

ACC Member Perceptions of MOC

Presented to the BOG Steering Committee

May 2014



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Methodology

- Online survey distributed by U.S. ACC Chapters to chapter members.
- Survey live April 23 – May 27, 2014. At least one reminder email sent.
- A total of 4,406 completed surveys were submitted by ACC members.



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Respondent Composition

<u>CHAPTER</u>	<u>N</u>	<u>CHAPTER</u>	<u>N</u>
No response	83	Mississippi Chapter	62
Alabama Chapter	51	Missouri Chapter	95
Alaska Chapter	6	Montana Chapter	11
Arizona Chapter	77	Nebraska Chapter	29
Arkansas Chapter	35	Nevada Chapter	19
California Chapter	456	New England Chapter	80
Colorado Chapter	72	New Jersey Chapter	3
Connecticut Chapter	115	New Mexico Chapter	30
Delaware Chapter	26	New York Chapter	304
District of Columbia Chapter	31	North Carolina Chapter	97
Florida Chapter	204	Not sure	15
Georgia Chapter	94	Ohio Chapter	170
Great Plains Chapter	13	Oklahoma Chapter	68
Hawaii Chapter	18	Oregon Chapter	4
Idaho Chapter	25	Pennsylvania Chapter	178
Illinois Chapter	201	Puerto Rico Chapter	26
Indiana Chapter	79	Rhode Island Chapter	30
Iowa Chapter	52	South Carolina Chapter	21
Kansas Chapter	59	Tennessee Chapter	112
Kentucky Chapter	85	Texas Chapter	128
Louisiana Chapter	125	Utah Chapter	50
Maryland Chapter	105	Virginia Chapter	118
Massachusetts Chapter	321	Washington Chapter	95
Michigan Chapter	121	West Virginia Chapter	16
Minnesota Chapter	95	Wisconsin Chapter	89
		Wyoming Chapter	7

<u>TENURE</u>		
	Survey	ACC U.S. MD Membership
In training	11%	10%
1 - 7 years	16%	21%
8 - 14 years	13%	13%
15 - 21 years	15%	15%
22 - 28 years	20%	13%
29 or more years	23%	28%
Not in practice	1%	
No response	<1%	
Total	4406	32001



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Key Findings

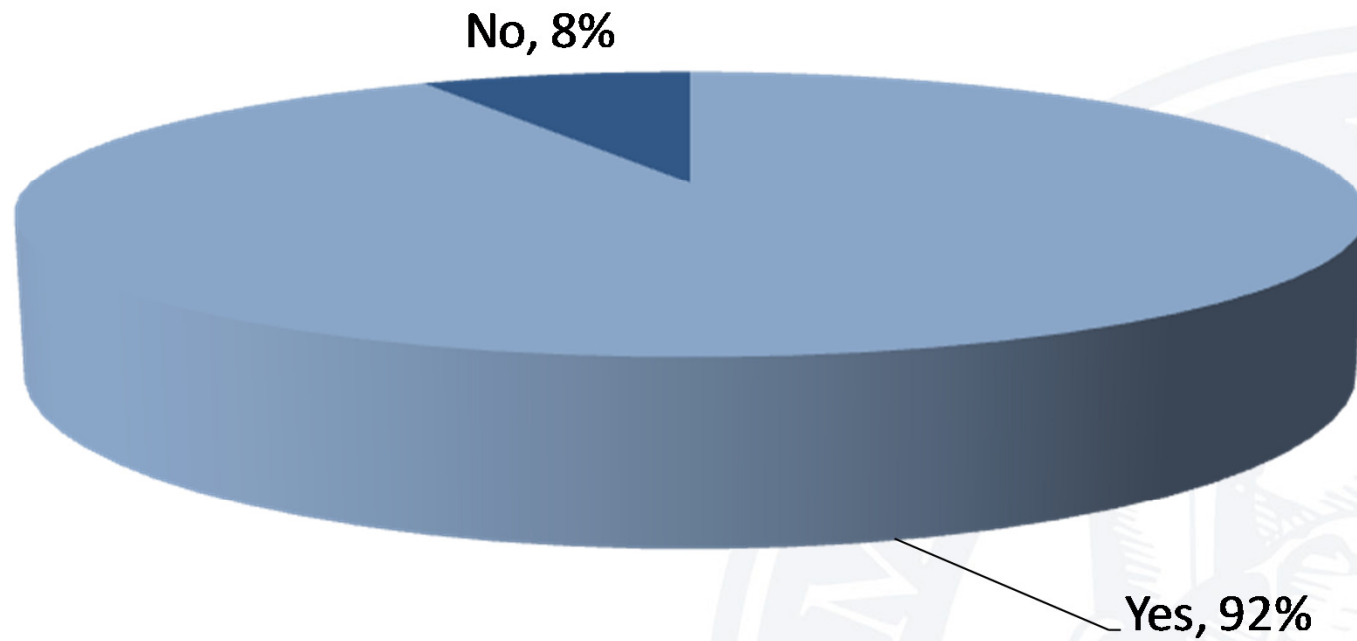
- While most members who responded to the survey are aware of the recent MOC changes, they are not as familiar with all of the particulars.
- There is strong opposition to the changes and opposition is universal, cutting across generation. Much of this opposition is driven by the high financial and time costs associated with the new requirements and lack of perceived value.
- Members want the ACC to work with ABIM to revise the MOC requirements – to remove the MOC requirement, assume certification responsibilities, revert to pre-2014 requirements and/or remove practice improvement modules from the process.



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Awareness of 2014 MOC Requirements⁵

- The majority of survey respondents are aware of the changes to MOC as of January 2014.



Q. Are you aware of the changes that American Board of Internal Medicine (ABIM) made to its Maintenance of Certification (MOC) program as of January 2014?

