



*Advancing Rheumatology!*

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July 8, 2016

Sent via email

Marcy Bolster, MD; Chair, ABIM Rheumatology Board  
Jeanne Marrazzo, MD; Chair, ABIM Council  
Furman S. McDonald, MD, MPH; ABIM Senior Vice President for Academic and Medical Affairs  
C/o Ms. Anamika Gavhane  
American Board of Internal Medicine  
510 Walnut Street  
Suite 1700  
Philadelphia, PA 19106-3699

Dear Drs. Bolster, Marrazzo and McDonald,

Thank you for the opportunity to provide feedback on the ABIM's Approved Quality Improvement (AQI) program proposal to allow program directors to receive Practice Assessment Maintenance of Certification (MOC) credit for their annual role in Accreditation Council for Graduate Medical Education (ACGME) accredited internal medicine and subspecialty training programs.

The ACR membership strongly supports the objective of lifelong learning for physicians to ensure the best outcomes for our patients and a system where all physicians get credit for the daily work they do related to continuing education. This could include: accessing reference materials to better care for patients, participating in quality registries, attending CME meetings, and leading quality initiatives in their practice or their training program. Many other practice settings have institutional officials, such as chief medical officers, managing partners, and chief quality officers. These individuals are charged with overseeing quality programs in their organization and should be considered as automatic recipients of credit and empowered to attest to the activities of their physician staff in the same way as program directors could be.

It is the [ACR's position](#) that the ABIM should not have a mandated AQI program or reinstate the Practice Assessment, Patient Voice and Patient Safety requirements as part of the recertification process because they are redundant with existing mandated governmental requirements, including the Clinical Practice Improvement (CPI) portions of MACRA, which take effect January 1, 2017. Prior to ABIM's AQI program, rheumatologists were engaged in efforts to enhance quality, ensure competence and coordinate patient care. We believe the ABIM should resist the temptation to create burdensome and duplicative requirements with seemingly artificial benefits.

Until a methodology to directly measure outcomes associated with participation in MOC is available, the ACR believes the ABIM MOC program should be narrow in focus and limited to activities incumbent in a physician's usual practice pattern.

**The ACR membership implores the ABIM Board and ABIM Rheumatology Board to dedicate all effort and resources to replacing the existing secure, closed book, high-stakes MOC examination with an assessment that drives learning and guides a physicians' self-directed study. At a minimum, the ABIM should suspend its AQI program until all internal medicine sub-specialties have new assessment(s).**

We believe that releasing a new assessment(s), although it is a time consuming process, is the most urgent step needed to restore confidence in the ABIM's MOC program. Any other smaller changes only serve as distractors, delay meaningful change and add to mounting frustrations, as reflected by the recent decision of the AMA House of Delegates to adopt resolution 309.

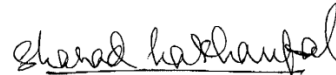
We strongly encourage the ABIM to reassess the need for this recognition as we believe that the ABIM's AQI program is redundant and unnecessarily burdensome. It is excessive to require physicians to report to ABIM that they have participated in these activities.

If you have questions or would like to schedule a follow-up meeting please contact ACR's vice president, education, Donna Hoyne via email: [dhoyne@rheumatology.org](mailto:dhoyne@rheumatology.org) or telephone: 404-633-3777 ext. 327.

Sincerely,



Joan Von Feldt, MD, MSED  
ACR President



Sharad Lakhanpal, MBBS, MD  
ACR President-Elect

Cc:

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