

Richmond County Medical Society

eNEWSLETTER



FROM THE DESK OF CRAIG KERINS, M.D.

Medicine's Artificial Aristocracy

The American Board of Medical Specialties (ABMS) was established in 1933. It has become a “non-profit” conglomerate of the 24 boards which, collectively, virtually monopolize the certification of specialists. The process of board certification is loudly proclaimed to be a voluntary process to meet the needs of a skeptical, demanding public about the quality of their medical practitioners. In fact, the public is generally very satisfied with their physicians and acquiring “Board Certification” has become anything but voluntary and optional. It is now required for membership to most hospital staffs and is needed for reimbursement by many / most insurers.

Board Certification was originally conceived as a once-in-a-lifetime achievement to demonstrate particular competence in a specialized field of medicine. It was similar to a lawyer passing the Bar Examination. Board Certification has been with us for more than 75 years, has become an accepted part of medical practice, and is generally considered a valuable, worthwhile concept.

In 1969, the American Board of Family Medicine started issuing only time-limited certificates. They thus created the pernicious concept of Maintenance of Certification (MOC). Other specialty boards followed this trend of limited board certification and, in 2000, the governing ABMS adopted MOC as policy. The details of the MOC policies vary according to specialty, but generally for the last 10 to 15 years physicians not “Grandfathered” by board certification prior to around 1990 have been subjected to rigorous examinations which involve not only closed-book testing but also investigation of practice patterns. This process has become intrusive, time consuming, and expensive. In this age of evidence-based-medicine the MOC ordeals have never been shown to meet a public need or to objectively improve or even maintain the quality of medical practice.

Unfortunately, things are going to get worse!

After the ABMS adopted MOC as policy in 2000, they have developed this program with bureaucratic gusto. They have now defined six specific “Competencies” to be examined:

- professionalism
- patient care and procedural skills
- medical knowledge
- practice-based learning and improvement
- interpersonal and communication skills
- systems-based practice (last, but not least)

It seems ridiculous to call these competencies “specific.” Except for “medical knowledge” it is not intuitively obvious to me what any of the others mean. Generally, I feel it is fair to assume that they are largely intended to train physicians to play well with others and do what they are told to do.

More changes are afoot.

MOC is in the process of becoming a continual presence in medical practices. They are not content with their current mega-intrusion every 7 to 10 years, but are now seeking continual monitoring of medical practice patterns. In its infinite wisdom the ABMS felt it made sense to team up with our old friends at Medicare to offer “bonuses” to physicians who cooperate with MOC programs. Predictably, financial penalties await the outliers.

The Affordable Care Act, electronic medical records, and Medicare’s sustainable growth rate (SGR) were imposed upon the medical community from above. A chilling perspective is that the growing malignancy of MOC is a product of our own peers and colleagues. This is not a program imposed by the government, although it is something certainly being embraced by it. Our “artificial aristocracy” in the ABMS is literally making millions of dollars per year tinkering with our careers. The American Board of Internal Medicine alone raked in \$49 million in fiscal year 2013, over one-third coming from MOC fees.

My personal view is that continuing education and outcome monitoring is reasonable. We are accountable to the patients we treat, but are entitled to demand being evaluated efficiently, fairly, and economically. As long as we know what we are doing and have excellent outcomes, we should be allowed to practice in complete freedom.

The Association of American Physicians and Surgeons currently has a lawsuit against the ABMS for restraint of trade.

Your Richmond County Medical Society and the Medical Association of Georgia has taken a strong stand against the intrusion of MOC in the practice of medicine.

~Craig Kerins

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