



MOC should be removed as a requirement for physician employment, admitting privileges, licensure, and reimbursement

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Relevant Disclosure

Founding Board Member (unpaid) of the National Board of Physicians and Surgeons (NBPAS.org)

doctors' strike



**>25,000 Doctors
can't be wrong**

The BMJ

Elizabeth Loder: Has the American Board of Internal Medicine lost its way?

19 Mar, 15 | by BMJ



◀ 117

◀ 143

◀ 22

Elizabeth Loder examines the emergence of organized US physician opposition to revalidation requirements.

Something remarkable is happening right now in American medicine. A unified physician movement has emerged that cuts across the varied interests of different specialties to focus on a specific cause of dissatisfaction. It has already forced concessions from one powerful organization, and it shows no signs of fading. The targets? None other than the American Board of Internal Medicine (ABIM) and other specialty certifying boards, including their umbrella organization The American Board of Medical Specialties (ABMS).

The immediate sources of physician unhappiness are requirements for certification and maintenance of certification (MOC) that are

These events also may portend a permanent change in the balance of power between US physicians and other parts of the medical system such as insurance companies or employers. The authority of the specialty boards has turned out to be more a matter of entrenched assumptions than actual fact. Physicians have learned they have real clout and that organized effort can overturn something many saw as inevitable. This is a potent lesson, and physicians are good at absorbing new knowledge. Look for this to be the first of many doctor-led revolts.



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- In 2014 ABIM changed its requirements for continued physician certification
- To maintain certification physicians now must participate in the Maintenance of Certification (MOC) program which requires they take exams and computer modules every 1-2 years.
- Although regular examinations “sounds” reasonable, several studies have found they provide no patient outcome benefit.
- Physicians consider MOC time wasting, costly, busy work that does not help them care for patients
- Physicians believe CME is the more appropriate means of “keeping up” in medicine.
- MOC accounts for \$24M of ABIM’s annual \$55M budget providing a significant conflict of interest.

Survey Says...



Nearly **nine** out of every **ten** members
(87%) **opposed** the new ABIM MOC
requirements



AMERICAN
COLLEGE of
CARDIOLOGY



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- **NBPAS supports initial ABMS certification but replaces MOC testing with accredited CME**
 - Does not require follow-up examinations
- **NBPAS is a not for profit 501(c)(3) organization**
- **Fees are very low and determined by expenses.**
- **Physician management is unpaid**

***In January,
2015, 10 days
after
launching the
NBPAS,

ABIM
apologizes to
its 200,000
diplomats***

We got it wrong. We're sorry.

Dear Dr. Teirstein:

ABIM clearly got it wrong. We launched programs that weren't ready and we didn't deliver an MOC program that physicians found meaningful. We want to change that.

Nearly 80 years ago, the American Medical Association and the American College of Physicians founded the American Board of Internal Medicine (ABIM). ABIM was charged with distinguishing the discipline of internal medicine from other forms of practice by creating uniform standards for internists. Those standards have evolved over the years, reflecting the dynamic nature of internal medicine and its more than 20 subspecialties.

A year ago, ABIM changed its once-every-10-years Maintenance of Certification (MOC) program to a more continuous one. This change generated legitimate criticism among internists and medical specialty societies. Some believe ABIM has turned a deaf ear to practicing physicians and has not adequately developed a relevant, meaningful program for them as they strive to keep up to date in their fields.

ABIM is listening and wants to be responsive to your concerns. While ABIM's Board believes that a more-continuous certification helps all of us keep up with the rapidly changing nature of modern medical practice, it is clear that parts of the new program are not meeting the needs of physicians like yourself.

We got it wrong and sincerely apologize. We are sorry.

As a result, ABIM is taking the following steps:

- Effective immediately, ABIM is **suspending the Practice Assessment, Patient Voice and Patient Safety requirements for at least two years**. This means that no internist will have his or her certification status changed for not having completed activities in these areas for at least the next

[News](#)[← Back](#)

ABIM announces plans to offer physicians MOC assessment options in January 2018

Physicians will be able to choose Maintenance of Certification (MOC) assessment formats that meet their needs.

Philadelphia, PA, May 5, 2016 – The American Board of Internal Medicine (ABIM) today announced plans to begin offering a new Maintenance of Certification (MOC) assessment option in January 2018. ABIM's assessment taken every 10 years will remain available as a second option, and both options will reflect the input ABIM has received from a diverse range of physicians and stakeholders over the past year.

The new option will:

- Take the form of shorter assessments that doctors can choose to take on their personal or office computer—with appropriate identity verification and security—more frequently than every 10 years but no more than annually;
- Provide feedback on important knowledge gap areas so physicians can better plan their learning to stay current in knowledge and practice; and
- Allow physicians who engage in and perform well on these shorter assessments to test out of the current assessment taken every 10 years.

