



American Board
of Internal Medicine®

ABIM's MOC Program: Where it came from, where it is, where it's going

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American Board of Internal Medicine

APM Winter Retreat

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The following slides were presented at the 2015 Winter Meeting of the Association of Professors of Medicine, as part of the plenary session entitled “Maintenance of Certification.”

This introductory slide was not part of the original presentation.

Disclosure of ABIM Service: Richard Baron, MD

- I am President of the American Board of Internal Medicine.
- To protect the integrity of certification, ABIM enforces strict confidentiality and ownership of exam content.
- As President of the American Board of Internal Medicine, I agree to keep exam information confidential.
- As is true for any ABIM candidate who has taken an exam for certification, I have signed the Pledge of Honesty in which I have agreed to keep ABIM exam content confidential.
- ***No exam questions will be disclosed in my presentation.***

Agenda

- A Little History
- Changes to How We do Our Work
- Announcement to Community
- Immediate Changes to the Program
- Listening



“It is important for all of us to appreciate where we come from and how that history has really shaped us in ways that we might not understand.”

-- Sonia Sotomayor

Massachusetts' Act of 1649



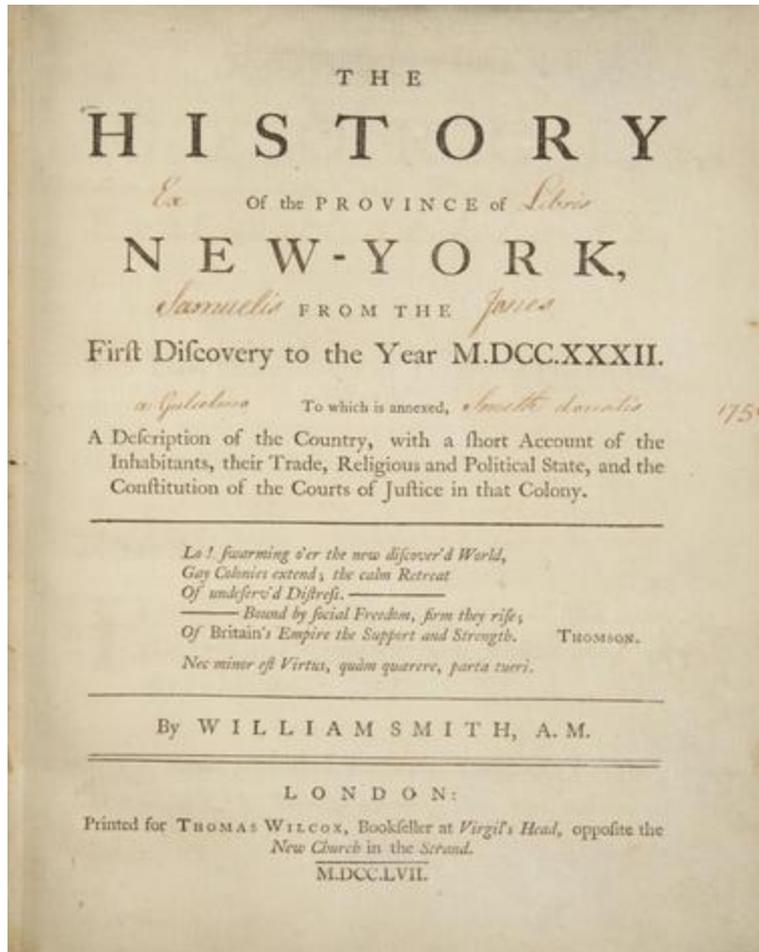
- Required competence before granting a license to practice.
- In 1672, Suffolk county Court granted one man permission to practice while fining another for proceeding without such approval*

*Shryock RH. Medical Licensing in America, 1650-1965.

Johns Hopkins Press (Baltimore, MD), 1967, p 14.

