

from the **Trenches**”

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Brigitta Moresea, MD, CANTON, OHIO

MOC DOESN'T IMPROVE MEDICAL CARE

I was very interested to read the article about maintenance of certification (MOC) and its need to be abolished. (“MOC must go: One physician's viewpoint,” January 25, 2014.) I am a pediatrician practicing in Ohio. I have been board certified since 1993. I have continued to go through the motions to stay board certified but with each new hurdle, I get more frustrated.

I recently had to retake my recertification exam and was completely dumbfounded. I took an on-line board review course and put in over 100 hours in to studying because I really had no idea what to expect. I truly felt well prepared but thought that a lot of the information I reviewed was not anything that a private practitioner did on a daily basis.

I took the test in November and was completely blown away. There was not a single question on general pediatric anticipatory guidance, something that I talk about at least 15 times a day. There was nothing on asthma management, atopic dermatitis, acne, or sleep problems. Instead, I had a multitude of esoteric questions as if I were an emergency physician, geneticist, or neonatologist. I was so disgusted after I took the test that I wrote a note to the American Board of Pediatrics stating my disappointment.

I feel that these MOC requirements are not really making us better physicians.

Rather, they are just another hurdle (like we don't have enough) for us to jump over. If you speak to any practicing physician, I don't think you will find any who believe that any of these activities make us better physicians, nor do they prove that we are providing up-to-date medical care.

Brigitta Moresea, MD
CANTON, OHIO

MOC NOT NEEDED AS LONG AS CME IS MAINTAINED

I am 74 and have been in family medicine for over 45 years. I took my family physician boards for the first time in 1975, and passed them. I have taken my recertification exams 4 times since then, passing each time. I have kept up my CME as required, and even teach medical students.

My board certification expired in 2009. I did not take the exam again, since I felt that five times was enough. I also mistakenly thought that I would remain in a situation in case I ever decided to retake the exam. However, I see no need to do this at my stage of life, since I do not know how long I will continue practicing.

I have discovered that I am not considered board eligible, unless I complete three requirements, including one “self-assessment module,” for \$600. I do comply with the other two requirements. I feel this is grossly



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Marlene A. Harvey, DO, WILLIAMSTOWN, MICHIGAN

unfair, and that I should be considered grandfathered as a board-certified family physician, or at least be granted an emeritus position. I feel the recertification process is nothing more than a way to make money, and should be done away with as long as continuing medical education requirements are maintained.

I have been offered a certificate, congratulating me for passing my boards five times, “suitable for framing.” Just thought I would offer my opinion on the MOC situation.

Enrico J. DiRienzo, MD
PENNDL, PENNSYLVANIA

MOC IS ALL BURDEN AND NO BENEFITS

I definitely oppose the MOC programs. They are just another burden imposed on physicians with no benefit to patients or physicians by an organization like many government agencies that put forth regulations to justify their existence.

David Hubler, MD
CEDAR HILL, TEXAS

MEANING OF ‘NONPROFIT’ IS MISUNDERSTOOD

Craig Wax, DO’s letter about the tax-exempt status of many hospitals reveals a common misunderstanding of the term “nonprofit.” (“Hospitals should not be exempt from taxes, January 10, 2014.) This status describes those

entities who do not have shareholders or owners who receive profits or dividends from the revenues of the business.

A nonprofit organization is allowed to generate surplus revenues above expenses as long as those revenues are used or saved for the purposes outlined in the organization’s application for not-for-profit status. The money saved by being tax-exempt can be legitimately used for the goals of the organization.

Marlene A. Harvey, DO
WILLIAMSTOWN, MICHIGAN

‘HYBRID’ PAYMENT SYSTEM SHOULD REDUCE COSTS

I thank Lee Morgentaler, DO for his comment that it is a constant struggle for him and all of us to get the maximum allowable fee paid (\$60). Under the proposed “hybrid” physician payment formula, the 60% of the maximum allowable fee should be paid without hassle within 7 days.

I also agree that primary care physicians are in general underpaid. Since this hybrid system should save costs from diminishing the so-called 33% unnecessary follow-up visits, tests, procedures and surgeries, there should be a great savings. Most of it should go back to reimbursing primary care physicians through a more realistic fee schedule.

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“ Like many physicians in the country I strongly feel that MOC and taking the test for recertification is outrageous and ridiculous. It is emotionally and socially torturing to prepare for the test. The questions are absurd. They rarely have any value in day-to-day practice.

Raj Patel, MD, FAAC, LYCOMING COUNTY, PENNSYLVANIA

MOC EXAM HAS LITTLE VALUE

Regarding the article on maintenance of certification (MOC): (“MOC must go: One physician’s view,” January 25, 2014) I took my MOC American Board of Internal Medicine test in October 2013 and passed it.

Like many physicians in the country I strongly feel that MOC and taking the test for recertification is outrageous and ridiculous. It is emotionally and socially torturing to prepare for the test. The questions are absurd. They rarely have any value in day-to-day practice.

I think MOC should be voluntary, not mandatory. I know that expressing my concern may not do anything, but I am doing this hoping that it may hit some deaf ears or blind eyes. It is sad to see that almost all doctors complain about MOC but there is no collective voice making an actionable and powerful picture against the ABIM and MOC.

Raj Patel, MD, FAAC

LYCOMING COUNTY, PENNSYLVANIA

MOC REQUIREMENTS ARE ONEROUS AND EXPENSIVE

I am totally against maintenance of certification (MOC.) It’s yet another way to extract money from physicians. I’m board certified in both general surgery and plastic surgery and the combined MOC requirements are

both onerous and expensive.

If a sizable group of physicians would simply boycott MOC, we could do away with this nonsense. Oh wait, I forgot, doctors have no spine...

David Allison, MD

GAINESVILLE, VIRGINIA

HEALTHCARE DELIVERY SYSTEM MUST BE SIMPLIFIED

I was just on a cruise with the most well-travelled and educated group of people with whom I have ever associated, but their ignorance of the healthcare system was staggering. Their belief that physicians have the time to be fully aware of everything that happens to them everywhere and at any time shows zero understanding of the 60 daily notes from pharmacy benefit managers and insurers, the fact that progress notes from a 20-minute visit would take a minimum of 15 minutes to read, digest, and summarize, the time to properly review labs and other reports, and the complexity of disability forms, etc.

On my first day back I spent four hours reviewing the papers generated by a week away, and I won’t pretend that I actually read all the emergency department notes, the entire consults, the notes indicating patients hadn’t used enough medication to indicate they are compliant, and