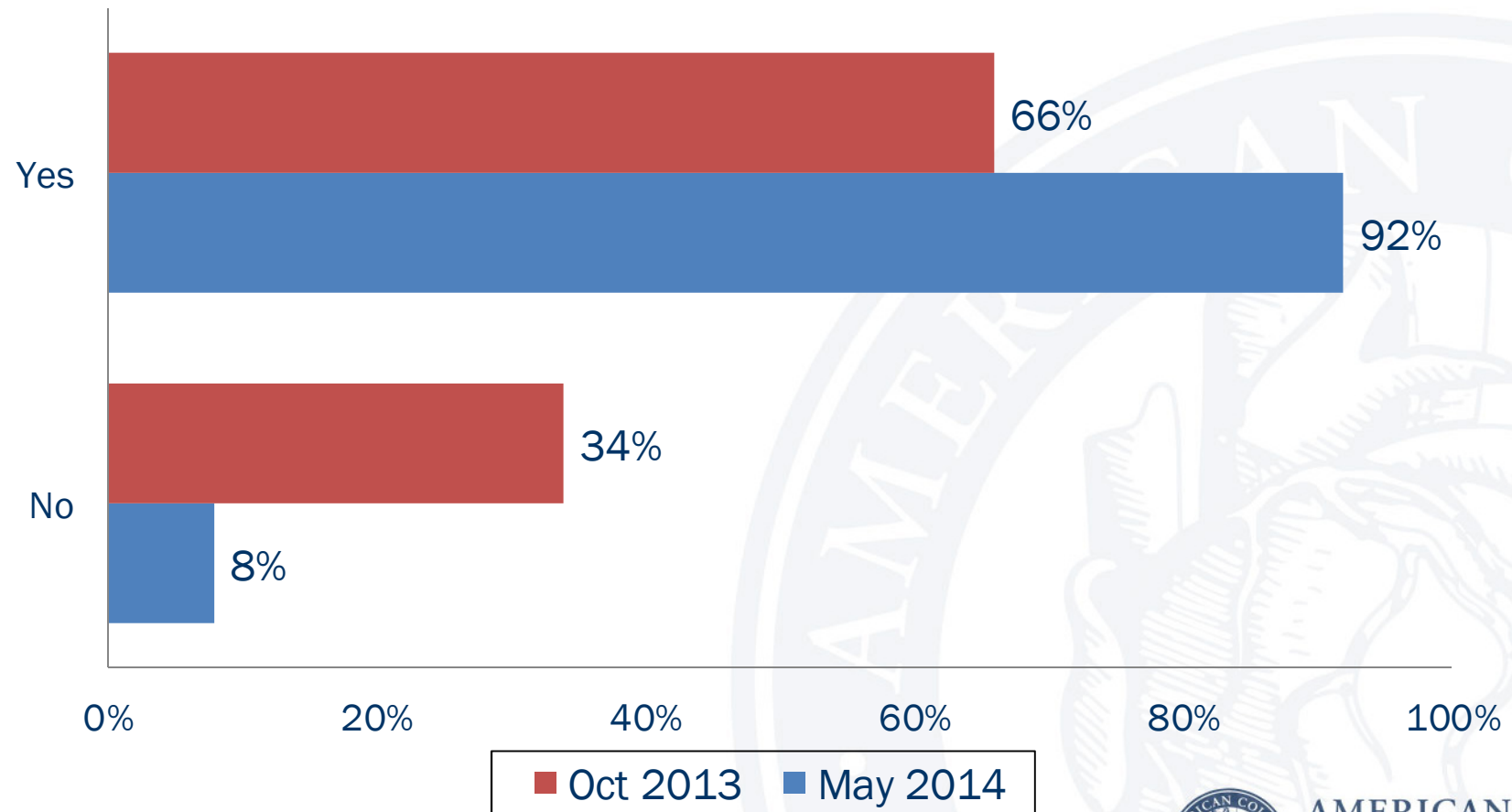


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Awareness of 2014 MOC Requirements⁶

- Trended

- Not surprisingly, awareness has increased significantly over the past seven months.



Q. Are you aware of the changes that American Board of Internal Medicine (ABIM) made to its Maintenance of Certification (MOC) program as of January 2014?



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Description of MOC

On January 1, 2014, the American Board of Internal Medicine (ABIM) implemented changes to its Maintenance of Certification (MOC) program. The changes to the new MOC requirements are extensive and will apply to all certified physicians, including those originally grandfathered.

Changes to ABIM's MOC program requirements are designed to engage all ABIM diplomates in MOC activities on a more frequent, or continuous, basis to demonstrate that physicians are maintaining their certification and "Meeting MOC Requirements."

Meeting MOC Requirements will be defined as passing a secure examination after training and maintaining a 10-year certification contingent upon completing MOC activities as follows:

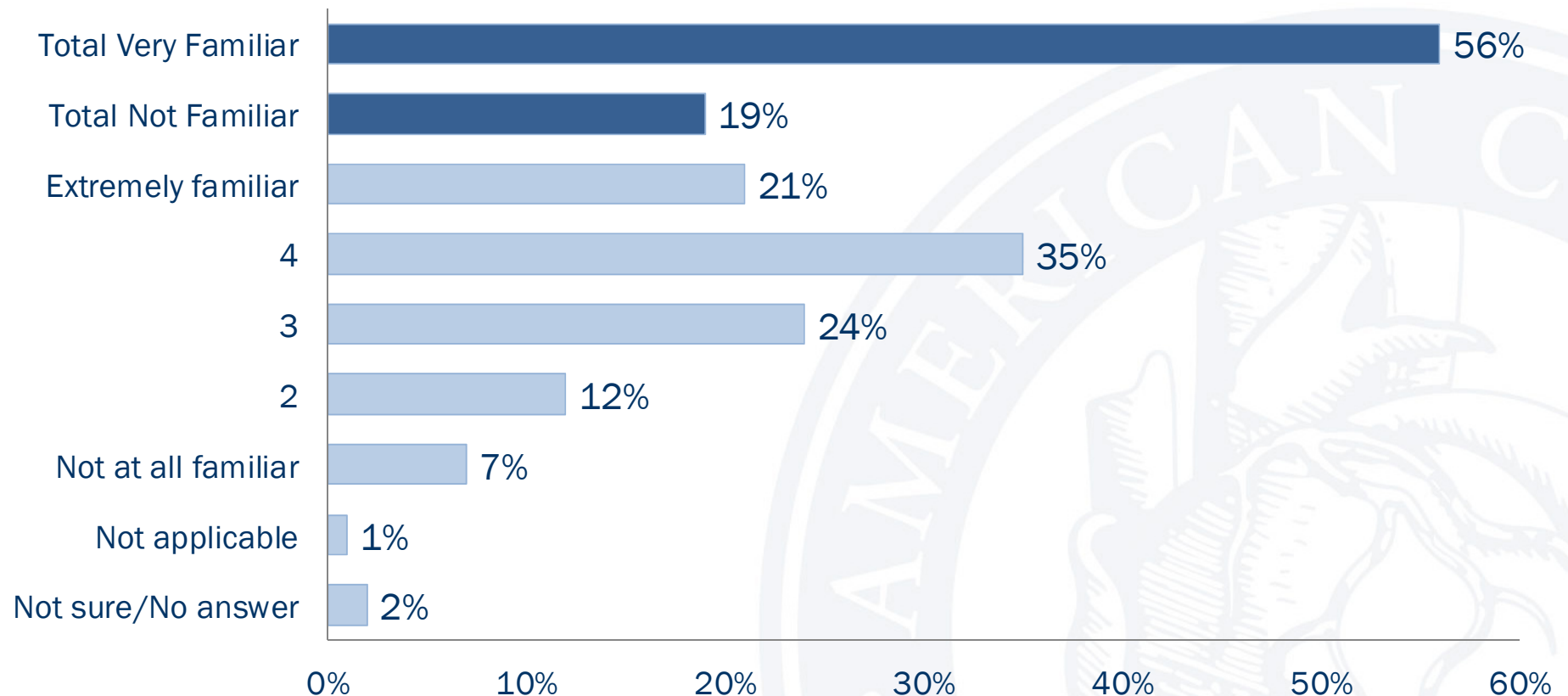
- Some MOC Part 2 or Part 4 activities are required every 2 years
- 100 MOC points are required every 5 years (20 points minimum in both Part 2 and Part 4)
- Completing patient safety and patient survey modules required every 5 years
- Secured reexamination required every 10 years (Part 3)



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2014 MOC Familiarity

- Although almost all members are aware of the MOC changes, they are less familiar with the particulars. After reading a description of the new requirements, over half report being very familiar with all of the changes while two-in-ten say they are not familiar.



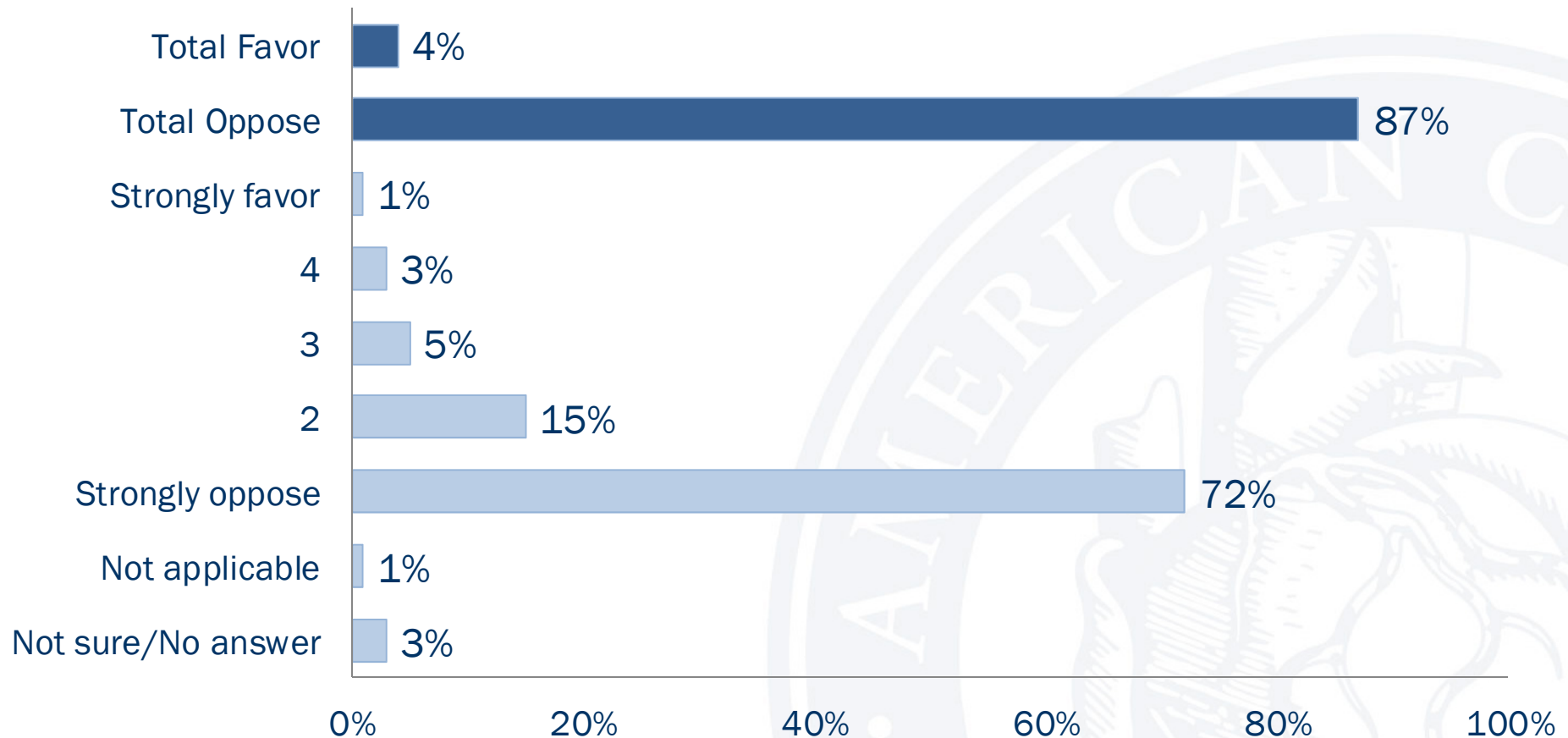
Q. How familiar are you with all of the changes that the ABIM has made to its certification / recertification process?