Those who meet a performance standard on shorter assessments will not need to take the 10-year exam again to remain certified.

Among all of the [Assessment 2020 Task Force recommendations](#), the one suggesting shorter, less burdensome assessments has generated the most enthusiasm among physicians. Initially, this new option will be available for physicians maintaining certification in Internal Medicine, and, possibly, one or two subspecialties starting in January 2018. Using feedback from these early adopters, ABIM expects to make this option available to additional subspecialties as quickly as possible over subsequent program cycles.

The end of the 10 year recertifying exam! Should we celebrate?

NOT SO FAST!!!





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The end of the 10 year recertification exam...time to celebrate???

- 1) The revised MOC program replaces one large waste of time every 10 years with 10 smaller wastes of time every year.
- 2) There is no evidence the new MOC program will improve patient care. Ie, it will still be a waste of time and money.
- 3) The cost of MOC is still \$200-300 per diplomate per year yielding \$40-60M in revenue each year for ABIM.
- 4) By requiring annual activities to fulfill MOC, ABIM is able to preserve its large annual revenue stream.



- **As you evaluate alternative proposals for MOC, ask yourself:**
 - Is this new plan really going to help our patients?
 - Or, is this new plan just “checking the box” to quiet the critics?
 - Does the proposed plan create an MOC pathway that is less time consuming for the doctors (so they stop complaining) while still providing a mechanism for the not-for-profit board to charge an annual fee?

www.NBPAS.org



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- **In just over a year of operation with only word of mouth and social media:**
 - **Nearly 4,000 physicians have applied for certification by the NBPAS**
 - **A growing number of hospitals have changed their bylaws to allow NBPAS as an alternative certification for maintaining hospital privileges**



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Hospitals accepting NBPAS as alternative certification for hospital privileges

- 1) Arkansas Heart Hospital: Little Rock, AR
- 2) Baptist Medical Center Princeton: Birmingham, AL
- 3) Baylor St. Luke's Medical Center/Texas Heart Institute: Houston, TX
- 4) Capital Region Medical Center: Jefferson City, MO (affiliated w/ Univ. of Missouri)
- 5) Columbia Basin Hospital: Ephrata, WA
- 6) Community First Medical Center: Chicago, IL
- 7) Davita Dialysis Center: Sparta, TN
- 8) Florida Hospital Heartland Division: Sebring, FL
- 9) Frederick Memorial Hospital: Frederick, MD
- 10) Hoag Hospital: Newport, CA in process - MEC approval
- 11) Holmes Regional Medical Center: Melbourne, FL
- 12) Huntington Hospital: Pasadena, CA
- 13) Lawrence & Memorial Hospital: New London, CT
- 14) Mendocino Coast District Hospital: Fort Bragg, CA
- 15) Mercy Medical Center: Cedar Rapids, IA
- 16) Miller County Hospital: Colquitt, GA
- 17) Oklahoma Heart Hospital: Oklahoma City, OK
- 18) Palm Bay Hospital: Palm Bay, FL
- 19) Providence Little Company of Mary: Torrance, CA
- 20) Shawnee Mission Medical Center: Kansas City, MO



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Hospitals accepting NBPAS as alternative certification for hospital privileges

- 21) Sibley Memorial Hospital – Johns Hopkins Medical System: Washington, DC.
- 22) Southeast Missouri Hospital: Cape Girardeau, MO
- 23) St Luke's Hospital: Cedar Rapids, IA
- 24) St. Mary Medical Center: Langhorne, PA
- 25) Sutter Roseville Medical Center: Roseville, CA
- 26) Texas Health Presbyterian: Rockwall, TX
- 27) Texas Neurological Society: Austin , TX
- 28) Virginia Gay Hospital: Vinton, IA
- 29) Wuesthoff Hospital: Melbourne, FL
- 30) Yukon-Kiskokwm Health Corporation: Bethel, AK

