

July 10, 2014

To the Medical Societies in Internal Medicine

Dear Internal Medicine Colleagues:

We look forward to meeting with many of you on July 15 to discuss ways we as a community can improve our working relationship and create better avenues for feedback and collaboration. Prior to that meeting, we want to share with you some specific action we are taking right now, in response to issues you have raised on behalf of your members.

As you know, the American Board of Internal Medicine (ABIM) changed its Maintenance of Certification (MOC) program in January of this year to a more continuous model.

As of May 1, more than 150,000 internists have enrolled in the new MOC program. We recognize that the reasons for this high level of enrollment are varied and likely range from those who simply thought they had no choice, to those who chose to do so as an indication to colleagues and the public that they meet standards set by peers on an ongoing basis. Even in the face of strong enrollment, however, ABIM leadership has heard substantial concerns related to various aspects of the revised MOC program from diplomates, as well as the leadership of several medical specialty societies. ABIM takes all such constructive criticism very seriously.

Accordingly, earlier this month, the ABIM Board of Directors and the ABIM Council met and discussed a number of the issues that have been raised. While the Board and Council strongly affirmed the importance of physician assessment in health care and ABIM's unique role in assuring physician competence in the ongoing demonstration of knowledge, skills and attitudes essential for patient care, both the Board and the Council also recognized that changes to the MOC program are warranted.

In direct response to issues raised, the Board and Council instructed staff to move forward with the following initiatives as soon as is operationally possible:

- **Increase flexibility on deadlines.** Many society leaders and diplomates raised concerns about the rigid 10-year deadline for passing the MOC exam, declining pass rates and the worry about physicians losing certification if they fail. ABIM's Board therefore instructed staff to create a year "grace period" for those who have attempted but failed to pass the MOC exam. In addition, the cost for the first MOC exam retake will be reduced significantly.
- **Ensure transparency of information.** Questions have been raised about ABIM's governance and finances. We have already added considerable information to our website and will continue to update our [governance](#) and [financial](#) information going forward. In addition, ABIM's 990s have always been publicly available on www.guidestar.com and will soon be available on our own website.

Richard J. Baron, MD
*President
Chief Executive Officer*

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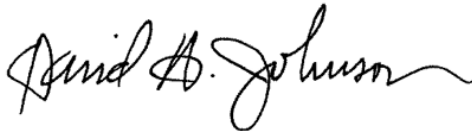
- **Ensure a broader range of CME options for medical knowledge/skills self-assessment (Part 2).** To reduce redundancy and give physicians credit for relevant assessment activities in which they are already engaged, ABIM will align its knowledge assessment requirements and standards with already existing standards for certain types of CME products and providers. This will open the door much wider to products developed by societies and others. We will also establish a timely product approval process. While all CME will not count for MOC, we are creating mechanisms to approve additional CME activities that include an assessment of the learner. ABIM will no longer review every question in these products independently, which will reduce the burden on societies and others submitting products for approval.
- **Provide more feedback regarding test scores.** Medical societies and diplomates have provided input that the score reports for the examinations do not provide enough detailed information to improve their areas of weakness, and to benchmark against their peers. ABIM recognizes this is a missed opportunity to use the exam to provide better quality information on where gaps in knowledge may exist and to direct further study. Therefore, the ABIM Board instructed staff, by June 2015, to provide more in-depth, actionable feedback on individual performance in all of our diplomate exam score reports.
- **Evolve the “Patient Survey” requirement to a “Patient Voice” requirement** and increase flexibility and relevancy of avenues to meet that requirement. ABIM’s patient survey requirement has raised a number of concerns. ABIM announced this new 2018 requirement with a commitment to make more options available in the future. We realize that this statement is vague and has generated questions from societies and diplomates as to what will count for this requirement. We will further clarify the requirement and want to assure the community that the goal of this program is for the diplomates—not ABIM—to hear the voices of their patients. The requirement will focus on diplomates using a variety of structured mechanisms to hear from their patients and will recognize many activities that they may already be doing. There will be other ways to fulfill it besides the use of a patient survey – including educational and training programs in patient communication, active participation in patient/family advisory panels and use of shared decision making tools. Pathways to approve and give credit for these activities will be rolled out over the next few years, well before the 2018 deadline for meeting the requirement. These pathways will also support retroactive credit, so an approved activity completed between 2014 and 2018 will meet the requirement.
- **Reduce the data collection burden for the practice assessment requirement.** ABIM’s practice assessment requirement has generated important feedback. Many of the concerns focus on the amount of work involved in data collection. As we continue to develop more pathways for physicians to get MOC credit for improvement activities they are undertaking as part of their ongoing commitment to their practices and health systems, we commit to doing a better job of guiding physicians toward these options. There are already a number of pathways that do not involve the burdensome work of clinical data input, but we are actively re-designing the process to provide more of them and to focus more on measurement and improvement activities themselves. It has always been the Board’s goal to use ‘practice assessment’ as a mechanism to help improve the diplomate’s practice.

ABIM’s Board also instructed staff to begin to explore the viability of evolving our exam process to increase relevancy, while maintaining rigor, with specific attention to investigating appropriate applications for practice focus areas (which some have called modular exams) and open book examinations. Work is already underway to determine the [feasibility](#) of these approaches, and our Assessment 2020 Task Force is exploring many options for rigorous assessment.

ABIM is bringing together the leadership of internal medicine societies on July 15 to explore ways we can work with societies and other stakeholders more effectively, using the new channels created by our reorganized governance. We hope that this conversation leads to many others we intend to have with medical societies in coming months as we do the hard work of improving our program together.

ABIM’s Board of Directors and Council believe in the importance of ongoing physician engagement in continuous acquisition and assessment of the knowledge and skills essential for excellent patient care. Because ABIM is “of the profession and for the public,” we reaffirm our commitment to collaboration and communication with our physician communities, and we will continue to ensure that we meet the needs of the public who rely on the credential.

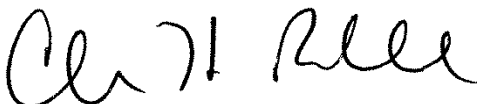
We look forward to working with the community in this regard. We also plan to issue a formal response to the ACP/Subspecialty Society letter of May 7th after the July 15 Summit.



David H. Johnson, MD
Chair, ABIM Board of Directors



Richard J. Baron, MD
President and CEO, ABIM Board of Directors



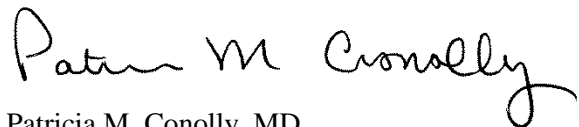
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