

# COMMENT & CONTROVERSY

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"Maintaining our cool with Maintenance of Certification,"  
by Robert L. Barbieri, MD (February editorial)

Dr. Barbieri's February editorial triggered a robust response from readers outraged by the Maintenance of Certification (MOC) program established by the American Board of Medical Specialties (ABMS). Not one writer articulated appreciation for the new requirements; the great majority aren't maintaining their cool, and think that, taken as a whole, those requirements are a bad idea. Here are the letters we received about this issue.

## Who will represent our interests?

I have been in practice for 22 years and a member of the American College of Obstetricians and Gynecologists (ACOG) since I was a junior fellow as a resident. I think it was completely inappropriate for the American Board of Obstetrics and Gynecology (ABOG) to unilaterally impose such onerous MOC requirements, and it is shameful that ACOG went along without ever asking its members to vote or offer input. I was never notified about any changes to the program until they were already formulated and implemented.

I dropped out of the American Medical Association years ago because I didn't think the organization was helping doctors in the trenches. Now I am wondering what organization I can turn to in light of this new development. It clearly isn't ACOG.

With malpractice premiums skyrocketing, reimbursement plummeting, and these new MOC requirements, any ObGyn on the fence about quitting will

now be motivated to give it a try.

**Frank DiCenzo, DO**  
Sewickley, Pa

## Boycott of MOC may be an option

I am the chair of obstetrics and gynecology at a medium-sized community hospital. Our entire department is opposed to the new recertification process. We believe it is unfair because:

- It is not applied to all certified ObGyns equally; those certified before 1986 are exempt. (If MOC is such a good idea, then no one should be exempt)
- It entails a continual escalation of the requirements for certification. (Why was a test every 10 years adequate in the past?)

Our department is working with the hospital to rescind the requirement of continued certification and is considering boycotting the new requirements! MOC will not result in any benefit except to line the pockets of ABOG and those academics paid to be on it.

**Ralph Quijano, MD**  
Chair, Department of ObGyn  
Cottage Hospital  
Santa Barbara, Calif

## Retirement is looking better every day

I agree that our specialty needs to police itself before somebody else does it for us, but, as Dr. Barbieri points out, there is no evidence that patient care will be enhanced by this new certification pro-



**"With these new MOC requirements, any ObGyn on the fence about quitting may be motivated to give it a try."**

cess. The “hassle factor” is another major concern; my demographic (50- to 60-year-old physicians) has already about decided that malpractice costs make the practice of medicine almost charity work, and I predict that the addition of another financial and time obligation will precipitate a mass exodus by those of us who can afford to quit! The younger physicians—already accustomed to continuous testing—may not notice just another round, but those of us who have used and supported the tenets of the ABOG ABC testing (as I have done for 7 years) may indeed decide there is nothing beneficial or educational for us in this new system, and retire!

**Kim Hayes, MD**  
Fort Collins, Colo

### **Nobody asked for our opinion before implementing MOC**

We are a six-physician ObGyn group in Pennsylvania. To “enjoy” practice in this tort lottery state, we work from 7 AM to 6 PM. This allows each of us to see 50 to 60 patients each day, the high volume necessary to cover our malpractice premiums. Do you recall ABOG or ACOG asking ObGyns for our opinions on MOC—or allowing us to vote on the proposed changes—before mandating it?

We need a unified voice in the trenches. ACOG obviously is not that voice.

**Mark Fuoss, MD**  
Sewickley, Pa

### **Certification is a worthy goal, but make it fair**

Is organized medicine ever going to be proactive for the benefit of its members? ABOG has served its purpose of academic oversight well. Yet somewhere along the line, someone decided to place oversight upon the overseers—and the ABMS was born. Today we have a glut of regulation, and ABMS apparently does not trust professionals to uphold their self-pledged

commitment to continuous self-improvement through the acquisition of knowledge and technical skills.