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2014 MOC Favorability

- Not quite nine out of every ten members (87%) oppose the new ABIM MOC requirements and almost all of this opposition (72%) is strong. Interestingly, this opposition is universal – there is no significant difference by tenure/career stage.



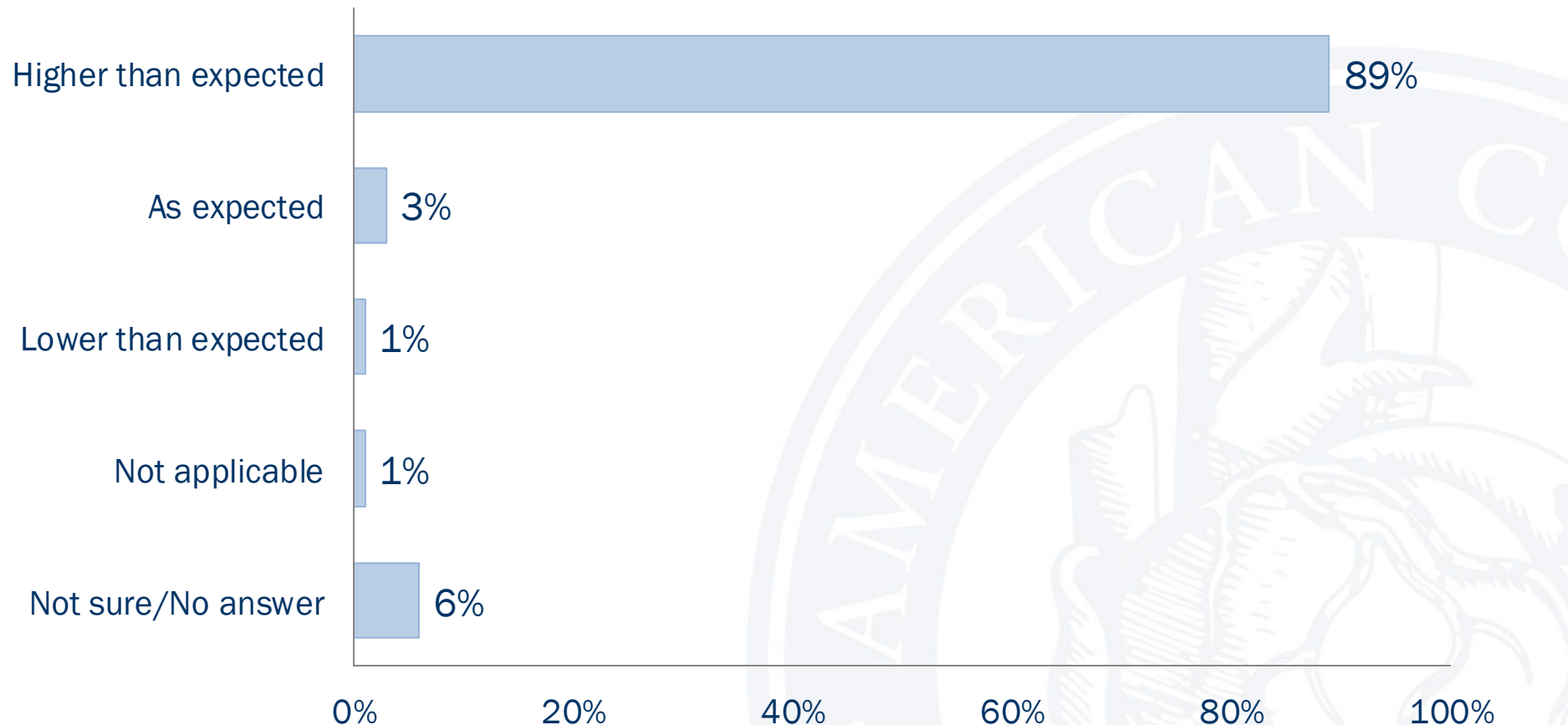
Q. Do you favor or oppose the new ABIM MOC requirements?



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Perceptions of Cost

- Almost all respondents (89%) feel that the costs associated with MOC are too high.



