Debating Maintenance of Certification

Regarding the recent profile on Richard Baron, MD, MACP, the new CEO of the American Board of Internal Medicine ("New ABIM leader looks forward to changes, challenges," *ACP Internist*, June 2013), perhaps Dr. Baron could answer if he believes it is reasonable to force Maintenance of Certification (MOC) on those who can find other ways to keep current with medical literature? Does he believe it is right to impose this costly procedure on a large number of unwilling internists who have no representation on the American Board of Internal Medicine (ABIM) or the American Board of Medical Specialties? Please ask if he thinks this is a form of taxation on the career of an internist without representation. Since shared decision making between patient and physician is currently considered optimal practice, does it follow that recipients of the MOC mandate have some say in the process?

Does Dr. Baron believe in mandating MOC, for which there is no high-quality evidence of efficacy improving patient and physician outcomes or patient safety? Does Dr. Baron subscribe to the ABIM Foundation prescription for being skeptical of studies funded and performed by the pharmaceutical industry? Then please ask if it follows if an internist should be skeptical of studies attempting to show MOC efficacy funded by ABIM and performed by ABIM employees.

How would Dr. Baron respond to the increasing evidence that MOC is detested by those forced to participate? That evidence includes a 2:1 response against MOC participation in a nonscientific *New England Journal of Medicine* poll; the recent lawsuit by the Association of American Physicians and Surgeons against the American Board of Medical Specialties alleging restraint of trade; and resolutions against MOC recently passed by the American Medical Association and the state medical societies of New Jersey, Michigan, Ohio, Oklahoma, New York and North Carolina. A cursory reading of social media medical websites will demonstrate strong physician sentiment against MOC.

Dr. Baron's predecessor at ABIM, Christine K. Cassel, MD, MACP, stated in a 2012 letter to the editor in the *Journal of the American Medical Association* that MOC is necessary since “on average, clinical skills tend to decline over time and the amount of clinical experience does not necessarily lead to better outcomes or improvement of skills. Also a physician’s ability to independently and accurately self-assess and self-evaluate without guidance is limited.”

Does Dr. Baron have any evidence that MOC stops the alleged decline over time in clinical skills? Does Dr. Baron have any evidence that MOC is any better than any other form of physician self-assessment, such as MKSAP, for example?

I believe most internists resent the onerous, costly MOC process forced upon them with no high-quality evidence for achieving positive outcomes of any worthwhile parameter. In my opinion, this MOC farce needs to be made voluntary as expeditiously as possible. I hope Dr. Baron uses his new position to accelerate this needed change.

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Richard J. Baron, MD, MACP, responds:

I thank Dr. Frager for his questions about MOC. I've been through the process twice (the first time before I was involved with ABIM) when I was in full-time community-based practice. I know how difficult it can be to balance MOC with seeing patients, completing paperwork and mastering an electronic health record. But I also felt the responsibility to assure my patients and myself that I was keeping up enough to provide the care they needed and deserved. I found that MOC helped me do that, providing a framework for self-assessment and improvement, even as there were a lot of other things competing for my time.

At the end of the process, both times, I shared the pride felt by many internists and specialists who choose to meet standards set by peers, a level of pride I didn't get from sending my $550 to the Drug Enforcement Administration or my $360 to the Commonwealth of Pennsylvania for my medical license.

Since 2008, ABIM has surveyed all of the internists who go through MOC. Sixty percent of those who responded said MOC made them a better physician, and 63% said it was a valuable learning experience. Both numbers can and should be improved. In addition, there is considerable evidence in peer-reviewed journals, some but not all of it generated by ABIM researchers (see www.abim.org/research/), that the process adds value. We welcome rigorous research by others, and we're supportive of the recent AMA resolution for an independent third party to evaluate MOC. MOC needs to be a meaningful credential that results in better patient care, and we appreciate any data that can help us better meet that objective.

There's no question the process could be better. ABIM's core business is to define specialties and deploy assessments that assure colleagues and the public that someone calling himself or herself a gastroenterologist, for example, actually has "the knowledge, skills and attitudes essential for excellent patient care." Not surprisingly, that is very challenging to do, particularly in a world where so many things are changing about what is "essential" to excellent patient care.

We are proud that other stakeholders in health care—hospitals, insurance plans and other payers—see increased value from certified physicians and embed the credential into their various processes. Despite what some may have heard, we don't believe MOC should be the only option for reporting to these organizations. Many of the resolutions Dr. Frager cited in opposition to MOC are based on the misconception that MOC would be made a requirement for licensure. This is not what ABIM and the Federation of State Medical Boards have advocated. Rather, we want physicians who choose to participate in MOC to automatically meet maintenance of licensure requirements. We also believe that other avenues outside of MOC should be available for physicians to meet those requirements.

Certification and MOC have always been voluntary. As ABIM's new CEO, I commit to Dr. Frager and our colleagues that I will uphold a more than 75-year tradition of setting meaningful standards by continuously evaluating and improving our MOC program. All feedback is valuable as we work to improve the relevance and efficacy of MOC.