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Dear ACR Members,

I am writing to follow up with our [July 24 e-mail](#) that provided a look at the ACR's advocacy efforts regarding [ABIM Maintenance of Certification](#) (MOC) and to provide recent updates to that program. As discussed in that e-mail, the ABIM promised to formally respond to both the ACP letter that the ACR and 13 other medical subspecialty societies signed that outlined our collective concerns about the MOC program and the additional feedback they received during the July 15 meeting of ABIM leadership with 26 medical subspecialty societies, including the ACR.

The ABIM's formal response was released on July 28, and in it they stated their intent to make the following additional changes to the MOC program:

#### **Secure exam**

- Any diplomate who takes an exam before his/her examination is due and fails will get an additional year to pass before being reported as "Not Certified" or "Not Meeting MOC Requirements" (assuming all other MOC requirements are met).
- First-time MOC retake fees (for physicians who have failed the secure examination) will be reduced from \$775 to \$400 beginning in 2015.
- ABIM will charter a committee and explore options for offering psychometrically rigorous and clinically relevant modular exams.
- ABIM will be releasing more detailed blueprints on their website this year and as stated in the previous update, will be giving more detailed feedback on the exam score reports started in 2015.

#### **Patient Survey**

- The name of this requirement is being changed from "patient survey" to "patient voice," as it is focused on ensuring physicians have incorporated the patient voice in their work. Surveys are one option to meet the requirement, and others will not require physicians to share any data survey information with ABIM. There will be at least 4 different pathways to meet this requirement, and they will be rolled out before the 2018 deadline for meeting the requirement.
- ABIM's new Specialty Boards - which include a Rheumatology Board - will begin to address the

question of what the appropriate patient voice options are in each discipline and practice type. The boards are charged with acting as a liaison with the medical societies in their clinical domains.

- ABIM created a committee to discuss the issue of reporting "clinically inactive" status publicly and modifying or eliminating practice assessment (Part 4) requirements for physicians who are no longer clinically active.

### **Certification Options**

- A newly formed ABIM committee will examine expanding MOC options for clinically inactive (and less clinically active) physicians, including researchers, academics and administrators.

### **Maintenance of Licensure**

- ABIM does not believe that MOC should be required for Maintenance of Licensure. In states where licensure includes required CME, MOC should count for those and any other knowledge or QI requirements.

### **Products**

- ABIM will explore pricing options whereby diplomates, over their 10-year exam cycle, can opt in or opt out of access to ABIM products, and if they opt out, get a discount on their MOC fee.

### **Web reporting**

- The ABIM Board will discuss website language for "Meeting MOC requirements" at their upcoming August meeting.
- **Aug. 15 update:** In a [statement released from the ABIM](#) following its Aug. 2 board meeting, "the leadership of the American Board of Internal Medicine (ABIM) agreed that the current language used for reporting whether or not ABIM Board Certified physicians are meeting requirements in ABIM's new Maintenance of Certification (MOC) program is causing legitimate confusion because many physicians hold some certificates which are grandfathered, or 'lifetime' certificates." ABIM is now exploring what changes can be made to this language, as it adopted this language from the American Board of Medical Specialties (ABMS), which oversees all boards.

Although I see these MOC reforms as continued progress, I think this will and needs to be an ongoing dialogue between ABIM and medical subspecialty societies so that we have a product that meets our members' needs and also the needs of the public.

I want to thank all of you who provided input following the July 24 e-mail. Please know that these responses are going to contribute to the ongoing feedback the ACR is providing to the ABIM. Your voices will be heard. If you haven't provided any comments yet or have more to add, please contact us at [MOC@rheumatology.org](mailto:MOC@rheumatology.org).

We will keep you informed about our progress as we continue advocating for all of you who are *Advancing Rheumatology!*

Thank you,

*Joseph Flood*

Joseph Flood, MD  
ACR President



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