



American Board
of Internal Medicine®

Internal Medicine Summit

May 21, 2018



American Board
of Internal Medicine®

Welcome

Patricia Conolly, MD, FACP
Chair, ABIM Board of Directors

Spring 2018 : Internal Medicine Summit

- 111 attendees
- 36 organizations represented
 - 30 Societies
 - ABIM, ABIM Foundation, ABMS, ACCME, and academia
- Day planned to challenge our thinking and spark discussion on important issues, including assessment frameworks, new MOC options and legislative activities



INTRODUCE 
YOURSELF

Today's Agenda

- **8:45 am** Update from the President
- **9:30 am** Why Incompetence Fails to Recognize Itself
- **10:30 am** Evolving Challenges and Opportunities in Professional Development
- **11:15 am** *Break*
- **11:30 am** Knowledge Check-In Update
- **12:00 pm** *Lunch*
- **1:10 pm** Exploring Additional Online Resources for Assessments
- **1:45 pm** Legislative Discussion
- **2:45 pm** *Break*
- **3:00 pm** Ask ABIM Governance
- **3:50 pm** Closing Comments
- **4:00 pm** *Adjourn*

Making Today a Success

- Speak up and share your thoughts and feedback
- Remain open-minded as we hear from our presenters and colleagues
- Focus on collaboration and solutions
- Think about next steps to turn ideas into reality
- Enjoy the meeting!



American Board
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Update from the President

Richard J. Baron, MD, MACP
ABIM President and CEO

A Community of Shared Standards

Doctors . . . **claim authority**, not as individuals, but **as members of a community that has objectively validated their competence.** The professional offers judgments and advice, not as a personal act based on privately revealed or idiosyncratic criteria, but as a representative of **a community of shared standards.**

Paul Starr, *The Social Transformation of American Medicine*, 1982 (p. 12):

Role of Certifying Boards vs. Professional Societies (CMSS Principles)

- *Specialty societies*: professional self-regulation by educating specialists through life-long learning and on-going performance improvement in practice
- *Certifying boards*: professional self-regulation through on-going assessment of physician knowledge and practice performance
- Societies and boards should collaborate to:
 - Continually improve the care of patients and the health outcomes of populations
 - Evolve on-going assessment of physician knowledge and practice performance to be consistent with these principles of professional self-regulation and to be more relevant and less burdensome to practicing physicians

Boards are about recognizing *Special Expertise*

- Roots go to NY Delegation at AMA in 1865
- First Board: Ophthalmology, 1916
- ABIM established in 1936 by the American Medical Association and the American College of Physicians to issue certification to physicians

- You are here:
- Home

Main Menu

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The American Chiropractic Board of Radiology is the certifying agency for Chiropractic Radiologists.

DEFINITION OF A CHIROPRACTIC RADIOLOGIST

Chiropractic radiology is a referral specialty that provides consultation services at the request of other qualified doctors. Chiropractic radiologists provide consultation in health care facilities (private offices, hospitals, and teaching institutions) to meet the needs of referring doctors and their patients. The quality of the consultative services by the chiropractic radiologist in independent practice is reflected by the quality of their professional credentials.

Chiropractic radiologists recommend, supervise, and interpret radiologic studies as well as advanced imaging procedures. They advise referring

Falsehoods Spread Faster than Truth on Twitter – Thanks to People, Not Bots

- Fake news tweets reach 1,500 people 6x faster than truthful tweets.
- People, not bots, are prime culprits for propagation of misinformation.
- The truth rarely reached more than 1,000 users; the most malicious false news stories routinely reached well over 10,000 people.
- **False news propagated faster and wider for all forms of news.**
- Tweets containing false information contained more new info than those containing truth – and elicited different emotional reactions, such as surprise and disgust.
- Fake news is a problem, both because of its scale and because of our own tendencies to share misinformation.



