What's Wrong with MOC and re-certification?

Paul S. Teirstein

Chief of Cardiology

Director, Interventional Cardiology

Scripps Clinic

Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship	Company
President (unpaid) (NBPAS.org)	National Board of Physicians and Surgeons
Course Director/speaker	Numerous CME conferences
Grandfather:	Internal Medicine, Cardiology
Not grandfathered:	Interventional cardiology (recertified once)

Initial ABMS Member Board Certification vs MOC

- I fully support initial ABMS member board certification
- The NBPAS, requires it!
- I am proud of my initial ABIM board certifications in 3 specialties
- Providing initial board certification is huge contribution.
- The ABMS and its member boards should be proud of it…but also be content with it.

Curtiss
“Sparky”
Stinis


Peripartum Cardiomyopathy:
Treatment
• Optimize hemodynamics
• Relieve symptoms
– Diuretics
• Avoid ACE I if still pregnant
– Hydralazine is drug of choice
• Ultimately, rx like systolic heart failure
A MIND
IS A TERRIBLE THING TO WASTE.

Despite all the apologies, emails and discussion about modernizing MOC and recertification:

- There is still no evidence MOC, recertification, or take home computer modules improves patient outcomes
- The proposed new tests (secure or take-home) still can not be tailored to individual physician practices
- The work of MOC lacks meaning = busy work
- Appearance of a financial motivation underlying the MOC requirements

Be aware that many physicians making decisions about MOC are grandfathers and have never had to do MOC!

MAYO CLINIC

Physician Attitudes About Maintenance of Certification: A Cross-Specialty National Survey

David A. Cook, MD, MHPE; Morris J. Blachman, PhD; Colin P. West, MD, PhD; and Christopher M. Wittich, MD, PharmD

TABLE 1. Main Survey Results[a]

Item	Mean ± SD, median[b]	Agree[b,c] n/N (%)
Primary survey items		
MOC activities are relevant to the patients I see[d]	2.9±1.8, 2	200/842 (23.8)
MOC is worth the time and effort required of me[d]	2.4±1.7, 2	122/824 (14.8)
I have adequate support in completing MOC activities	3.1±1.8, 3	223/834 (26.7)
MOC activities are well-integrated with my daily clinical practice	2.4±1.5, 2	101/832 (12.1)
MOC provides all I need to remain a competent physician	2.0±1.3, 2	56/827 (6.8)
MOC is a burden to me	5.6±1.7, 6	673/835 (80.6)
MOC is all about generating money for the boards	5.2±1.7, 6	574/851 (67.5)
Patients care about my MOC status	2.1±1.5, 2	76/834 (9.1)

[c] "Agree" indicates slightly agree, agree, or strongly agree.

6.4% if remove "slightly agree"

Original Investigation

Association Between Physician Time-Unlimited vs Time-Limited Internal Medicine Board Certification and Ambulatory Patient Care Quality

John Hayes, MD; Jeffrey L. Jackson, MD, MPH; Gail M. McNutt, MD; Brian J. Hertz, MD; Jeffrey J. Ryan, MD; Scott A. Pawlikowski, MD

JAMA. 2014;312(22):2358-2363. doi:10.1001/jama.2014.13992

CONCLUSIONS AND RELEVANCE Among internists providing primary care at 4 VA medical centers, there were no significant differences between those with time-limited ABIM certification and those with time-unlimited ABIM certification on 10 primary care performance measures. Additional research to examine the difference in patient outcomes among holders of time-limited and time-unlimited certificates in non-VA and nonacademic settings and the association with other ABIM goals may help clarify the potential benefit of Maintenance of Certification participation.

Original Investigation

Association Between Imposition of a Maintenance of Certification Requirement and Ambulatory Care–Sensitive Hospitalizations and Health Care Costs

Bradley M. Gray, PhD; Jonathan L. Vandergrift, MS; Mary M. Johnston, MS; James D. Reschovsky, PhD; Lorna A. Lynn, MD; Eric S. Holmboe, MD; Jeffrey S. McCullough, PhD; Rebecca S. Lipner, PhD

IMPORTANCE In 1990, the American Board of Internal Medicine (ABIM) ended lifelong certification by initiating a 10-year Maintenance of Certification (MOC) program that first took effect in 2000. Despite the importance of this change, there has been limited research examining associations between the MOC requirement and patient outcomes.

OBJECTIVE To measure associations between the original ABIM MOC requirement and outcomes of care.