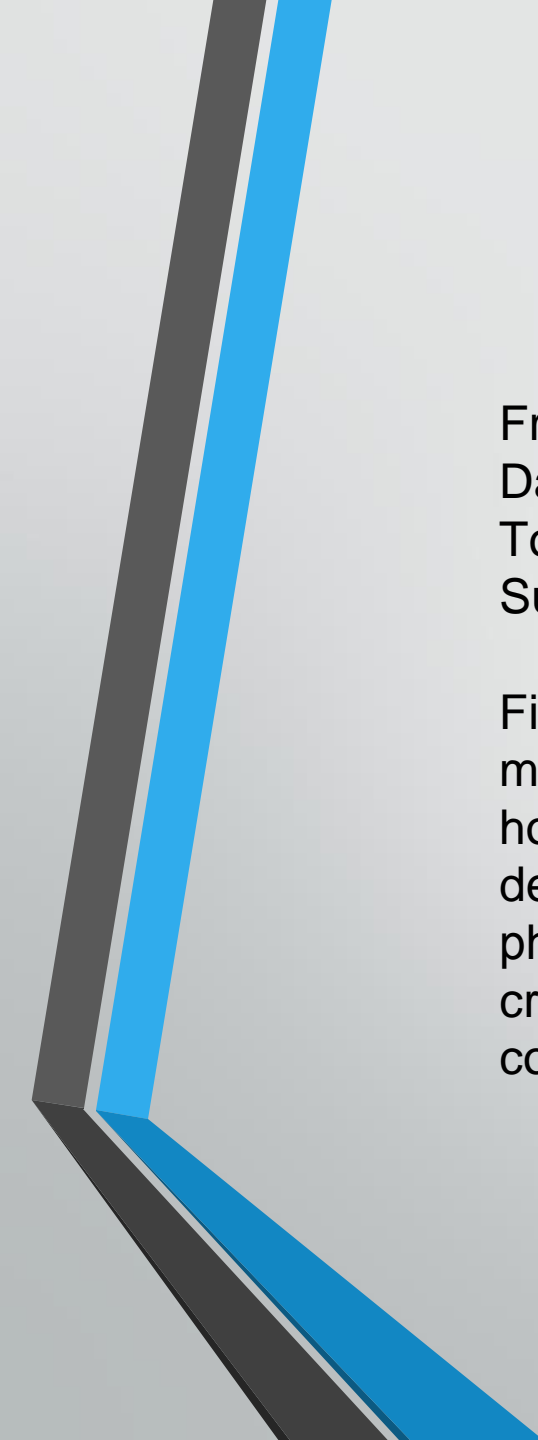
*Note: Some of the above hospitals have changed their bylaws to allow alternatives to ABMS or AOA certification that include NBPAS without specifically naming NBPAS



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- **Organizations accepting or considering criteria for acceptance of alternative board certification organizations**
 - California ACC
 - National ACC
 - American College of Physicians (ACP)
 - AMA
 - Washington State Medical Association
 - Georgia chapter of AMA
 - California Medical Association
 - Other physician societies, ie The American Association of Clinical Endocrinologists (AACE), California Neurology Society, etc
 - Oklahoma legislature
 - Others (at least 19 specialty organizations)



From: "Steven Weinberger, MD, FACP" <resources@acpresources.org>
Date: October 2, 2015 at 8:00:00 PM EDT
To: tomrifai@gmail.com
Subject: ACP Update about ABIM's MOC Program

Finally, we'd like to reiterate our position that ACP does not support making participation in MOC an absolute prerequisite for state licensure, hospital credentialing, or health plan (insurer) credentialing. Instead, decisions about licensure and credentialing should be based on the physician's performance in his or her practice setting and a broader set of criteria for assessing competence, professionalism, commitment to continuous professional development, and quality of care provided.

**WASHINGTON STATE MEDICAL ASSOCIATION
OFFICIAL ACTIONS OF THE 2015 HOUSE OF DELEGATES**

REFERENCE COMMITTEE B

BOARD OF TRUSTEES REPORTS

RESOLUTIONS

C-2 – Recognize Alternatives to the ABMS MOC and Recertification Process (ADOPTED AS AMENDED)

RESOLVED, that the WSMA will support alternative pathways for board recertification (i.e. NBPAS) and maintenance of certification; and BE IT FURTHER

RESOLVED, that the WSMA will propose this resolution to the AMA for consideration at its next meeting. (Directive to Take Action)

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 925
(I-15)

Introduced by: Georgia

Subject: National Board of Physicians and Surgeons' (NBPAS) Recertification

Referred to: Reference Committee K
(Hillary Johnson-Jahangir, MD, Chair)

1 Whereas, Maintenance of Licensure (MOL) is under the control of individual states; and

2

3 Whereas, The Medical Association of Georgia (MAG) recognizes that continuing medical
4 education (CME) is the basis for keeping physician's skills and knowledge up to date and is
5 required for MOL; and

6

7 Whereas, There is no proven health care benefit of Maintenance of Certification (MOC),

8

26 RESOLVED, That our American Medical Association advocate for the National Board of
27 Physicians and Surgeons to be recognized as an alternative to ABMS boards for recertification
28 for physicians nationally. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 10/20/15

CALIFORNIA MEDICAL ASSOCIATION HOUSE OF DELEGATES

October 16 - 18, 2015

Report of Reference Committee F – Health Professions and Facilities

Presented by Angie Chen, MD, Chair

4. Resolution 605-15: MAINTENANCE OF CERTIFICATION

Authors: J. Steven Poceta, MD, Will Tseng, MD, MPH

RESOLVED: That CMA acknowledge that current ABMS maintenance of certification requirements are onerous, costly, and time-intensive, and be it further

RESOLVED: That CMA work with AMA and other parties to study alternative methods for physician life-long learning after initial board certification.

