Understanding the Customer and the **New MOC Changes**

By David May, MD, PhD, FACC

“If you don’t like something, change it. If you can’t change it, change your attitude.”

MAYA ANGELOU

Like many, I have multiple board certifications, two of which are unlimited, and two of which I recertify every 10 years. Recent Maintenance of Certification (MOC) changes have driven me (and many others) to ask, “Why in the world am I doing this?” You see, we don’t mind Continuing Medical Education (CME) (Part II), really don’t care for Performance Improvement Modules (PIMs) (Part IV) but save our real venom for the secure examination (Part III). The usual mantra is “it costs me a ton and doesn’t really prove anything. They should get rid of it if I do the CME. Don’t they know I’m the customer here?”

Well actually, no, they don’t. You see, we’re not the customer. The public is.

Over a century ago the most single most significant quality improvement project in the history of medicine was initiated by North American medical schools following the 1910 report “Medical Education in the U.S. and Canada.” Now known as the “Flexner Report,” it posited that medical education should move from a proprietary collection of apprenticeship trade schools to one based on the German model of scientific knowledge and clinical training, assuring the public of the uniformity and quality of the training their physicians obtained.

Almost immediately, physicians joined the board certification party by forming what has become the American Board of Medical Specialties (ABMS), now with 24 member boards representing over 800,000 physicians. Initially, board certification meant you took the “secure exam” as a one and done, hung up your shingle, and made money by out-wallpapering the doctor down the street. We, erroneously, came to think of the “boards” as something we did, an “I’m better trained than you” exercise. The citizenry, on the other hand, continued to view it as proof of quality.

It quickly became clear, however, that our skills decay, the solution being a time limited certificate, redone every 10 years, to reassure the public of our skills remaining adequate.

But, in the public’s eye, we let them down. The Institute of Medicine’s “To Err is Human: Building A Safer Health System” and “Crossing the Quality Chasm: A New Health System for the 21st Century,” coupled with a number of high profile “mistakes” put our frailty on full display, inflaming an already anxious populace to demand more physician accountability, system transparency and patient centeredness. The ABMS, in conjunction with the Accreditation Council on Graduate Medical Education, responded, broadly expanding the core competencies to include not just medical knowledge but patient care, professionalism, systems of care, communication skills and practice-based learning.

And so you see, MOC is not for us but for our patients, the secure examination a perhaps flawed but reassuring measure of our competence for the real customer here… our patients and their families who trust us with their very lives.”

May is chair of the Board of Governors and secretary of the Board of Trustees for the ACC.
A Three-Pronged Strategy to New MOC Requirements

The American Board of Internal Medicine (ABIM) is instituting the following significant changes in Maintenance of Certification (MOC) requirements effective January 2014. These changes will apply to all certified physicians, including those previously considered “grandparents.

The ACC intends to be front and center as an advocate for its members as the new ABIM MOC process moves forward. The College’s outreach to members over the next six months will include three major initiatives. First, the College will be a comprehensive source of information about the new requirements. Second, the College will offer members a wide variety of tools and programs designed to make MOC clinically relevant to the members’ daily practice and as efficient as possible with the least disruption to practice. Third, the ACC will systematically gather information from its membership in order to make recommendations to the ABIM on process improvements.

Learn more at CardioSource.org/MOC or at moc2014.abim.org.