

Mike Ritze, D.O., M.F.S.A.

State Representative, District 80

HOME:

18574 E. 101st St. S.
Broken Arrow, OK 74011

CAPITOL:

405-557-7338
2300 North Lincoln Blvd. Rm. 436
Oklahoma City, OK 73105-4885
mike.ritze@okhouse.gov



Committees:
Chairman of Public Health
Public Safety, Ranking Member
Health Subcommittee, Ranking Member
Transportation, Ranking Member

House of Representatives

STATE OF OKLAHOMA

April 4, 2017

Maintenance of Certification versus Patient Care: the battle continues...

In an age where political divisiveness is epidemic there is at least one topic bringing physicians together: Maintenance of Certification, aka MOC. Doctors overwhelmingly concur that MOC is a waste of time and money. In fact, it is estimated it will cost the health system a jaw dropping \$5.7 billion over 10 years. And doctors aren't the only losers; MOC is stealing from patients. Physicians will spend 33 million hours on MOC activities away from patient care.ⁱ

In 2016 Oklahoma became a leader in the fight to protect patients and their doctors from MOC red tape by passing SB 1148. And in 2017 at least 10 other states are working toward following our lead.ⁱⁱ

However, our job in Oklahoma is not done and that's why I introduced a new bill this session, HB 1710, to improve on what we started in 2016. Not surprisingly, those who are profiting from MOC don't want their gravy train to end and have launched a disinformation campaign to scare my fellow legislators into blocking this needed reform. And unfortunately, they have succeeded in stopping HB 1710 this year.

That's why I, your physician colleagues, and patients across the great State of Oklahoma need your help in raising awareness about the important reasons for moving forward with MOC reform.

Some argue incorrectly that patient safety is at risk if physicians are not forced to comply with MOC requirements. Two 2014 *JAMA* papers looked at this claim and found it to be false.ⁱⁱⁱ One demonstrates that there is no improvement in quality indicators between those with lifetime certification and those required to participate in maintenance of certification. The other study shows no change in hospitalizations by physicians participating in MOC versus those not MOC compliant. In addition, studies claiming to tie MOC to increased quality are often rife with conflicts of interest.^{iv}

Practicing physicians - you and I on the front lines of patient care - overwhelmingly view MOC as simply counterproductive. In 2016 Mayo Clinic released survey data about physician attitudes regarding MOC.^v What did physicians say? Only 24% "agreed that MOC activities are relevant to their patients," and only 15% "felt they are worth the time and effort." 81% believed they "are a burden" and just 9% "believed that patients care about their MOC status." In a recent survey by the Association of American Physicians and Surgeons less than 2% of the physicians responding felt MOC

was beneficial to patient care. The other 98% said the MOC was either not beneficial or detrimental to care.

Perhaps you will agree with what the physicians surveyed by AAPS had to say, in their own words, about MOC:

- "Waste of time"
- "Takes doctors away from patient care hours"
- "[MOC] requires me to be tested on irrelevant material"
- "[MOC] benefits a power elite and ...does absolutely nothing to help patients"
- "No data to show that doctors who participate [in MOC] are more qualified"
- "MOC is a money-making tool of the organizations that promote it"
- "Irrelevance to MY practice."
- "Just busy work that does not help or improve my care"
- "...a commercial enterprise run by a cartel who is trying to monopolize/control the practice of medicine"
- "Hospitals use this [MOC] to find reasons to include or exclude doctors since they can't find any other reason"
- "Test questions are esoteric information not applicable to standard practice...This is basically extortion to get money funneled to these organizations with no benefits to patients"
- "Nothing relates to my practice"
- "Requirements set up by a bunch of ivory tower bureaucrats"
- "... a revenue generating scheme for Boards and regulatory agencies"
- "...irrelevant esoteric testing having very little to do with the good practice of medicine. Never shown to improve outcomes"
- "There are nurse practitioners and physician's assistants who are allowed to provide care to patients without MOC"
- "PA's (physician assistants) and NP's (nurse practitioners) train for much shortened time than doctors...yet can practice without all the MOC that an M.D. or D.O. undergo"

As these physicians explain, it's not just the negative impact of MOC on patient care that is a problem. There is an increasing concern about financial shenanigans being exposed in the "non-profit" organizations selling MOC products. The 22 member boards of the American Board of Medical Specialties, who have essentially monopoly control over MOC, have accumulated assets approaching a combined \$1 Billion dollars.^{vi} The executives running these boards are making exorbitant salaries. According to an investigation featured in *Newsweek*: "ABIM and the ABIM Foundation lost \$39.8 million on program services in the five years ending in 2013—a nonprofit indeed. Yet during that same time, the organizations paid \$125.7 million to its senior officers and staff."^{vii}

And on top of this the ABIM Foundation has \$6.5 million stashed away off shore in the Cayman Islands.^{viii} What's going on here? Something doesn't add up and it is time to protect doctors and patients from further lining the pockets of those impeding rather than providing patient care.