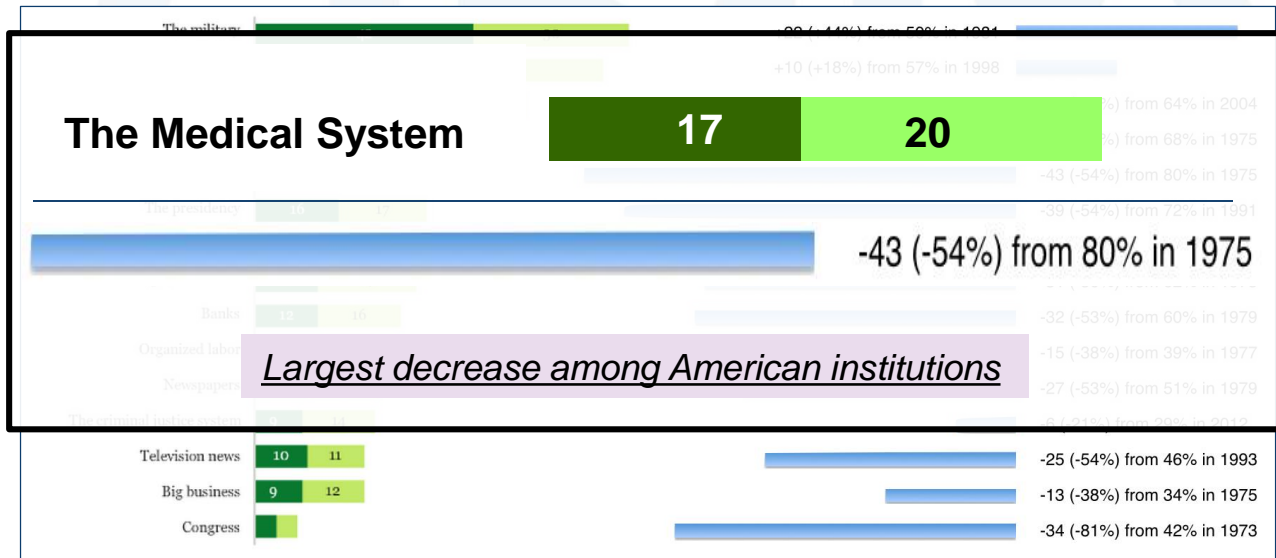
Science; March 2018

Confidence in Medical System Reaches New Lows

How much confidence do you have in these American institutions?

June 2-7, 2015 (Gallup)

■ %Great deal ■ %Quite a lot



**Professional
Self-Regulation Is
As Important Now
as It Ever Was**

The Privileges and Demands of Professional Self-Regulation

As part of our pact with society, we are further rewarded with the challenging responsibility of regulating ourselves. As a profession, we define the **three principal tenets of self-regulation**:

- Establishing standards by which people may enter the profession and by which they then practice medicine.
- Teaching the medical community how to exercise those standards on a day-to-day basis.
- Enforcing those standards.

Creating and enforcing the details of this contract is our duty to ourselves and to those we treat.

What the Certificate Says to External Stakeholders

Initial Certification

- Signifies a physician is ready for independent practice
- Demonstrates a doctor's post-training knowledge and skill in a particular medical specialty or subspecialty

Maintenance of Certification (MOC)

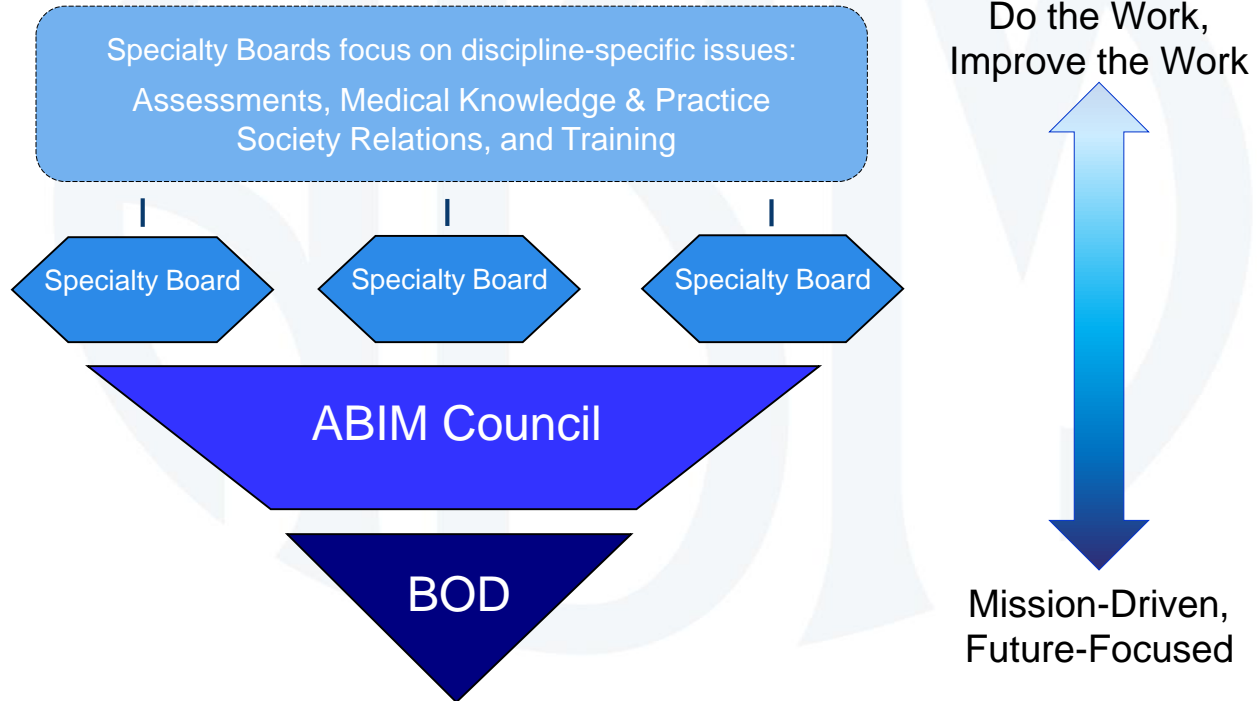
- Signifies an internist or subspecialist is keeping current within a discipline
- Provides external stakeholders with reassurance that a physician is keeping pace with knowledge and practice

