

## The Road to Formal Recognition: The End Is in Sight

**T**HE FORMAL RECOGNITION of the subspecialty of hospice and palliative medicine by organized medicine is a critical objective. This goal seems in reach within the next five years, if not sooner. We want to take this opportunity to summarize where we are, what is coming next and how hospice and palliative care physicians can help.

### CURRENT STATUS OF THE CAMPAIGN FOR FORMAL RECOGNITION<sup>1</sup>

Working hand in hand with the American Board of Hospice and Palliative Medicine, the Academy has been involved in a structured effort to win recognition for the subspecialty of hospice and palliative medicine within the American Board of Medical Specialties (ABMS) and within the Accreditation Council of Graduate Medical Education (ACGME). The former recognizes us a distinct medical specialty; the latter recognizes our fellowship programs and allows us to obtain Medicare funding for fellowships. Over the past three years the Academy and the Board have engaged in discussions with a number of ABMS boards to find boards willing to cosponsor a subspecialty certificate in hospice and palliative medicine. At this time, it appears that the American Board of Internal Medicine (ABIM) and the American Board of Family Medicine (ABFM) are the two most likely co-sponsors for the subspecialty. These boards already have a track record of working together (geriatrics and sports medicine), and the majority of existing diplomates of the ABHPM are boarded in either internal medicine or family practice. Other boards that have shown interest are pediatrics, psychiatry and neurology, and surgery, but their willingness to co-sponsor palliative medicine is less certain given the smaller number of diplomates in each

of these specialties who would be interested in subspecialization.

In terms of accreditation of fellowships, the AAHPM and ABHPM are on the verge of submitting a formal application to the ACGME. In discussions with ACGME, the rate limiting factor has been the number of fellowship and fellows. These numbers are rapidly increasing. In 2000 there were 17 fellowship programs; last year, there were 47 training programs with 97 slots. In 2004, AAHPM and ABHPM initiated a formal accreditation process, which accredited nine programs during its first year.

### NEXT STEPS FOR ACCEPTANCE BY ABMS BOARDS

One or more ABMS boards needs to agree to sponsor an application to ABMS for approval of the new subspecialty certificate. Almost two-thirds of ABHPM diplomates are board certified internist and sponsorship by ABIM is key. The ABIM hosted a "summit" at the end of 2004, which was attended by AAHPM and ABHPM, and by representatives from several other boards. Following this summit, ABIM confirmed that a proposal to initiate the ABMS process will be reviewed by the ABIM Board in June. If the ABIM agrees to proceed, a formal letter of intent will be sent to the ABMS, indicating ABIM's intention to apply for sponsorship of the new subspecialty.

The subsequent steps in the process are described below, with an estimate of likely time frame. The time frame is of course an estimate and subject to the exigencies of other Board's reactions, to other issues which come before ABMS, etc. The decision is a political process which strives for consensus. The next steps will be:

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<sup>1</sup>For an overview of the rationale for formal recognition of the discipline of hospice and palliative medicine and for a more detailed explanation of the process leading to recognition see: Von Gunten CF, Lupu D. *Development of a Medical Specialty in Palliative Medicine: Progress Report*. JPM 2004;7:209-219.

- The ABIM letter of intent will be circulated to all member boards of ABMS for comment. At any time in the process, additional boards can join ABIM as a cosponsor. (fall 2005)
- ABIM and any co-sponsors submit a formal proposal to ABMS and distribute it to all member boards at least 180 days prior to first date of consideration by the ABMS Committee on Certification, Subcertification, and Recertification, known as COCERT (the earliest submission would be 180 days prior to the March 2006 COCERT meeting)
- ABMS Assembly votes (the earliest could be September 2006)
- First examination given by ABIM and the co-sponsoring boards in 2008 or 2009.

Given the most favorable timeline, transfer of the certification process to ABIM and other ABMS boards will not occur for a few years. The ABHPM will continue to manage the certifying examinations, issue first certificates, and offer a maintenance of certification program until a formal transfer of these functions to ABMS boards occurs. The role of the ABHPM after this occurs is still undergoing active discussion.