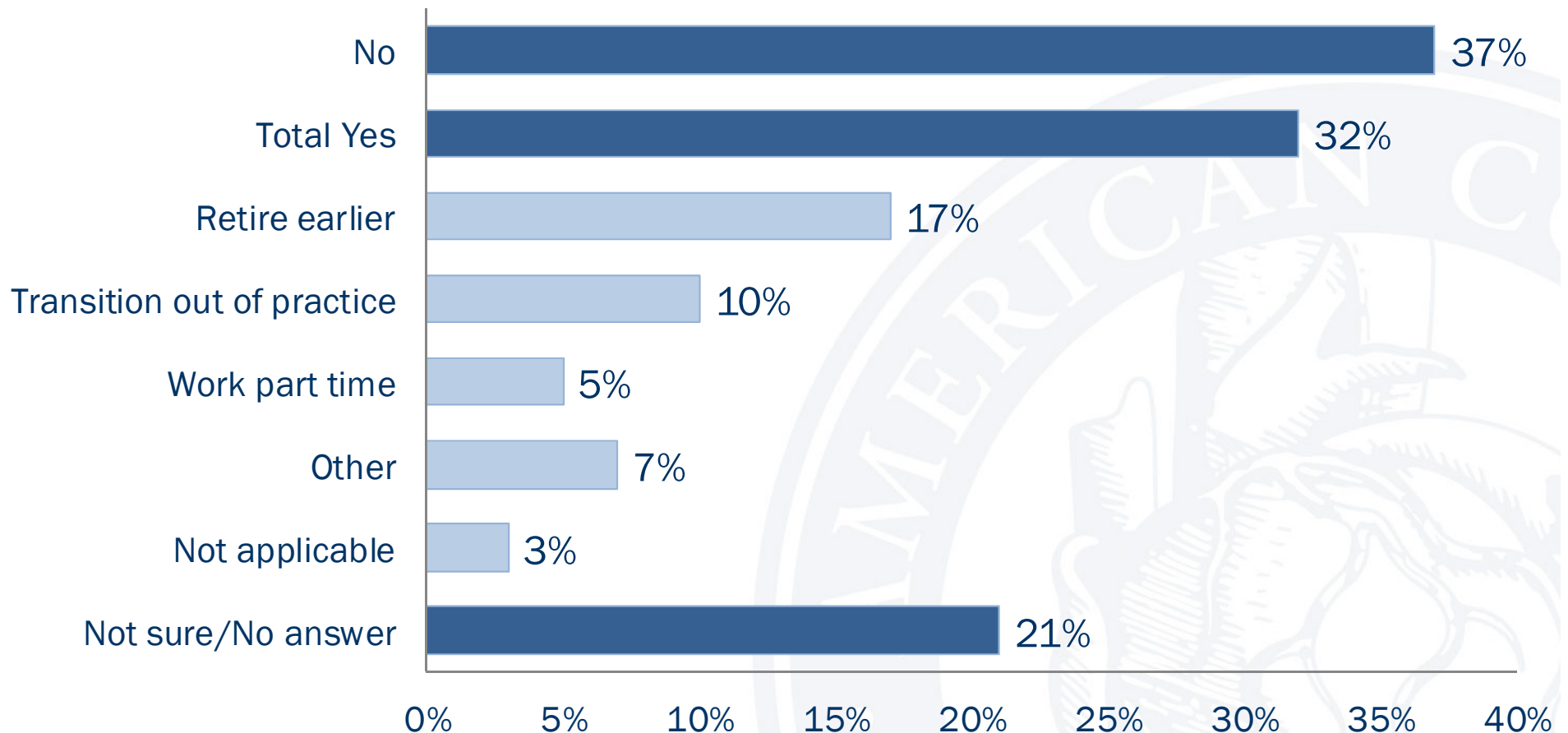
Q. Do you think that the cost associated with the MOC and recertification programs is:



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MOC Effect on Future Plans

- Respondents are divided on how the change in MOC will affect their future plans with almost two-in-five (37%) saying the new requirements will not affect future planning while one-third report that they will retire earlier, work part time or transition out of practice; 21% are not sure.



Q. Have these recent MOC requirements affected your planning for the future, specifically thoughts of retirement, part-time practice or transitioning out of the practice



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MOC Effect on Future Plans

- by Tenure

12

- Not surprisingly, older physicians who have been in practice longer are more likely to say the change will affect their planning.

	In training	1 - 7 years	8 - 14 years	15 - 21 years	22 - 28 years	29 or more years	Not in practice
No, this has not affected my future plans	40%	51%	48%	34%	30%	29%	38%
Yes, plan to retire earlier	4%	6%	12%	23%	27%	24%	0%
Yes, plan to transition out of practice	3%	4%	8%	10%	13%	14%	3%
Yes, plan to work part time	1%	2%	3%	5%	6%	8%	0%
Other, please specify	9%	7%	6%	6%	5%	6%	18%
Not applicable	10%	4%	3%	1%	1%	2%	32%
Not sure	33%	26%	21%	20%	17%	16%	10%