For better and for worse, certification is an **INDIVIDUAL** credential

- It is held by an individual physician, and says something about that individual physician
- Current focus on outcomes is laudable, but they are produced by complex interactions
- ABIM believes –and we think you all agree- that skills of individual physicians still matter

Transforming Our Governance Structure

Of the profession, for the public
DIPLOMATES / PATIENTS



Community-Centered Design

- ABIM's leadership wants feedback from diplomates as we continue to develop new assessment methods and program models.
- Diplomates have a hand in shaping and developing assessments and program requirements.
- With each prospective change, ABIM reaches out to diplomates and societies for feedback.
- **Assessment models, formats and experiences are co-created with community to evaluate knowledge.**

Summative and Formative Assessment

- Not an “either/or” but a “both/and”
- Has become a “flash point” in the MOC discussion
- “Spectrum of views”
 - In this room
 - Among ABMS Boards
- Has been at the center of our discussions with all of you

Collaborative Maintenance Pathway *Update*

- In 2020, there will be two options for oncology
 - 10-year MOC exam
 - Shorter assessment every two years, jointly developed by ABIM & ASCO
- ABIM will forego development of its own Knowledge Check-in in Medical Oncology
- Jointly developed assessment addresses core oncology topics while also allowing oncologists to focus on their area of practice
- ABIM brings its expertise to set performance standards, issue certifications and administer the assessment process
- ASCO brings its expertise in the field of oncology to the assessment process as well as educational resources oncologists can use to close knowledge gaps

Collaborative Maintenance Pathway *Update II*

- Continuing conversations with ACP and ACC
- Working through the best way to combine summative and formative assessments
- Discussing how to talk about it with members/diplomates



Questions?



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Thank you!

