



Dear Colleagues,

More and more physicians now recognize that Maintenance of Certification (MOC) is burdensome, expensive, and time-consuming. Most importantly there is no data to suggest that MOC improves clinical skill or performance or has any practical value whatsoever as is well documented in these articles:

Association Between Imposition of a Maintenance of Certification Requirement and Ambulatory Care–Sensitive Hospitalizations and Health Care Costs

Association Between Physician Time-Unlimited vs Time-Limited Internal Medicine Board Certification and Ambulatory Patient Care Quality

Yet, in recent years, MOC has become an on-going and increasing requirement for continued board-certification and - by extension - medical staff membership, employment, and insurance participation.

For a complete discussion of the issue, please see this article from the New England Journal of Medicine by Dr. Paul Teirstein, Chief of Cardiology at California's Scripps Institute: "<u>Boarded to</u> <u>Death — Why Maintenance of Certification Is Bad for Doctors and Patients</u>."

<u>This landmark article</u> makes clear what many of us already know, namely that repeat testing has nothing to do with medical competency.

Further, the executives and board members of the sponsoring organizations, especially those of

the American Board of Internal Medicine, are highly – and some would say overly - compensated.

What began perhaps as a well-intended program has grown into a medical-educational industrial complex that is costing the health care system hundreds of millions of dollars without any discernible benefit.

But we also want to be sure that physicians continue to stay up-to-date and are current in practice.

That's why numerous nationally known and highly respected physicians created the <u>National</u> <u>Board of Physicians and Surgeons</u>. NBPAS certification is earned after ABMS (American Board Medical Specialties) and/or AOA (American Osteopathic Association) certification has been achieved and state licensing CME requirements are continuously met.

State legislatures can take action to recognize board-certification by NBPAS as an alternative to the ABMS/AOA ones and to ensure this certification is given equal status to those of ABMS/AOA. Several states have passed legislation, and detailed information is at the NBPAS web site.

For those of us who have hospital affiliations, our practices are already closely monitored. As a practicing Emergency Medicine physician, I am well aware that every patient interaction and every computer click is subject to review by my department chair and hospital quality review committee. That's a much better indicator of my competency than passing another standardized test.

Fortunately, my Internal Medicine board certification is good for life through the "grandparent" exception. I passed the Emergency Medicine Boards three times before I decided that enough was enough, not to mention the other "merit badges" I've had to earn periodically (e.g. BLS and ACLS), notwithstanding the fact that I deal with a variety of cardiac patients every shift. Taking these tests cost thousands of dollars and hours of time that could have been better spent in educational efforts that would actually benefit my clinical practice and my ability to take care of patients.

The continued expansive growth of MOC requirements will adversely impact the next generation of physicians, almost all of whom are now entering practice with significant debt.

What are your thoughts about this issue? If your state has passed legislation, what does it do and what were the challenges in getting it enacted? If not, is such legislation being considered? How can we assure ourselves, other legislators, and most importantly the public that we are deeply committed to quality medical practice but that there are other better ways to support that worthy goal besides continuing the myth of MOC?

Sincerely,

Delegate Dan Morhaim, M.D. Maryland House of Delegates Co-Chair National Council of Physician Legislators