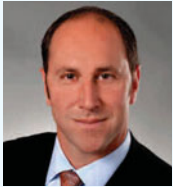




## LETTER FROM THE EDITOR-IN-CHIEF

# MOC...Part Duhhh!



I first wrote about the disaster that is Maintenance of Certification (MOC) in June 2012. As a refresher, MOC was adopted by all 24 American Board of Medical Specialties (ABMS) member boards in 2006. The move was promoted under the guise of a commitment to quality care

and best practices. Despite no clear evidence that MOC works to achieve these goals, the requirements were adopted without debate. That's right, the nation's 800,000 certified physicians had absolutely no say in what has become the most expensive, time-consuming and unvalidated professional certification process in the world.

Unfortunately, the autocratic power wielded by ABMS has gone relatively unchallenged since its inception. Worse yet, the ABMS board chairmen have "millions" of reasons to maintain the status quo, seeing that many of them make Fortune 500 money to do so. Throw in the political power and legitimacy that we have granted them, and you have a recipe for collusion and self-promotion without any independent oversight. All said, you have an eerily mafia-like organization with the ABMS "Don" overseeing the neighborhood mob bosses, lavishing them with money and power and thus ensuring that no one has any incentive or desire for reform.

Since my last column, for the most part and not surprisingly, ABMS has dug in their heels and negotiated even greater power through government mandates and CMS payment penalties. That's right, MOC is a requirement for the Physician Quality Reporting System (PQRS), and beginning in 2015, CMS begins enforcing penalties for not participating, a move many worry will trickle down into commercial contracts. Several previous moves by ABMS have been adopted as the standard by which insurance companies credential physicians for contracting purposes, including many that *require* ABMS board certification.

Who's representing the physicians in all this? The AMA? The AAFP? Hardly! The very physician societies created to represent the collective interest of its independent physicians stand to gain the most from MOC. Tasked with implementation and oversight, member boards have unearthed a river of gold, perpetually delivering millions of dollars a year in new revenue...money used to fatten the ever-burgeoning wallets of the ever-bloating executive rolls. To keep the doubters in physician societies like AAFP quiet, the "supposed to be independent" certifying board gives their academy counterparts a big piece of the action, accrediting all the modules with CME through the artificially inflated fees for their "prescribed" credit. These education monopolies provide the lifeblood for every one of these groups. Don't believe

me? Just check their tax returns. They can be viewed at [www.guidestar.com](http://www.guidestar.com). This CME monopoly is being fed by the very MOC requirements established by the "independent" ABMS board. Sounds like "hush" money to me. And consider this: The AAFP and ABFM, the two "nonprofit" mega-organizations tasked with overseeing the interests of my designated specialty, have combined net assets of over \$100 million and combined annual revenues of over \$110 million. Despite representing a suffering specialty just trying to survive in a sea of regulation and inferior compensation, the executives and board members all fly first class with their spouses, have generous retirement plans, and earn Fortune 500 pay. All on the backs of their members.

Why do I pay nearly \$1,000 per year as a member of an organization that *requires* me to obtain their expensive CME and maintain certification through their equally expensive MOC process? With all the challenges and regulations family physicians face, why are we devising new self-imposed rules that make it even harder? Well, you can't generate new income without new rules that force participation in unchecked, unproven, and unwanted legitimacy pathways. That's a great way to secure a fruitful financial future for the executives that control the coffers. Unfortunately, the future is not as bright for their members.

The overwhelming majority of practicing physicians oppose MOC in its current form—as many as 91% in one poll. Yet individual physicians carry little weight and are "represented" by a system of organized medicine that looks more like "organized crime" to me. It is highly unlikely that an already overwhelmed practicing physician is prepared to fight a battle against well-connected and well-resourced executives who spend all their time lobbying and positioning themselves as "untouchables." Unfortunately, we have created what appears to be an organizational structure whose executives and leaders are "made" men and women. Lawsuits are being considered, but as you can imagine, the odds are long and, with lopsided resources, may simply be an exercise in futility. For more information, go to [www.changeboardrecert.com](http://www.changeboardrecert.com). ■

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