

Dear Colleagues,

The following are two versions of my "Call to Arms" against MOC, the first is longer and more detailed, the second, abbreviated, but still with the salient points. Give it a read, give it some thought, pass it on if you feel it is worthwhile.

The battle between full time clinicians and non, or minimally practicing bureaucrats, who want to over-regulate us for their own financial gain is coming to a head. While this battle has several fronts, one that has caught the attention of myself, as well as many others, is Maintenance of Certification (MOC). Like our legal counterparts, who need to pass the Bar to practice law, we get certified upon completing our training and passing our board exams. Unlike our legal counterparts, however, once they pass the Bar, other than completing yearly continuing legal education requirements (CLE), no further formal test taking is ever asked of them in order to remain Barred for life. Yet there is a growing movement of nonphysician/nonclinicians who want practicing clinicians to do just that - go through an ever more complex process of recertification, a process that is time-consuming, costly and onerous. Furthermore, there is no credible scientific evidence showing that completing the MOC process results in better or more efficient patient care, as compared to any other form of self-directed ongoing continued medical education (CME). Other than the obvious financial benefits to our Boards, this unvalidated recertification occurs merely to satisfy administrators, insurance companies, politicians and the lay public that we are still "Board Certified".

Currently, this process includes, or will soon include the following:

- 1) valueless time-consuming busy-work Practice Improvement Module (PIMs).
- 2) the ludicrous patient and peer reviews.
- 3) a secure exam whose content is largely obscure and irrelevant to what we do on a daily basis, and whose secure nature is so insulting that we cannot even have a handkerchief in our back pockets or wear a watch during the exam.
- 4) open book home test modules, much of whose content is irrelevant to what we do on a daily basis.
- 5) ongoing efforts to link MOC to Maintenance of Licensure (MOL), thereby removing any illusion as to the "voluntary" nature of MOC, and with the likely consequence of having to complete even more MOC requirements even more frequently, possibly as often as every two years, the same interval as licensure. This linkage will also circumvent grandfathering that protects a large portion of practicing doctors from needing to go through MOC to remain certified. *There are currently eleven proposed pilot programs in eleven states aiming to link MOC to MOL.* The twelfth program, in Ohio, was defeated by organized physician resistance. Additionally, there are some members of the test creating industry pushing for no longer accepting a subspecialty certification *without also having an updated recertification in the parent specialty.* So a cardiologist or endocrinologist who has chosen not to recertify their IM certificate because they *only* practice their specialty may find that their specialty certificate, even updated with recertification, *is not recognized* unless the parent specialty, in this case, internal medicine, *is also updated with recertification*, that is, MOC.

The cost for test fees, as well as the cost of being away from work to prepare for and take these tests, not to mention time away from family is substantial. Many of our specialty boards, supposedly nonprofit, have each accumulated tens of millions of dollars from the process of creating and administering MOC and some board members earn outrageous salaries. For example, the President and CEO of the American Board of Internal Medicine (ABIM), Dr. Christine Cassel, reported compensation in 2009 in excess of \$600,000 and Dr. James Stockman III, the CEO of the American Board of Pediatrics reported compensation of over \$1.2 million in 2009, far more than any clinician I know.

Many hypocritical non-clinician board members, despite declaring the value of MOC and promoting task forces that would require all of us to take MOC, have themselves never recertified for decades after getting their original certification. Some are only now recertifying, not to be better doctors, but as a requirement to maintain well paid positions on their various boards. Despite the overwhelming lack of credible research proving that being certified improves the quality of care given to patients by doctors as compared to non-recertified, or even never-certified doctors, the ABIM and other specialty boards are aggressively pushing their MOC agenda on politicians, insurance companies and the public at large. The ABIM MOC is promoted as some sort of holy grail of perfect medical care and such efforts may create an environment whereby it may become economically unfeasible for any doctor *not* to participate in MOC, unless we take a stand now.

