



**Health Committee
Ohio House of Representatives
Proponent Testimony
September 23, 2017**

Testimony in support of House Bill 273

Prohibiting requiring physicians to have maintenance of certification (MOC)

My name is Daniel Weiss. I am a physician who has practiced in Ohio since 1986. I am certified by the American Board of Internal Medicine, and I have sub-specialty board certification in Endocrinology and Metabolism. I have expertise in the management of diabetes, thyroid and other hormonal disorders, osteoporosis, weight disorders and kidney stone prevention.

I am a physician nutrition specialist and a certified physician investigator and I am certified by the American Board of Obesity Medicine. So, you can tell I am okay with a person boasting of certificates. I am opposed, however, to any requirements for certification in order to practice medicine, or for insurance reimbursement or for employment.

I have no financial conflicts of interest, unlike the American Board of Medical Specialties (ABMS).

What is ABMS? American Board of Medical Specialties (ABMS) is a private corporation that sells over 160 individual certifications. The American Board of Internal Medicine (ABIM) is one of their 24 specialty boards. ABIM offers the MOC product for purchase by its subspecialists including cardiologists, oncologists, endocrinologists and so on. ABMS is a private entity that markets these products; they call their products board certification or maintenance of certification, abbreviated MOC.

MOC is a relatively recent creation by ABMS. At first, once board certified you were always board certified. Board certification was lifelong. This is not the case now.

MOC was created, as Dr. Wes Fisher points out “by ABMS not for patient quality or safety but rather so ABMS officers and directors could pay themselves handsomely”. See Dr. Fisher’s article attached.

HB 273 defines maintenance of certification as “a continuing education program that measures core competencies in the practice of medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery and is approved by a national organization that certifies or accredits such continuing education programs.”

It must be clarified however, that there is no valid evidence that current MOC programs accurately test physician competency, “core” or otherwise. In addition, MOC is not really a continuing medical education (CME) program. CME programs ought to be up to date and pertinent to the physician’s practice.

Most medical societies support lifelong learning. Such lifelong learning should be tailored to the needs of the individual physician. ABMS MOC is not tailored to the physician.

Ongoing CME required by the State Medical Board of Ohio is an important form of lifelong learning. I am a member of multiple medical societies including the American Association of Clinical Endocrinologists (AACE). AACE supports lifelong learning and opposes the imposition on endocrinologists of the ABMS MOC product, a one-size-fits-all, rigid approach. See the attached AACE statement.

Much of what are included in MOC and MOC exams is outdated and not pertinent to patient care. Again, any claim that MOC measures “core competency” cannot be supported with any credible statistical evidence. ABMS may provide flawed, biased, and conflicted data that would seem to suggest otherwise.

Over the years, I have written many questions for ABIM board exams and, more recently, I have served on the Board of Directors of the American Board of Obesity Medicine (ABOM), another certification board. ABOM hopes to soon be part of ABMS. (I am no longer on the Board of Directors of ABOM and my views may not reflect the current official ABOM board’s views.)

ABIM offers written secure exams as a requirement of MOC. In fact, ABIM MOC mandates that the physician must pass a written exam every 10 years in order to maintain certification. However, a written secure exam is divorced from reality. In the real world, the physician who has a question will rigorously search reliable resources online like the National Library of Medicine. If you can't remember, you look it up!

The questioning physician can also read about the topic in a textbook although many textbooks are outdated by the time they are published. Medical knowledge changes very rapidly.

A written exam is a poor way to assess physician expertise or predict patient outcomes when under that physician's care. I routinely search medical topics online, consulting reliable sites and I view even those vetted sites with critical skepticism.

In addition, there is a lot of art to the practice of medicine. ABMS administrators are not actively engaged in the practice of medicine.

As an active participant in creating exam questions, I know that passing a written exam does not correlate with competent care or patient outcomes. Having been in practice over 30 years, I can state with confidence that physician competence does not correlate with board certification or fulfilling MOC. In fact, there have been notorious physicians listed as "worst of the year" who were board-certified.

And patients have no idea what it means to be "board certified." Polls, not conducted by ABMS, confirms this fact. Patients want a doctor who listens and helps them stay well or get well. Most patients find their doctors by word of mouth, by recommendations from family and friends. Patients do not check to see if the doctor is board certified.

MOC is very time consuming and burdensome and adds to the many physician demands that are leading an increasing number of physicians to retire earlier or go into "no direct patient care" fields. MOC takes doctors away from more meaningful activities including patient care or time with their family.

MOC requirements will mean fewer physicians in practice. Many of those who have had years of experience will no longer be in practice. Patients who may prefer to see a doctor, will be required to see Physician Assistants or Nurse Practitioners. The Physician Assistant and the Nurse Practitioner will not have to meet these MOC requirements.

There is absolutely no evidence to suggest that meeting MOC requirements means that the physician will provide good care and deliver quality outcomes. And, largely because of physician objections MOC requirements, are currently in flux. Furthermore, State Medical Boards across the country rarely sanction physicians for quality issues.

The American Medical Association policy H-275.932 (AMA Policy Database) opposes the use of recertification or Maintenance of Certification as a condition of employment, licensure or reimbursement. In fact, the ABMS does not endorse the use of certification, recertification or MOC for employment, licensure or reimbursement and has specific policy that opposes the use of board certification for the delineation of clinical privileges, as well as for the initial state licensure and licensure re-registration.

In Canada and the United Kingdom, there is no ABMS MOC. CME and related activities are required for physicians. CME is already an integral requirement of licensure renewal in Ohio.

Attorneys and CPAs also have continuing education requirements but they do not have MOC. These professionals are not required to pass an exam, every 10 years. But physicians would have to if they are required to participate in MOC.

MOC should be entirely voluntary. Physicians should not be coerced to purchase this costly ABMS product called ‘maintenance of certification’. It is of dubious benefit. MOC likely causes more harm than good to both patients and doctors.

In short, no one in Ohio benefits from the American Board of Medical Specialties maintenance of certification requirements.

Please support House Bill 273. This is truly the Patient Access Expansion Act.

Sincerely,

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