Perspective

Knowing What We Don't Know — Improving Maintenance of Certification

Richard J. Baron, M.D., and Clarence H. Braddock, III, M.D., M.P.H.
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Disclosure: None
EVERETT WA
January 02, 2017

MOC IS A MOCKERY OF PHYSICIAN DECENCY

1.MOC has not been shown to improve patient care and safety.
2.MOC has not been shown to improve healthcare in general.
3.Every state CME requirement can easily supplant what ABIM purports to achieve.
4.Doctors are already inundated with so many stuff in their plate that this seems to be an administrative dictatorship than a true educational activity.

CONTRIBUTORS

Data by Profession and Location

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January 02, 2017

MOC/MOL and Physician Consent to Certification

Licensure was originally intended as a requirement to practice medicine. By contrast, certification was intended to be voluntary, signifying advanced training and life-time learning. But with MOC/MOL, voluntary certification is now becoming mandatory for licensure. I wonder if the American Board of Medical Specialties (ABMS) has breached its original compact with physicians by working with state boards to link the maintenance of licensure with the maintenance of certification. In so doing, ABMS has effectively abolished physician consent for certification.

It's not the mechanics of how certification is maintained that should bear scrutiny -- whether there is a big test every ten years or serial quizzes. Such alternatives obscure the basic question about physician consent.

Before MOC/MOL, it was assumed that a physician had the right to consent to education and

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training above and beyond the requirements of a medical license. After MOC/MOL, ABMS has claimed the authority to disregard physician consent and make certification mandatory. For the same reason that it is wrong to undermine the consent of patients, it is also wrong to undermine the consent of physicians.

Trent Holmberg | Physician - Psychiatry | Disclosure: None
January 02, 2017

Inadequate disclosures?

I am concerned that Dr. Braddock did not disclose his position as the Chair of the ABIM Board of Directors (https://www.facebook.com/abim.certification/posts/10157820930020506) when co-authoring this article. If you take the time to look at the disclosures link (don't know why they're not in the actual article as this information is critical in distinguishing between honest educational dialogue and self-serving propaganda), you will read:

"Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?"

Yes, the following relationships/conditions/circumstances are present (explain below):
✔ No other relationships/conditions/circumstances that present a potential conflict of interest

For me as a NEJM reader, Dr. Braddock's position with ABIM clearly gives the appearance of potentially influencing what he wrote. This omission reflects badly on both of the authors and the NEJM.

Edward Rico | Physician - Endocrinology | Disclosure: None
January 02, 2017

When Will Dr. Baron Meet Fiduciary Responsibility to ABIM Diplomates?

Dr Baron has clearly maintained his skills as a master of deception and misdirection despite the torrent of criticism against ABIM and MOC, which he rather conveniently ignores. The question is raised "How do physicians know if they have succeeded in keeping up with changing foundational knowledge?" followed by the statement "Strong evidence suggests that none of us are good at knowing what we don't know.", implying only ABIM can support the public as its protector and any physician who disagrees with ABIM in this self-appointed role is indifferent to the need to maintain life-long learning as part of their commitment to excellence in patient care.

When will Dr. Baron address legitimate concerns raised by ABIM diplomates including:

Where is objective evidence supporting efficacy of MOC in improving patient outcomes?

Why does ABIM continue to participate in malicious prosecution of Dr. Jaime Salas Rushford?

Why has ABIM placed millions of dollars in Cayman Islands investments?

Why has ABIM funded lobbying activities which were unreported on IRS Form 990?

Why does ABIM employ twice-convicted felon A.B. Mannes as Director of Investigations? How is this appropriate?

