’s Commission on Medicaid and the Uninsured. Improvements in the economy and the implementation of the Medicare prescription drug benefit in 2006 may have helped to keep costs lower, according to the results of the

50-state survey released by the Kaiser Family Foundation. There was also an enrollment slowdown in the program with only a 1.6% increase. “When the economy improves, it is natural for Medicaid spending and enrollment growth to subside because fewer people turn to the program for assistance,” Diane Rowland, executive vice president of the Kaiser Family Foundation, said. “But with the continued growth in the uninsured population, Medicaid remains on the front lines for coverage [of] low-income children and adults.”

FCC Changes Children’s TV Rules

Officials at the Federal Communications Commission recently clarified the rules regarding requirements for children’s television programming. Under the changes, TV broadcasters that have multiple stations must ensure that they air additional children’s programming, and only half the shows can be repeats aired in the previous 7 days. The changes also clarify restrictions on the use of Web site addresses in programming. Under the new FCC rules, Internet addresses that do not offer a substantial amount of noncommercial content will be counted against the network’s commercial time limits and must be kept separate from its programming. The changes were praised by the American Academy of Child and Adolescent Psychiatry. The new rules revise rules issued by the FCC in 2004 and are based largely on a compromise agreement among the four major broadcast networks, major children’s networks, cable operators, advertisers, and a coalition of children’s advocacy groups. “Children should have access to educational as well as entertaining television programs. We also need to protect kids from the overinfluence of television advertising, [which] has been linked to childhood obesity and lower academic performance,” said Dr. Michael Brody, chair of the academy’s television and media committee.

Medicare Fraud Decision

The two owners of a former San Diego psychiatric hospital have been found liable for more than \$23 million in damages and penalties for submitting false claims to the Medicare program. Robert I. Bourseau, Dr. Rudra Sabaratnam, and their corporations, RIB Medical Management Services Inc. and Navatkuda Inc., were charged with billing Medicare for nearly \$8 million in costs for a fake lease, unused hospital space, and expenses unrelated to the operation of the hospital. The two individuals, who owned the hospital formerly known as Bayview Hospital & Mental Health Systems, were charged under the federal False Claims Act. “Those who think about cheating Medicare might want to think again,” Carol Lam, U.S. Attorney for the Southern District of California, said. “The defendants here must now pay more than three times what they stole.”

—Mary Ellen Schneider

