

Subject: FYI Re:MOC

August 21, 2015

John Erwin, III, MD, FACC (jperwin@sw.org)

I wanted to pass this along as an FYI as I suspect that we will be hearing about it from our partners. The American Gastroenterology Assoc has rejected the ABIM Certification MOC exam and has/is creating a new "recertification pathway."

<https://t.co/6pZREXqB2T>

August 21, 2015

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

"A way to a man's heart is through his stomach"? Something for us to "digest"!

August 21, 2015

Michael Mansour, MD, FACC (mmansour@tecinfo.com)

John

Thanks for sending this information. Congratulations to the AGA for their leadership and commitment to lifelong learning emphasizing all positive aspects of learning. Great positive incentive to serve the best interest of patients and physicians.

August 21, 2015

John Erwin, III, MD, FACC (jperwin@sw.org)

You bet, Michael. I was also notified of this little tidbit today: <http://www.abim.org/credentialers/>

August 21, 2015

Jesse Adams, III, MD, FACC (jadams03@bluegrass.net)

John-

Thanks for bringing this to our attention- very interesting. It certainly would be interesting to have a high-level discussion with them and learn from them. When an alternative pathway to the ABIM's MOC has been discussed, several pertinent concerns have been raised, regarding the cost to devise and administer an alternative means of ensuring lifelong learning and competence, the infrastructure required to do so, the fact that to "be accepted" it would have to be tougher than the ABIM's MOC and recertification exams (with which I have never agreed), and the fact that the public would be skeptical of such an endeavor as self-serving.

It seems that our gastroenterology colleagues feel that they have solved these issues for their organization and are leading the way to a new model. I would like for us to have a discussion with them, raise these issues, and gain a deeper understanding of their model.

August 21, 2015

John Erwin, III, MD, FACC (jperwin@sw.org)

Agree, Jessie. I honestly think that our colleagues will be pressuring us to consider this, so we should work with other societies to see what they have devised/are devising as well.

August 21, 2015

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

Dear Jesse and all,

I fully admit that I do not understand the complexity of setting up a lifelong learning pathway or examination that can replace the current ABIM. That being said, the ACC created NCDR from nothing. I can confidently say that the creation of databases to gather data on most cardiology practices in the U.S. has been an overwhelming success and had set the standard of practice for many medical specialties. We lost an opportunity to be the leaders in this new environment. If I could step out of my role for a second and act as a regular member of the ACC, I would demand an ACC alternative pathway to the ABIM.

I look forward to hearing the progress of the task force set by this body and by our BOT.

From the very smoky northwest,

Simone

August 22, 2015

Robert Shor, MD, FACC (rshor@tcg.md)

To ALL:

MOC never fails to generate great energy and with good reason! Having said that, the bottom line, I believe, is the end result—a better MOC (Maintenance of Competence) Process that has meaning and value for our members and patients and which does not pose an undo burden on our members. While most of us are very disenchanted w/ABIM they may still be the best partner to work with. We don't yet know. The Motions from the BOT on MOC included requests such as replacement of the secure exam w/meaningful MOC AND keeping the option open of pursuing a new and separate Board for Cardiology. The issues surrounding our (ACC) ability to create a new Board include:

Cost: the start-up and maintenance costs (est 10-20million). The cost per member could be higher than ABIM.

Arms length relationship: Any entity may be birthed by the ACC, but will need to operate at arms length. It's initial guidance and direction would come from the ACC, but what then?

Public Trust, MOL and hosp and ins accreditation: A certain rigor of MOC is needed for these, not just CME as it currently exists. ACCME should=MOC (

http://news.doximity.com/entries/1920922?user_id=51475) and this should be free through the ACC. The College is trying create/provide these to members and hopefully provide targeted, tailored modules for you and the way you practice.

Bottom line—Don't through the baby out with the bath water. If ABIM is unable to work with us and provide the meaningful changes we need then we can initiate our nuclear option of initiating a separate Board. We should have more info for our Oct meeting and time to discuss further.

August 22, 2015

Matthew Phillips, MD, FACC (mattphillips1@me.com)

Any entity may be birthed by the ACC, but will need to operate at arms length. It's initial guidance and direction would come from the ACC, but what then?

Sorry

Quoting Bob

This is not necessarily a contraindication but a warning light. We create a new board. A few years down the road the new separate and independent board says that the secure exams works ; just not every 10 years.

Let's give the test every three years

That's the risk and it could be overstated. Just need to weigh the pros and cons

August 23, 2015

Jesse Adams, III, MD, FACC (jadams03@bluegrass.net)

Matt and Bob-

thanks for your insightful comments, and thanks (many, many times!) for the effort that you continue to invest in MOC/ABIM!

My comments simply reflect my interest in learning more about the strategy of the AGA. I was unaware of the AGA's efforts until the good Dr. John Erwin brought this to the BOG's attention. I do not know their leadership, but I suspect that they possess similar values as ourselves- an association, slightly less than half our size, with most leadership comprised of volunteer leaders who have a passionate regard to improve care of patients with GI disease and drive the GI community to have providers with the best knowledge and skills possible. I doubt that there was an interest in adopting a "low-bar" re-certification program that the least adept of their membership could easily pass. And they should face the same challenges that we face and that you so admirably enumerate. Strategy is the application of resources to achieve a goal, and they appear to have decided early on to focus their resources on offering a newly-developed program that they felt optimally aligned with their association's values.

I look at the AGA's program, therefore, as similar to the first publication proposing a successful novel treatment for a previously difficult-to-treat disease. Mindless adoption would be fool-hardy, close study is warranted, and an intent to improve what has been developed is always an admirable goal.

Thanks-

Jesse