December 15, 2015

To the Editor, Kidney News:

Nephrologists are justifiably proud of their knowledge and skills, and most of them invest considerable effort in staying current in their practice of today’s medicine—keeping up with the rapid changes in the field since they completed their training. Having a substantive, meaningful, peer-issued credential, such as that provided by the American Board of Internal Medicine (ABIM), proudly recognizes and celebrates nephrologists’ efforts to stay up-to-date and powerfully supports the goal of preserving physician agency and autonomy at a time when both are threatened.

That is why we were disappointed to read the opinion column in December’s Kidney News by Rosenberg and Ibrahim (1) on behalf of the American Society of Nephrology (ASN) Council. We do not think it reflects a current view of many changes undertaken by ABIM as a result of substantive ongoing conversations with multiple internal medicine subspecialty societies, including ASN.

Reporting of MOC status

ABIM has always committed to ensuring that diplomates with lifetime certifications remain certified. This commitment was conveyed and reaffirmed to ASN and other societies repeatedly in 2013 before rolling out new MOC requirements. In order to make certification a more continuous credential and provide diplomates with an independent, third-party process to demonstrate to themselves and their colleagues that they are staying current with knowledge and practice, ABIM added a new reporting element in 2014—‘‘meeting MOC requirements’’—that applied to all ABIM Board Certified diplomates.

After the launch of the program in 2014, ABIM heard loudly and clearly that the ‘‘meeting requirements’’ language felt overly punitive and failed to emphasize the voluntary recognition the credential was meant to speak to. In response to this feedback from diplomates and medical societies (including ASN), ABIM leadership chose to change the language to ‘‘participating in MOC.’’ (2)

MOC activities approved for nephrologists

ABIM continues to award MOC points for the valuable CME and Practice Assessment products offered by ASN, including NephsAP and KSAP (3), and for the ASN Kidney Transplantation PIM and ASN Dialysis PIM (4, 5). This summer, ABIM also announced an effort to recognize more of what physicians are doing in practice by awarding MOC points for many CME activities, giving nephrologists many more options to earn CME that also qualify for MOC credit.

As of December 4, 2015, nearly 2500 ASN-sponsored CME activities earned ABIM diplomates MOC credit—with more than 1800 of those activities coming from Reporting of MOC status ABIM’s website. (9)—comprised mostly of active ASN members—are listed publically on the ABIM site.

Initial certification requirements

With regard to the issue of procedural documentation, members of the ABIM Nephrology Specialty Board had several conversations with leaders of the ASN Training Program Director (TPD) Executive Committee to prepare a list of procedures including placement of hemodialysis catheters, performance of kidney biopsies, and the spectrum of dialysis modalities for which ABIM and ACGME require competence be attained during training. Throughout ABIM’s history, training requirements have always been the purview of ABIM, but the Board has always worked with specialty colleagues to determine precisely what they should be. The Nephrology Board worked closely with ASN TPD leadership to better understand the procedural and dialysis-related experiences of nephrology trainees.

After this jointly prepared list was assembled, it was presented to the entire ASN TPD Executive Committee, which decided that this was a very important matter but recommended against a requirement for such documentation. We are recommended that these issues be discussed in detail at a subsequent TPD meeting. The ABIM Nephrology Board has not pursued this further.

Goverance and finances

Other issues raised in the ASN editorial include ABIM governance and finances. ABIM believes that they have been transparent about the changes in the ABIM governance structure and the process to establish the specialty boards, as well as the roles and composition of the boards. A complete description of ABIM’s governance structure is available on ABIM’s website (8) and details the roles and responsibilities of the Board, Council, Specialty Boards, and Exam Writing Committees. The names of the members of the ABIM Nephrology Board (9)—comprised mostly of active ASN members—are listed publically on the ABIM website.

ABIM leaders believe that the new ABIM governance structure affords far greater opportunity for ASN and other specialty societies to shape ABIM processes and decision-making, with six ASN members in ABIM leadership positions on the Specialty Board and ABIM Council. This is far more than was the case with the prior governance structure. We believe that the new governance structure will be advantageous to nephrologists and ASN, and there have already been numerous meetings and discussions between ABIM and ASN leadership that we fully expect will continue. Various meetings have included members of ASN Council, leaders of the ASN educational community, ASN Training Program Directors (TPD) Executive Committee members, and others.

