



American Association of Clinical Endocrinologists

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June 30, 2014

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

RE: ABIM-MOC

Dear Dr. Baron,

I am writing on behalf of the American Association of Clinical Endocrinologists (AACE). With 5,500 domestic members and more than 6500 members worldwide, we represent the largest group of practicing endocrinologists in the world. AACE would like to express our strong concern that the current requirements of the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program are creating a barrier to patient care by: (1) monopolizing physician time, (2) driving many previously "grandfathered" endocrinologists out of practice and (3) creating unwarranted confusion in the patient and payor communities regarding quality of care issues.

In language appearing on the ABIM website you state that "as medical knowledge and practices continue to change, a continuous MOC program tells the community that a physician is staying up-to-date, has met a knowledge standard established by his or her physician peers, and is engaged in an ongoing assessment of his or her practice." AACE agrees that physicians must master changes in medical knowledge and embrace creative practice evolution, but we do not believe that the requirements of ABIM's present MOC system are necessary or sufficient to signal the quality of an endocrinology physician's care.

A recently published AACE position statement on lifelong learning addresses the concept of certification by stating that "AACE supports initial ABIM certification after completing a fellowship in Endocrinology." However, AACE believes that once a physician is sub-specialty boarded, further standardized, closed book testing is unlikely to demonstrate or improve the quality of an endocrine physician's care. AACE also feels that professional competency is not validated by the completion of programs that are costly, burdensome, and of unproven value to patient care.

Lifelong learning must be constructed to complement a practicing clinician's already rigorous schedule and designed to demonstrate the appropriate knowledge and competencies a physician must possess to safely and effectively treat patients in his or her specific sub-specialty niche. Ideally, such learning exercises should correlate with those already required by hospitals and by government driven PQRS and EMR meaningful use programs. Finally, physicians should be allowed the flexibility to create their own practice improvement modules with the intention of turning the current rigid exercise into a doctor driven granular analysis of self-selected practice

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issues. Allowing physicians to creatively assess their practices may very well result in data collection and analysis that improve care in many practices, not just one. Using this very self-directed vision of lifelong learning, maintenance of certification may actually begin to inform a community that its physicians meet the knowledge standards and practice analysis standards expected of them. AACE believes that the ABIM should facilitate this process rather than rigidly defining and proscribing it.

When a lifelong learning regimen becomes so excessive that it substantially limits a physician's ability to practice medicine, patients suffer. Based on complaints from our membership, we believe that MOC, as presently administered, is taking up too much physician time and imposes an unnecessary cost burden on those willing to participate in the program. Moreover, it is pushing physicians out of the workforce entirely who are committed to lifelong learning but reluctant to participate in such an onerous process. Additionally, many hospitals are now requiring MOC for credentialing and a number of state licensing boards are considering MOC as a requisite for licensure.

At a time when endocrinology sub-specialty care is very scarce, ABIM must re-examine the present MOC program to ensure that testing and reporting requirements are not driving endocrine physicians out of practice and impeding endocrine care for patients:

- **ABIM should explore and publish information on the impact of MOC on the workforce with particular attention to patient access to subspecialty care and make appropriate programmatic changes based on that information. As a recent manpower study indicates, there is already a serious shortage of endocrinologists in the United States, and MOC- in its current embodiment only exacerbates this problem.**
- Further, until ABIM understands the impact that MOC has on endocrinology manpower and patient care, it must suspend new MOC requirements and refrain from publicly reporting that a physician does not meet the MOC requirements. AACE agrees with our colleagues at the **Endocrine Society** that **ABIM should restrict the public, hospital systems, credentialing authorities, insurers, government payers, and state medical boards from accessing MOC status reports regarding "meeting MOC requirements"** until further notice. Such suspension should be maintained until all interested stakeholders are able to weigh in on this topic and more appropriate lifelong learning criteria are developed.
- Finally, **ABIM should immediately discontinue the practice of reporting non-participating ABIM qualified internists and sub-specialist "grandparents" as "not meeting MOC requirements."** The grandparent pathway was established to make recertification a choice for physicians that met eligibility requirements. By indicating on a public database that a certified grandparent does not meet MOC requirements, ABIM is essentially labeling their own initial certification testing as inadequate. **"Not meeting MOC requirements"** is, in essence, a scarlet letter for grandparents meant to pressure them into enrolling in the current flawed MOC system. This practice must be suspended at once.



Richard J. Baron, MD, MACP

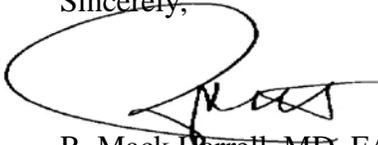
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In summary, AACE supports continuous medical education throughout an endocrinologist's career. This process is necessary for the provision of high quality care and maintaining the trust of the community. Lifelong learning requirements must make allowance for the demands of practicing medicine and be structured in a way that is time and cost effective, while promoting relevant, data driven practice improvement for patients. Until these lifelong learning goals are fully embraced within the MOC program, ABIM must be cautious about the way they label board certified physicians who are unable or unwilling to participate.

AACE is willing to work with ABIM on these issues and we look forward to what should be a productive relationship with ABIM. If we can be of any service prior to the Philadelphia meeting on July 15, please do not hesitate to contact Mr. Don Jones, our CEO, at 904-353-7878. We look forward to meeting with you on July 15, 2014.

Sincerely,



R. Mack Harrell, MD, FACP, FACE, ECNU, President

RMH/mw

cc: AACE Executive Committee

Donald C. Jones, CEO

Daniel C. Kelsey, Deputy CEO

Michael Williams, Healthcare Project Coordinator & Compliance Officer

Elisabeth Ball, Director of Education

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