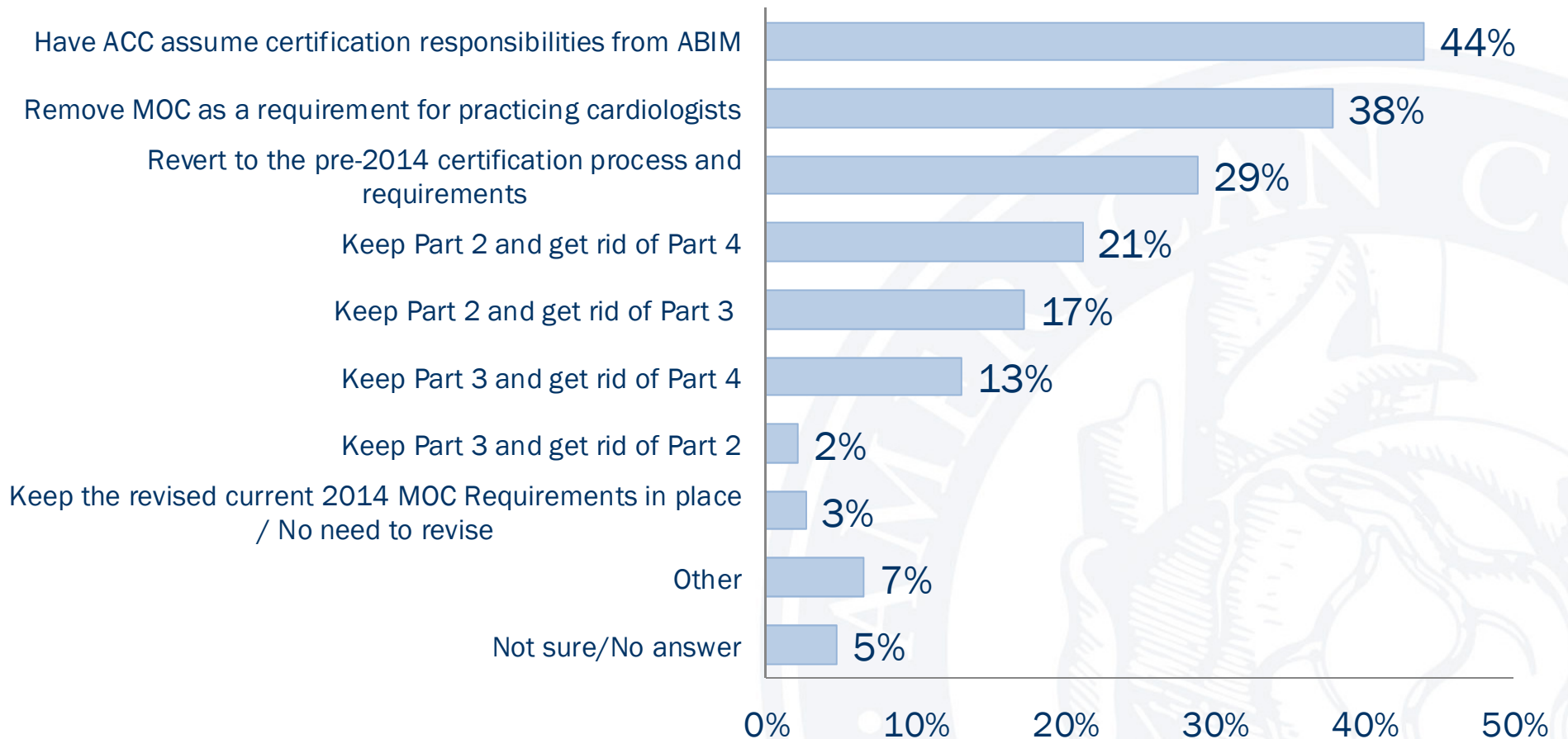
Q. Have these recent MOC requirements affected your planning for the future, specifically thoughts of retirement, part-time practice or transitioning out of the practice



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Recommended MOC Process Revisions¹³

- Clearly members (92%) want the MOC process revised. Having ACC certify (44%) is most popular followed by removing MOC as a requirement (38%), reverting to the pre-2014 requirements (29%), and getting rid of Part 4 (28%) and Part 3 (17%). Only 3% want to keep current MOC requirements in place.



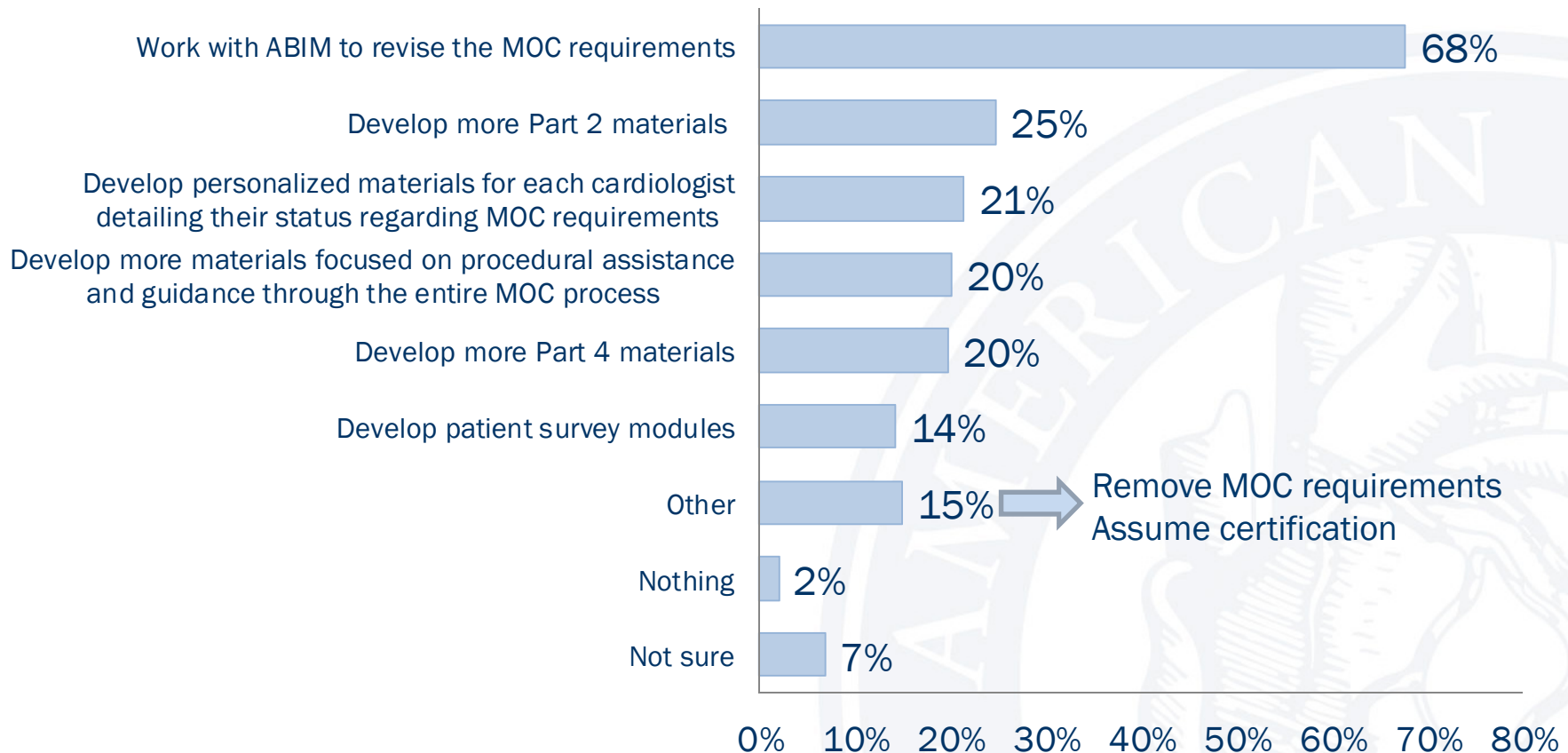
Q. If you were tasked with revising the MOC process for cardiologists, which of the following would you recommend? Please select all that apply.



