

Annotated References:

MEDSCAPE BY NEIL CHESANOW: THE WAR OVER MOC HEATS UP

http://www.medscape.com/viewarticle/881274_6

An excellent overview of the current state of ant-MOC legislation. It summarizes legislation that has recently passed and legislation that is pending.

FORBES: STOP WASTING DOCTORS' TIME AND RESOURCES BY OVERTESTING THEM

<https://www.forbes.com/sites/brucelee/2017/03/19/stop-wasting-doctors-time-and-resources-by-overtesting-them/>

A solid discussion of the anti-MOC movement in the mainstream lay press. This is a good primer for non-physicians who are not aware of the movement

NEWSWEEK ARTICLE: A CERTIFIED MEDICAL CONTROVERSY

<http://www.newsweek.com/certified-medical-controversy-320495>

One part of a 3 part series on the anti-MOC movement in Newsweek. An excellent primer for the non-physician.

NEWSWEEK: MEDICAL MYSTERY: MAKING SENSE OF ABIMS FINANCIAL REPORT

<http://www.newsweek.com/medical-mystery-making-sense-abims-financial-report-334772>

One part of a 3 part series on the anti-MOC movement in Newsweek. An excellent primer for the non-physician

NEWSWEEK ARTICLE: THE UGLY CIVIL WAR IN AMERICAN MEDICINE

<http://www.newsweek.com/2015/03/27/ugly-civil-war-american-medicine-312662.html>

One part of a 3 part series on the anti-MOC movement in Newsweek. An excellent primer for the non-physician

BOARDED TO DEATH — WHY MAINTENANCE OF CERTIFICATION IS BAD FOR DOCTORS AND PATIENTS

<http://www.nejm.org/doi/full/10.1056/NEJMp1407422>

A NEJM “Perspective” outlining the rationale (with supporting data) for the anti-MOC movement.

ASSOCIATION BETWEEN PHYSICIAN TIME-UNLIMITED VS TIME-LIMITED INTERNAL MEDICINE BOARD CERTIFICATION AND AMBULATORY PATIENT CARE QUALITY

<http://jama.jamanetwork.com/article.aspx?articleid=2020370>

JAMA: Comparison of clinical outcomes when patients are cared for by grandfathered Vs. non-grandfathered ABMS certified physicians in 4 VA hospitals. The study found no difference in patient outcomes.

ASSOCIATION BETWEEN IMPOSITION OF A MAINTENANCE OF CERTIFICATION REQUIREMENT AND AMBULATORY CARE-SENSITIVE HOSPITALIZATIONS AND HEALTH CARE COSTS

<http://jama.jamanetwork.com/article.aspx?articleid=2020369>

JAMA: Very complex analysis comparing outcomes and costs when patients are cared for by MOC required Vs MOC-grandfathered physicians. The study found Imposition of the MOC requirement was not associated with a difference in any clinical outcomes, but was associated with a small reduction in the growth differences of costs for Medicare beneficiaries (\$167 per patient annually). Note, this paper found no differences in clinical outcomes, but is often described as supportive of MOC by ABMS MOC advocates who point to the small cost reduction per patient as being significant when multiplied by the large number of patients treated in the U.S. annually. There are several problems with this conclusion. 1) The paper is written by highly paid (\$300,000 –\$400,000/yr) employees of the ABIM. 2) No differences were observed until a highly adjusted statistical analysis was performed (a propensity matching followed by a regression analysis). 3) In Table 2 note Emergency department visits are somewhat lower in patients cared for by MOC-Grandfathered physicians ($p=0.07$) which is supportive of anti-MOC, but this is not mentioned in the text. It appears the authors, who are enormously conflicted, conducted a fishing expedition to find any benefit they could correlate with MOC. Despite the severe conflicts of interest, the author's own conclusions are that there is no difference in clinical outcomes and only a small reduction in the growth of costs.

MAYO CLINIC: PHYSICIAN ATTITUDES ABOUT MAINTENANCE OF CERTIFICATION – A CROSS-SPECIALTY NATIONAL SURVEY

[http://www.mayoclinicproceedings.org/article/S0025-6196\(16\)30371-8/pdf](http://www.mayoclinicproceedings.org/article/S0025-6196(16)30371-8/pdf)

Mayo Clinic Proceedings: A survey of physician's attitudes on MOC in 2016. Only 15% agree with the statement "MOC is worth the time and effort." In the online addendum you will find data indicating if physicians who only "slightly agree" with the above statement are removed, this number drops to 4%. **CLINTON, THIS NEEDS TO BE A LINK TO A PDF....THIS LINK ONLY TAKES YOU TO A TEASE**

ASSOCIATION OF PHYSICIAN CERTIFICATION IN INTERVENTIONAL CARDIOLOGY WITH IN-HOSPITAL OUTCOMES OF PERCUTANEOUS CORONARY INTERVENTION

<http://circ.ahajournals.org/content/132/19/1816.abstract>

Circulation: A comparison of patient outcomes following interventional cardiology procedures stratified according to certification status of performing physician. Outcomes in patients receiving PCI from board certified physicians (ie participated in a training program and passed the boards) Vs non-certified physicians (ie practice pathway) were compared as well as a group of physicians who were once certified but let their certification lapse. Outcomes were better in the certified physician group (ie physicians who did a fellowship and passed the exam) but no different in the group who let their certification lapse after ten years.

ANNALS OF INTERNAL MEDICINE: A COST ANALYSIS OF THE AMERICAN BOARD OF INTERNAL MEDICINE'S MAINTENANCE-OF-CERTIFICATION PROGRAM

<http://annals.org/article.aspx?articleId=2398911&guestAccessKey=ea9e0d2c-7c7a-4642-943c-f90bfdbd9f27>

Annals of Internal Medicine: Cost model of MOC. Internists incur an average of \$23,607 in MOC costs over 10 years, ranging from \$16,725 for general internists to \$40,495 for hematologists-oncologists. Time costs account for 90% of MOC costs. Cumulatively, 2015 MOC will cost \$5.7 billion over 10 years, \$1.2 billion more than 2013 MOC. This includes \$5.1 billion in time costs (resulting from 32.7 million physician-hours spent on MOC) and \$561 million in testing costs. Note that if a physician works for 40 years, the average cost to that physician would be 4 x \$23,607 or \$94,428.

BRITISH MEDICAL JOURNAL 3-19-2015 EDITORIAL "HAS ABIM LOST ITS WAY"

<http://blogs.bmj.com/bmj/2015/03/19/elizabeth-loder-has-the-american-board-of-internal-medicine-lost-its-way/>

British Medical Journal: Excellent review of the anti-MOC movement by the acting head of research at the British Medical Journal.