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[INSERT DATE]

Dear [INSERT NAME]:

I am writing on behalf of the American Board of Pain Medicine (ABPM) and the physicians who have earned ABPM certification as Diplomates in Pain Medicine who also contract with or seek to contract with [INSERT HEALTH PLAN NAME] to provide services as members of your physician network. The ABPM's mission is to serve the public by improving access to comprehensive, high quality pain care in the U.S. through a rigorous certification process for Pain Medicine physician specialists. It recently came to our attention that [INSERT HEALTH PLAN NAME] refuses to credential ABPM-certified Pain Medicine specialists to the full extent of their training and qualifications. It is our understanding that this is based on a broader credentialing policy that recognizes specialty certification only by ABMS member boards. We are very concerned that an overly restrictive policy will worsen the already inadequate access to high quality, specialty-level pain care that exists in the nation. For the reasons delineated below, we respectfully ask that you reconsider this policy.

Your organization's credentialing policy limits privileges to practice as Pain Medicine specialists to physicians who possess a sub-specialty board certification in pain medicine by the American Board of Medical Specialties (ABMS). To better serve your patients and to preserve access to high quality pain management services, we urge reconsideration of this policy, which unnecessarily impedes access to specialty-level Pain Medicine services at a time when there is already a shortage of qualified physician specialists to effectively manage care for the vast population of patients who suffer from chronic or acute pain. These access problems are documented in the 2011 Institute of Medicine report "Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research," which details how access to high quality, cost-effective care continues to prove elusive for many of the 100 million Americans who suffer from chronic pain. The IOM report reflects that there is only one certified Pain Medicine specialist for every 28,500 people with pain.

We share concerns regarding poorly organized entities that purport to certify physician specialists but apply inadequate standards for applicants and/or administer examinations that fail to adequately measure a candidate's competence in a medical specialty field. We also understand the challenge of adopting credentialing policies that determine which medical specialty boards will be recognized as legitimate. We are keenly aware of the debate surrounding the appropriate credentials needed to manage pain care for patients, particularly those whose treatment includes high dose opioids. Given the issues surrounding "sham" pain specialists, we understand the instinct to establish strict standards for the physicians who will manage care for these patients. These practitioners often set up clinics that target those who are most vulnerable, either because they suffer from chronic pain or because they have an opioid addiction.

While a seemingly straightforward approach to these problems is to establish a bright line test that excludes recognition of any certification board that is not a member of the American Board



of Medical Specialties (ABMS), it is not necessarily a fair or appropriate standard in every circumstance. This policy is particularly troubling in the context of Pain Medicine, which is a relatively young but critically important field within medicine, for which two separate but equally valid pathways for specialty level certification have emerged. To be eligible for subspecialty certification through an ABMS Board, an applicant must successfully complete a one-year fellowship in pain medicine. This pathway to certification is particularly appealing for physicians with “procedure”-focused practices, as the fellow programs tend to focus intensively on that aspect of treating patients with pain. Our certification process provides a legitimate, rigorous pathway for physicians to earn certification in Pain Medicine by recognizing substantial, recent and comprehensive clinical experience in Pain Medicine as a valid means of demonstrating expertise. Our process reflects an emphasis on an integrated, comprehensive approach that emphasizes better coordination of care for patients with chronic or acute pain. The lack of a dominant or single legitimate pathway is underscored by the fact that many physicians possess dual certification by both ABPM and an ABMS Board.

With regard to the credentialing policy at hand, an “ABMS only” approach would have the unintended and unjustified consequence of exacerbating the existing shortage of Pain Medicine specialists who have demonstrated qualifications necessary to manage care for patients with complex or chronic intractable pain. By shrinking even further the field of legitimate, full-service Pain Medicine physicians, we feel that this trend will worsen. We also believe that this policy will contribute to higher costs resulting from poorly coordinated and managed care for patients with pain. Ultimately, this policy will diminish the quality of care provided to patients who suffer from chronic pain or whose medical problems require comprehensive pain care services.

Since 1992, ABPM has offered qualified candidates a 7.5-hour, practice-based, psychometrically valid examination in the field of Pain Medicine. Certified ABPM Diplomates now number over 2,200 physicians. ABPM believes in an integrated approach to pain care that includes demonstrated clinical experience and substantive expertise in the full spectrum of pain treatment therapies, including pharmacologic, psychological, interventional and complimentary therapies. Successfully passing our examination demands that applicants demonstrate comprehensive knowledge in all areas of Pain Medicine, including but in no way limited to expertise in prescribing opioids, which are often over-prescribed by practitioners who do not understand the additional modalities of effective pain treatment.

Our Credentials Council carefully reviews every candidate’s application in order to determine eligibility to sit for the examination based on meeting all the following requirements:

- 1) Satisfactory completion of an ACGME-accredited residency-training program relevant to pain medicine, primarily in anesthesiology, neurological surgery, neurology, psychiatry or physical medicine and rehabilitation. The applicant must otherwise demonstrate satisfactory completion of an ACGME-accredited training program with substantial, identifiable training in Pain Medicine with equivalent scope, content and duration to one of these five specialties.
- 2) Possession of a current, valid, unrestricted US license to practice allopathic or osteopathic medicine as well as a valid and unrestricted DEA number.
- 3) Current certification by an ABMS member board.
- 4) Substantial, recent and comprehensive clinical practice experience in Pain Medicine. ABPM’s Credentials Council carefully assesses every applicant’s clinical experience and applies strict criteria related thereto in judging an applicant’s standing to sit for the examination.
- 5) Completion of a minimum of 50 hours of Category I Continuing Medical Education in Pain Medicine within the two years prior to the initial examination, and



6) Documentation of adherence to ethical and professional standards.

We also require recertification every 10 years through our “MOC” process, which involves satisfactory assessment by our Credentials Council relating to a Diplomate’s professional standing, completion of CME requirements (300 hours within the ten years, with at least 100 of those in the three years preceding recertification), passing ABPM’s examination and a practice performance record. I have enclosed a copy of the ABPM candidate bulletin to provide more detailed information regarding our certification process and examination.

We feel confident that a thorough review of ABPM’s certification process will yield recognition that our certification is “equivalent” to ABMS certification, as so deemed by federal and state policymakers who have thoroughly reviewed our certification processes.

- The U.S. Veterans Health Administration recognizes ABPM specialty certification along with ABMS subspecialty certification when defining qualified Pain Medicine specialists.
- The Boards of Medicine in California, Florida, and Texas specifically recognize ABPM as having “equivalent” certification requirements as ABMS Boards, allowing ABPM Diplomates to advertise as Pain Medicine specialists.
- Several states, including Washington, Alabama, Kentucky, Georgia, Ohio, Tennessee, Rhode Island, West Virginia and Mississippi recognize ABPM along with ABMS certification in state regulations to establish a prescribing protocol or define standards for pain clinics.

As states continue to consider policies to address the rampant abuse of opioid prescription medicines, and health care organizations work to establish better-coordinated delivery of health care services to patients with chronic and/or acute pain care, we are confident that recognition of ABPM credentials will continue to grow.

If you have any questions regarding the information presented in this letter, please do not hesitate to contact our organization.

Sincerely,

Kenneth Finn, MD
President, American Board of Pain Medicine