



LETTER FROM THE EDITOR-IN-CHIEF

M.O.C.: What a Mess!



"Marauding Our Cash," "Mockery Of Certification," "Malady of Commonsense." I've had a lot of fun coming up with new definitions for the wildly unpopular Maintenance of Certification, or M.O.C. Back in 2003, the American Board of Medical Specialties (ABMS) and their member boards, decided unilaterally that 8 years of education, 3 to 7 years of residency training, MCATs, USMLE Parts I, II and III, specialty board certification exams, annual continuing medical education (CME) requirements, "specialty accredited" CME requirements, and specialty board recertification exams simply weren't enough to ensure that the public can have confidence that their physicians are qualified to care for them. And if that wasn't enough, just add a dose of PQRI, HIPAA, Stark, EMTALA, DEA, E-Rx, EHR, CPT, E&M, and ICD-9 (err...10), to the ever-growing list of required competencies...ahem...crushing burdens the lowly physician must endure. Is it any wonder that physicians feel more stressed today than in the history of the profession?

M.O.C. was apparently intended to improve healthcare quality and ensure the competency of its physicians in an effort to protect the public from all the bad doctors out there. What many physicians see, instead, is just another costly burden that does nothing more than distract from patient care. Most of them agree that while board certification has never been seen as a guarantee of competency, it is a logical attestation. Its initial intent was to be a declaration of completion for specialty training. While most physicians also agree that board certification should be followed with some form of CME, the introduction of one more burden in a sea of regulatory and compliance mandates is just too much to bear.

Worse yet, the requirements for most M.O.C. programs are intended to follow the most traditional career paths and leave non-traditional specialists scrambling for medical records from encounters for conditions they do not routinely see and scratching their heads for any relevancy of the exercise to their careers. As an urgent care practitioner, I have to file for an exemption or take more modules simply because I don't have any continuity patients to present. The process, of course, is expensive, costing more than \$2,000 to \$3,000 over the course of the program, and culminating in another re-certifying exam every 10

years at a cost of another \$2,000 (please add an additional \$2,000 for the board review course most of us will take to ensure that we didn't waste our time and money the last 10 years). All told, it will cost each physician a minimum of \$6,000 to \$7,000 every

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10 years to maintain the privilege of certification.

In writing this column, I felt inclined to analyze the math to get a better appreciation for how much money was being spent. There are more than 100,000 board-certified family physicians in this country and each one of them will go through recertification an average of three times in their careers. So, $100,000 \times \$6,000 \text{ to } \$7,000 \times 3 = \$1.8 \text{ to } \2.1 billion . You heard me, billion with a "b." That number does not even include lost productivity and the less quantifiable cost of stress. The American Board of Family Medicine alone stands to earn at least half of that amount, with the rest spent on travel, review courses, etc. Is it any wonder that the ABMS member boards are defending the importance of M.O.C.?

There remains little, if any, evidence to show that maintenance of certification does anything to promote higher-quality care, and I can assure you that no one has examined the hidden costs. Why do we persistently, almost addictively pursue new regulations, examinations and professional development requirements without evaluating the quantifiable and intangible costs? No other profession comes close to our manic testing and regulatory obsession. Perhaps one day all this will rub off on the bankers. ■

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