EVOLVING CHALLENGES & OPPORTUNITIES IN PROFESSIONAL DEVELOPMENT



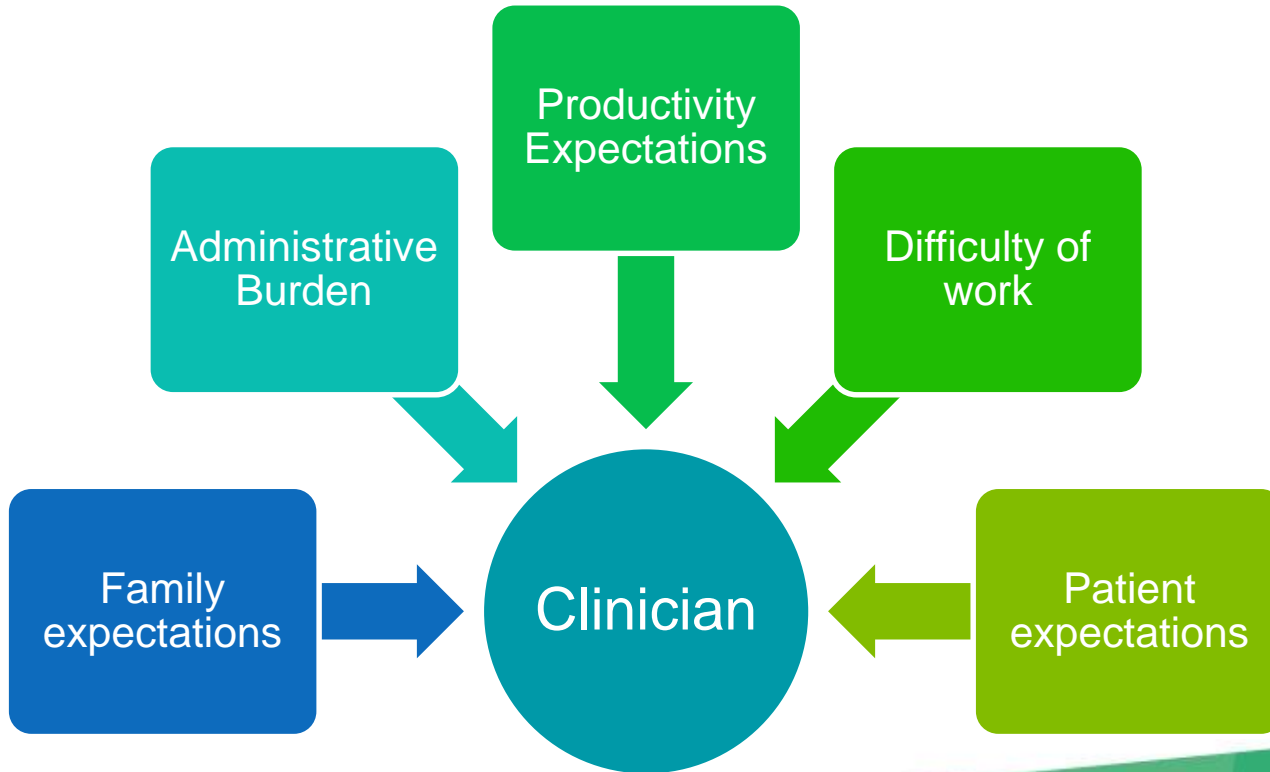
Graham McMahon MD, MMSc
President & CEO

What words come to mind when
you think of CME?

What are some common characteristics of physicians that make them good learners?



CHANGING ENVIRONMENT



Overload, loss of meaning, low autonomy

Burnout (emotional exhaustion, depersonalization, low esteem)

Errors, mortality, disruptive behavior, isolation, suits, ↓satisfaction, costs

Depression, drug/alcohol abuse, suicidality



Do you learn to ride a bike by observing?
Is it easier to learn or un-learn?

Dinner

- Sweet potatoes
- Gallon of whole milk
- Bread rolls
- Leeks
- Whipping cream
- Meat
- Celery and carrots
- Package of cubed stuffing
- Pumpkin pie mix
- Fresh Berries
- Pie shells
- Frozen green peas
- Cloves



WHO HERE IS A BELOW-AVERAGE DRIVER?



What have we learned?

