

18 Feb 2016

Dear Drs. Dec and Jessup-

I received your email to update the content of the Cardiovascular Disease MOC examination by way of your Blueprint Review Tool. No doubt you have plenty of people who have blindly edited your "Blueprint" without considering why we must perform the ABMS MOC program in the first place. I have no idea if this letter will resonate with you or make you seriously reconsider your support of this endeavor, but I feel compelled to notify you why US physicians are no longer content with the MOC status quo that was imposed unilaterally by the ABIM and their supporting professional organizations in 1990. MOC was a financial model that bailed the ABIM out of a financial hole then and now has created a much bigger set of problems for the ABIM.

As I'm sure you are well aware, there had been no credible, independent, peer-reviewed studies that have shown the ABMS MOC program improves patient outcomes in any way. There are, however, limitless propaganda pieces written by staff at the ABIM about the purported "benefits" of MOC. Tax disclosures have shown serious financial mismanagement and erroneous tax filings by the ABIM. Most of the financial transgressions pertain to the secret creation and funneling of over \$70 million of our physician testing fees to the ABIM Foundation from 1989-2007, an organization that was reportedly created to define and publish a self-generated definition of "medical professionalism" that included a "social justice" imperative as one of its prerequisites. Their \$2.3 million condominium purchase in December, 2007 didn't help either. The fact that the cost for MOC has increased \$247 percent in the last 15 years (over 16%/yr – far in excess of inflation) with \$55 million of physician fees paid *annually* to the ABIM needs serious reconsideration in this era of astronomical health care costs.

The ABIM is an independent, non-profit corporation that enjoys a tax-exempt status from the federal government as a 501(c)(3) corporation with requirements to be apolitical, but lobbied Congress without disclosure – a violation of rules for non-profit status of that kind. As a 501(c)(3) corporation, the ABIM's membership is not elected, but rather appointed (as I'm sure you both were). Conflicts of interest with the leadership remain an unaddressed issue with the ABIM and bylaws reflect they continue. One only has to see the conflicts between Christine Cassel, MD and CECity/Premier/Kaiser Health Plan and Hospitals and Robert M. Wachter, MD and IPC Hospitalist Co/TeamHealth (and their ongoing federal investigation on Medicare overbilling) to appreciate how problematic these conflicts have become for the ABIM as a credible organization to practicing physicians and patients.

Furthermore, the ABIM took the unprecedented action to sue 5 physicians and sanction 134 more who were attempting to study for their certification examinations at a board review course in 2009 and then publishing a press release with the five physicians' names in the *Wall*

Street Journal in 2010 before due process. While the ABIM claimed “Copyright infringement” with their sanctions, none of the five physicians EVER paid a fine for such since all were covered in their actions by merger doctrine. (It’s very hard to copyright general medical knowledge.) With this move and the contract entrapment physicians must endure when they enroll in MOC, trust in the ABIM as a credible physician quality measure has been seriously compromised.

Blueprints don’t restore trust. Credible, trustworthy actions that acknowledge prior wrongs and meaningful efforts to correct them does. Ending the lucrative MOC program and restoring the ABIM to an elected organization with bylaws that remove double-dipping with corporations that stand to benefit from physician certification reporting (see abmssolutions.org, for instance) would go a long way at correcting the current situation. Ending MOC busywork and retracting the failed MOC program and using credible CME to suffice in its stead would also be necessary.

I propose you make these last actions your “Blueprint for Success” for the ABMS Cardiovascular Disease MOC program. Anything else will fail to restore the trust of practicing cardiologists and is doomed to fail.

I wish you both the best of luck.

Respectfully,

Westby G. Fisher, MD

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