Options for putting a stop to MOC include the following:

- 1) Legal action: This continues to be looked at and those of us actively involved in fighting this abuse against doctors have already heard from many legal colleagues about options to pursue as they agree that the MOC process is outrageous and something lawyers would never tolerate.
- 2) Political action: Lobby elected officials as well as pressure your various local and state medical societies into recognizing the false and costly presumptions on which MOC is based and using political influence to stop MOC, or reform it into something that is cost and time reasonable and of proven value to improving patient care.
- 3) Empower already existing medical organizations, like Docs 4 Patient Care or the Association of American Physicians and Surgeons, run by clinicians, rather than bureaucrats, to create more reasonable alternative MOC-like programs.
- 4) Mass MOC noncompliance. Bold and elegant in its simplicity, if enough practicing physicians simply refused to participate in MOC, the MOC system would collapse.

Let me be clear, this is not about shirking a lifelong commitment to ongoing medical education and the need to maintain one's skills and stay up to date with the latest medical knowledge, things we all believe in and do already. This is specifically about preventing the highly flawed MOC process in its current format from becoming mandatory in any legal, financial, regulatory or other way.

Below are a series of links to a variety of organizations comprised of front-line clinicians such as yourselves. I strongly suggest you take a look at them. You will find yourself able to interact with colleagues nation-wide whose beliefs and concerns mirror yours. See what they

are saying and add your voice to the conversation. The internet, via social media, is facilitating revolutions and upheavals around the world; surely we doctors in this country can use it to put a stop to an unfair and burdensome process.

Change Board Certification: <http://www.changeboardrecert.com/index.php>

Docs 4 Patient Care: <http://docs4patientcare.org/index>

Association of American Physicians and Surgeons: <http://www.aapsonline.org>

Independent Physicians for Patient Independence IP4PI: <http://ip4pi.wordpress.com>

Sermo: <http://www.sermo.com>

This link: <http://www.jpands.org/vol17no4/kempen.pdf> will take you to a superb detailed summary article written by Dr. Paul Kempen, who is on the forefront of exposing the sham of MOC and whose efforts have helped defeat state efforts in Ohio to link MOC to MOL; it is a must read.

These two links: <http://www.youtube.com/watch?v=ph6OWbiVyKQ&feature=youtu.be> and <http://www.youtube.com/watch?v=WRS15Dmsk7E> will allow you to view the youtube videos of Drs. Ron Benbassat and Paul Kempen, leaders on the issue of MOC and its flaws.

Despite the proposed pilot programs mentioned above, MOC has not yet been linked to MOL, something that would be a huge blow to all of us. Some of you may be in situations where hospital privileges, via bylaws or similar local regulations, have been linked to MOC and you may feel the game is already over and have resigned yourself to your fate. While it is true that undoing such a situation can be harder than preventing it in the first place, such reversal is not impossible. If a small group of dedicated physicians were able to organize the effort to prevent linkage between MOC and MOL in Ohio, there is no reason why similar efforts cannot be undertaken to both prevent such a linkage in every state and to reverse already existing linkage between MOC and hospital staff privileges.

It comes down to this. If you are looking forward to having you and your staff spend ever greater amounts of precious time and money helping you fulfill the burgeoning requirements of MOC, then do what doctors have always done, which is comply and do what we are told. If, however, you are tired of once again getting the short end of the stick, then now is the time to speak up and take a stand.

Once you are better informed on this matter, via the links mentioned above, there are things that you can and should do to prevent becoming a slave to MOC; consider the following suggestions:

- 1) Write to your senators, congressmen, governors, etc, expressing your concerns.
- 2) Lean on your various state and national medical societies, medical boards, etc, who are supposed to represent *your* interests by speaking out against MOC and consider establishing resolutions stating that MOC should remain strictly voluntary and not be linked to hospital privileges, MOL or reimbursement by Medicare or any other payor. Specific organizations

include the American Board of American Specialties (ABMS) and its member boards, like the ABIM, etc, the Federation of State Medical Boards (FSMB) and the Bureau of Osteopathic Specialists (BOS). Some of the websites above, such as the Association of American Physicians and Surgeons, will provide you with access to sample letters that you can use to send to these various organizations. For New York, requests for a resolution against making MOC mandatory can be sent to Michelle Nuzzi at the Executive Headquarters of MSSNY at mnuzzi@mssny.org. Here are two links to "model" resolutions regarding MOC and MOL for you to use; please feel free to fill in the blanks and use these resolutions for your own county medical society to submit to the MSSNY House of Delegates if you deem appropriate.

