
Maintaining Medical Certification at Valuable Time Cost



New research indicates that the cost of completing the American Board of Internal Medicine's maintenance of certification (MOC) programme may be higher than previously estimated, raising further concerns about the value of the programme. Physician cost for the 2015 version of the MOC programme averages at \$23,607 over 10 years, with time accounting for 90 percent of the cost, according to the study published in the *Annals of Internal Medicine*.

Researchers determined that cumulatively, the 2015 MOC will cost \$5.7 billion over 10 years, including \$5.1 billion in time costs resulting from 32.7 million physician-hours spent on completion of MOC. Testing costs account for \$561 million over the decade.

Costs vary significantly by subspecialty, the researchers note, because subspecialists may take additional certification exams and have greater time demands related to MOC. For example, the researchers estimated the average 10-year costs for general internists to be \$16,725, compared to \$32,763 for general cardiologists and \$40,495 for haematologists-oncologists.

"The ABIM has previously suggested that participation in MOC will cost \$200 to \$400 per year; this is a substantial understatement precisely because it overlooks time costs," Dr. Alexander T. Sandhu, of the Center for Primary Care and Outcomes Research at Stanford University, and co-authors, write. "Efforts to decrease the cost of MOC therefore should focus on reducing demands on physician time."

The constraints on time also have the potential to translate into issues for patients, including increased costs and access to care. "Whether the costs of MOC ultimately will be borne by physicians or will be passed on to employers, payers or patients is uncertain," the researchers point out. "Furthermore, unless balanced by improved efficiency downstream, the increased demand on physician time in a period of anticipated workforce shortfalls may have a deleterious effect on access to care, particularly elective care."

ABIM president and CEO, Dr. Richard Baron, counters that the hours spent on MOC allow physicians to broaden their knowledge and that they would likely be doing many of those activities anyway, including attending medical society meetings. "I think most physicians think [spending time on knowledge growth is a] core part of what they do," says Dr. Baron. "Whether there was an MOC program or there wasn't an MOC programme, I think most doctors would be spending a lot of time staying current with a rapidly changing profession."

Dr. Wayne J. Riley, president of the American College of Physicians, sees the analysis differently.

"This underscores our view that MOC as currently constructed can be inordinately burdensome from a time and money perspective," he says. "It does indeed provide one way to quantify how much MOC-associated efforts can end up costing an internist and that a high degree of sensitivity is needed, in our view, and should be given to how to address concerns about the cost, time, and ultimate value of MOC."

Dr. Sandhu's team says well-designed studies are necessary to examine the clinical benefits and economic implications of the 2015 MOC.

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