CONCLUSION AND RELEVANCE Imposition of the MOC requirement was not associated with a difference in the increase in ACSHs but was associated with a small reduction in the growth differences of costs for a cohort of Medicare beneficiaries.

Editorial page 2340

Author Audio Interview at jama.com

Related article page 2358

Supplemental content at jama.com

Author Affiliations: American Board of Internal Medicine, Philadelphia, Pennsylvania (Gray, Vandergrift, Lynn, Lipner); James Madison

JAMA. 2014;312(22):2348-2357. doi:10.1001/jama.2014.12716

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493094003184

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
☐ Address change

C Name of organization
THE AMERICAN BOARD OF INTERNAL MEDICINE

D Employer identification number
39-0866228

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHRISTINE K CASSEL	(I)	465,687	44,742	0	83,654	34,869	628,952	0
	(II)	155,229	14,914	0	27,885	11,623	209,651	0
LYNN LANGDON	(I)	317,516	67,466	31,273	0	48,492	464,747	0
	(II)	0	0	0	0	0	0	0
VINCENT MANDES	(I)	216,562	50,108	23,423	0	36,427	326,520	0
	(II)	24,062	5,568	2,603	0	4,047	36,280	0
JOHN DAVIS II	(I)	272,728	36,864	32,026	0	40,474	382,092	0
	(II)	0	0	0	0	0	0	0
ERIC HOLMBOE MD	(I)	324,321	69,735	12,272	0	46,302	452,630	0
	(II)	0	0	0	0	0	0	0
REBECCA LIPNER PHD	(I)	270,538	56,812	14,773	0	41,737	383,860	0
	(II)	0	0	0	0	0	0	0
PAUL PONIATOWSKI MS	(I)	211,401	44,912	20,622	0	36,679	313,614	0
	(II)	0	0	0	0	0	0	0
LORIE SLASS	(I)	184,124	42,420	13,000	0	43,922	283,466	0
	(II)	0	0	0	0	0	0	0
WILLIAM IOBST	(I)	258,847	55,992	13,000	0	44,303	372,142	0
	(II)	0	0	0	0	0	0	0
ELIZABETH BLAYLOCK	(I)	217,448	51,612	16,423	0	41,870	327,353	0
	(II)	0	0	0	0	0	0	0
DONALD KOOKER	(I)	170,844	8,800	15,500	0	27,900	223,044	0
	(II)	0	0	0	0	0	0	0
LOUIS J GROSSO	(I)	153,617	0	20,120	0	25,265	199,002	0
	(II)	0	0	0	0	0	0	0
JASON ARONOVITZ	(I)	170,161	0	0	0	29,263	199,424	0
	(II)	0	0	0	0	0	0	0
ROBIN GUILLE	(I)	172,912	0	0	0	24,327	197,239	0
	(II)	0	0	0	0	0	0	0
LESLIE TUCKER	(I)	169,597	0	16,000	0	30,674	216,271	0

The poster child for conflicts of interest

Specialty Board Certification in the United States: Issues and Evidence

REBECCA S. LIPNER, PHD; BRIAN J. HESS, PHD; ROBERT L. PHILLIPS, JR., MD, MSPH

Background: *The American Board of Medical Specialties (ABMS) certification and maintenance of certification (MOC) programs strive to provide the public with guidance about a physician's competence. This study summarizes the literature on the effectiveness of these programs.*

Method: *A literature search was conducted for studies published between 1986 and April 2013 and limited to ABMS certification. A modified version of Kirkpatrick's 4 levels of program evaluation included the reaction of stakeholders to certification, the extent to which physicians are encouraged to improve, the relationship between performance in the programs and nonclinical external measures of physician competence, and the relationship of performance in the programs with clinical quality measures.*

Results: *Patients' and hospitals' value of board certification and physician participation in MOC are high. Physicians are conflicted as to whether the effort involved is worth its value. Self-reported evidence shows improvement in knowledge, practice infrastructure, communication with patients and peers, and clinical care. Certification performance is generally related to nonclinical external measures such as types of training, practice characteristics, demographics, and disciplinary actions. In general, physicians who are board certified provide better patient care, albeit the results have modest effect sizes and are not unequivocal.*

Conclusions: *Certification boards should continuously try to improve their programs in response to feedback from stakeholders, changes in the way physicians practice, as well as the growth in the fields of measurement and technology. Keeping pace with these changes in a responsible and evidence-based way is important.*

Disclosures: Dr. Lipner reports that this study was supported by the American Board of Medical Specialties (of which the American Board of Internal Medicine is a member).