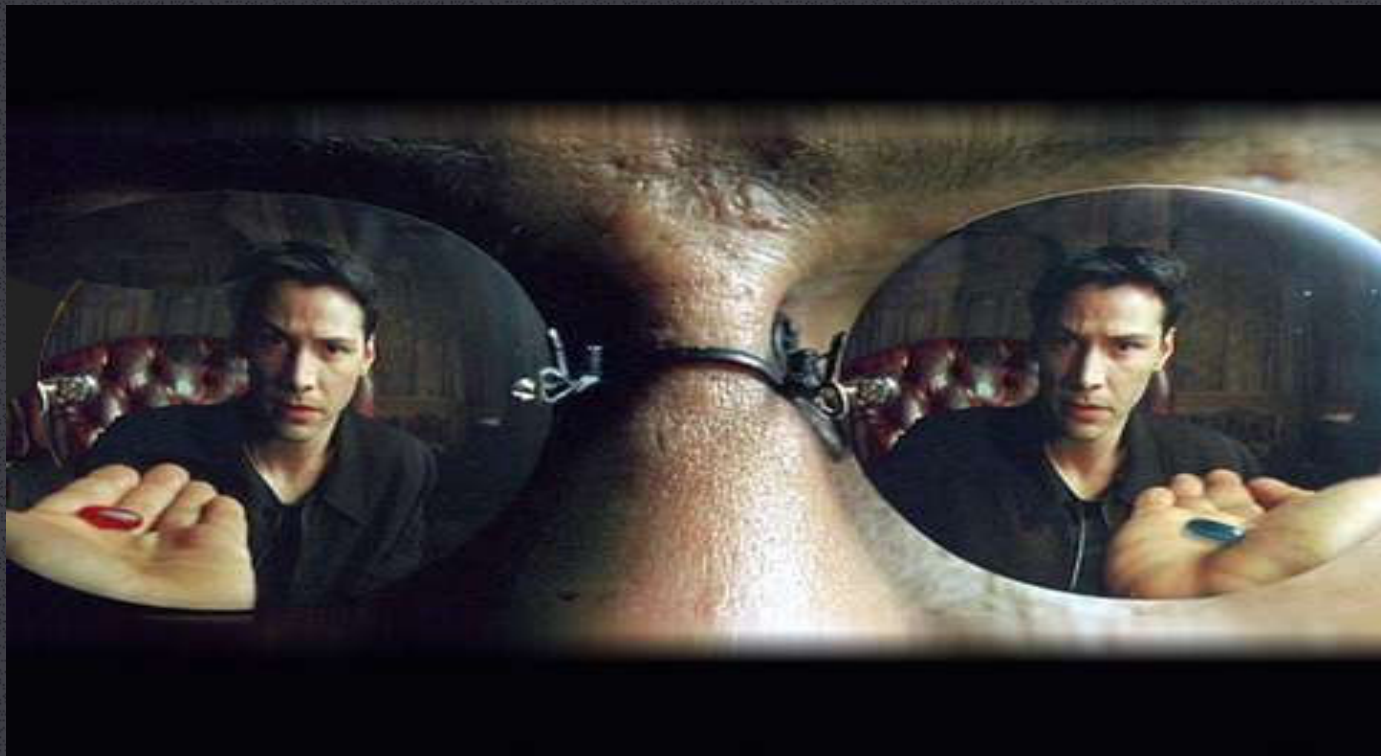
- Physicians have high attainment and capacity, and motivated for mastery, but many competing pressures on clinicians for time & attention
- Hard to learn by observation; especially hard to unlearn
- We all learn differently and tend to learn better together; context/relevance is important
- Self-awareness is often poor
- Many view CME as compliance rather than prof development; a good deal of CME is passive and reinforces complacency

