

**Subject: MOC controversy**

*April 7, 2015*

*Simone Musco, MD, FACC (simone.musco@providence.org)*

More fuel to the fire.

S

Simone Musco, MD, FACC, FHRS  
Past Governor - MT

<http://www.newsweek.com/certified-medical-controversy-320495#.VSRD5qLCnU0.mailto>

*April 7, 2015*

*Frank Smart, MD, FACC (fsmart@lsuhsc.edu)*

Wow. Proof you should never start an ink war with people who buy it by the barrel.

Frank Smart, MD

*April 7, 2015*

*Anuj Gupta, MD, FACC (anujslink@gmail.com)*

I can not pretend to understand the accounting issues (I really need to take an accounting class). But if Mr. Eichenwald's claim is that ABIM is insolvent and are using MOC and large increases in fees to pay unjustified salary increases for the people who run the show, then the pain they are experiencing has just begun. If the accounting issues documented in the article are correct, we need to weigh again the risk/benefit of setting our own certification system, considered meaningful by our members as a reasonable, educated alternative.

I say this as someone who sympathizes with the idea of recertification exams as I remember seeing too many incompetent physicians, but also someone who has been flabbergasted by the increase in cost that the ABIM is inflicting on us, at a time when most physicians income is flat or going down.

Anuj Gupta,  
ACC, Maryland

*April 7, 2015*

*Daniel Humiston, MD, FACC (dhumiston@utahcardiology.com)*

If Mr. Eichenwald's data is accurate, this issue is even uglier than we ever imagined.

Dan

*April 7, 2015*

*Hector Ventura, MD, FACC (hventura@ochsner.org)*

Oh well. The war is on!!!!!! H

*April 7, 2015*

*Jay Alexander, MD, FACC (drjay100@aol.com)*

I believe this is essentially what people like Wes Fisher has been saying.. Next question I want to ask is is there truly an onerous provision in the house passed SGR bill that would put us in a compulsory position to follow the ABIMs MOC??.

*April 7, 2015*

*Rebecca Kelly, ACC Staff (rkelly@acc.org)*

The SGR bill does not require participate in MOC. If enacted, the legislation would create a new quality incentive program to replace the current array of quality reporting and incentive/penalty programs. One element of the program would address clinical practice improvement activities. The legislative language cites examples of the types of activities that CMS must offer as options, including but not limited to activities such as patient centered medical homes, expanded office access, population health management, and practice improvement activities undertaken as part of physician certification or recertification. No one would be forced to participate in MOC, but there is the potential that a physician who chose to do so could also choose to have that MOC activity count for the clinical practice improvement portion of the new quality incentive program.

If the Senate passes the legislation next week, there will be lots of work for us to do with CMS to guide implementation in the right direction.

*April 7, 2015*

*Jay Alexander, MD, FACC (drjay100@aol.com)*

Thanks Rebecca .. I was hoping that was the answer.. Jay

*April 7, 2015*

*Hector Ventura, MD, FACC (hventura@ochsner.org)*

Hopefully the senate will pass. I am not sure about payment growth after the second year after sgr disappears. Oh well. Moc may go away also. H

*April 7, 2015*

*Edward Fry, MD, FACC (fry5@comcast.net)*

Thanks Rebecca. You make a very important point that we must not lose sight of: Passage of the SGR is not the destination; it is a road map. There will be a lot of work left to be done by ACC and the rest of the House of Medicine to ensure favorable implementation as well as to protect the interests of patients and providers alike.