Dr. Lipner: Senior Vice President, Evaluation, Research & Development, American Board of Internal Medicine; *Dr. Hess:* Consultant, Hess Consulting; *Dr. Phillips:* Vice President, Research & Policy, American Board of Family Medicine.

JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS, 33(S1):S20–S35, 2013

Journal of Continuing Education in the Health Professions

JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS, 33(S1):S5–S6, 2013

BUT…it gets worse. The paper was published in a supplement sponsored by the ABMS

Forum

Professionalism, Career-Long Assessment, and the American Board of Medical Specialties' Maintenance of Certification: An Introduction to This Special Supplement

LOIS MARGARET NORA, MD, JD

Key Words: *professionalism/ethics, maintenance of certification, self-assessment, board certification, assessment, longitudinal*

Professions, including those professions served by this jour- which recognizes its limited abilities in the disciplinary con-

ABMS is pleased to sponsor this supplement to the Fall 2013 issue of *JCEHP.* This supplement explores issues inherent in career-long learning and assessment of physicians. Several articles focus on the ABMS MOC program. These articles explain the ABMS MOC process, underscore the philosophy and evidence-based nature of ABMS MOC requirements, and highlight the principles of adult learning embedded within ABMS MOC. Opportunities for ing professional development is not exclusive to the United States.

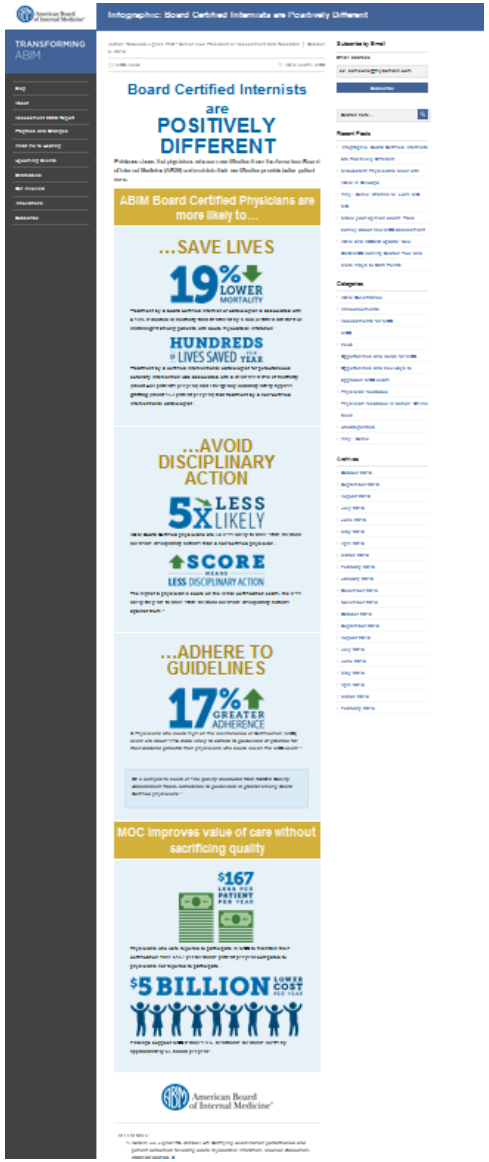
The scholarly works presented in this supplement will contribute to the ongoing evaluation and continuous improvement of the ABMS MOC Program. For example, the current standards for the program have been reviewed over the past 18 months with plans to implement program improvements in 2015. As importantly, this supplement will

ABIM Blog: New post **10-6-2016**

Infographic: Board Certified Internists are Positively Different

Board Certified Internists are Positively Different Evidence shows that physicians who earn certification from the American Board of Internal Medicine (ABIM) and maintain their certification Read more…

by Rebecca Lipner, PhD - Senior Vice President of Assessment and Research on October 6, 2016