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Recommended ACC Support

- Two-thirds (68%) want the ACC to work with ABIM to revise the MOC requirements. Other suggestions including developing more part 2 educational content (25%), a personalized learning portfolio (21%) and more part 4 materials (20%).



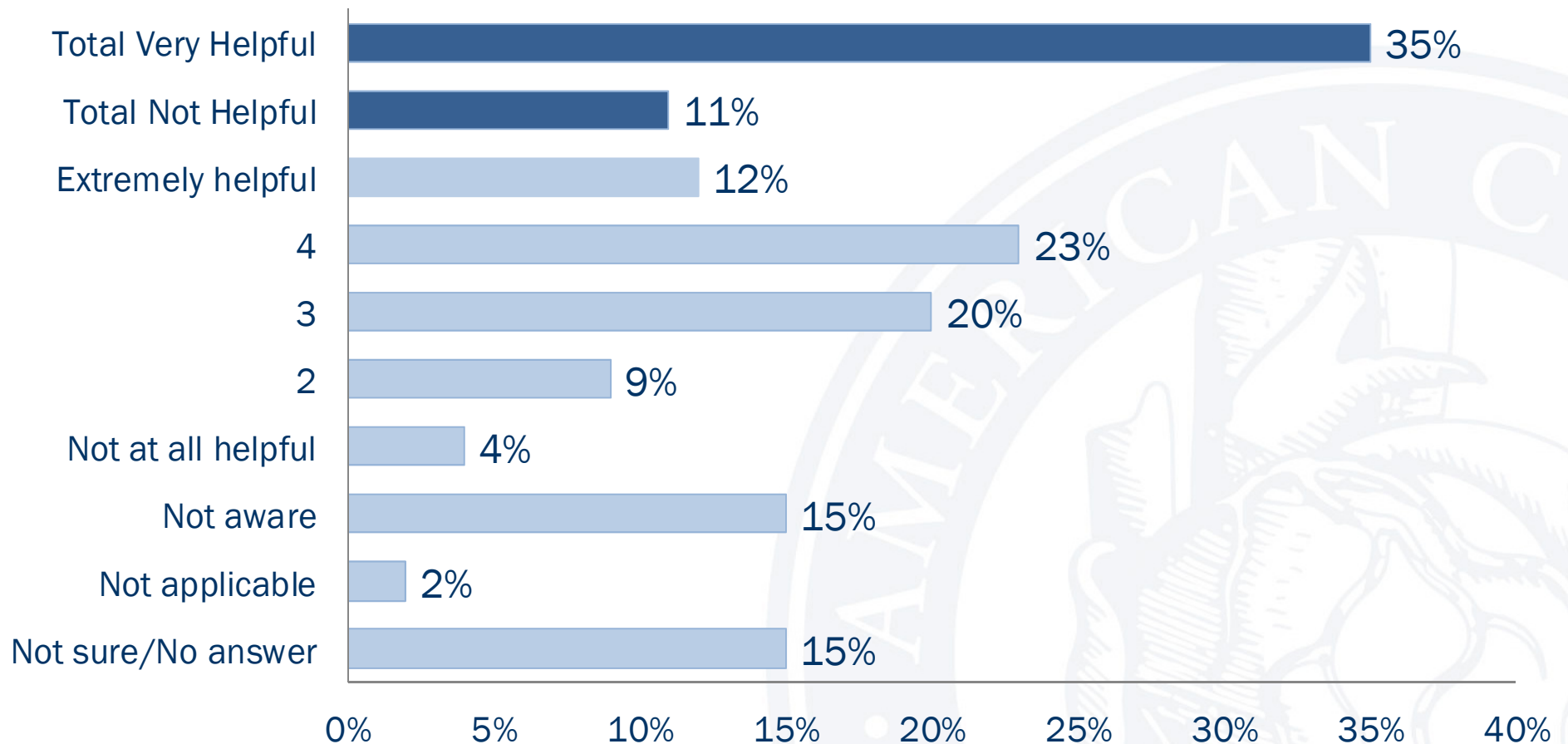
Q. Recognizing that the ABIM is a completely separate and independent entity from the ACC, how could the ACC best serve its members regarding the MOC requirement changes from ABIM? Please select all that apply.



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CardioSource.org Helpfulness

- One-third of members (35%) find the materials on cardiosource.org very helpful in meeting MOC requirements while one-in-ten (11%) do not find those resources helpful; 16% are not aware of the cardiosource.org resources. Members in training or early in their career are slightly less aware of the cardiosource.org resources available to them.



Q. The ACC currently provides resources on [CardioSource.org](https://cardiosource.org) to assist members in meeting the ABIM MOC requirements. Using the following scale, how helpful are these [CardioSource.org](https://cardiosource.org) resources?]



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MOC ...

Time aware from patient care

Disappointed in ACC

Eliminate MOC

Evidence?

TOO EXPENSIVE

ABIM Out of Control

Practice Relevance

BURDENSOME

ABIM Money Grab

Onerous

ABIM is a Monopoly

Eliminate PIM

ACC Should Certify

Waste of Time

Stand Up for ACC Members

Q. And lastly, please provide any final comments that you would like ACC leadership to know concerning the 2014 ABIM revised requirements concerning Maintenance of Certification.



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From the Mouths of Members ...