http://gallery.mailchimp.com/30a32513ae04f5445c95f3239/files/MSSNY_Resolution_Opposing_MOC_model_resolution.docx

http://gallery.mailchimp.com/30a32513ae04f5445c95f3239/files/MSSNY_Resolution_Opposing_MOL_model_resolution.docx

3) The ½ percent PQRS bonus that Medicare is to pay MOC participating docs, which does not come close to compensating an individual doctor for the cost of participating in MOC, but which does cost society and the government millions of dollars collectively, is in reality a "false claim". There is no scientific evidence to prove that MOC docs are better than non MOC docs or never certified docs, and so, like any false Medicare claim, the scam of MOC can and should be brought to the attention of the Office of the Inspector General (OIG).

4) Discuss this with lay people, educate them and encourage them to reach out to politicians and be supportive.

5) Submit letters and articles regarding this to both medical journals and the lay press.

6) Spread the word. There is strength in numbers. Share this with every like minded colleague you know, not just locally, but nation-wide, people you went to med school with or knew from your residency or fellowship programs, etc. Share this with every medical professional you can via various medical staff email lists, personal contacts, etc; we need numbers to win this battle!

7) If anyone is interested in getting involved at an even higher level, perhaps by taking on a leadership or organizational role, attending state and perhaps national meetings, etc, go to the "Physician Comments" link on Change Board Recertification (www.changeboardrecert.com) and leave a message indicating your interest.

The effort to organize against MOC, through direct contact or through the organizations mentioned above, already enjoys the support of thousands of health care providers; with your help, we are looking to make that tens of thousands.

Thanks and regards,

Jonathan Weiss, MD

Here is the abbreviated version. Again, if you think it has merit, pass it on.

- A bunch of folks in the medical test creating and test preparing industries make a ton of money forcing doctors to take tests and do related activities
- The process of taking these tests is called Maintenance of Certification, or MOC
- MOC is very costly and time consuming and, if the test industry has its way, it is going to get more costly and more time consuming
- There has been no study ever that shows that Board certified docs, let alone Board recertified docs, do a better job with any aspect of care than non-Board certified docs
- Docs are traditionally passive when it comes to protecting their domain and allow external forces to continually usurp control of their professional lives
- The test industry is actively pursuing ways to circumvent grandfathering such that MOC will become, de facto, mandatory for ALL practicing physicians
- The test industry is seeking to link MOC to Maintenance of Licensure (MOL), a TWO year cycle in many states, such that MOL will have to be done on a nearly continual basis
- The test industry is seeking to no longer recognize specialty Board certification unless the parent Board certification is also maintained; this means that doctors who practice their subspecialties exclusively will nonetheless have to get recertified in Internal Medicine in order to have their subspecialty Board recognized
- You have the choice to do nothing and get dumped on once again or you can do something to put a stop to this
- In Ohio, something unheard of recently happened: thousands of doctors banded together in unity, under the umbrella of a dozen or so state medical organizations, and passed a statewide resolution prohibiting the linkage of MOC with MOL, with hospital staff privileges and with the ability to receive payment from Medicare or any other payor; the effort to make MOC a mandatory process in Ohio ceased to exist upon passage of the resolution
- Many of the academics who promote MOC make hundreds of thousands of dollars annually from their positions on various medical boards (ABIM, etc) and have a vested interest in promoting and expanding MOC
- Many of those same academics who promote MOC have either never done MOC themselves, or only did it upon leaving clinical medicine and taking a job with a medical Board that paid them outrageous salaries
- Fighting against MOC is NOT fighting against life-long ongoing medical education
- If you want to do something about this, here are some suggestions:

Use these links to go to websites where you can get details about the MOC situation and what can be done to fight it, or otherwise engage with other doctors about MOC:

1. Change Board Certification: <http://www.changeboardrecert.com/index.php>
2. Docs 4 Patient Care: <http://docs4patientcare.org/index>
3. Association of American Physicians and Surgeons: <http://www.aapsonline.org>
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New York