Why do we seem to tolerate or even applaud our own ever-increasing self-persecution? The organizations purported to represent us appear to pride themselves on their ability to regulate our activities and performance of our craft, with the aim of assuring quality of care to those who need and utilize our services. Fine. But have they no concern about assuring even a small degree of fairness in our remuneration for services rendered? Why are they unable to convincingly plead a case on our behalf to Congress and the insurance industry that reimbursement for a given service in 2008 is not reasonable and customary when it is arbitrarily held to a level at or below reimbursement levels of more than 5 years ago (or 10 or 15)—abdominal hysterectomy reimbursement being a prime example?

**James Leonelli, MD**  
Boardman, Ohio

### **Why did ACOG agree to a program it opposed?**

It is upsetting to me that ACOG opposed MOC because it did not believe it would have the intended result and would add expense and time, but still agreed to implement the program—and on a 6-year time frame at that (rather than 10 years)! It is also upsetting that ACOG and ABOG allowed MOC to be implemented without any evidence of its benefit. This is absolutely against the principles that I thought these organizations stood for and would expect for their fellows.

**Lewis R. Townsend, MD**  
Bethesda, Md

### **ACOG and ABOG have lost credibility**

I agree that the ABC program is very well done and instructive. Except for the ABC program, the other three components are a waste of our time. Unfortunately,

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**“ABMS apparently does not trust professionals to uphold their self-pledged commitment to continuous self-improvement.”**

ACOG and ABOG have lost their credibility with many of us who were certified after 1986.

There is no logical reason why those who were certified before 1986 should be exempt from MOC. Of course, as in any dictatorship, the ones in power find dubious reasons to exempt themselves from the requirements that they place on others.

**David Moore, MD**  
Rockford, Ill

**Deciders don't have to suffer the hardship**

I recently sent a formal letter to the "triumvirate" regarding MOC IV and received a rather terse reply. Interesting that those who decide for us are the ones who are "grandfathered" and most likely

to be much removed from active clinical practice.

**Claire Weitz, MD**  
Baltimore

**Cost is another reason to hate MOC**

The cost of being a physician includes state licensing fees, hospital privileges, taxes, and legal fees—and, now, this new certification program. I am not money hungry, but I would expect that, after more than 12 years of post-secondary education, I would have a job that didn't involve debt. If everyone would quit taking so much of what I earn, it would help.

ABOG is truly ingenious. It has devised a way to make money off of every single board-certified ObGyn almost every single year. Even more irritating is

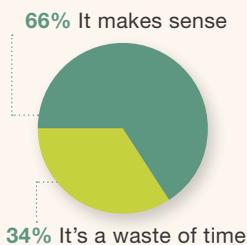
**INSTANT POLL RESULTS**

Here's how your peers voted—in record numbers—in the February 2008 INSTANT POLL

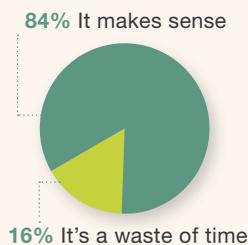
**How do you rate each of the 4 components of the new Maintenance of Certification program?**

**THUMBS UP**

Assessment of professional standing

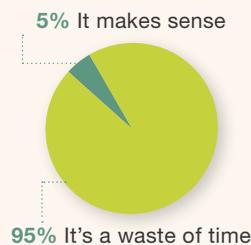


Demonstration of lifelong learning (ABC program)

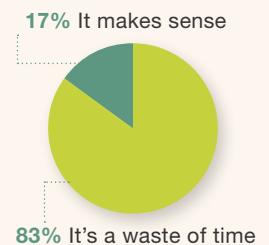


**THUMBS DOWN**

Secure, proctored cognitive exam



Practice performance assessment



the time they consume. As I get older, my time is becoming priceless. I'm sure your time is also.

Can't they just leave us alone?

