

Participation in MOCA: NO!

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DISCLOSURE

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Objectives

After participation in this session, in regards to MOCA® you will:

1. Recognize the key elements in the controversy surrounding participation
2. Appraise the merits of the debate
3. Conclude whether participation adds value

The Purpose of MOC is Confusing

- Is MOC to reassure the public that physicians meet a “minimal standard” similar to the primary certification?
- Or is the goal to improve all physicians?

The Purpose of MOC is Confusing

- The goal of MOC is to “assure the public that board certified physicians or diplomates demonstrate a commitment to quality clinical outcomes and patient safety.”

<http://www.theaba.org/MOCA/About-MOCA>

Incompetency is Not Identified or Remediated by MOC

- The existence of an examination (Part 3) seems to suggest a “competency” bar
- This confuses Diplomates
- As of Jan 2016, the exam is eliminated

It is a Waste of Time and Money

- Time = money
- Current fee: \$2100 per 10-year cycle
- Becomes a \$210 annual participation fee under MOCA 2.0

<http://www.theaba.org/MOCA/About-MOCA>

It is a Waste of Time and Money

- This does not include:
 - The cost of simulation
 - The cost of other Part 4 activities
 - The cost of travel
 - Time off work
- What is reasonable?

ABMS Boards Have a Conflict of Interest

- This has been most glaring for the ABIM

TECH & SCIENCE Medical Mystery: Making Sense of ABIM's Financial Report

BY KURT EICHENWALD / MAY 21, 2015 6:50 PM EDT



After months of delay, the American Board of Internal Medicine (ABIM) finally filed its latest financial reports with the IRS. Which means it's time to return to a fantasyland where up is down, black is white and money is hidden.

Newsweek May 21, 2015

TECH & SCIENCE

Medical Mystery: Making Sense of ABIM's Financial Report

BY KURT EICHENWALD / MAY 21, 2015 6:50 PM EDT

Beginning in the early 1990s, the ABIM ordered certified doctors to be recertified, again and again. Without the ABIM seal of approval, lots of internists and subspecialists can't get jobs and can't admit patients to hospitals. So by taking advantage of that monopolistic power, the ABIM has forced hundreds of thousands of physicians to follow recertification processes that doctors complain cost them tons of money (paid to the ABIM), require tons of time (taken from families and medical practices) and accomplish nothing.

Newsweek May 21, 2015

Part 4 is Unethical

- Practice improvement modules constitute an experiment – that of changing practice to demonstrate a positive result
- Without IRB oversight PPAI (now termed Improvement in Medical Practice) violates the Nuremberg Code of 1947 and the Declaration of Helsinki

Kempen PM. Anes Analg 2014; 118: 1378

My Institutional Practice Improvements Don't Count

- "I'm on institutional and departmental QA committees, and develop practice guidelines and clinical pathways, so why don't these activities count?"

It Must Not be Important – Not Everyone Has to Participate

- MOC is not required for Diplomates with non-time-limited certificates issued before 2000

It is Not Evidence-Based

- Where's the proof that MOC is meaningful?

The Public is Unaware of Any Significance

- 2003 Gallup poll funded by ABIM
 - Less than 1/3 of respondents knew if their doctor was certified
- A substantial minority of physicians are not certified (~25%)
 - No public outcry
 - Valuable patient care provided

Kempen PM. Anes Analg 2014; 118: 1378

The Content is Not Relevant to Me

- This may be the most compelling argument
- Why do I need to study OB or pediatric anesthesia if I no longer provide services for these patients?
- Why do I need to attend a simulation session that includes these patients if I have no opportunities to perform practice improvements in this area?

Conclusion

- New elements in 2.0 give Diplomates:
 - Options regarding what activities they select
 - Formative feedback that is specific to their needs
- MOC is evolving as is the evidence
- The value decision is yours