

**From:** Dr. Joan Marie Von Feldt

**Sent:** Wednesday, April 06, 2016 4:34 PM

**To:** Richard Battaglia, MD

**Cc:** Joan Von Feldt MD; Sharad Lakhanpal MD; David Daikh, MD, PhD; Paula Marchetta, MD, MBA; Eric Matteson MD; Abby Abelson, MD; Elizabeth Schlenk, PhD, RN; Afton Hassett, PsyD; Donna Hoyne; Katie Duggan; Mark Andrejeski

**Subject:** RE: Your Feedback to Assessment 2020 Is Helping Shape the Future of MOC

Dear Dr. Battaglia,

Thank you for the summary of societies' feedback to the Assessment 2020 Task Force Report. The American College of Rheumatology is committed to remaining part of the ongoing dialogue – both at the leadership and membership levels – to re-engineer the MOC program, including the assessment component(s) and especially the secure examination.

As illustrated in our response to the Assessment 2020 Task Force Report and as stated in our [MOC Position Statement](#), the ACR membership strongly believes the following regarding MOC assessment:

- Assessment drives learning and should be used to guide physicians' self-directed study. Assessments can be structured to effectively evaluate the acquisition of new knowledge and application of understanding while eliminating the burden of a high-stakes examination.
- Current CME activities that include assessment and demonstrate educational benefit or a take home open-book exam should be considered as appropriate assessment tools for MOC.
- The ABIM requirement for quality improvement is redundant and unnecessarily burdensome, when these activities are already mandated by regulatory bodies that have the resources and expertise to provide a more complete evaluation (e.g. PQRS, Meaningful Use, and Value Based Modifier reporting). In addition, patient voice and patient safety are assessed by institutions, accountable care organizations, and state and local licensing requirements. Therefore, Practice Assessment, Patient Voice and Patient Safety requirements should be removed as a requirement of MOC.

As outlined in the joint society letter dated April 4, 2016 we are struggling to understand ABIM's overall vision, philosophy and strategy. This lack of a shared vision makes it more difficult and costly for societies to adjust to changes made by ABIM that are implemented with little input from or notice to the societies.

For example, in January rheumatologists were asked to provide input on potential changes to the examination format and concurrently were then asked to provide input to change the blueprint. While those that develop assessments understand that even a new examination format will require a new blueprint, this was not clear to the general rheumatology community. As a result, Rheumatologists reported being confused as to why they would be asked to provide feedback on the blueprint when they

thought it was going to be reformatted and indicated they would not participate in the existing process despite looming recertification deadlines.

We understand that there are many complex issues to address and we look forward to participating in the LCCR this Friday and hope that during this meeting our request for a comprehensive plan and timeframes will be met.

Thanks,

A handwritten signature in black ink, appearing to read 'Joan Von Feldt', written in a cursive style.

Joan Von Feldt, MD MSED

ACR President

CC:

Sharad Lakhanpal, MBBS, MD  
ACR President-Elect

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