



July 18, 2014

Dear ACP members,

I am writing to inform you of the latest news and information relating to the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. This issue continues to be our number one priority, and ACP leaders have been actively advocating for ABIM to address the concerns expressed by our members and the internal medicine community.

On July 10, the ABIM Board and Council informed us about several initial changes to the MOC program that they are planning to implement in response to the concerns that we and others have expressed. ABIM has stated that it will:

- **Increase flexibility on deadlines.** ABIM's Board agreed to create a 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.** In response to questions raised about ABIM's governance and finances, they have added information to their website and ABIM's 990s are publicly available on <http://www.guidestar.com>.
- **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 already existing standards for certain types of CME products and providers. They are also creating mechanisms to approve additional CME activities that include an assessment of the learner.
- **Provide more feedback regarding test scores.** By 2015, the ABIM Board agreed to provide more in-depth, actionable feedback on individual performance in all of their exam score reports.
- **Evolve the "Patient Survey" requirement to a "Patient Voice" requirement.** This issue generated questions as to what will count for this requirement. The requirement will focus on using a variety of structured mechanisms to hear from patients and will recognize many activities that you 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 is re-designing the process to provide additional pathways to meet the requirement and focus more on measurement and improvement activities.

Earlier this week on July 15, ABIM also convened a meeting of the societies representing internal medicine and the internal medicine subspecialties to discuss the MOC program and feedback and concerns that the societies have heard from their constituents. ACP leadership participated in the meeting and reiterated to ABIM leadership our concerns and our additional recommendations for improvement that go above and beyond the bulleted items listed above. Within the next several weeks, the ABIM Board of Directors will be reviewing the input they received at the July 15 meeting, and we are hoping that this will result in further changes to the MOC process.

ACP leadership is encouraged to hear of ABIM's proposed changes to its MOC program. However, we are steadfast in our commitment to working with ABIM toward more substantial and meaningful reform measures to its MOC program, and will continue to explore many options. We will continue to work to achieve the best outcome for our members and their patients that will be true to our stated mission: To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

We will keep you informed about our progress.

Steven Weinberger, MD, FACP, Executive Vice President and CEO