American College of Rheumatology
Position Statement

SUBJECT: Maintenance of Certification

PRESENTED BY: American College of Rheumatology (ACR)

FOR DISTRIBUTION TO: American Board of Internal Medicine (ABIM)
American Board of Medical Specialties (ABMS)
Other interested parties

POSITION:

The ACR membership strongly supports the objective of lifelong learning for physicians to ensure the best outcomes for our patients. We recognize the ABIM's ongoing efforts to re-evaluate and revise their MOC program. Nonetheless, we believe that rheumatologists have lost confidence in the ABIM MOC program because of the lack of evidence that it provides the best method for improving patient outcomes and has sufficient value to justify the current expenditure of time and resources. This position statement from the ACR is released to inform the development of future MOC programs.

The ACR membership strongly believes:

1. **The ABIM MOC program does not meet the needs of Rheumatologists in their commitment to lifelong learning and must be modified.**

   Rationale:
   Any future MOC program must be flexible enough to allow the physician to develop and implement a continuing professional development plan relevant to his/her professional roles and responsibilities. Physicians must have the autonomy to identify and access appropriate CME resources or quality improvement activities. These activities are already highly regulated and the ABIM should not add another layer of mandated educational activities.

2. **The ABIM should not reinstate the Practice Assessment, Patient Voice and Patient Safety requirements as part of the recertification process because they are redundant with existing requirements.**

   Rationale:
   We believe physicians should be encouraged to participate in quality improvement activities; however, quality of patient care is already measured and reported through multiple mandated mechanisms, including PQRS, Meaningful Use, and Value Based Modifier reporting. As of 2016, eligible physicians will be able to use Qualified Clinical Data Registries for quality reporting and will be able to participate in registries that provide a robust tool for continuous quality improvement. We believe that the ABIM requirement for quality improvement is redundant and unnecessarily burdensome, when these activities are already mandated by regulatory bodies that have the resources and expertise to provide a more complete evaluation. In addition, patient voice and patient safety are assessed by our institutions, accountable care organizations, and state and local licensing requirements. Therefore, Practice Assessment, Patient Voice and Patient Safety requirements should be removed as a requirement of MOC.

3. **A secure, closed book, high-stakes MOC examination is not an appropriate means of assessing clinical knowledge or decision-making for the purpose of recertification and should be eliminated.**

Rationale:
We recognize that assessment drives learning and as such believe that assessment should be used to guide physicians' self-directed study. We believe that assessments can be structured to effectively evaluate the acquisition of new knowledge and application of understanding while eliminating the burden of a high-stakes examination. The ABIM should recognize that physicians can rapidly and easily access medical information to support clinical decision-making and an assessment for re-certification that does not include clinical decision making tools commonly used in medical practice belies the skills and abilities of practicing physicians. Current CME activities that include assessment and demonstrate educational benefit or a take home open-book exam should be considered as appropriate assessment tools for MOC.

4. **The acquisition of MOC medical knowledge points by diplomates is redundant.**

Rationale:
Physicians should have the autonomy to identify and access appropriate CME resources. CME activities are already highly regulated and ABIM should not add another layer of mandated educational activities. To reduce redundancy, MOC medical knowledge points should be eliminated.

5. **The ABIM should fund an independent, external review to examine the performance and impact of its program including all policies, procedures, organizational structure and governance.**

Rationale:
There is evidence that many of the MOC requirements have no beneficial impact on clinical care.[1] Moreover, the direct and indirect costs of the MOC program to physicians and the healthcare system is excessive [2]. To regain the confidence of the rheumatology community, it is incumbent upon the ABIM and/or the ABMS to engage a respected <u>independent</u> party to assess the impact of the MOC program and make the findings publically available. If independent evaluation does not identify a substantial benefit to patient care, there must be a commitment to revise the program so that it achieves its ultimate goal of improving patient outcomes. Such assessments must be integrated into future MOC programs to assure that the program continues to demonstrate sustained benefits in patient care and remains relevant to medical practice.

6. **The cost and scope of the MOC program are excessive and the program and cost should be reduced.**

Rationale:
Concerns about the financial stewardship of the ABIM are widespread amongst the membership of the ACR and the basis for those concerns lies in both the appearance of impropriety and the overreach of the ABIM MOC Program. The ACR membership believes that the cost of the ABIM MOC and the cost of lost revenue[2] incurred as a result of the MOC program is excessive. The shared goals of the ACR membership and the ABIM to improve physician competence and patient outcomes is more difficult to achieve when the credibility of the ABIM and its process is in question. Thus, a transparent accounting of the cost to the physician of the MOC program is

essential and a reduction in cost commensurate with the reduction in the program should be instituted.

7. **The outcome of an MOC program should include evidence of improved physician competence and, ultimately, improved health outcomes for patients.**

   Rationale:
   There is evidence that many of the MOC requirements have no beneficial impact on clinical care.[1] Until a methodology to directly measure outcomes due to participation in MOC is available, the program should focus on a relevant, affordable and narrow scope.

REFERENCE:

[1] JAMA, e.g., 312(22):2348-57, 2014; JAMA 312(22):2358-63, 2014
[2] Ann Intern Med. [Epub ahead of print 28 July 2015] doi:10.7326/M15-1011