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Colleagues:

This week, I hand over my editorial space to Dr. Westby D. Fisher, a board certified internist, cardiologist, and cardiac electrophysiologist, practicing at North Shore University Health System in Evanston, IL, and a Clinical Associate Professor of Medicine at the University of Chicago's Pritzker School of Medicine. Dr. Fisher writes a popular blog ("Dr. Wes") that addresses physician issues at <http://drwes.blogspot.com>. This week, he succinctly covered several points about Maintenance of Certification (MOC) that concern many of us who consider the preparation and costs of the process excessive. In future

introductions, I will be covering many other aspects of concern regarding MOC and Maintenance of Licensure. There was much discussion of this at the AMA meeting and the AOA will be addressing this topic, as well, this week. It seems that the villagers are gathering torches and pitchforks....

*Sam Unterricht, MD
MSSNY President*

Recently, I have been enduring my "Maintenance of Certification" (MOC) training so I can continue to call myself "Board Certified" in Cardiovascular Diseases and Cardiac Electrophysiology. Later this year, I will sit for my re-certification examinations. But I was also recently reminded just how expensive this process has become for doctors.

Yesterday, I received a \$775 bill for my "additional examination fee" from the American Board of Internal Medicine (ABIM) in the mail. I was surprised and had to ask myself, "Why?" Especially since this rate is more expensive than staying at a five-star hotel room in Chicago for a day.

In total, the out-of-pocket expenses for Maintenance of Certification in both of my subspecialties above have been as follows:

- Enrollment Fee: Maintenance of Certification: \$1840 (this includes only one exam fee)
- Additional Examination Fee: \$775.00
- ACC Self-Assessment Program (**ACCSAP 8**): \$620
- Heart Rhythm Society **Board Review Course and ABIM Recertification Module** \$1440

So far, that's: \$4675 just to "maintain" my certification this time around. (Per annum: about \$500 per year). Note that this cost does not count the lost revenue I sustain from leaving my workplace to attend the Board Review Course, to study, or take the tests. And to think I get to do this every ten years!

But when we learn of the salaries of the leadership of the ABIM, it becomes clear why these fees are so high. According to the publically-available **IRS Form 990** from 2012 (the last available), ABIM Executive **Christine K Cassel** received salary and benefits of \$786,751 in 2011, plus payments for spousal travel. (At that salary, why are testing physicians picking up travel expenses for Dr. Cassel's husband?)

Equally outrageous has been the ABIM's recent requirement for re-certifying physicians to complete a "Practice Improvement Module" as part of their re-certification requirements. For those unfamiliar, doctors have to find something to improve in their practice, measure how it's going, make a change, then measure the effect of that strategy in hopes it will improve patient care. On the surface this requirement seems so, well, nifty! How could anyone argue with the intent of such a requirement? But imagine the time it takes to conceive and execute such a project. How much patient care suffers as a result? So doctors who are already stretched for time look for ways around this requirement and luckily, they find it is easily gamed. So they talk to their hospital's quality coordinator, get some useful data, enter it into the MOC website, then answer questions that ask "what-did-you-learn-as-a-result-of-completing-this-module?" and, presto! Their module is done!

Really, is this useful? Maybe we should include hand-washing exercises, too. Or is this more about the ABIM maintaining their leadership's benefits and political favor? As I

performed this painful part of my re-certification requirement, I couldn't help but hear echoes of Don Berwick's Institute's educational curriculum that helped **pave** the way for the life-long healthcare guarantee he received for himself and his family for life. Could the leadership of the ABIM have similar aspirations for a similar golden parachute?

I can't help but wonder.

As I wrote my additional exam fee check, I also reflected on what the "value" of this re-certification process is for physicians like myself that have been previously certified.

Will doctors get more income for having this certification? No, especially in the current payer climate that seeks to continue to limit physician payments.

Will doctors get more prestige for having this certification? Not really, especially when **nurse practitioners at Walgreens can call themselves "board certified," too**. (It is interesting to note that their certification only **costs \$395** - 8.4% of the cost for medical re-certification. Maybe doctors should take their test instead?) What responsibility does the ABIM have to protect the value of the term "board certification" for physicians who invest in this process? Given the ongoing board "certificate" fraud **perpetuated** by others directly under the nose of the ABIM, we are left to wonder if they have any authority to protect physicians' investment in this process.

Is the time required to re-certify worth it for doctors and patients? Will doctors be smarter for having this certification? I think the ABIM does try to make the knowledge assessment modules relevant to new knowledge in the medical field. (Actually, I found these almost fun to take). But I already stay up to date with current innovations and studies in my field thanks to my teaching responsibilities, ongoing state licensure requirements for continuing medical education credits, and my rather healthy social media presence. Do these costly re-certification tests improve my knowledge significantly enough to affect my patient's outcomes? I honestly don't think I've ever felt so.

Surely the public wants to know their doctors are quality doctors. But what is more important, years of direct medical care experience or just having their doctor pass an expensive test every 10 years? With the expected avalanche of patients entering our health care system, does the public want to pay for irrelevant bureaucracy that just feeds the system rather than improving physician availability? I suspect that the public would rather have their doctors engaged in their care rather than being distracted by unproven testing exercises.

But it seems bureaucrats must endlessly continue the money flow that assures their spousal travel fees, so maintenance of certification will likely soon be tied to the granting of hospital credentials or state licensure. We should ask ourselves if we really want this. In 2011, the ABIM received \$44 million in fees from doctors sitting for board certification and maintenance of certification. That's a hefty chunk of change. So much so that at least one doctor has recently **sued** the ABIM over concerns of monopolizing the process.

Doctors need to speak up, especially when others stand to enrich themselves on the labors of their colleagues. If doctors can't get use a pen from a pharmaceutical rep, they sure as heck shouldn't be using their own colleagues' hard-earned funds for their spouse's travel.

Please think of these things when you cash my latest \$775 check, **ABIM**, will you?