Doing certification activities on a more continuous basis makes sense to me and would be my preference. This is consistent with the continuing education model required for most state licenses. Doing activities more consistently should eliminate the need for and expense of a formal proctored examination for recertification (OK to still have this for initial certification). If a clinician prefers to take an extensive exam each year, this could be offered as an alternative to continuous activities, but requiring both seems excessive. Part IV activities should be completely eliminated.

Current ACC Part 2 modules are excellent.

I am a pediatric cardiologist, and we have similar issues, but the things the ACC provides are not useful for the PIM MOC.

I appreciate the interest of the ACC in possibly substituting more reasonable and appropriate certification requirements.

The current MOC seems onerous. It is extremely expensive and will just be another reason to move out of practice sooner. As a practicing cardiologist I am strongly in favor for maintaining quality. The new MOC does not guarantee that only more revenue for the abim.

I understand fully that the changes to MOC process have been promulgated by ABIM and not ACC. However, that this could occur with strenuous objections and threats of serious action by ACC is extraordinarily disappointing. It is another example of ACC's lack of leadership and effective advocacy. No one cares how many guidelines ACC authors. What cardiologists care about is their day to day responsibilities and their work environment. The new ABIM MOC regulations worsen those tremendously, even ignoring the high cost. This is a test case for ACC: Either these requirements are rolled back, or ACC will have been proved to be essentially irrelevant. The organization will follow the path blazed by the AMA, which went from having near universal membership in the 1960's to representing less than one in five physicians today. WAKE UP!

Meaningful MOC is more crucial than ever. It is too easy for busy or simply unmotivated physicians to do any more than the minimum CME required by their states. (Sir Wm Osler: "Beware the busy practice.") Identify better ways to assess status of knowledge than a threatening test every 10 years. Provide more assistance in supporting state chapters in local and regional educational activities and incentivize physicians to participate (both carrot and stick). ACP is better at this than we are. Encourage individual physician involvement in research either independently or collaboratively with clinical research sites.

Get rid of part 4. Too much work, too many hoops for little added value.

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Having recertified twice before, it is quite apparent to me that the final exam should be abolished. The final does not test what a practicing cardiologist needs to know to practice high quality cardiology, but rather tests minutia. If a final is to be administered, cardiologists should have Up To Date available or other resources during the exam. This is the way cardiology is practiced in the 21st century. Rote memorization is no longer necessary. It is time for the ACC leadership to take a stand. I have already signed a petition advocating abolishing MOC requirements.

I have just completed recertification in both general cardiology and interventional last year and feel that after rectifying twice and after practicing another 10 years when recertification is required again that as a practicing member in good standing should be able to rectify using CME and not have to take a repeat exam. To continue to require the use of the exam is ridiculous after being in practice for 30 years where with wisdom and experience we have limited our practice to what we do well and what we are good at. This is just another way for the ABIM to generate more revenue for questionable reasons.

ACC needs to assume the entire process of certification and recertification.

All these requirements are compromising patient care, they do nothing to enhance pt care. Its a money and power grab by the ABIM

It is all about money and power grab and not about the patients. These professors making these rules don't even practice medicine or cardiology. It is a sad state that our profession is going through. Medicine has being hijacked by mercenaries under the label of "caregivers" (businessman, professors, industry, government) and patients with nurses and good physicians are left to with the bills. But that will change one day. I did pay for my MOC, but I am waiting for another organization or entity to replace the ABIM, or my next move will be an MBA n stop practicing.

It seems like a total scam and a money-making scheme. I feel that , when I became certified in IM, this was not the agreement that we had and they completely changed the rules. This is basically a breach of contract and I don't even know how this change was legal. I am sure that I can't change my contract that I currently have right now just because I think I thought of something better. Additionally, as a FIT, I get absolutely nothing in return for my \$183 this year and am forced to pay it so that I may sit for the cardiology boards in the future.

ACC represents its members, not ABIM or the public. Remember that.

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From the Mouths of Members ...

ABIM is abusing its position. We are busier than ever and this is just too much. We cardiologist are the hardest working specialists and we need continuous education. BUT NOT THIS WAY!

ABIM has to make the process practical for clinicians. Re certifying every 10 years is useless. Having MOC only is a much better and clinical valuable idea for cardiologists.

ABIM must go back to pre 2014 requirements, if not ACC should assume certification for cardiac disease. The majority of cardiologists would support the change given the ABIM's disconnect from clinicians work and responsibilities.

I 'lost' 2 years of certification because I proactively took my recertification exam early. This is ridiculous and unprofessional. I have appealed the process and have not heard anything from the ABIM for 3 months despite monthly calls to check in. If the ACC could impact one area it would be to encourage the ABIM to respect the pre-2014 terms for taking the recertification exam (10 year certification with the ability to take the exam anytime between years 5 - 10).

The 2014 ABIM MOC requirements are arbitrary, unnecessary and expensive in both time and money. We are over regulated. These new requirements come at a time when overhead is on the rise and practice income is on a sharp decline. I am being pushed into premature or early retirement by measures like this. ACC should not simply roll over whenever ABIM makes unilateral decisions like this. ABIM's move is a thinly veiled strategy to generate more income for its overpaid executives. I expect ACC to defend its members from abuse like this. I have been FACC for more than 30 years. If ACC does not oppose the 2014 ABIM MOC changes, I will resign from ACC.

2014 ABIM MOC represents a significant violation of longstanding agreements with cardiologists certified earlier.

As a FIT, with the new requirement for maintaining certification in IM (which I may not need once I finish training) while also planning for several other board exams (echo, cardiology, heart failure etc.), I find this to be burdensome from both a financial and workload perspective. The cost aspect is most troubling, and suggests that the motivation for this initiative was financial disguised as improvement of patient care.

ACC can help revise and improve the MOC process.

Q. And lastly, please provide any final comments that you would like ACC leadership to know concerning the 2014 ABIM revised requirements concerning Maintenance of Certification.



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