

The Future of Maintenance of Certification (MOC)

By Dr. Jayesh Shah, 2016 BCMS President



When it was time to prepare for my board recertification exam again, these thoughts came into my mind — Was the vigorous training in medical school, internship, residency and fellowship not enough? Continuing education hours are needed for medical license renewal. Isn't it sufficient if physicians kept abreast of the changes and updates in their respective specialties by visiting update.com, or by attending specialty related conferences, grand rounds, and annual meetings? Which physician would not want to practice medicine at its best and provide the best treatments for patients? Is the threat of a malpractice lawsuit not enough to keep them current in what they practice? If I already hold a medical license to practice in a state, is additional board certification, board recertification or maintenance of certification necessary?

I was glad I passed my board recertification exam after many painful hours of hard core studying and what seemed unnecessary mental and financial stress. Many physicians have complained about maintenance of certification (MOC) being time consuming, expensive and irrelevant to their specialty of practice. Some physicians like me who are specialists, have not one but two board recertifications. Every physician finds their own way of continued learning in a better way than what the MOC has to offer. The time has come to revamp the maintenance of certification for all medical specialties.

The Journal of the American Medical Association was the first to study the role of MOC in quality of care and costs. The study showed that patients' medical outcomes were no better with the MOC and overall costs were only marginally lower in the recertifying group (2.5 percent). Physicians are now challenged with added responsibilities of submitting quality metrics to CMS to accelerate the shift to value-based payment.

A new report from the AMA Council on Medical Education examines the current state of MOC and osteopathic continuous certification (OCC), noting physician concerns around such elements as cost effectiveness and relevance to practice as well as the professional imperative to ensure that the patients are receiving high-quality care.

In the annual meeting of the AMA in June 2016, delegates adopted policy to further efforts to improve the MOC process, including:

- Examining the activities that medical specialty organizations have underway to review alternative pathways for board recertification.
- Determining whether there is a need to establish criteria and construct a tool to evaluate whether alternative methods for board recertification are equivalent to established pathways.
- Asking the American Board of Medical Specialties to encourage its member boards to review their MOC policies regarding the requirements for maintaining underlying primary or initial specialty board certification in addition to subspecialty board certification allowing physicians the option to focus on the MOC activities most relevant to their practices.

In summary, many agree that initial certification of a specialty is necessary, but is the maintenance of certification to keep our physicians up to date in the ever changing field of medicine necessary in its present format? We need MOC pathways that will allow physicians to efficiently utilize their time so physicians can spend more time with patients than in activities that have not been proven to improve outcome or quality.

Some believe that the recertification process should be more frequent — maybe annual or biennial, specialty specific, and open book. Some believe that the CME requirement every year should be considered as documentation of ongoing learning. Is board certification, board recertification, or maintenance of certification required? For those who decide to not get recertified, will there be unknown consequences such as affecting their insurance network participation or their hospital privileges? What do you think? The Texas Medical Association opposes the use of board certification as a requirement for reimbursement or licensure.

More importantly, I feel that more regulations are being laid upon physicians and our profession is increasingly being controlled by people not directly involved in patient care, i.e. non-physicians who have no idea of the realities of day-to-day clinical practice. It is about time that we, as practicing physicians, take back the leadership of medicine. With the help of our respective professional organizations, we, the physicians, can and should address our concerns collectively.