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**Edward Volpintesta, MD**, BETHEL, CONNECTICUT

→ **06** tients and are less caring. We are prostituting ourselves by hiring physician extenders to make ends meet. Our electronic health records are slowing us, as are all the requirements we have to meet, such as recertification and continuing medical education requirements.

It's ridiculous. Who is going to take care of us? It's all very sad and defeating.

**M.S. Radu, MD, FAFAP**  
MERRITT ISLAND, FLORIDA

**MOC CONTROVERSY IS HISTORY REPEATING ITSELF**

The controversy surrounding the maintenance of certification (MOC) issue is reminiscent of Abraham Flexner and his Flexner Report of 1910. Flexner, who was an educator rather than a physician, undertook a study of the medical schools of his era, and found among other deficiencies that they placed too little emphasis on the basic sciences.

Flexner believed that the German medical school model, which used full-time professors and was devoted to medical research, was the proper model, and with the help of the Rockefeller Foundation and the Carnegie Institute he was able to overcome those who opposed his views. Eventually his ideas were accepted by medical educators in this country.

Today it seems that history is repeating itself. This time it is the American Board of Medical Specialties (ABMS) that is pushing to impose its own blueprint on medical edu-

cation with its insistence on maintenance of certification (MOC).

Once again powerful forces are planning an over-emphasis on the science of medicine and ignoring the personal, the humane, and the intuitive dimensions that are intertwined with the scientific and are almost impossible to measure with computerized multiple-choice questions. And these tests cannot measure reasoning ability, which is best done in open-ended essay tests.

MOC unjustly assumes that physicians do not keep up to date and ignores the fact that hospital peer review committees look at medical mistakes and that physicians work hard not to repeat them. Besides, many of the errors in hospitals are system errors that are not attributable to single individuals.

But the most serious criticism of MOC comes from the American Association of Physicians and Surgeons. In their lawsuit they claim that the ABMS misrepresents the competency of physicians who are not certified.

And clearly, being a monopoly increases this misrepresentation's potential to damage a physician's peace of mind, reputation, and livelihood.

One would think that the ABMS would have the collective wisdom to devise tests that are relevant, non-punitive, and clearly designed to help physicians increase and sharpen their knowledge.

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**CORRECTION**

In the January 10, 2014 issue of Medical Economics, some info was incorrect in the table "The top codes for 2013—and what they paid" on pg. 15. The code 99233 should have read "Subsequent hospital care examination, level 3."

from the **Trenches** ”

“ My feeling is that the American Board of Internal Medicine is using maintenance of certification as a money-making proposition and have lost touch with all the demands of private practice. They may be doing this in the name of improving quality, but in reality they are going to drive some very experienced older physicians out of practice.

**Benjamin Levinson, MD**, WEST COLUMBIA, SOUTH CAROLINA

**MOC REQUIREMENTS WILL DRIVE OUT EXPERIENCED PROVIDERS**

I have been in private practice for over 27 years. I was board certified in internal medicine after I finished my residency with the promise it was the only time this would be required of me. I have kept up the best I could with the demands of my practice with continuing medical education and constant reading. From the feedback from my thousands of patients I must have done a pretty good job.

Now the demands of my practice require me to keep up with the latest electronic health record technology, meaningful use requirements, medical home requirements, and the upcoming transition to the International Classification of Diseases-10th revision. I am being asked to see more and more patients with the Affordable Care Act as well.

I am in the twilight of my career and although I still love the practice of medicine, I would also like to spend some time with my wife, children, and grandchildren. The thought of having to study for another board exam is almost overwhelming. The time and expense cannot be worth the effort, especially with the other demands on me at this time.

My underlying feeling is the American Board of Internal Medicine is using maintenance of certification (MOC) as a money-

making proposition and have lost touch with all the demands of private practice. They may be doing this in the name of improving quality, but in reality they are going to further drive some very experienced older physicians out of practice leaving healthcare more and more in the hands of younger extenders. I firmly feel the quality of medicine will be far from improved when that happens.

**Benjamin Levinson, MD**  
WEST COLUMBIA, SOUTH CAROLINA

**LINKING MOC TO REIMBURSEMENTS IS POWER GRAB**

I am a young physician who has recently started my career. I am double boarded in pediatrics and pediatric cardiology. The MOC in pediatric/peds cardiology is a joke. The educational requirements are virtually no different from any other CME that can be found elsewhere. The practice improvement requirements are completely out of touch with a private practice physician.

It is painfully clear that the academics that run the MOC show (in pediatrics) are out of touch with physicians practicing outside of an academic environment. Other projects are very invasive, asking for detailed information about the patients and population that I see. I do not feel like I should reveal that data to anyone.

The link to reimbursement is a clear

from the **Trenches** ”



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**Steve Howard, MD**, BELMONT, CALIFORNIA

power grab by an already overpriced, money-hungry organization. The presidents of these organizations are paid far more than most physicians can ever hope to make and want to keep an already gluttonous revenue stream flowing. Does it really cost more than \$2,500 to give a computerized test? More proof that they are reaching for additional power is their attempts to have state boards link licensure to board certification and MOC.

The final problem is that we are not on a level playing field. The older, grandfathered physicians get a free pass, with the newer docs having to do all these expensive, time-consuming, and worthless exercises.

**James A. Bishara, MD**  
LAFAYETTE, LOUISIANA

**PAYMENT OUTLOOK FOR DOCS WORSE THAN CLOUDY**

Assuming the reimbursement numbers you listed in your article, "The payment outlook for 2014" (January 10, 2014) are correct (I suspect these are RVU rates paid to employed physicians) it is not hard to see why the future of the independent primary care physician is at best cloudy.

When I was economically forced to leave my solo practice my overhead was about \$150/hour. If one does the math using your reimbursement figures, in order for a doc to earn \$150,000 a year, he would have to see a 99213 patient in less than 10 minutes. Those

figures are generated with some unlikely assumptions; that the doctor has 40 hours per week of patient-booked hours, that he works 48 weeks per year, and that every appointment is filled.

When I left solo practice I was being paid \$52 for an office visit while the large, multi-specialty group down the street was being paid \$95 for the same visit. The insurance company had no interest in improving my position and organized medicine threw up their hands and said there was nothing they could do.

If our government and the public believe that the best and the brightest will go to school until after their 30th birthday and incur hundreds of thousands of dollars of debt in order to make less than most public safety officers, they will be sadly mistaken. I'm afraid that cloudy is being optimistic.

**Steve Howard, MD**  
BELMONT, CALIFORNIA

**MOC WASTES TIME, MONEY**

I am a board-certified family practice physician. I do not see any reason to continue to study for MOC re-certification. It is a waste of my time and money. I do my CME participation with CME meetings, journal articles, and online programs.

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