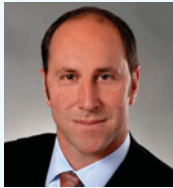




Maintenance of Certification: A Punch in the Gut



In an era of plummeting leverage and influence over health care and the well-being of our practices and patients, physicians desperately need representation. Our collective voice has been muzzled and utterly dismissed when it comes to health-care delivery and economics. We have essentially been relegated to serving as the voice of public health and clinical best practice, nothing more. How did we get here, and what are our representatives in our professional organizations doing to overcome this situation?

In previous columns I have discussed the nearly unbearable regulatory and compliance environment we are forced to practice within. Most of these conditions have been imposed on us by outside forces with self-serving agendas. Surely our own physician societies are fighting hard to regain control over our profession and to push back against the undue burden and suffocating weight of rules and requirements? Well, unfortunately not. In an almost unfathomable move, boards that are members of the American Board of Medical Specialties (ABMS) have added to our hardship by bloating the certification process with requirements for maintenance of certification (MOC) and recertification that for most physicians are simply too much keep up with. And yet, despite the dearth of evidence that these added requirements improve outcomes, protect the public, or make better physicians, we remain subject to the added load.

I have bemoaned MOC before, but a new physician survey from *Medical Economics* has me freshly infuriated: <http://medicaleconomics.modernmedicine.com/medicaleconomics/news/poll-primary-care-physicians-say-moc-does-not-make-them-better>. Of the 2000-plus physicians surveyed, 96% expressed dissatisfaction with MOC, and 95% proclaimed that it does not make them a better physician. A full 75% feel that there should be an alternative way of achieving board certification that does not require testing at all. Despite the nearly unanimous dissent of physicians, our own member societies have ruled otherwise. There are only two possible explanations for why our elected leaders would so blatantly betray us: money or ego. Or is it both?

In clinical research on physicians, *ego bias* is defined as systematic overestimation of the prognosis of one's own patients

compared with the expected outcome of a population of similar patients. It seems like ABMS board members have overestimated their own wisdom and ability to establish the qualifications necessary to certify the most capable physicians. If that is not the case, then perhaps this is all about money. Consider this: The American Board of Internal Medicine spent \$53 million on MOC in 2013. About half of that went to "exam development, administration, and exam delivery." That's \$25 million worth of self-serving influence. Then there's the American Academy of Family Physicians, with its \$100 million annual budget and a bushel of executives paid annual salaries well over \$300,000, flying first class (with their families) hither and thither across the country to attend board meetings.

Where did we go wrong? Well, when you elect an unpaid board of directors to a "nonprofit" organization, and have them serve 1- to 2-year terms, the only consistent voice is really from the executives with money and power and the will to use those tools in their self-interest. Have a different idea for how things should go? It's like the "rogue" Democrat or Republican looking to "reform" an entrenched party with special-interest hands in their pockets. You know how that turns out.

The only way forward is for physicians to collectively expose their specialty societies for their failure to represent. The good news is that this is actually happening in small fits and bursts. The National Board of Physicians and Surgeons is a splinter group aiming to make board certification more rational. The American Board of Physician Specialties has a similar goal. Both are gaining acceptance with disgruntled physicians and, perhaps more importantly, with payers and hospitals. Perhaps the urgent care community and its own elected representatives should demonstrably rally around one or both so that we too can have a home that allows us to practice our chosen discipline without the absurdity of MOC within a specialty we no longer practice. Imagine that! ■

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