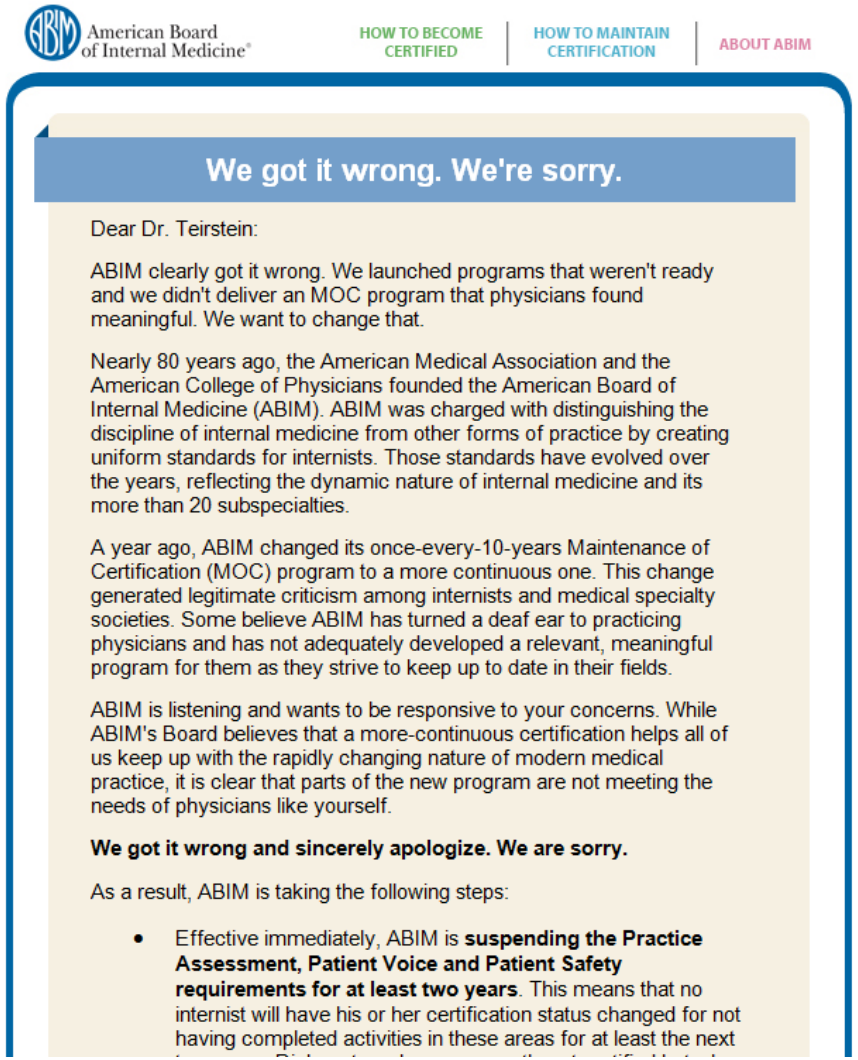


Professionalism is not:

1)E Blasting only the selected trials that support your organization
2)Not disclosing that 6/7 trials quoted were authored by a highly paid ABIM employees
3)Blurring the lines between trials examining initial certification and MOC

In January, 2015, 10 days after launching the NBPAS,

ABIM apologizes to its 200,000 diplomats



American Board of Internal Medicine

HOW TO BECOME CERTIFIED | HOW TO MAINTAIN CERTIFICATION | ABOUT ABIM

We got it wrong. We're sorry.

Dear Dr. Teirstein:

ABIM clearly got it wrong. We launched programs that weren't ready and we didn't deliver an MOC program that physicians found meaningful. We want to change that.

Nearly 80 years ago, the American Medical Association and the American College of Physicians founded the American Board of Internal Medicine (ABIM). ABIM was charged with distinguishing the discipline of internal medicine from other forms of practice by creating uniform standards for internists. Those standards have evolved over the years, reflecting the dynamic nature of internal medicine and its more than 20 subspecialties.

A year ago, ABIM changed its once-every-10-years Maintenance of Certification (MOC) program to a more continuous one. This change generated legitimate criticism among internists and medical specialty societies. Some believe ABIM has turned a deaf ear to practicing physicians and has not adequately developed a relevant, meaningful program for them as they strive to keep up to date in their fields.

ABIM is listening and wants to be responsive to your concerns. While ABIM's Board believes that a more-continuous certification helps all of us keep up with the rapidly changing nature of modern medical practice, it is clear that parts of the new program are not meeting the needs of physicians like yourself.

We got it wrong and sincerely apologize. We are sorry.

