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Rheumatology.org

Dear ACR Members,

We have heard from you and understand your key issues related to **ABIM Maintenance of Certification**, including the high costs to enroll and participate in modules and test preparation courses; the level of burden, especially for those in small practices that lack the support of sophisticated health systems, EMRs and patient registries; the exam and practice improvement module's lack of relevance to practice; lack of patient safety and PIM options for physicians who have primarily administrative or research roles and limited direct patient care; and lack of a non-conflicted evidence base for MOC in medical education literature.

In response, the ACR worked with 13 other medical subspecialty societies and sent a joint letter to the ABIM, delivered by the American College of Physicians. The letter is discussed in the President's Column in the July issue of *The Rheumatologist*.

In response to the letter, I along with ACP representatives and leaders from the other medical subspecialty societies met with the ABIM's leadership on July 15.

As a first step, ABIM has promised to carry out the following initiatives:

- **Increase flexibility on deadlines**: In response to raised concerns about the rigid 10-year deadline for passing the MOC exam, declining pass rates and worry about physicians losing certification if they fail, the ABIM Board of Directors agreed to create a one-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**: As questions have been raised about ABIM's governance and finances, ABIM added governance and financial information to their website and will soon post their 990s, which are publicly available at www.guidestar.org.
- **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 existing standards for certain types of CME products and providers.
- **Provide more feedback regarding test scores** : In response to input that score

reports for the examinations do not provide enough detailed information to improve areas of weakness and benchmarking against peers, by June 2015, the ABIM Board agreed to provide more in-depth, actionable feedback on individual performance in all of their diplomate exam score reports.

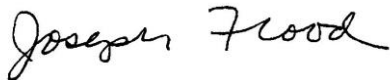
- **Evolve the "Patient Survey" requirement to a "Patient Voice" requirement and increase flexibility and relevancy of avenues to meet that requirement** : ABIM's patient survey requirement has raised a number of concerns. The requirement will focus on diplomates using a variety of structured mechanisms 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 concerns about the amount of work involved in data collection. They are actively redesigning the process to provide more pathways that do not involve the burdensome work of clinical data input and to focus more on measurement and improvement activities themselves. ABIM will develop more pathways for physicians to get MOC credit for improvement activities they are undertaking as part of physicians' ongoing commitment to their practices and health systems.

While I believe this is a step in the right direction, the ACR in collaboration with other medical subspecialty societies has provided additional recommendations that go beyond those addressed here, including examination reform, reduction of fees and reduction of redundancies between medical boards and state licensing requirements. The ABIM Board will be reviewing the July 15 input, and we hope that this will result in further changes and improvements to the MOC process. We will continue to keep you informed of our progress in this push for reform.

If you wish to provide us with your additional comments and concerns regarding MOC, please contact us at MOC@rheumatology.org. We will continue to collect and collate this feedback to share with ABIM. You can also contact ABIM directly at 1-800-441-2246 or MOC2014@abim.org.

Know that the ACR will continue to advocate and provide support for our members, including in the area of MOC. Progressing rheumatologists and the way in which we practice is how the ACR will continue *Advancing Rheumatology!*

Thank you,



Joseph Flood, MD
ACR President



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