WHY IGNORANCE FAILS TO RECOGNIZE ITSELF

David Dunning

Department of Psychology

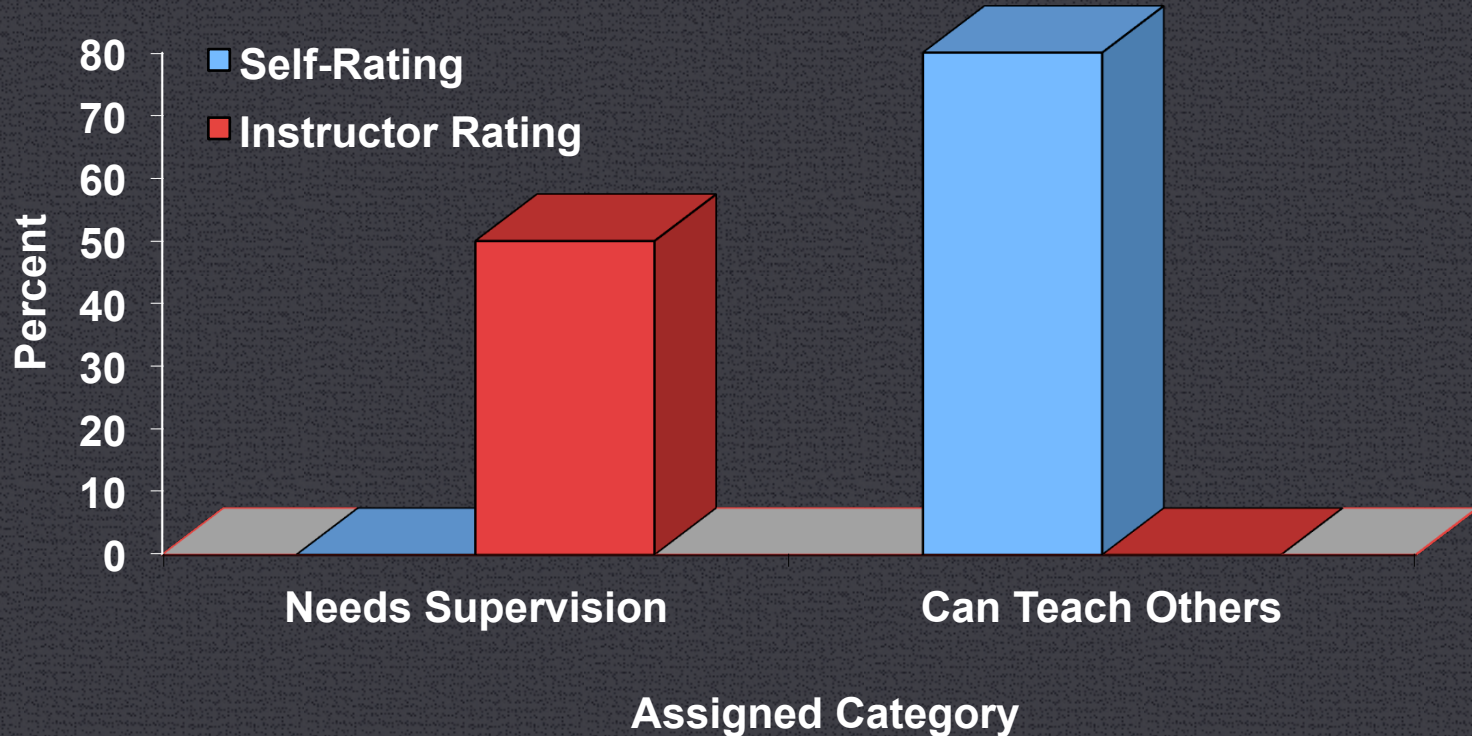
University of Michigan



Perception vs. ABSITE scores (Risucci et al., 1989)



Overconfident Self-Views Regarding Competence in Medical Procedures (from Barnsley et al., 2004)



Knowing Thyself in the Workplace (Zenger, 1992)

- Engineers asked to rate their performance in two different companies.
 - In Company A, 32% thought their performance lay in the top 5%.
 - In Company B, 42% thought the same.

- There are three things extremely hard:
diamonds, steel, and to know one's self.
 - *Ben Franklin, American Statesmen (1716-1790)*
- You can live a lifetime and, at the end of it,
know more about other people than you
know about yourself.
 - *Beryl Markham, British/Kenyan Adventurer (1902 - 1986)*

Atir, Rosenzweig, & Dunning

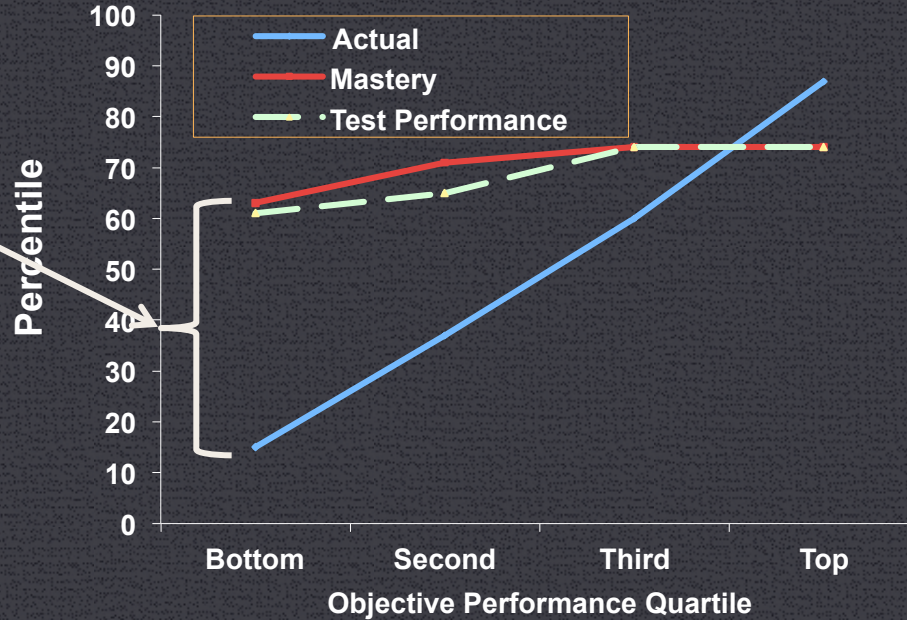
(2015, Study 1, *Psych Science*)