As a result, ABIM is taking the following steps:

- Effective immediately, ABIM is **suspending the Practice Assessment, Patient Voice and Patient Safety requirements for at least two years**. This means that no internist will have his or her certification status changed for not having completed activities in these areas for at least the next

News
ress Releases
ledia Contact

The lesser of two evils

News

Back

ABIM announces plans to offer physicians MOC assessment options in January 2018

Physicians will be able to choose Maintenance of Certification (MOC) assessment formats that meet their needs.

Philadelphia, PA, May 5, 2016 – The American Board of Internal Medicine (ABIM) today announced plans to begin offering a new Maintenance of Certification (MOC) assessment option in January 2018. ABIM's assessment taken every 10 years will remain available as a second option, and both options will reflect the input ABIM has received from a diverse range of physicians and stakeholders over the past year.

The new option will:

- Take the form of shorter assessments that doctors can choose to take on their personal or office computer—with appropriate identity verification and security—more frequently than every 10 years but no more than annually;
- Provide feedback on important knowledge gap areas so physicians can better plan their learning to stay current in knowledge and practice; and
- Allow physicians who engage in and perform well on these shorter assessments to test out of the current assessment taken every 10 years.

Those who meet a performance standard on shorter assessments will not need to take the 10-year exam again to remain certified.

Among all of the Assessment 2020 Task Force recommendations, the one suggesting shorter, less burdensome assessments has generated the most enthusiasm among physicians. Initially, this new option will be available for physicians maintaining certification in Internal Medicine, and, possibly, one or two subspecialties starting in January 2018. Using feedback from these early adopters, ABIM expects to make this option available to additional subspecialties as quickly as possible over subsequent program cycles.

The end of the 10 year recertifying exam! Should we celebrate?

NOT SO FAST!!!

The end of the 10 year recertification exam …time to celebrate???

- The revised ABIM MOC program replaces one large waste of time every 10 years with 5 smaller wastes of time every 2 years.
- There is no evidence the new MOC program will improve patient care. Ie, it will still be a waste of time and money.
- The cost of MOC is still $200-300 per diplomate per year yielding $40-60M in revenue each year for ABIM.
- By requiring biannual activities to fulfill MOC, ABIM is able to preserve its large annual revenue stream.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

TO ENHANCE THE QUALITY OF HEALTH CARE BY CERTIFYING INTERNISTS AND SUBSPECIALISTS WHO DEMONSTRATE THE KNOWLEDGE, SKILLS, AND ATTITUDES ESSENTIAL FOR EXCELLENT PATIENT CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 23,796,677. including grants of $) (Revenue $ 30,272,764.)

ABIM OFFERS CERTIFICATION IN INTERNAL MEDICINE AND 20 SPECIALTIES. CERTIFICATION DEMONSTRATES THAT PHYSICIANS HAVE MET RIGOROUS STANDARDS THROUGH INTENSIVE STUDY, SELF-ASSESSMENT AND EVALUATION. ADDITIONALLY, CERTIFICATION ENCOMPASSES THE SIX GENERAL COMPETENCIES ESTABLISHED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND SETS THE STAGE FOR CONTINUAL PROFESSIONAL DEVELOPMENT THROUGH VALUES CENTERED ON LIFELONG LEARNING.

4b (Code:) (Expenses $ 22,326,413. including grants of $) (Revenue $ 23,933,322.)

ABIM OFFERS MAINTENANCE OF CERTIFICATION (MOC) IN INTERNAL MEDICINE AND 20 SUBSPECIALTIES. ABIM'S MAINTENANCE MOC PROGRAM PROVIDES INTERNISTS AND SUBSPECIALISTS WITH A RELEVANT, USEFUL AND CONTINUALLY IMPROVING MEANS OF DEMONSTRATING THEIR PROFESSIONAL COMPETENCE. THE PROGRAM EMPHASIZES THE IMPORTANT BALANCE BETWEEN A PHYSICIAN'S KNOWLEDGE, CLINICAL JUDGMENT AND PRACTICE PERFORMANCE - ALL ESSENTIAL FOR PROVIDING THE BEST CARE POSSIBLE.

ABMS believes in professionalism

Professionalism includes managing conflicts of interest

>200,000 ABIM diplomates x $250 = >$50M

ABMS is reinventing MOC but should ABMS member boards be allowed to self-regulate?

Aren't they too conflicted?

As you evaluate alternative proposals for MOC, ask yourself:

- Is this new plan really going to help our patients?
- Or, is this new plan just “checking the box” to quiet the critics?
- Does the proposed plan create an MOC pathway that is a little less time consuming for the doctors (so they stop complaining) while still providing the ABMS member board an annual fee?

