ENDOCRINE SOCIETY

Hormone Science to Health

June 5, 2014

Richard J. Baron, MD MACP
President and Chief Executive Officer
American Board of Internal Medicine
510 Walnut Street
Philadelphia, PA 19106

Dear Dr. Baron,

As discussed in our conversations last fall, the Endocrine Society appreciates the opportunity to engage in continued discussions with the American Board of Internal Medicine (ABIM) regarding the Maintenance of Certification (MOC) program. Society leadership and staff regularly contribute ideas and feedback through the Liaison Committee on Certification and Recertification (LCCR) and other venues. Since the 1990s, the Society has been a strong supporter of endocrinology as a medical discipline by producing educational activities to assist achievement and maintenance of certification. The Society would like to acknowledge the work of the American Board of Medical Specialties (ABMS) to improve the MOC system (i.e., MOC 2015), as well as the ABIM's recent efforts to improve the secure exam (i.e., Assessment 2020) and to provide financial transparency.

In continuing discussions with our members regarding the recent changes to the ABIM's MOC requirements, there is clear support for the principle and intent of the MOC system. Continuous learning and improvement are viewed as a professional priority and responsibility of endocrinologists and the value of board certification is recognized. However, as many internal medicine subspecialties have also voiced, the Endocrine Society has significant concerns with the unintended consequences of the changes to the MOC program, examples of which are outlined below.

To ensure that all unintended consequences of these changes are thoroughly and transparently considered, the Society requests that a formal analysis be conducted of all possible unintended consequences of the new MOC requirements, with input from all professional societies and other stakeholders.

Reduced access to care: The integrity of the subspecialty workforce is already of great concern to the healthcare system. For full-time clinicians, the more stringent demands of MOC will likely diminish the time available for patients, and negatively impact the quality of care. Conversely, clinicians engaging in other professional roles, like research, may be pushed out of clinical practice entirely. The requirement for grandparents to engage in MOC, including sitting for a secure exam, may result in many opting to leave the workforce earlier than originally projected.

The potential loss of endocrine workforce as a result of the changes to MOC requirements is occurring at a time of increasing patient need. Endocrine disorders represent some of the most

2055 L Street NW
Suite 600
Washington, DC
20036

T. 202.971.3636
F. 202.736.9705

endocrine.org

common medical conditions in the US, including diabetes (26 million), osteoporosis (10 million), and thyroid nodules/cancer (12 million), collectively representing 44 million people[1].

In an environment where there is already a shortage of endocrinologists[2] and where the average wait time to see an endocrinologist is 3 – 6 months, any further decline in the number of trained subspecialists will continue to widen the gap between endocrinologist supply and patient need.

The Society recommends that the ABIM, in collaboration with subspecialty stakeholders, systematically explore and publish information on the impact of MOC on the workforce and access to subspecialty care. During this important process, the Society asks that the ABIM suspend its new MOC requirements (i.e., 5-year MOC cycle, some MOC activity every 2 years, completion of patient safety module and patient survey, and public reporting of "Meeting MOC Requirements").

Unproven benefit to physicians or patients: There are numerous federal and private programs within the healthcare system whose purposes are to monitor and propel improvement. The general perception in the endocrine community is that Practice Assessment activities are neither clinically relevant nor effective tools for promoting quality improvement. It remains unclear whether MOC adds value to the system, considering the cost and complexity of the program. While the ABIM and the ABMS have published research that demonstrates that those who *choose* to participate in MOC have better performance metrics, independent study is needed to determine whether mandatory participation in MOC activities improves the quality of care.

The Society recommends the ABIM initiate further independent research on the impact of MOC on physician practice and the quality of patient care.

Involuntary Participation: The Endocrine Society embraces the principles of adult learning. These principles recognize the importance of self-directed learning. Professionals resist learning when they feel others are imposing information, ideas or actions on them. Though mandates can generate short-term engagement, these mandates do not result in the kind of active engagement that promotes long term retention, and interferes with the translation of knowledge into action.

The Society recommends that the ABIM restrict the public, hospital systems, credentialing authorities, and state medical boards from accessing MOC status reports regarding "Meeting MOC requirements" until 2019.

---

1 **Toledo FG, Stewart AF** 2011 The academic and clinical endocrinology physician workforce in the U.S. In: J Clin Endocrinol Metab. United States; 942-944

2 **Rizza RA, Vigersky RA, Rodbard HW, Ladenson PW, Young WF, Jr., Surks MI, Kahn R, Hogan PF** 2003 A model to determine workforce needs for endocrinologists in the United States until 2020. Endocr Pract 9:210-219

Increased financial burden: The financial impact of MOC on the physician includes both direct fee payments to the ABIM as well as costs due to reduced time with patients, both of which have been doubled with the move to a shorter 5-year MOC cycle. In addition, the ABIM's current MOC model, in which educational modules are "included" in the cost of MOC enrollment, requires additional payment for physicians who wish to obtain MOC activities produced by other organizations, such as specialty societies. Our members have identified this model as fraught with conflicts of interests and are supportive of the ABIM seeking alternative pricing and content development structures to allow physicians to engage in a broader selection of MOC education. Lastly, physicians who engaged early and earned 100 points in the first 5 years of their original 10-year certificate feel penalized because they are now required to essentially "start over," thereby doubling their cost and effort.

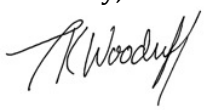
The Society recommends the ABIM work with specialty society partners and other stakeholders to find alternative pricing models to ease this physician burden.

A physician's engagement in continuous learning is critical to quality of care and the trust of the public and patients. MOC must facilitate this engagement efficiently, effectively, and economically and prove to have a positive impact on the physician and their patients. In support of these goals, the Society looks forward to working with the ABIM and the ABMS to improve the MOC program on behalf of our members.

To discuss our recommendations and the ABIM's response directly, I propose a call to occur between our organizations no later than July 30, 2014. We plan to publish our recommendations and justifications in Endocrine News this fall and would like to include a response from you in that article. I've asked Ailene Cantelmi to be in contact with your office to set up our meeting.

Thank you for your attention to this pressing matter.

Sincerely,



Teresa K. Woodruff, PhD
President

CC:
Richard J. Santen, MD
Lisa Fish, MD, FACP
Beverly M.K. Biller, MD
Graham McMahon, MD
Barbara Byrd Keenan