

who need and utilize our services. Fine. But have they no concern about assuring even a small degree of fairness in our remuneration for services rendered? Why are they unable to convincingly plead a case on our behalf to Congress and the insurance industry that reimbursement for a given service in 2008 is not reasonable and customary when it is arbitrarily held to a level at or below reimbursement levels of more than 5 years ago (or 10 or 15)—abdominal hysterectomy reimbursement being a prime example?

James Leonelli, MD
Boardman, Ohio

Why did ACOG agree to a program it opposed?

It is upsetting to me that ACOG opposed MOC because it did not believe it would

have the intended result and would add expense and time, but still agreed to implement the program—and on a 6-year time frame at that (rather than 10 years)! It is also upsetting that ACOG and ABOG allowed MOC to be implemented without any evidence of its benefit. This is absolutely against the principles that I thought these organizations stood for and would expect for their fellows.

Lewis R. Townsend, MD
Bethesda, Md

Dr. Barbieri responds:
Let's see evidence first that MOC can work

I appreciate the time that readers of OBG MANAGEMENT took from their busy schedule to express their views about the Maintenance of Certification program. Based on the size and inten-

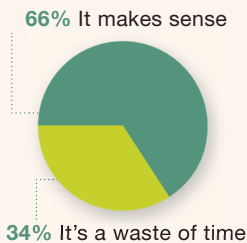
INSTANT POLL RESULTS

Here's how your peers voted—in record numbers—in the February 2008 INSTANT POLL

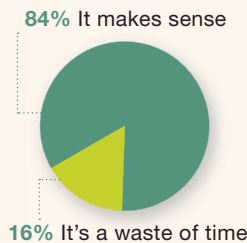
How do you rate each of the 4 components of the new Maintenance of Certification program?

THUMBS UP

Assessment of professional standing

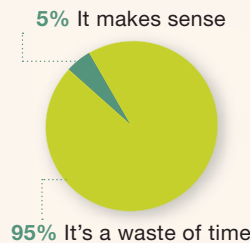


Demonstration of lifelong learning (ABC program)



THUMBS DOWN

Secure, proctored cognitive exam



Practice performance assessment