- tax bracket
- fixed-rate mortgage
- home equity
- revolving credit
- vesting
- retirement
- stock options
- inflation
- private equity fund
- interest rate
- Roth IRA
- whole life insurance
- pre-rated stocks
- fixed-rate deduction
- annualized credit

Judging Self-Performance on a Course Exam

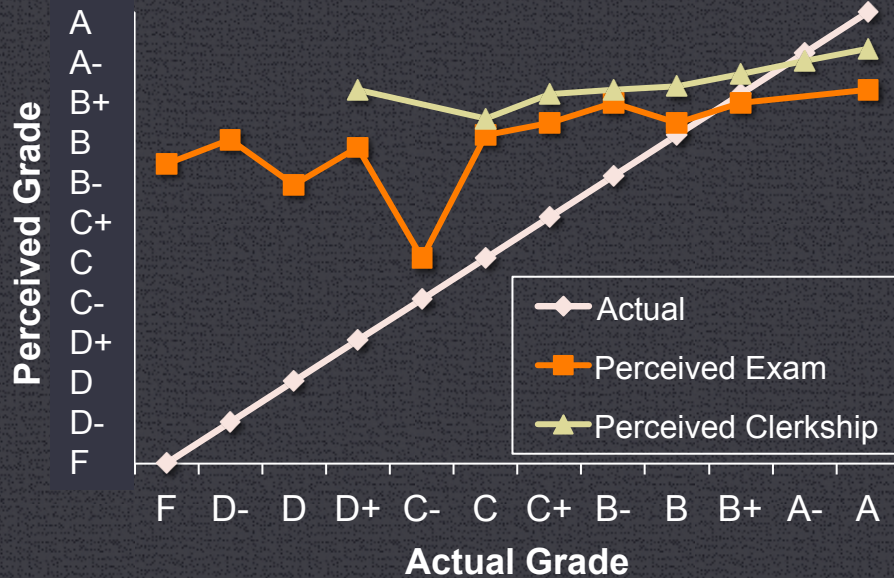
(Dunning et al., *Current Directions*, 2003)

Dunning-Kruger Effect



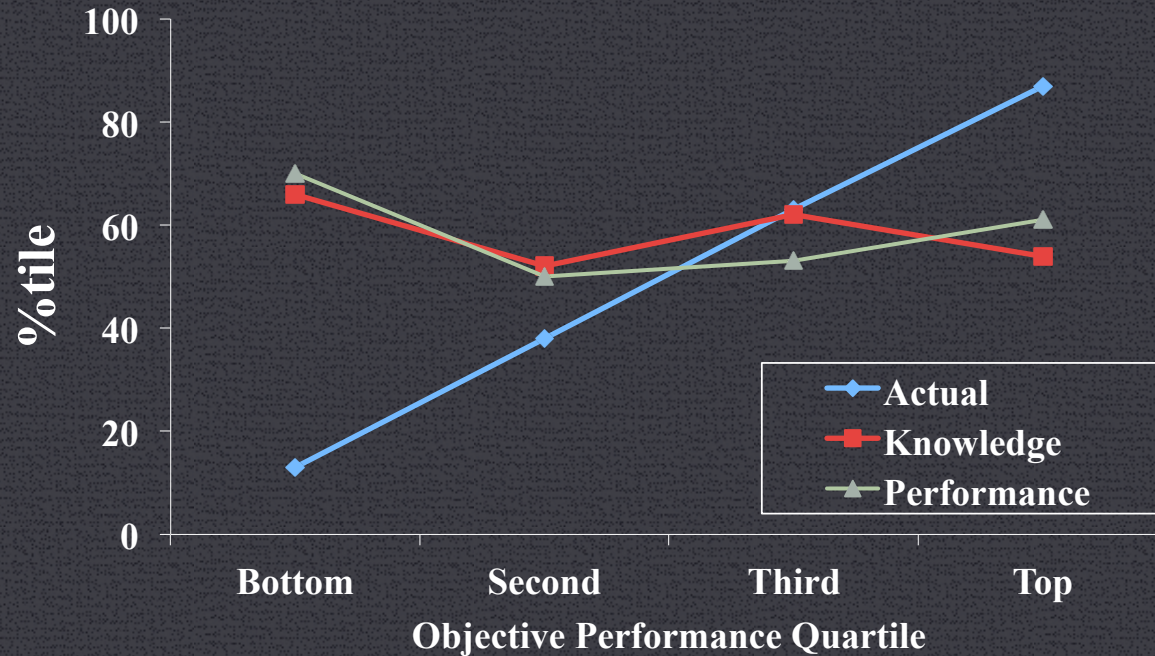
Performance Estimates by Medical Residents on Obstetrics/ Gynecology Clerkship