Early efforts of physician organization: We have been here before

- Litchfield County, CT
 - 31 physicians formed a “medical society” in 1767
 - 1779: Created “The First Medical Society in the thirteen United States of America since their Independence”
 - This society proposed to examine “every Candidate for Practice, either Apprentice or any Physician or Surgeon within this County, or Foreigner, coming into the County”



“Quacks abound like Locusts in Egypt, and too many have recommended themselves to a full Practice and profitable Subsistence. This is the less to be wondered at, as the Profession is under no Kind of Regulation. . . . Any Man at his Pleasure sets up for Physician, Apothecary, and Chirurgeon. No Candidates are either examined or licensed, or even sworn to fair Practice.” – William Smith

Directors of the ABIM Board



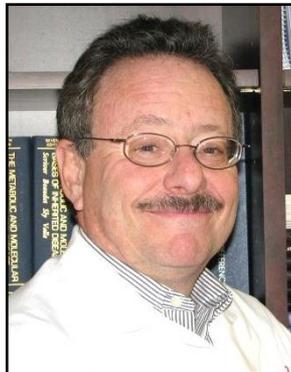
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Clarence Braddock
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Treasurer



Rich Baron
President & CEO



Bill Bremner



David Coleman



Marianne Green, Council Director



Harlan Krumholz



Sonia Madison



Debra Ness



Olufunmilayo Olopade



Rick Shannon



Christine Sinsky

APPENDIX 11

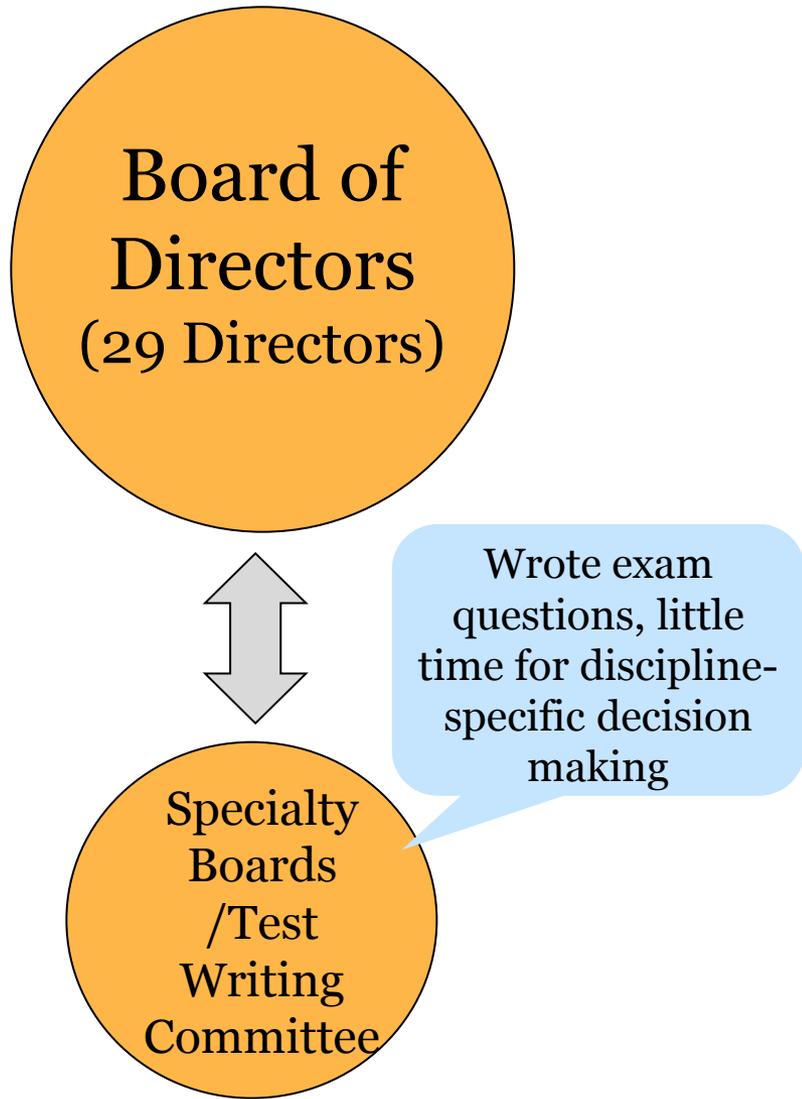
INFORMAL RELATIONSHIP OF MEMBERSHIP ON ABIM WITH
PRESIDENCY OF AMERICAN COLLEGE OF PHYSICIANS
1934 TO 1989