Insurance Companies and MOC

- Medicare does NOT require board certification or MOC
- But many private payers require ABMS member board certification and MOC in their contracts with providers
- Therefore, the major academic hospitals that employ physicians usually require MOC for hospital privileges
- Why would the payers even care about MOC???
- Payers are certified just like physicians
- The certification body for 90% of the payers is the NCQA
- NCQA…requires payers contract with physicians who are board certified and do MOC.

NCQA
Measuring quality. Improving health care.

Programs | HEDIS & Quality Measurement

The National Committee for Quality Assurance is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.

The NCQA seal is a widely recognized symbol of quality. Organizations incorporating the seal into advertising and marketing materials must first pass a rigorous, comprehensive review and must annually report on their performance. For consumers and employers, the seal is a reliable indicator that an organization is well-managed and delivers high quality care and service.

HEDIS & Quality Measurement

HEDIS & Quality Measurement

HEDIS® (The Healthcare Effectiveness Data and Information Set) is the gold standard in health care performance measurement, used by more than 90 percent of the nation's health plans and many leading employers and regulators. HEDIS is a set of standardized measures that specifies how organizations collect, audit and report performance information across the most pressing clinical areas, as well as important dimensions of customer satisfaction and patient experience. Explore our HEDIS volume publications below.

Leadership Team

Margaret E. O'Kane, President

Margaret E. O'Kane is founder and president of the National Committee for Quality Assurance (NCQA).

She is a member of the National Academy of Medicine, and has received the Picker Institute Individual Award for Excellence in the Advancement of Patient-Centered Care, as well as the Gail L. Warden Leadership Excellence Award from the National Center for Healthcare Leadership.

Modern Healthcare magazine has named O'Kane one of the "100 Most Influential People in Healthcare" 11 times, most recently in 2016, and one of the "Top 25 Women in Healthcare" 3 times.

She is a board member of the Milbank Memorial Fund and is Chairman of the Board of Healthwise, a nonprofit organization that helps people make better health decisions.

O'Kane holds a master's degree in health administration and planning from Johns Hopkins University, where she received the Distinguished Alumnus Award.

Professional Activities
Member, Institute of Medicine
Member, Maryland Health Quality and Cost Council
Member, National Quality Forum—Measure Applications Partnership Coordinating Committee
Board Member, Population Health and Public Health Practice
Board Member, Foundation for Informed Medical Decision Making, Inc.
Board Member, American Board of Medical Specialties
Board Member, Bazelon Center for Mental Health Law
Board Member, Milbank Memorial Fund
Board Member, Freedom from Hunger

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
☐ Address change

C Name of organization
NATIONAL COMMITTEE FOR QUALITY ASSURANCE

Doing Business As

D Employer identification number
52-1191985

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)MARGARET E O'KANE PRESIDENT	(i)	452,245	176,974	21,310	21,797	15,946	688,272	0
	(ii)	0	0	0	0	0	0	0
(2)SCOTT A HARTRANFT CFO/ TREASURER	(i)	340,578	87,182	18,190	21,797	29,319	497,066	0
	(ii)	0	0	0	0	0	0	0
(3)SHARON KING-DONOHUE GENERAL COUNSEL/SECRETARY	(i)	324,263	90,205	18,190	21,797	27,242	481,697	0
	(ii)	0	0	0	0	0	0	0
(4)TOM FLUEGEL CHIEF OPERATING OFFICER	(i)	270,058	0	17,950	14,225	25,494	327,727	0
	(ii)	0	0	0	0	0	0	0
(5)KATHLEEN C MUDD VP, PRODUCT DELIVERY	(i)	253,916	80,299	18,480	21,797	9,599	384,091	0
	(ii)	0	0	0	0	0	0	0
(6)PHYLLIS TORDA VP, OSG	(i)	227,049	65,868	1,980	21,797	22,357	339,051	0
	(ii)	0	0	0	0	0	0	0

Like Fiddler on the Roof…
It takes a Village

- Payers ---BCBS/Anthem etc
  - Require MOC because
- NCQA – HEDIS
  - Requires MOC because
- ABMS
  - Requires MOC
- Founder and CEO of NCQA is a board member of ABMS
- What holds this cozy village of fiddlers together
  - Is it Tradition? No its…
  - Tuition! ie MONEY
- Who are they fiddling with?
- Physicians!
  - The updated musical