RECOMMENDED ACTION: YOUR REFERENCE COMMITTEE RECOMMENDS APPROVAL OF RESOLUTION #605-15 AS AMENDED AND ASKS FOR A "YES" VOTE ON IT. THE RESOLVED PORTION IS AMENDED TO READ:

RESOLVED: That CMA work with AMA and other parties to continue studying alternative methods for physician life-long learning after initial board certification.

Reason(s) for Recommendation:

- A. The majority of testimony received expressed frustration with the current maintenance of certification process and support for alternative methods of board certification.
 - B. Maintenance of certification requirements for each specialty are established by individual specialty boards and declaring that all maintenance of certification requirements are onerous, costly and time-intensive would be a point-in-time assessment and argumentative.
 - C. The Reference Committee's amended resolution recognizes that the AMA is already working with the American Board of Medical Specialties to take steps toward improving maintenance of certification programs, including removing the requirement for testing at renewal.
-

Oklahoma Bans Forced MOC, Becomes the First “Right to Care” State

April 14, 2016 By Meg Edison MD 10 Comments



History For SB 1148

Action	Journal Page	Date	Chamber
First Reading	94	02/01/2016	S
Approved by Governor 04/11/2016	731	04/12/2016	S

An Act

ENROLLED SENATE
BILL NO. 1148

By: Crain of the Senate

and

Ritze of the House

G. Nothing in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall be construed as to require a physician to secure a Maintenance of Certification (MOC) as a condition of licensure, reimbursement, employment or admitting privileges at a hospital in this state. For the purposes of this subsection, "Maintenance of Certification (MOC)" shall mean a continuing education program measuring core competencies in the practice of medicine and surgery and approved by a nationally-recognized accrediting organization.



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- **Support from private payers is a current challenge.**
 - Medicare does NOT require board certification or MOC
 - Many private payers require ABMS member board certification and MOC in their provider contracts
 - Payers have been unresponsive, asking only, 'How can MOC reform help us?'
- We believe the best method of overcoming the insurance company challenge is to get other states to adopt a law similar to Oklahoma?



The Medical Board of California

Consumers

Applicants

Licenses

[Home](#) :: [Licenses](#) :: **Specialty Board Advertising**

Specialty Board Advertising

Business and Professions Code section 651(h)(5)(A)&(B) prohibits physicians from advertising that they are board certified unless they are certified by:

1. an [ABMS](#) member specialty board;
2. a specialty board with an ACGME accredited postgraduate training program; or
3. a specialty board with "equivalent" requirements approved by the Medical Board of California's Licensing Program.

The Medical Board has approved the following four specialty boards:

- ▶ [American Board of Facial Plastic and Reconstructive Surgery](#) (Approved: February 3, 1995)
- ▶ [American Board of Pain Medicine](#) (Approved: February 2, 1996)
- ▶ [American Board of Sleep Medicine](#) (Approved: February 6, 1998)
- ▶ [American Board of Spine Surgery](#) (Approved: May 10, 2002)

Therefore, unless physicians are certified by a specialty board, as defined by law, physicians are prohibited from using the term "board certified" in their advertisements. The law does not, however, prohibit the advertising of specialization, regardless of board certification status, nor does it prohibit the use of *diplomate*, *member*, *approved by*, or any other term that is subject to interpretation by prospective patients.

- ▶ [Business and Professions Code section 651 \(h\)](#)



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- **Specialty board advertising law**
 - Prohibits physicians from advertising they are “board certified” unless certified by an ABMS member board.
 - Good intentions...to prevent physicians certified by “fly by night” boards from advertising in luxury magazines.
- Our goal is to change this law to require either ABMS or NBPAS certification or simply require initial ABMS certification...not MOC



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- **How do we get other states to adopt a law similar to Oklahoma?**



Visit NBPAS.org

- **Physicians, go to NBPAS.org and apply for board certification.**
- **Use the resources on NBPAS.org**
 - **Downloadable PowerPoints and Sample letters**
- **Spread the word**
- **Lobby your hospital to accept NBPAS as an alternative board certification**
 - **Particularly important for academic centers and hospital systems**
- **Talk to your payors**

www.NBPAS.org



It's up to us

Change is inevitable so let's be agents of change