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MOC is a moneymaking scam

1. solution in search of a problem
2. no evidence that it is effective and certainly not that it is cost-effective
3. it does NOT reduce burden on MD - it adds burden
4. it is self-serving to the board directors who earn more than I ever will

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January 02, 2017

ABIM Financial Misbehavior and Poor Stewardship

Despite data indicating poor financial stewardship at the ABIM, Dr. Baron et al utterly refuse to vow to take an oath of fiscal modesty and refuse to acknowledge their MOC product is grossly overpriced. More than half of the ABIM and the ABIMF operational budget is collectively derived from the fees from residents and fellows who pay these millions of post tax dollars. Yet despite the ABIM's campaign that physicians should "Choose Wisely" the ABIM's poor fiscal choices and eye popping monetary waste indicates it is time for Dr. Baron to stop ignoring demands to publicly list exactly how the ABIM will embrace the same sense of austerity and frugality it commands to the Diplomates. This ABIM hypocrisy and tone deaf insouciance is a fine example of why many of us have decided the moral, ethical and financial compass at the ABIM is pointed in the wrong direction. It is time for the ABIM to recognize the competitive forces applied to its MOC program. It is time for the ABIM to price out all the corporate perks, the obnoxiously high salaries, the spreadsheet pass throughs, and to think about its prognosis. ABIM's lack of contrition on this matter is tragic and unnerving.

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January 01, 2017

MOC might be more harmful than beneficial

Drs. Baron and Braddock opine without any seriously tested data. There is no proof that a test improves the practice of medicine. Is there one rigorous study randomizing physicians who are board certified to either MOC or CME of there own choosing? NO!!!. In my field of OB/GYN the attendance of scholarly meetings and collegiality has plummeted since the introduction of MOC. Does anyone really believe that the stellar faculty at Harvard Medical School. UCSF, Hopkins or Stanford need to take a generalized exam to prove their medical ability? The time and money spent on MOC could be far better spent, perhaps scholarship funds for needy students or summer fellowship support so students can work with those faculty members. There is a shortage of physicians in America. I suggest abolishing MOC and taking the millions of dollars in the ABIM and ABIM Foundation to finance and support 10 extra students at each of the top 30 medical schools in America.

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HERNDON VA
January 01, 2017

Let professional societies be part of ABIM-MOC every year

The Physicians should be well read and know the current standard of practice of medicine is today. But the way to measure and maintain physician's clinical ability should be least burdensome for the physicians . When I see physicians retiring earlier than necessary mainly due to regulatory burden and Insurance hassles, I do feel that it is time for all of us to openly express what is necessary and essential versus esoteric views of few arm chair professors who do not know the real life of a clinician seeing 25 patients in day and dealing with auditing, and denials of hospitalizations by the Utilization Management Physicians (or who sold their soul to the economic welfare of Insurance CEO's).

Let the Professional societies like American College of Chest Physicians(ACCP) conduct every 6 months CME for two days with Post- CME Evaluation and MCQ's with an open book response. They are more meaningful, which has direct implications on the daily clinical care of patients than ABIM Re-certification MCQ. Practice management evaluation should be done by Hospital peer review members than ABIM as they can evaluate the performances of physicians.

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January 01, 2017

egregious conflict of interest by authors making lots of money off MOC

MOC should be abolished. It is unproven to change medical outcomes (regardless of what references this article cherry picks), not required of all practicing doctors (discriminatory practice for grandfathers), and makes an egregious amount of profits to the authors and ABIM as an organization. Hiding money in the Cayman islands and buying luxury condominiums in Manhattan

of all places, the most expensive real estate market in the world, are just two of the probably many questionable practices of the ABIM corporate leadership. ABIM as it currently operates cannot be trusted given all that the public has discovered and as long as the money is still flowing. The editors of the NEJM should give fair and equal time to valid critics of the MOC process to write their own NEJM commentaries for all to read. If MOC remains, it should be required of all the grandfathered doctors who have not been held to the same standards as non-grandfathered doctors.

Westby Fisher, MD | Physician - Cardiology | Disclosure: None
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January 01, 2017

What Practicing Physicians Don't Know

1) Why did the ABIM funnel at least $55 million of diplomate testing fees from 1989 to 1999 to its secretly-created (and undisclosed until 1999) ABIM Foundation?

2) Why has the IRS not investigated the ABIM Foundation Form 990 tax fraud regarding the date and state of its Foundation's origin and undisclosed lobbying activities?

3) Why did the ABIM Foundation move $6.5 million offshore to the Cayman Islands in 2014?

