



## MEDICAL SOCIETY OF THE STATE OF NEW YORK

865 Merrick Avenue, Westbury, New York 11590-9007

website: <http://www.mssny.org>

Telephone: (516) 488-6100 ~ Fax: (516) 488-2188

January 15, 2019

Christopher Colenda, MD, MPH

William Scanlon, PhD

Co-Chairs

American Board of Medical Specialties Vision Initiative

Dear Dr. Colenda and Dr. Scanlon:

On behalf of the over 20,000 members of the Medical Society of the State of New York, we commend you for your efforts to respond to the immense amount of concerns expressed by physicians with regard to what many perceive as excessive burdens associated with Maintenance of Certification (MOC) requirements for continuing board certification.

We are concerned that the cost of updating board certification status is increasingly becoming prohibitively expensive for many physicians at a time when they are already being squeezed between rapidly increasing office overhead costs and cuts in insurer payment. In this regard, we appreciate that the report set forth many of the concerns with MOC that physicians have articulated. Moreover, with demands on physician time greater than ever before, many existing MOC programs create barriers to access by taking physicians away from their patient care activities. For older physicians, these excessive and unnecessary hardships to maintaining board certification may be the last straw to their continuing to deliver patient care, potentially disrupting many existing patient-physician relationships. Unfortunately, some health insurers and hospitals continue to require physicians to maintain their board certification status to maintain insurer participation or privileges. Physicians are faced with a Hobson's choice!

For example, we appreciate the following aspects of the Vision Report:

- The ABMS's effort to gather feedback and respond to concerns regarding how MOC programs are being implemented by specialty boards.
- The recommendation to replace high-stakes examinations with ongoing formative and summative assessments.

- The recommendation that MOC should not be a mandated requirement for physician licensure, credentialing, reimbursement, network participation, and/or employment or advertising.
- The recommendation that ABMS Boards should seek to integrate readily available information from a diplomate's actual clinical practice into any assessment of practice improvement.
- The recommendation that representation on specialty board governing bodies ensure adequate representation of physicians in active clinical practice.

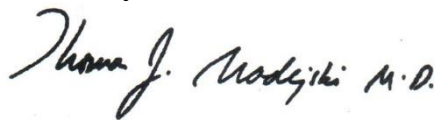
However, we are concerned that the report does not contain many concrete recommendations for change. Therefore, as is set forth in one online petition to ABMS, until generally acceptable and/or truly evidence-based practices are developed, we urge that the Commission recommend an immediate moratorium on some of the most questionable components of MOC. This includes:

- **An immediate end to requiring secure, high stakes examination components of MOC.** As described in the Commission report, exam questions are difficult to tailor to the individualized content of established physician practices, and do not reflect real world physician access to colleagues or online sources of information. Additionally, robust evidence does not exist that correlates physician grades on secure MOC exams with patient outcomes. We note, for example, that the American Board of Anesthesiology has dropped its every 10 year recertification test in favor of regular online test and learning modules.
- **An immediate end to requiring Quality Initiative (QI)/Practice Improvement (PI) components of MOC.** As described in the Commission report, many current QI/PI requirements are overly burdensome, and often duplicate other physician mandates. Additionally, robust evidence does not exist that correlates current QI/PI requirements of MOC, with improved patient outcomes.
- **Retention of the CME and Professionalism components of MOC only.**
- **A reduction in fees charged for MOC irrespective of the number of certifications maintained.**
- Physicians routinely use computers, smartphones, and libraries in the course of rendering patient care. Thus, MOC testing based on recall does not reflect the reality of modern medical practice. Moreover, some content is itself already out of date.
- The Commission heard testimony that Boards' finances lack transparency, that Boards have used MOC revenues to fund foundations, to provide leadership extraordinary compensation, and to fund lavish meetings and other somewhat extravagant expenditures. **There should be an immediate “winding down” of the various Foundations associated with the individual specialty boards.**

We salute the Commission for its thoughtful and extensive review of the many issues surrounding Maintenance of Certification (MOC.) While the Draft Report extensively documents the failings of MOC, the report itself fails to prescribe appropriate remedies. We look forward to maintaining an ongoing dialogue as you work through the many responses we anticipate you will receive.

We thank you for the ability to submit suggestions of our members on the existing MOC structure. We hope that you take these recommendations for improvement to heart and implement the needed changes so that the profession can focus on its most important task— providing quality patient care.

Sincerely,

A handwritten signature in black ink that reads "Thomas J. Madejski M.D." The signature is written in a cursive style.

Thomas Madejski, MD

President

Medical Society of the State of New York

Submitted to: <https://visioninitiative.org/commission/draft-report>