#### **NEXT STEPS FOR ACCEPTANCE BY ACGME**

AAHPM and ABHPM soon will submit an application to ACGME, seeking recognition of training in hospice and palliative medicine. The steps to follow will be:

1. Proposal submitted to ACGME. (Spring 2005)
2. ACGME establishes an ad hoc committee to review the petition. The committee solicits the opinion of ACGME current Residency Review Committees (RRC's) and ABMS boards. This process takes 6 months to one year. RRCs are the committees responsible for accrediting residency and fellowship programs
3. The ad hoc committee recommends one of three actions: (1) denial; (2) referral to an existing RRC to consider for inclusion in their current discipline or to consider as a new subspecialty of the existing general discipline; or (3) recommended for "Preliminary Development" as a new discipline (the earliest would be Spring 2006)
4. ACGME issues application form and procedure and begins accepting applications (the earliest, 2007).

#### **POSSIBLE OUTCOMES OF ACCEPTANCE OF ABMS**

When the ABMS boards (probably ABIM, ABFM, and possibly others) offer certification in hospice and palliative medicine, ABHPM will discontinue its certifying process. There will likely be a gap of one year between the last ABHPM examination and the first one offered by the ABMS boards. . Once the ABMS boards begin to offer certification, they will put in place a transition period. Historically, transition periods include a "grandfathering" process that allows practitioners who meet specific criteria to obtain certification without a formal fellowship. The grandfathering period is expected to be five years in duration, during which time candidates (including ABHPM diplomates) will become eligible for the ABMS certification by virtue of either previous training or experience. After the grandfathering period, new candidates will be required to complete an accredited fellowship.

The certificate offered by the ABMS Boards will likely operate as an "added qualification." This designation means that diplomates will be required to maintain certification in their primary specialty. This is similar to other subspecialties, such as geriatrics. The regulations governing this requirement will be developed by the sponsoring boards.

#### **POSSIBLE OUTCOMES OF ACCEPTANCE OF ACGME**

ACGME approval will be very good news for training programs since it is one of the triggers that opens access to Medicare graduate medical education funding. We hope and expect that programs that have already obtained accreditation by the Palliative Medicine Review Committee established by AAHPM and ABHPM will be grandfathered into ACGME accreditation through an abbreviated review process. Other programs will have the opportunity to apply for accreditation through the normal ACGME process.

ACGME rules may require large changes in some fellowship training programs. For example,

many palliative care fellows are currently billing and being treated as “junior faculty”. Under ACGME rules, fellows are trainees and can not bill or be recognized as the primary provider.

After hospice and palliative medicine are accepted by both the ABMS and ACGME (and after the expected “grandfathering” period), a subspecialty certificate will be issued by a primary board (one of the co-sponsoring boards) only after an applicant has completed a fellowship accredited by ACGME. Fellowship programs that do not achieve ACGME accreditation by meeting program requirements, complying with ACGME regulations, and successfully applying for accreditation will find it difficult to continue because they will neither qualify for training dollars nor provide entry into formal subspecialty certification.

### WHY YOU NEED TO GET INVOLVED NOW

Sponsoring a new subspecialty takes effort and resources. ABMS boards are understandably reluctant to proceed if only a small number of their diplomates practice within the subspecialty and would seek subspecialty certification. To convince the leaderships of the ABMS boards that are potential co-sponsors, it is essential that they hear from their diplomates. Every physician who practices hospice and palliative medicine can write his or her primary board to explain the reasons that sponsorship is needed and support the process. The boards must learn why sponsorship would be valuable to the primary specialty and to the specific individuals within the specialty who are likely to pursue a subspecialty certificate. If there

is any way to estimate the number of physicians in the specialty who are likely to seek training and certification in hospice and palliative medicine, this information must be conveyed as well.

If an ABMS board decides not to co-sponsor our subspecialty, physicians who are diplomates of that board will not be able to obtain a subspecialty certificate. For example, should the American Board of Anesthesiology or the American Board of Psychiatry and Neurology choose to forego co-sponsorship of a hospice and palliative medicine subspecialty, then anesthesiologists, psychiatrists and neurologists will not be able to obtain certification in the future. Physicians in these disciplines who are certified by ABHPM will not be able to transition to an ABMS certification.

AAHPM and ABHPM will work hard to explain the importance of co-sponsorship to all appropriate ABMS boards. This will not be sufficient, however. The boards must hear from their own diplomates. Hence our plea that you get involved. Check with the AAHPM website or office for background materials you can use to make your case and to coordinate your communication efforts.

This is an exciting time for the field. We want to work with you to ensure that the field grows, flourishes and retains our values.

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