“Medical Industrial Complex”

Criticism of MOC has now gone mainstream

Numerous organizations are now publically critical of MOC

- California ACC
- National ACC
- American College of Physicians (ACP)
- Washington State Medical Association
- Georgia chapter of AMA
- Other physician societies:
  - ie The American Association of Clinical Endocrinologists (AACE), California Neurology Society, etc
- AMA
- Oklahoma legislature
- Others (at least 19 specialty organizations)

2016 AMA annual meeting (June) in Chicago goes Anti-MOC

- AMA House of Delegates approved resolution 309 stating:

"RESOLVED, That our American Medical Association call for the immediate end of any mandatory, secured recertifying examination by the American Board of Medical Specialties (ABMS) or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination."

Oklahoma Bans Forced MOC, Becomes the First “Right to Care” State

April 14, 2016 By Meg Edison MD 10 Comments

History For SB 1148

Action	Journal Page	Date	Chamber
First Reading	94	02/01/2016	S
Approved by Governor 04/11/2016	731	04/12/2016	S

An Act

ENROLLED SENATE
BILL NO. 1148

By: Crain of the Senate

and

Ritze of the House

G. Nothing in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall be construed as to require a physician to secure a Maintenance of Certification (MOC) as a condition of licensure, reimbursement, employment or admitting privileges at a hospital in this state. For the purposes of this subsection, "Maintenance of Certification (MOC)" shall mean a continuing education program measuring core competencies in the practice of medicine and surgery and approved by a nationally-recognized accrediting organization.

The CMA and other state medical associations are key organizations in this discussion

- How do we get California to adopt laws similar to Oklahoma?
- The best method of overcoming the insurance company and other challenges is through state medical associations
- The CMA takes on enormous importance for this issue.

To advertise “Board Certified” in California and Texas requires ABMS or equivalent certification

- Many hospital attorneys view disclosing board certification on the hospital website as "advertising" and therefore require MOC to maintain hospital privileges.
- The California law regarding physician advertising was well intended but was passed when board certification was life-long.
- This law needs to be updated to require initial ABMS certification, not MOC or re-certification.

Making a Difference…
we all are lucky to be doctors

- Reporter's query: Hasn't this anti-MOC activity taken a lot of your time? Wouldn't it have taken less time just to do your MOC?
- Doctors, in general are not lazy…we tend to be workaholics.
- But we want to do meaningful work
- We believe MOC is meaningless make work
- We are here to work, but lets do meaningful work and\ make a difference.
- Do something meaningful now and pass a strong anti-MOC resolution

The ABMS published opposition to AMA call for end to recertifying exams - paraphrased

- **Consumers, patients, hospitals expect physicians to be up to date:** True, but there is neither evidence nor general consensus that MOC is a valid method of inspiring or assessing a physicians competence.
- **CME by itself is not sufficient to verify that a physician is up to date:** Perhaps, but neither are MOC activities and MOC compared to CME is onerous and costly. CME is the method used by state licensing boards and most believe it is the best method we have.
- **National certifying and recertifying examinations are a critical component of our profession's commitment to self-regulation and to the public trust:** a) There is no evidence nor general consensus that this statement is true and b) this is not "self-regulation," it is regulation by the ABMS
- **ABMS Member Boards and the AMA Council on Medical Education have been working together to modernize the Boards' recertifying processes:** True, but a) there is no evidence nor general consensus that the proposed changes will improve patient care and b) this is self-regulation by the ABMS member boards which have a powerful financial conflict of interest that seriously impairs their ability to self-regulate.

JAMA Pediatrics | Special Communication

Association of Medical School Pediatric Department Chairs Principles of Lifelong Learning in Pediatric Medicine

Valerie P. Opipari, MD; Stephen R. Daniels, MD, PhD; Robert W. Wilmott, MD; Richard F. Jacobs, MD