4) Why were lawyers from ABIM's legal team, Ballard Spahr, and Ariel Benjamin Mannes (their undisclosed two-time convicted felonious "Director of Investigations") allowed to accompany Federal Marshals in a home raid of two physicians homes in 2009 that had developed an ACGME-accredited board review course for physicians? What agreement exists between Dr. Rajender Arora (the director of the course) and the ABIM?

5) Why has the antitrust case filed 4/3/2014 by the Association of American Physicians and Surgeons against the ABIM in the US District Court for the Northern District of Illinois (Docket No. 1:14-CV-2705), remain unaddressed since 1/7/2015?

6) Why has the AMA refused to act on resolutions passed to end MOC?

Answers please.

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December 31, 2016

AMA, ABIM, ABMS, ACP NOT MY MEDICAL ASSOCIATIONS

YOU REALLY HAVE TO THINK ABOUT, HOW DICK BARON IS ABLE TO PUBLISH ARTICLES IN RESPECTED JOURNALS SUCH AS NEJM. PHYSICIANS DID NOT ELECT HIM TO HIS POSITION AND OVERWHELMING, IF PHYSICIANS COULD VOTE OR HAD A SAY, HE WOULD NOT BE IN A POSITION TO REPRESENT THEM. NOT MY MEDICAL ASSOCIATIONS.

Janis Chester, M.D. | Physician - Psychiatry | Disclosure: None
December 31, 2016

MOC: A Solution in Search of a Problem

There was no existing problem that MOC sought to solve. It was made up, with an article in the NY Times stating that patients demanded this new level of scrutiny over their doctors. What ever happened to "evidence based medicine"? Then the ABIM devised MOC, and most of the professional societies jumped on board (no pun intended) to help their members comply with it (sound familiar?). The ABIM has been trying to force physicians into taking the exams by linking it with state licensure (known as MOL). The insurance companies jump on the band wagon and demand MOC to show that they care about quality; hospitals are doing likewise with staff privileges.

It is a cash cow for the elites who compose and administer the tests. It helps to further demoralize and corral physicians, making them into a herd of high paid data entry clerks instead of autonomous, professional healers.
Efforts are underway to challenge this infringement on our profession, establishing alternative boards, passing legislation in the states barring the requirement of MOC for licensure, and in the courts by addressing monopolistic restraint of trade. Visit ww.changeboardrecert.com and

www.aapsonline.org.

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December 30, 2016

MOC a cash cow for the various boards that promote them

I am boarded in IM, pulmonary and CCM. I participated in MOC for nearly 20 years, while suffering from the ever increasing time and cost burden, while simultaneously knowing that no part of what I do was ever made better by MOC. In fact, time wasted on MOC took away from pursuing other self directed education in areas that were more germane to my medical practice. The Barron/Braddock article is nothing more that a self serving effort to deflect ever mounting criticism against MOC. Statements are made with no proof. For example, a doctor's day is so busy as to prohibit ready access to current on-line medical knowledge in real-time? Nonsense. I access the latest medical information in real time all day long as needed, at the point of care, and have been doing so for years with no impediments. Another issue is conflict of interest (COI). In the case of the ABIM, the majority of (flimsy) articles attempting to cite statistically compelling data espousing the benefits of MOC for improved care suffer from egregious COI, as in most cases, one or more of the authors work for the ABIM. MOC is a money making scam for the ABIM. I am a conscientious objector and will not participate in MOC.

Arvind Cavale | Physician - Endocrinology | Disclosure: None
December 29, 2016

Why is ABIM Desparate?

Any reader of the NEJM must recognize the desperation within ABIM's leadership, now that they keep publishing not-so-subtle unpaid advertisements of MOC in the NEJM. If MOC is so valuable, why are so many physicians dumping it? Simply stating that MOC is the answer does not mean anything (and NEJM should know this before publishing such a piece). Clearly NEJM's own MOC reviews pose a conflict of interest in this regard, since it refused to publish results of a clearly conducted survey of physicians nationwide that demonstrated no value of MOC.If MOC is so great, it should sell itself. Time to stop this blatant misinformation campaign.

