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3 **Title: Moratorium on Maintenance of Certification**
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5 **Introduced by: J. Patricia Dhar, MD, for the Wayne County Delegation**
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7 **Original Author: J. Patricia Dhar, MD**
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9 **Referred to: Reference Committee E**
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11 **House Action: Approved as Amended**
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14 **Whereas, Maintenance of Certification (MOC) modules are of little value,**
15 **burdensome on the practice, an extra cost to physicians and not very**
16 **educational, and**
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18 **Whereas, the quality improvement portion involving patient surveys**
19 **takes time out of office visits and is awkward to implement in the office; it's like**
20 **doing research in your office without Review Board or written patient consent**
21 **and interferes with the business of the visit, and**
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23 **Whereas, it takes about 15 minutes for the patient to complete the**
24 **questionnaire, and**
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26 **Whereas, the office staff or doctor has to take time to give the patient the**
27 **module questionnaires and make sure they are completed, or the physician or**
28 **staff must abstract charts for information. This is additional personnel work**
29 **which is in addition to the required EMR and insurance tasks that physicians**
30 **and staff must complete for each office visit, and**
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32 **Whereas, once the patient questionnaires or practice surveys are done,**
33 **doctors have to take time to analyze the data, implement an improvement plan**
34 **and see how it improves their practice without any reimbursement, and**
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36 **Whereas, there is no proof that these MOC modules help improve quality**
37 **of care or improve physician practices, and**
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39 **Whereas, MOC modules available may have no relevance to the doctor's**
40 **practice, and**
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42 **Whereas, MOC points can be earned at meetings but are expensive and**
43 **there is an extra cost of time/travel and completing these MOC modules at**
44 **meetings has not been shown in any study to translate to "better doctors," and**
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46 **Whereas, these MOC requirements have become a reality without any**
47 **input from the profession as a whole, i.e., doctors as a whole have not been**
48 **made aware of this issue or the process leading up to this decision, and**

49 **Whereas, implementation of this MOC requirement will take many**
50 **experienced and seasoned physicians out of practice, and**

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52 **Whereas, many physicians who find this to be an unnecessary hassle**
53 **may retire and many doctors never renewed their 10-year boards certification**
54 **after initially getting it would find it burdensome to renew the process after**
55 **many years, and**

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57 **Whereas, MOC in their envisioned form will worsen the shortage of**
58 **doctors, and**

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60 **Whereas, these policies came into effect without any research or data**
61 **and there was no pilot study that showed this MOC program greatly improved**
62 **quality of care and made physicians better doctors; therefore be it**

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64 **RESOLVED: That the AMA work with the American Board of Medical**
65 **Specialties (ABMS) and individual specialty boards to put a moratorium on**
66 **obligatory Maintenance of Certification (MOC) until all of the following occur:**
67 **1. Studies have shown the efficacy of MOC in physician care and patient**
68 **outcomes.**
69 **2. An assessment of the cost of time and money on the profession per**
70 **year is completed.**
71 **3. An assessment of the impact of MOC on worsening physician**
72 **shortages by the adverse effect of tying the MOC program to state**
73 **licenses (i.e., estimation of physicians that would leave or be removed**
74 **from the physician pool of practicing doctors) is completed.**

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77 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**