



November 30, 2015

Sent via email

Richard J. Baron  
President and CEO  
American Board of Internal Medicine  
510 Walnut Street  
Philadelphia, PA 19106  
Email: [rbaron@abim.org](mailto:rbaron@abim.org)

Dear Dr. Baron,

On behalf of the American College of Rheumatology, thank you for meeting with us in October and hosting the Internal Medicine Summit in November. Both meetings provided the ACR with opportunities to share our position statement and to better understand ABIM's Assessment 2020 Task Force Report. For your consideration, we have prepared formal responses to the three recommendations outlined in this report.

**Recommendation #1: Replace the 10-year MOC Exam with More Frequent, Less Burdensome Assessments**

We believe this recommendation supports the ACR position that the current 10-year secure, closed book, high-stakes MOC examination is not an appropriate means of assessing clinical knowledge or decision-making for the purpose of recertification. We support replacing the 10-year exam with a less burdensome assessment and consider an open-book assessment or CME activities with assessments to be more appropriate options for confirming that physicians are keeping up with medical knowledge in their field.

In concept we support the example provided in the 2020 Task Force report that suggests recertification might include a series of low-stakes assessments taken at home or in the workplace with open-book format. For the assessment to be most effective, we believe physicians must be provided with feedback and the opportunity for remediation if performance is not satisfactory. Without feedback and remediation, these low-stakes assessments will in essence be high-stakes assessments and the intended benefits of revising the exam will not be realized. We do not support the continuation of a high-stakes examination for recertification and we do not believe that increasing the frequency is consonant with decreasing the burden of these assessments. As discussed, we believe societies and CME providers are best positioned to design and offer remediation. The ABIM should focus on the coordination and implementation of the assessment(s).

Before instituting a new assessment model we believe a full and transparent accounting of ABIM costs and an estimate of the costs to be borne by the individual physicians is essential. We feel strongly that a reduction in cost commensurate with the reduction in the scope of the MOC program should be instituted.

## **Recommendation #2: Focus Assessments on Cognitive and Technical Skills**

The 2020 Task Force report recommends that the ABIM focus its MOC efforts on assessing cognitive and technical skills relevant to the practice of internal medicine and the medical specialties. The report states “Other competencies, such as communication, teamwork, empathy and quality improvement are also vital for effective patient care, but formal assessment of them for practicing physicians is challenging. These skills have some special attributes. They may be context dependent in that the systems and teams may influence the ability of an individual to demonstrate them.....As methods emerge that are effective and efficient, that can account for context and convey meaningful information without undue burden ABIM should re-evaluate its role in assessing these competencies.” We believe this statement supports the ACR position that the ABIM should not reinstate the Practice Assessment, Patient Voice and Patient Safety requirements as part of the recertification process as these activities are already mandated by regulatory bodies that have the resources and expertise to provide a more complete evaluation.

We acknowledge ABIM is working towards a revised MOC requirement that aims to recognize activities that physicians are currently doing. We strongly encourage the ABIM to reassess the need for this recognition as we believe that the ABIM requirement for quality improvement is redundant and unnecessarily burdensome and that it is excessive to require physicians to **report** to ABIM that they have participated in these activities.

## **Recommendation #3: Recognize Specialization**

Rheumatologists provide ongoing acute and chronic care for people with complex conditions that require specialized expertise beyond that of primary care providers. Rheumatologists provide face-to-face, primarily non-procedure-based cognitive care, and serve patients with serious conditions that can be difficult to diagnose and treat including rheumatoid arthritis, systemic lupus erythematosus and other debilitating diseases. Early and appropriate treatment by rheumatologists slows disease progression, improves patient outcomes and reduces the need for costly downstream procedures and care that is complicated and made more expensive by advanced disease states. Given the importance of the services provided by rheumatologists, which can be provided only by rheumatologists, the ACR is highly concerned about the growing shortage of providers with expertise in rheumatology. This shortage threatens access to high quality care for all affected individuals.

Again in principle, the ACR agrees with the ABIM Assessment 2020 taskforce’s ultimate goal of customizing MOC, so that it represents an individual physician’s practice and is appropriately transparent and meaningful for the public. However, it would be premature for the ACR to support subspecialties within the field of rheumatology without research and the data to determine patients’ access to care would not be adversely impacted. In addition, the ACR does not support making participation in MOC a prerequisite for state licensure, hospital credentialing, or health plan/ insurer credentialing and we are concerned that the introduction of subspecialties within the field of rheumatology may have unintended consequences in this area that would adversely impact access to care.

As outlined in our position statement, there is evidence the MOC requirements have no beneficial impact on clinical care. Moreover, the direct and indirect costs of the MOC program to physicians and the healthcare system is excessive. To regain the confidence of the rheumatology community, it is important for the ABIM and/or the ABMS to engage a respected independent party to assess the impact of the MOC program and make the findings publically available.

We understand this is an evolving process and the ACR and its members expect the ABIM to remain engaged as this process continues. The College is ready to serve as a resource to the ABIM to help it understand the impact of future proposals to practicing rheumatologists.

If you have questions or would like to schedule a follow-up meeting please contact us or 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



E. William St. Clair, MD  
Immediate Past ACR President

Cc:

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