ABIM Membership

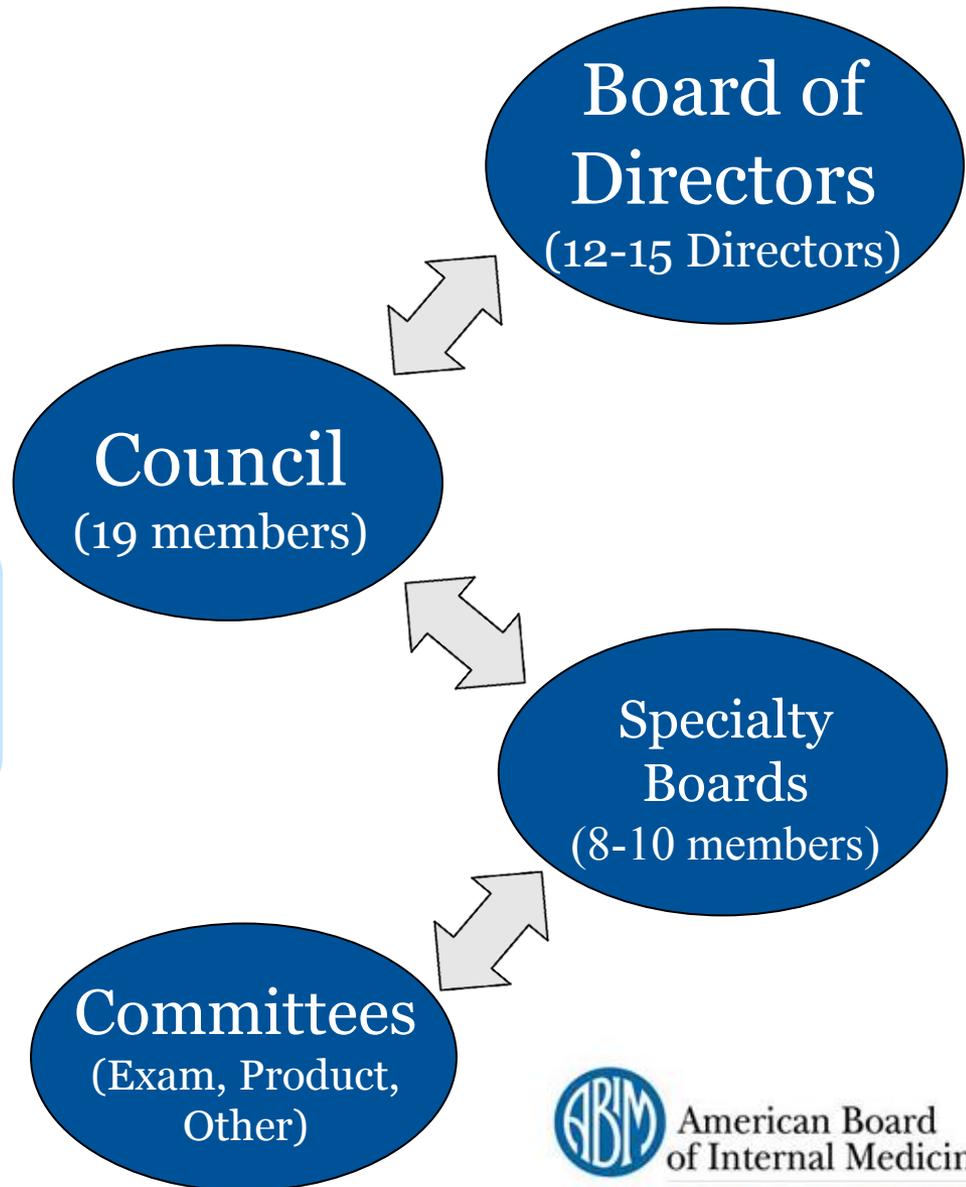
ACP Presidency

J. C. Meakins	1936 - 42	1934 - 35
W. J. Kerr	1939 - 45	1938 - 39
O. H. P. Pepper	1936 - 38	1939 - 40
E. E. Irons	1936 - 44	1944 - 46
<i>Chairman</i>	1939 - 44	
D. P. Barr	1936 - 42	1946 - 47
H. J. Morgan	1946 - 48	1947 - 48
<i>Chairman</i>	1948	
R. Fitz	1936 - 46	1949 - 50
<i>Chairman</i>	1944 - 46	
W. S. Middleton	1936 - 44	1950 - 51
W. L. Palmer	1947 - 55	1956 - 57
<i>Chairman</i>	1951 - 55	
H. P. Lewis	1952 - 61	1959 - 60
<i>Chairman</i>	1959 - 61	
C. M. Jones	1948 - 57	1961 - 62
<i>Chairman</i>	1955 - 56	
F. M. Hanger	1955 - 61	1962 - 63
T. M. Durant	1951 - 59	1964 - 65
<i>Chairman</i>	1957 - 58	
S. P. Asper, Jr.	1960 - 66	1969 - 70
W. B. Frommeyer, Jr.	1962 - 68	1973 - 74
T. G. Schnabel, Jr.	1963 - 72	1974 - 75
R. G. Petersdorf	1969 - 77	1975 - 76
J. D. Myers	1962 - 70	1976 - 77
<i>Chairman</i>	1967 - 70	
J. A. Clifton	1973 - 81	1977 - 78
<i>Chairman</i>	1980 - 81	
