

## **ABIM Overhauling MOC**

Yesterday, the American Board of Internal Medicine (ABIM) announced proposed changes to their controversial Maintenance of Certification (MOC) (1). One of the biggest changes is an alternative path to recertification. For most physicians, that would mean they would not have to take the long-form test every 10 years, but instead would have a series of more frequent, but less onerous, assessments. To determine the MOC content ABIM will be using physician crowd-sourcing to determine what knowledge is essential for various physicians and what is most relevant to their practices. ABIM is also changing the format for scores so that physicians get more detailed feedback.

ABIM's MOC program has been controversial (2). MOC has been viewed by most physicians as being irrelevant to their daily practice and a burden (3). This led to the formation of National Board of Physicians and Surgeons which is challenging ABIM's monopoly on physician internal medicine certification (4).

ABIM claims that MOC is still the best way of assuring physician knowledge and skills in a particular field (1). Two studies were cited. One asserts that the cost of care for Medicare beneficiaries is 2.5% lower among physicians who were obliged to complete MOC than among those who were not (5). The second states death and emergency coronary artery bypass grafting is lower when patients undergoing percutaneous coronary interventions are treated by board-certified interventional cardiologists (6).

However, Paul Teirstein, MD, chief of cardiology and the director of interventional cardiology at Scripps Clinic in La Jolla, California takes issue with ABIM's assertion. "There's no evidence that MOC, recertification or take-home computer modules improve patient outcomes," he told Medscape Medical News (7). "This is a money-making operation for [ABIM]. It's a tollbooth, and there's no evidence that it helps anybody, and it takes a ton of time." Teirstein also takes issue with the 2.5% reduction in costs which he points out was a reduction in the growth differences in cost, which is much smaller than the 2.5% lower cost the ABIM claims. That same study also shows an increase in emergency room use for patients treated by MOC-required physicians, he added. The second study concluded no "... consistent association between ICARD certification and the outcomes of PCI procedures." (6).

### ***References***

1. Baron RJ, Braddock CH III. Perspective: knowing what we don't know — improving maintenance of certification. *New Engl J Med*. November 30, 2016 Nov 30 [Epub ahead of print] [\[CrossRef\]](#)

2. Lowes R. ABIM suspends controversial MOC requirements through 2018. Medscape Medical News December 16, 2015. Available at: <http://www.medscape.com/viewarticle/856076> (accessed 12/1/16).
3. Cook DA, Blachman MJ, West CP, Wittich CM. Physician Attitudes About Maintenance of Certification: A Cross-Specialty National Survey. Mayo Clin Proc. 2016 Oct;91(10):1336-45. [\[CrossRef\]](#) [\[PubMed\]](#)
4. <https://nbpas.org/> (accessed 12/1/16).
5. Gray BM, Vandergrift JL, Johnston MM, et al. Association between imposition of a Maintenance of Certification requirement and ambulatory care-sensitive hospitalizations and health care costs. JAMA. 2014 Dec 10;312(22):2348-57. [\[CrossRef\]](#) [\[PubMed\]](#)
6. Fiorilli PN, Minges KE, Herrin J, et al. Association of physician certification in interventional cardiology with in-hospital outcomes of percutaneous coronary intervention. Circulation. 2015 Nov 10;132(19):1816-24. [\[CrossRef\]](#) [\[PubMed\]](#)
7. ABIM leaders say they are revamping MOC requirements. Medscape Medical News. December 1, 2016. Available at: [http://www.medscape.com/viewarticle/872593?nlid=110968\\_2863&src=wnl\\_dne\\_161201\\_mscpedit&uac=9273DT&impID=1244926&faf=1](http://www.medscape.com/viewarticle/872593?nlid=110968_2863&src=wnl_dne_161201_mscpedit&uac=9273DT&impID=1244926&faf=1) (accessed 12/1/16).