Meanwhile, osteopathic physicians face yet another form of extortion: maintaining osteopathic board certification requires annual dues payments to the American Osteopathic Association. No dues payment, no board certification and the AOA is now litigating a 2016 class-action suit brought by osteopathic physicians who've had enough.^{ix} A related lawsuit against the ABMS is apparently stalled in U.S. District Court in Chicago.

One other myth I'd like to address is the flawed argument that stopping hospitals from requiring MOC participation is somehow infringing the rights of hospitals. No one is a bigger supporter of liberty and freedom than I am, however, I also have an obligation to make sure taxpayer dollars are being spent effectively. The State of Oklahoma sends enormous sums to the hospitals in our state and our hospital licensing statutes allow for reasonable provisions to ensure that physicians providing care in these facilities are treated fairly with respect to hospital staff privileges. My proposed bill, HB 1710 merely updates existing law with a simple stipulation that physicians cannot be discriminated against due to their MOC status. This helps not only protect patient access to independent physicians of their choice but also protects taxpayers from increased costs driven by counterproductive and expensive mandates on physicians.

Let's get to the bottom line here. You and I want to be the best physicians we can be for our patients. We are constantly working to improve our skills and stay current on the latest innovations and studies. In fact, we almost always exceed the 16-50 yearly CME hours already required by the State of Oklahoma and respective specialty boards to keep our licenses and for board certification. MOC is failing to meaningfully augment our dedication to lifelong learning.

Join with me and your colleagues in continuing to ensure that Oklahoma continues to be a leader in increasing patients' access to high-quality, low-cost medical care. Take a moment today and contact your state legislators and ask them to support MOC reform in 2018.

ⁱ (Bishop, 2015)

ⁱⁱ (Overview of MOC Legislation, 2017)

ⁱⁱⁱ (Yurkiewicz, 2015)

^{iv} (Kempen, 2014)

^v (Cook, Blachman, West, & Wittich, 2016)

^{vi} (Fisher, 2017)

^{vii} (Eichenwald, 2015)

^{viii} (Fisher, 2017)

^{ix} (George, 2016)

References

- Bishop, T. (2015, August 11). *The Real Cost of MOC is Stunning*. Retrieved April 02, 2017, from KevinMD.com: <http://www.kevinmd.com/blog/2015/08/the-real-cost-of-moc-is-stunning.html>
- Cook, D., Blachman, M. J., West, C. P., & Wittich, C. M. (2016). Physician Attitudes About Maintenance of Certification. *Mayo Clinic Proceedings*, 1336–1345.
- Eichenwald, K. (2015, March 10). The Ugly Civil War in American Medicine. *Newsweek*, pp. <http://www.newsweek.com/2015/03/27/ugly-civil-war-american-medicine-312662.html>.

Fisher, W. (2017, 02 06). *PPA Requests Congressional Hearing, IRS Investigation of MOC Program*. Retrieved from Dr. Wes Blog: <http://drwes.blogspot.com/2017/02/ppa-requests-congressional-hearing-irs.html>

George, J. (2016, August 02). *Class Action Lawsuite Filed Against American Osteopathic Association*. Retrieved from Class-action lawsuit filed against American Osteopathic Association over membership fees: <http://www.bizjournals.com/philadelphia/news/2016/08/02/class-action-lawsuit-filed-against-american.html>

Kempen, P. (2014). *Maintenance of Certification, Ethics and Conflicts of Interest*. Retrieved from Journal of American Physicians and Surgeons: <http://www.jpands.org/vol19no3/kempen.pdf>

Overview of MOC Legislation. (2017, 04 02). Retrieved from <https://goo.gl/fnS22T>

Yurkiewicz, S. (2015, January 04). *MOC makes no difference in primary care patient outcomes*. Retrieved from MedPageToday.com: <http://www.medpagetoday.com/publichealthpolicy/medicaleducation/49369>

Sincerely,

A handwritten signature in black ink that reads "Rep. Mike Ritze". The signature is written in a cursive, flowing style.

Mike Ritze, D.O., M.F.S.A.
State House Representative District 80