J. A. Barondess	1975 - 81	1978 - 79
D. D. Federman	1970 - 78	1982 - 83
<i>Chairman</i>	1977 - 78	
R. J. Reitemeier	1971 - 79	1983 - 84
<i>Chairman</i>	1978 - 79	
S. J. Farber	1968 - 76	1984 - 85
<i>Chairman</i>	1973 - 76	
E. W. Hook	1978 - 85	1985 - 86
C. S. Lewis	1976 - 82	1986 - 87
L. Scherr	1979 - 86	1987 - 88
R. O. Wallerstein	1975 - 83	1988 - 89
<i>Chairman</i>	1982 - 83	

Old Governance

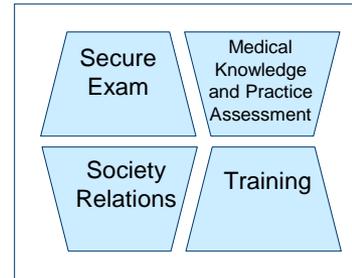
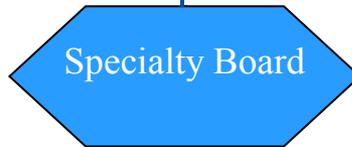
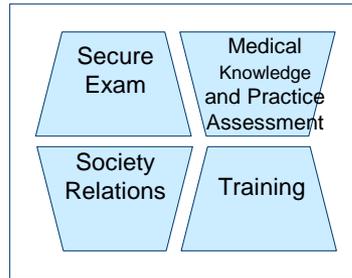
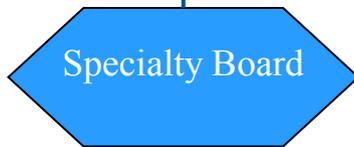
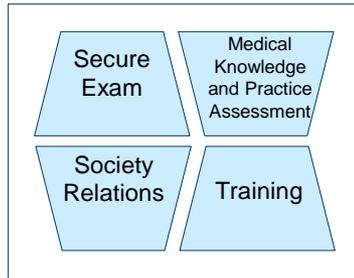


New Governance

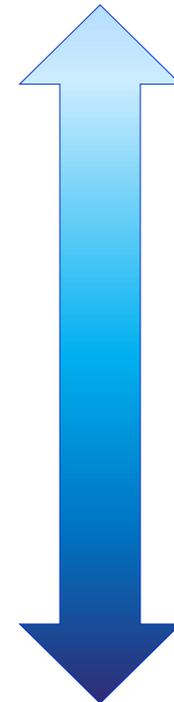


ABIM's New Governance Structure

Of the profession, for the public
DIPLOMATES / PATIENTS



Do the Work,
Improve the Work



Mission-Driven,
Future-Focused

ABIM Council

BOD

Align standards with stakeholders, evaluate proposals for new subspecialties, P&P for subspecialty boards