Magaret O'Kane | Physician - Cardiology | Disclosure: None
December 29, 2016

Conflict of Interest

Why was no editorial opposing MOC written when this article was published? Why were comments not allowed until the last week of the year, nearly 1 month after initial publication, when many physicians are not working? What is the conflict of interest of the NEJM with MOC? Is Knowledge+MOC a conflict of interest?

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December 29, 2016

What we do know about certification!!!!

We do know that the ABIM is admittedly been "wrong" about the MOC program and there is no outcome based date to suggest that certification matters. It is the training, education and commitment of a physician that leads to quality care. neither the ABIM or the federal Government has any clear ability to document true quality: Patient centered care. It is remarkable that the ABMS CEOs repeatedly are allowed to pontificate in journals with clear Conflicts of interest, yet declare NONE on the ICMJE forms(see #2 @ link!!) It is time to revise these forms, make these unpaid advertisements be labeled as ads, or to simply stop giving this certification industry FREE reign and advertisements for unproven corporate products, which cost over $400 million a year in gross receipts and Billions if wasted time is counted! The double blind trial proving Certification is waste comes from comparing European medicine to US. They have NO ABMS certification and medicine is cheaper, has less infant mortality and longer lives. Until the "boards" can prove value they should be shunned as waste.When will the federal government and the profession apply the same standards as for pharma and medical devices?

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December 29, 2016

Where's the Beef?

There seems to be a number of issues to conisder, including;

1. Does MOC really improve patient care? Evidence seems lacking to me.

2. Why do physicians have to jump through all these hoops only to see their duties being taken over by mid-level providers?

3. Why isn't there more transparency in ABIM and other specialty society finances? It appears that physicians associated with ABIM are overpaid and overindulged with various perks.

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December 28, 2016

Is MOC really necessary and is MOC truly voluntary?

The value of MOC can be assessed by whether physicians want to participate. Nowhere in this article do Drs. Baron and Braddock mention the parties involved together to make MOC mandatory. The NCQA which certifies insurance plans insists on their members requiring MOC. The NCQA leader is a board member of ABMS. ABIM and ABMS have lobbied Congress attempting to force MOC on physicians.

There was no communication with physicians when time-limited certification was unilaterally imposed. For ABIM to think that communication now is needed is cynical and misses the point, because they will not discuss truly voluntary MOC.

The leaders of ABIM, ABMS, NCQA, and any other organization forcing MOC on physicians should be ashamed of their behavior. Numerous surveys demonstrate that a majority of internists feel MOC is a burden and exists only to generate revenue. We must stop imposing this expensive, burdensome MOC on internists without compelling data showing improvement in meaningful performance parameters when compared to other forms of education, including self-directed study. Internists have no reason to believe the current iteration of MOC will be any different than prior versions.

CHRISTOPHER SCHMIDT | Physician - Otolaryngology | Disclosure: None
December 28, 2016

conflicts of interest by corresponding author

http://www.kevinmd.com/blog/2015/01/physician-investigates-american-board-internal-medicine.html

http://www.abim.org/news/a-message-from-richard-baron-md.aspx

from the second weblink:
First, we have never made any effort to obfuscate, hide or delay ABIM's financial information. It's publicly available on our website. Second, no one is trying to hide salaries. I earned $688,000 in compensation in 2014 and $55,000 in deferred compensation (payment of which is contingent upon completion of my five-year contract). That is more than I ever made in 30 years of independent community practice of internal medicine and geriatrics, but it is set by my Board to be comparable to what CEOs of similar-sized health-related organizations earn.

JAY CHEN, MD | Resident - CARDIOVASCULAR DISEASE | Disclosure: None
DALLAS TX
December 28, 2016

MOC is a joke

This is a scam and a joke. Let's be honest here. After the initial certification, MOC should just be CME activity (with no exams required) as proposed by National Board of Physicians and Surgeons.

Lawyers do not have to take a high stakes recertifying exam every 10 years. CME activity (with no exam) should be sufficient.

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