

Challenge 6 MOC battle rages on

Angry physicians wait for promised changes

Physicians certifying in their sub-specialties through the American Board of Internal Medicine (ABIM) will see changes in the maintenance of certification (MOC) landscape beginning next year.

After an outcry over new MOC requirements announced in 2014, the ABIM backtracked early in 2015. It apologized for the changes, rescinded several of them, and announced it would seek more public input regarding the future of MOC. In the meantime, a new organization, the National Board of Physicians and Surgeons (NBPAS) sprang up promising a simplified and less expensive procedure for certification maintenance.

According to Richard Baron, MD, ABIM's president and chief executive officer, one of the biggest changes physicians will see in the MOC process starting in 2016 is a more streamlined process for counting continuing medical education (CME) activities towards MOC requirements. As a result of a partnership between the ABIM and the American Council on Continuing Medical Education, Baron says, more CME ac-

tivities will be counted towards fulfilling MOC requirements, and the CME provider will be able to notify the ABIM directly when the physician has satisfactorily completed the course.

A second change is that physicians will no longer be required to maintain underlying certification in some tertiary specialties, such as interventional cardiology, transplant hepatology, and adolescent medicine. This was one of the recommendations coming out of the ABIM's "Assessment 2020 Task Force" issued in July 2015.

Baron says the ABIM is also considering a second task force recommendation-- replacing the current 10-year MOC examination with what the task force calls "more meaningful, less burdensome assessments" -- although it is unlikely to act on it in the immediate future. "We have confidence that the exam assesses knowledge reliably and well to state-of-the-art testing," he says. "But what we're hearing people say is that once every 10 years is not the best way to do this."

For 2016, Baron says, ABIM executives will be looking at two specific aspects of the exam: security requirements and the extent to which the tests should be "open book." The latter becomes especially complicated with access to information on the web. "It seems really simple to say 'open book' and in the days of books that had a plain meaning, but today it doesn't, so we need to work that through," he says. ➔ 53

MOC: Physicians Speak Out

“MOC’ has become a mockery that utilizes continuing medical education as a veil under which the ABIM extorts money from physicians.” -- STEVEN I. MARLOWE MD, FACP, ATLANTA, GEORGIA

“I am no longer interested in the ABIM despite being triple boarded at one time. I am content with ‘previously certified’ because I think the ABIM is all about feathering their own nest and not doing the right thing.” -- JEFFREY ROSE, MD, ENUMCLAW, WASHINGTON

“The MOC program for internists . . . who were grandfathered for recertification appears to be nothing more than a confusing money grab. At a time where IM generalists are increasingly becoming endangered as a profession, this process only discourages seasoned practitioners from continuing to practice.”

--SCOTT FENSKE, MD, NEW BERLIN, WISCONSIN

“Enough is enough. We do not need more board certifications that only add cost and bureaucracy to our busy lives.” -- ERIK FOLCH MD, MSC, BOSTON, MASSACHUSETTS

→ **51** Heading into 2016, NBPAS has about 2,700 diplomats and 18 hospitals in 10 states accepting its certification to grant admitting privileges to physicians, according to Paul Teirstein, MD, its founder and president. "I think we're having a big impact on shaking up the whole issue of how best to help doctors stay up-to-date with changes in medicine," Teirstein says. "We're very pleased with our progress to date."

Teirstein says there are "hundreds" of hospitals still considering whether to accept NBPAS certification, including his own employer, Scripps Clinic, in La Jolla, California. "It is a very cumbersome process to change bylaws," he says.

Teirstein acknowledges that the ABIM has made numerous changes to the ABIM process, but adds that "it remains to be seen how those will be executed." Citing the change that will allow more CME to count towards MOC requirements, he says, "that's a positive thing, but how exactly you do that, what you have to pay, what kind of paperwork is involved, all that remains unclear."

Baron says the ABIM welcomes competition from NBPAS because "competition drives positive change."

"I have spoken with Dr. Teirstein and members of his organization and we very much want an open dialogue," he adds.