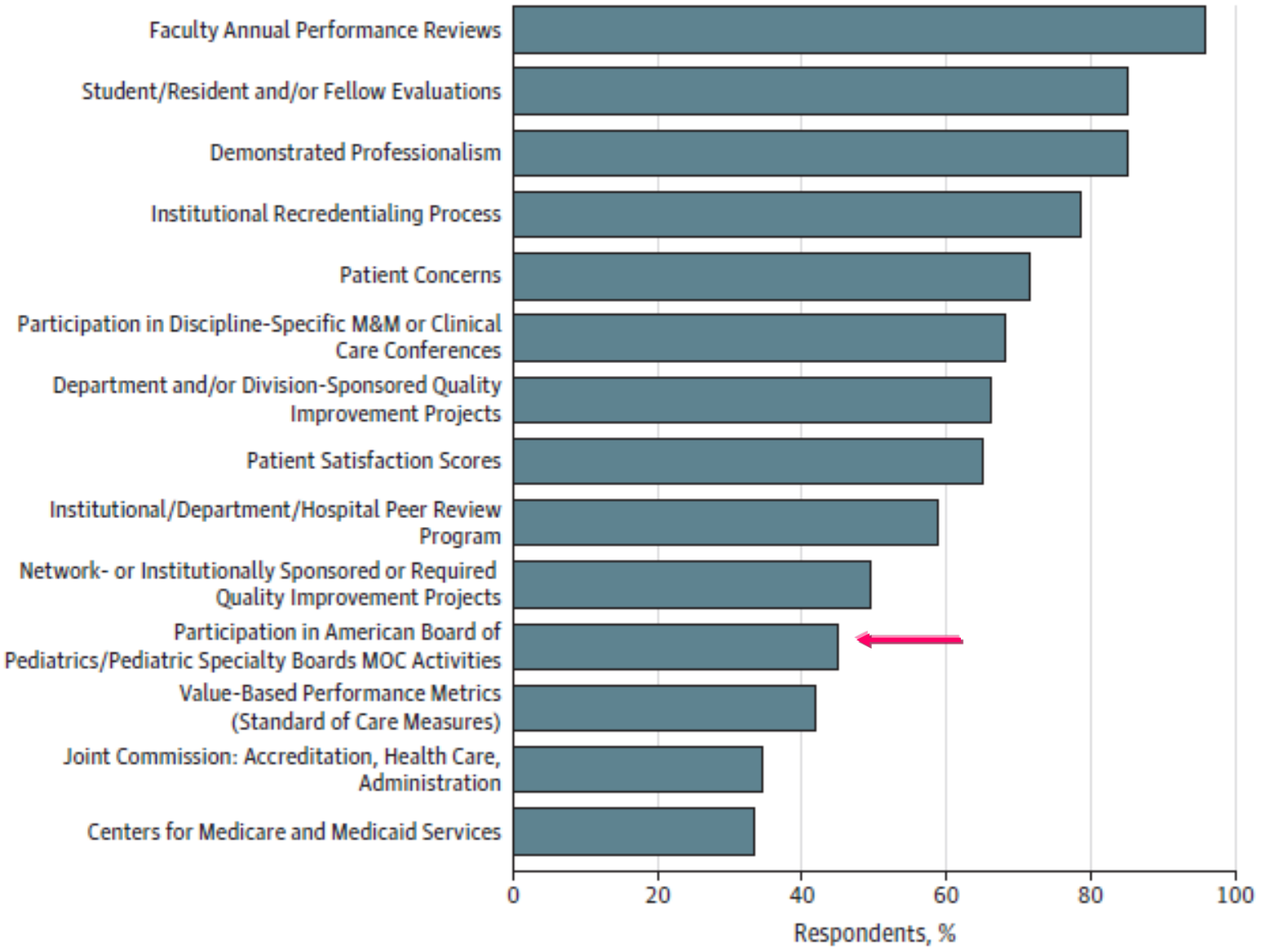
JAMA Pediatr. doi:10.1001/jamapediatrics.2016.2258
Published online September 19, 2016.

evidence-based. This study provides the perspectives of pediatric department chairs on principles for lifelong learning and strategies and approaches used to assess faculty competence and commitment to lifelong learning across missions.

A total of 101 of 142 chairs (71%) completed the survey.

understanding. The chairs endorsed a requirement for evidence of lifelong learning, competence, and compliance by all faculty members in clinical (n = 89 [88%]), research

Figure 1. Strategies for Assessment of Lifelong Learning in Clinical Practice by Pediatric Department Chairs



Participants were asked the following: "Please indicate which of the following activities you use in evaluating lifelong learning in clinical practice and faculty performance in your department: (check all that apply)." N = 95 responses. MOC indicates maintenance of certification; M&M, morbidity and mortality.

California Medical Association

- **I suggest the following resolution:**

- **CMA support legislation to prohibit MOC as a mandated requirement for physician licensure, credentialing, reimbursement, network participation, employment, or advertising**