**Shaun Jester, DO**  
Roaring Spring, Pa

### **New MOC requirements are a bad idea**

My impression is that the MOC process is burdensome and half-baked, creating expense and friction with no gain to participating ObGyns. I have written to ABOG suggesting that it simply resign from the ABMS rather than implement this Rube Goldberg idea. If it persists with the current plan, board diplomats will simply switch to one of the competing board certification entities or create a new one.

I have not spoken with a single ObGyn who thinks the MOC proposal has any merit. I suggest you continue airing the issue, and we find ways to push ABOG to drop the idea.

**Erik Gunderson, MD**  
Sweetwater, Tex

### **Thanks for taking a stand**

I agree with Dr. Barbieri's critical comments and applaud him for taking this stand.

**Masha Etkin, MD**  
Boston, Mass

### **What happens if a doc doesn't meet all requirements?**

If I fail one part of the ABC exam, or a module, or the proctored exam, or if my state says I am being investigated, do I automatically lose board certification? And if ACOG finds out, am I barred from that organization, too? Or do they send me some new, more expensive way to remain certified? What happens if I want to take a year or two off? Am I stuck for the rest of my life never having an empty

in-tray?

Did anybody think about this turkey of a board maintenance program before foisting it on us?

**Verner Nellsch, MD**  
Livingston, Tex

### **Retirement is calling**

This will hasten my decision to retire or alternatively prompt me to practice without board certification.

**Rod Huss, MD**  
Lompoc, Calif

### **MOC adds another level of frustration**

ObGyns are overburdened already, and this new certification process will only add to our frustration.

**Anthony Brignoni, MD**  
Port Charlotte, Fla

### **Did we really need a new program?**

So this is a "new and improved" recertification process. What was wrong with the old one?

I wonder when we, the physicians, will unite and fight all the decrees, regulations, etc., with which we are being bombarded.

**Israel Henig, MD**  
Parma, Ohio

**Dr. Barbieri responds:**

### **Let's see evidence first that MOC can work**

I appreciate the time that readers of OBG MANAGEMENT took from their busy schedule to express their views about the Maintenance of Certification program. Based on the size and intensity of that response, we are clearly at a breaking point, at which the administrative burdens of practice excessively erode the time available for providing care.

As I emphasized in my February 2008

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**"When will we physicians unite and fight all the decrees, regulations, etc., with which we are being bombarded?"**

Editorial, I believe that MOC should be more evidence-based. I'm reluctant to enthusiastically support the program until a pilot project has clearly demonstrated that it improves outcomes for our patients.

"Got malpractice distress? You can help yourself survive," by Sara C. Charles, MD (February)

### **Tort reform is the only way to reduce risk of a lawsuit**

The good Dr. Charles has obviously never been sued, or she wouldn't have given us the same advice she gives children who are reprimanded for doing something wrong. There is no way to ease the pain of a lawsuit, frivolous or not. The statistics are staggering, and the effects of malpractice litigation are far more disabling than she makes out.

When will my ObGyn colleagues realize that only tort reform, spurred by our refusal to deliver another baby, will solve this problem? Why would any intelligent man or woman enter or remain in this field in the face of such emotional and, often, financial trauma?

Now is a good time to remember the now-famous words from the movie *Net-*

*work*: "I'm as mad as hell, and I'm not going to take this anymore!"

**Jordan Goodman, MD**  
Las Vegas, Nev

### **Dr. Charles responds: Baseless lawsuits "eat away at the heart of one's calling"**

Dr. Goodman expresses the deep and painful frustration physicians suffer when their personal and professional integrity is assaulted by accusations, especially baseless ones, of medical malpractice. I know these feelings intimately and how they eat away at the heart of one's calling and commitment, as described in my book, *Defendant: A Psychiatrist on Trial for Malpractice* (Vintage, 1986).

Much of the progress achieved through recent tort reforms can be attributed to physicians' reactions, such as that of a surgeon in one of our studies: "I decided I could be bitter or better and I decided on the latter." These physicians have transformed their litigation trauma by working within their specialty society, state, and national medical organizations to achieve a better practice environment.