Finally, over the last two years, ABIM increased its fiscal transparency (10)—providing IRS 990 forms and audited financial reports on its website. While not a common practice for most boards and medical societies, it was felt that this was an appropriate indicator of the importance placed on transparency and effective stewardship of diplomate fees by ABIM. ABIM has invited financial scrutiny and was pleased that ASN leadership, their CFO, and ASN’s independent auditor recently spoke with ABIM’s CFO to discuss finance-related questions ASN had about ABIM.

Credentials that speak to the value and contribution of individual physicians are even more important in a world where physicians risk being seen as cogs in a machine, adding no value of their own to the overall system. Both the challenges and the value of this were accurately foresbyn some of the great nephrologists of ASN and ABIM over the years and articulated very clearly by Relman, who opined: ‘‘If there is legitimate concern about the relevance of the tests used for recertification, then it should be up to the specialty boards to see that the examinations are suitable. If there is reason to believe that the testing procedures are arbitrary, unnecessarily stressful, or unfairly administered, then ways must be found to remedy these defects. . . . [B]ut for a profession that takes such pride in its self-imposed discipline, total abandonment of the recertification idea would be a mistake.’’ (11)

We want to continue to work together to redesign the MOC program so that it is a source of pride for all internists and subspecialists and something that embodies responsible self-regulation at a challenging time for all physicians. It is our sincere hope that ASN will work constructively with ABIM and other internal medicine subspecialty societies to achieve this goal. ABIM is eager to continue to work in close collaboration with ASN.

The Editorial concluded with four options. ASN leadership is considering going forward, all four of which would remove nephrologists from the larger community of internal medicine and the broadly respected framework for which
Major Win for Research in US Congress 2016 Budget Deal

By Grant Olan

On December 18, 2015, Congress passed a budget deal that averred a government shutdown and makes substantial new investments in federal research, a top ASN policy priority. The deal increased the budgets for the National Institutes of Health (NIH), including the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), and the Department of Veterans Affairs (VA) Research Program. ASN has been working in partnership with the research advocacy community to build support in Congress for these increases since Congress enacted deficit reduction measures in 2010 that cut research budgets.

The deal increases the budget for NIDDK in 2016 by $68 million, a $30 million increase over President Barack Obama’s budget request. NIDDK’s total budget for 2016 is $1.9 billion. The total represents 6.31% of total NIH funding, an increase from 5.77% in 2015 (Table 1).

NIH received an overall increase of $2 billion, a $1 billion increase over President Obama’s budget request. NIH’s total budget for 2016 is $32 billion. The deal also increases the VA Research Program’s budget by $41.8 million, bringing the VA Research Program’s total budget to $630.7 million in 2016.

“ASN commends Congress, especially the chairs of the House and Senate Appropriations Committees, Senator Roy Blunt (R-MO) and Representative Tom Cole (R-OK), for their commitment and support of the US research enterprise,” ASN Research Advocacy Committee Chair Frank “Chip” Brosius, MD, remarked. “After years of fiscal belt tightening, these crucial new investments will help NIH and NIDDK shore up their depleted budgets so that they can make investments in the next generation of scientists whose research discoveries and innovations may be the key to finding a cure for patients with kidney disease.”

ASN has been working with a number of advocacy coalitions, including the Coalition for Health Funding, Ad Hoc Group for Medical Research, Friends of NIDDK, and Friends of VA Medical Care and Health Research, which successfully persuaded Congress to raise the overall budget caps for federal discretionary programs like NIH and the VA in both 2016 and 2017.

Table 1
NIH and NIDDK funding for Fiscal Years 2000–2015

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>NIDDK Actual Funding (in thousands)</th>
<th>NIH Actual Funding (in thousands)</th>
<th>NIDDK Funding as a % of NIH Funding</th>
<th>% Increase in NIDDK Funding</th>
<th>% Increase in NIH Funding</th>
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</thead>
<tbody>
<tr>
<td>2010</td>
<td>$1,958,100</td>
<td>$31,238,000</td>
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<td>2.45%</td>
<td>2.27%</td>
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<td>2011</td>
<td>$1,942,224</td>
<td>$30,916,345</td>
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<td>-0.81%</td>
<td>-1.03%</td>
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<td>2012</td>
<td>$1,947,044</td>
<td>$30,860,913</td>
<td>6.31%</td>
<td>0.25%</td>
<td>-0.18%</td>
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<td>2013</td>
<td>$1,835,015</td>
<td>$29,151,462</td>
<td>6.29%</td>
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<td>2014</td>
<td>$1,745,177</td>
<td>$30,070,062</td>
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<td>2015</td>
<td>$1,749,140</td>
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<td>2016</td>
<td>$1,968,357</td>
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<td>6.31%</td>
<td>3.61%</td>
<td>6.64%</td>
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References