Mission, direction & strategy, ultimate responsibility and authority, link to constituencies and community

Internal Medicine Board

- **Marianne M. Green, MD, Chair, Chicago, IL**
- Eva M. Aagaard, MD, Aurora, CO
- Heather L. Burton, MD, Golden, CO
- Roger W. Bush, MD, Billings, MT
- Yul D. Ejnes, MD, Cranston, RI
- Geoffrey Hill, Program Manager US Census Bureau, Odenton, MD
- Charles M. Kilo, MD, Portland, OR
- Robert Sidlow, MD, Bronx, NY
- Adam R. Silverman, MD, Hartford, CT
- Asher Tulskey, MD, Pittsburgh, PA
- Melinda Whitten, DNP, Tulsa, OK
- Jeffrey G. Wiese, MD, New Orleans, LA

Specialty Board – Authority and Responsibility

- Assuring quality of products and programs
 - Reviewing data on diplomate experience
- Ensuring there is a robust portfolio of relevant assessment tools in the discipline
 - Address content gaps
- Establish specialty-specific advancement / training criteria
 - Making decisions to implement requirement changes that are not cross-cutting and are budget neutral
 - Developing proposals for new training pathways to certification or focus practice

Specialty Board – Authority and Responsibility

- Develop and oversee plans for implementation of new MOC requirements and/or policy changes
- Manage relationships with external organizations that are stakeholders in the discipline

The MOC Environment

- As you likely know, there has been anger, concern and questions raised by the physician community regarding MOC.
- The ABIM Board of Directors have listened closely to this feedback and agreed that changes to our MOC program were needed.
- Given the amount of concern raised by the community and what we have heard from medical specialty societies, the ABIM Board decided an apology – along with bold action - was necessary.

Announcement to Diplomates

- We are putting elements of the MOC program on hold.
- The way we designed and executed some of the new MOC requirements missed the mark.
- We got it wrong and we are sorry.
- We want your help to create a better MOC.

Specific changes being announced

- Effective immediately, ABIM is suspending the Practice Assessment, Patient Voice and Patient Safety requirements for at least two years.
 - This means that no internist will have his or her certification status changed for not having completed activities in these areas for at least the next two years.
 - Diplomates who are currently not certified but who have satisfied all requirements for Maintenance of Certification except for the Practice Assessment requirement will be issued a new certificate this year.

Specific changes, continued

- Within the next six months, ABIM will change the language used to publicly report a diplomate's MOC status on its website from “meeting MOC requirements” to “participating in MOC.”
- ABIM is updating the Internal Medicine MOC exam. The update will focus on making the exam more reflective of what physicians in practice are doing, with any changes to be incorporated beginning fall 2015, with more subspecialties to follow.

What are the announced changes?

- MOC-enrollment fees will remain at or below the 2014 levels through at least 2017.
- By the end of 2015, ABIM will assure new and more flexible ways for internists to demonstrate self-assessment of medical knowledge by recognizing most forms of ACCME-approved Continuing Medical Education.

Is there a shared community purpose of “keeping up”

- If there is, what does it mean?
 - Is it just about knowledge?
 - Are there skills you are counting on physicians to have?
 - Are you/your societies helping folks develop any?
 - Does it vary by discipline?
- Hypothesis for ABIM’s role?
 - “In collaboration with the community, ABIM implements standards through which physicians know that they are keeping up.”

Are there shared values we have in what we expect from internists and subspecialists?

- Keep up with knowledge?
- Measure and improve their performance in practice?
- Incorporate the values and preferences of patients in the care they give?
- Practice safely?

If we do have these shared values, who has what role?

- What do academic centers do?
- What do professional societies do?
- What do hospitals/health systems do?
- What do governments do?
- What do payers do?
- What does ABIM do?

What might listening look like?

- Specialty Board/Society Partnerships
- Web-based community with Blog
- Diplomate Surveys
- Blueprint review
- LCCR/IM Summit(s)
- Virtual Town Halls
- **Meetings like this one**

Who speaks, sows;

Who listens, reaps.

— Argentine Proverb