Maintenance of Certification (MOC)

From MSMS:

House Bills 4134 and 4135 protect Michigan patients' right to health care and physicians' right to deliver it.

Michigan physician's number one focus is our patients
Michigan patients have a right to high quality health care, and Michigan physicians have a right and a responsibility to deliver that care to our patients.

Unfortunately, Maintenance of Certification (MOC) red tape and insurance company policies too often stand in between physicians and their patients. ***That's not just a hassle—that's dangerous.***

State lawmakers introduced **House Bills 4134 and 4135**, bills to rein in maintenance of certification red tape, to ensure Michigan patients have a right to the highest quality health care, and that physicians have the right to deliver it.

What Can You Do?

- **TAKE ACTION** on MSMS' website and contact your lawmakers directly. Simply enter your address to find your legislator. You will be directed to a prewritten letter you can edit or send as is once you enter your name and contact information. Learn more at http://right2care.org.
- **Complete the MOC survey** at https://www.surveymonkey.com/r/KH8S9N9
- **Contact State Rep Hank Vaupel (District 47-R),** Chair of the Michigan House of Representatives Health Policy Committee, and demand he bring the bills up for a vote this fall at (517)-373-8835 or HankVaupel@house.mi.gov.
- **Send any additional feedback** to MSMS Director of State and Federal Government Relations, Christin Nohner, at cnohner@msms.org or 517-336-5737.

Objective: Facilitate conversation amongst attendees on MOC issues to help lawmakers better understand MOC and how House Bills 4134 and 4135 can help address some of the concerns held by the physician community.

Format: The discussion will highlight the following **Key Areas**.

Key Areas:

- **MOC does not improve patient care**
  - Currently, no evidence to prove it improves patient care.
  - Studies conducted to assess potential variation between the clinical competency of physicians required to participate in MOC and those who are not required to participate in MOC show little or no change in outcomes.[1]
  - Many of the courses required are not applicable in a physician's practice, and physicians have little discretion over what courses are most appropriate to take given their patient population.
  - The content is often outdated.
  - Objective study is needed to determine value and efficacy of MOC.
  - MSMS would support the adoption of an evidence-based process that serves to improve patient care.

- **MOC is inconsistently applied**
  - The rules for MOC vary wildly. Different specialties require wide ranging requirements that have little correlation to physician or patient needs.
  - Many specialties permit a time-unlimited certificate which grandfathers many physicians from these requirements.
  - If MOC were crucial, or even advisable, exempting such broad categories of physicians would be indefensible.

- **MOC may be a contributing factor to physician shortages**
  - It's a contributing factor for early retirement which may cause access issues in areas that are already facing shortages.
  - Retired physicians who may want to work part-time and support the community would still be faced with MOC to continue to practice, a deterrent for many.

- **MOC is inconsistently conducted**
  - Different specialties require different levels of participation to maintain certification. Some may require closed-book tests that focus on subjects outside of the practice area of a physician, others may embark on rigorous data collection activities from physicians with little alternative but to participate.

- **MOC is expensive**
  - Internal medicine physicians can expect to spend $23,607 over a 10-year span.
  - Physicians that specialize in treating cancer can expect to spend $40,495.[2]

- **MOC takes time away from patients**
  - Online modules need to be passed to amass enough points to be considered eligible to sit for the test in addition to quality improvement projects that must be

[1] JAMA Study 1 and 2 available at http://right2care.org/latestnews

[2] Annals of Internal Medicine Study: http://right2care.org/latestnews

done every five years for eligibility. Independent study is also a necessity for most physicians to pass.
- Amounts to a significant amount of time that physicians spend away from patients and their families with questionable benefits.
- It's the rigors of MOC on top of everything else a physician has to do, including see patients.

❖ **MOC is the byproduct of a coercive monopoly**
- MOC curriculum is largely dictated by for-profit national bodies with no oversight or accountability.
- The increasing requirements of MOC track a growing effort to impose board certification requirements within insurance companies, accrediting bodies and governmental entities. While many, if not most, physicians see little value in participating in the costly process of MOC - the threat of losing their credential compels them to participate in this costly endeavor that primarily benefits the specialty board.
    - Specialty boards claim that physicians are already electing to participate in MOC in overwhelming numbers. If that is the case, these same specialty boards should not fear the legislation proposed in Michigan as physicians who see value in MOC will continue to participate.
    - The ABIM has been the subject of reporting by the same reporter that investigated ENRON, and the results have been pretty illuminating in terms of lavish expenditures, as well as, questionable accounting practices that appear to expose the self-interest of the specialty boards. [3]

❖ **Physicians are already required to do CME**
- Michigan law requires the completion of 150 hours.
- Michigan has some of the strictest CME requirements nationally.
- MSMS supports the CME requirements necessary for licensure.

Legislation Background:

MSMS supports House Bill 4134 and House Bill 4135, introduced by Representative Edward Canfield, DO *(R-Sebewaing)*, which would - as a preemptive measure - prohibit the state from requiring Maintenance of Certification (MOC) as a condition for licensure, as well as, prohibit payers from requiring MOC as a condition of receiving reimbursement.

The bills saw a hearing on March 24, 2017, in the Michigan House of Representatives Health Policy Committee but have since stalled due, in part, to opposition from physician specialty groups and more obviously, payers like Blue Cross Blue Shield.

[3] Newsweek: http://right2care.org/latestnews.

MSMS has worked with the respective specialty groups to assuage concerns and, as a result, no specialty groups are opposed at this time. In light of this development, MSMS has asked the chair of the Michigan House of Representatives Health Policy committee to bring the bills up for a vote in the fall. In the meantime, MSMS is working to align the votes in the committee necessary to move the legislation forward in the fall.

With the impending retirement of the bills' sponsor and limited session days left in 2018, time is of the essence.

Meeting Follow Up:

- **TAKE ACTION** on MSMS' website and contact your lawmakers directly. Simply enter your address to find your legislator. You will be directed to a prewritten letter you can edit or send as is once you enter your name and contact information. Learn more at http://right2care.org.
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