(Edwards et al., 2003, Am J Obstet Gynecol)



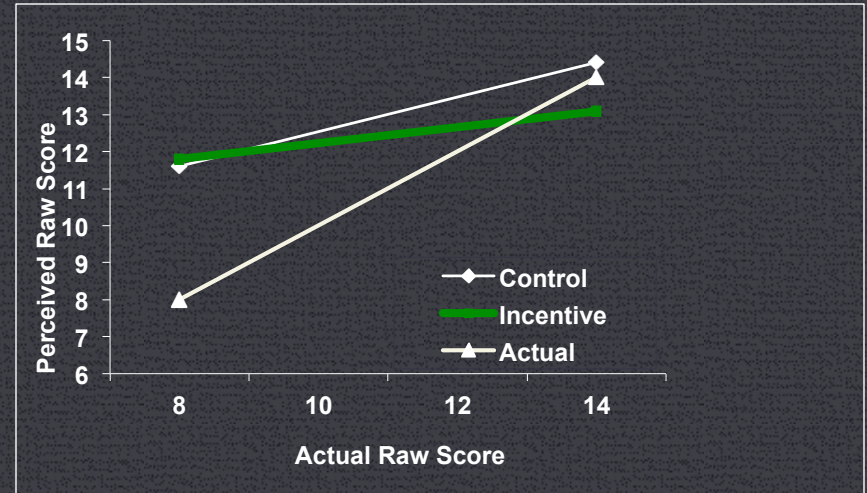
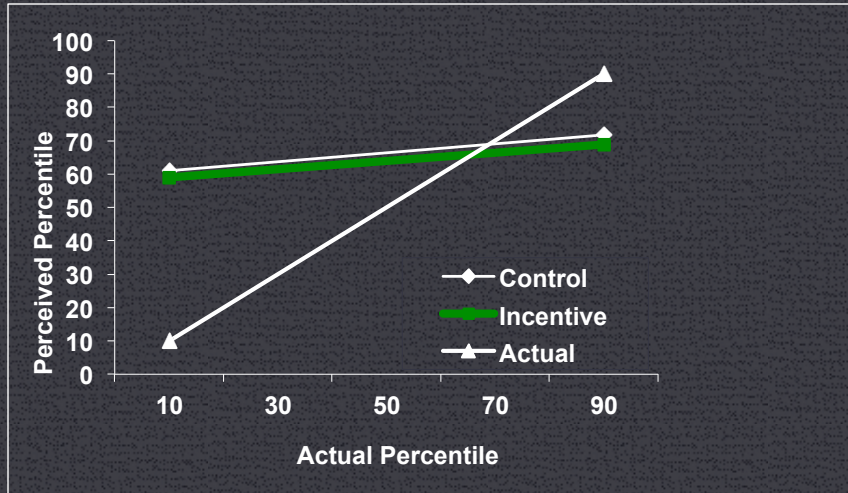
Metacognition at the Gun Club

(Ehrlinger et al., 2008, OBHDP)



No Incentive for Accuracy?

(Ehrlinger et al., *OBHDP*, 2008, Study 1)





" I see dumb people... they're everywhere.
They walk around like everyone else.
They don't even know that they're dumb."

Donald Rumsfeld (2002)

- There are **known knowns**. These are things we know that we know.
- There are **known unknowns**. That is to say, there are things that we know we don't know.
- But there are also **unknown unknowns**. There are things we don't know we don't know. And if one looks throughout the history of our country and other free countries, it is the latter category that tend to be the difficult ones.

Boggling the Mind

Redacted
Deciders
Coedited
Aeroduct

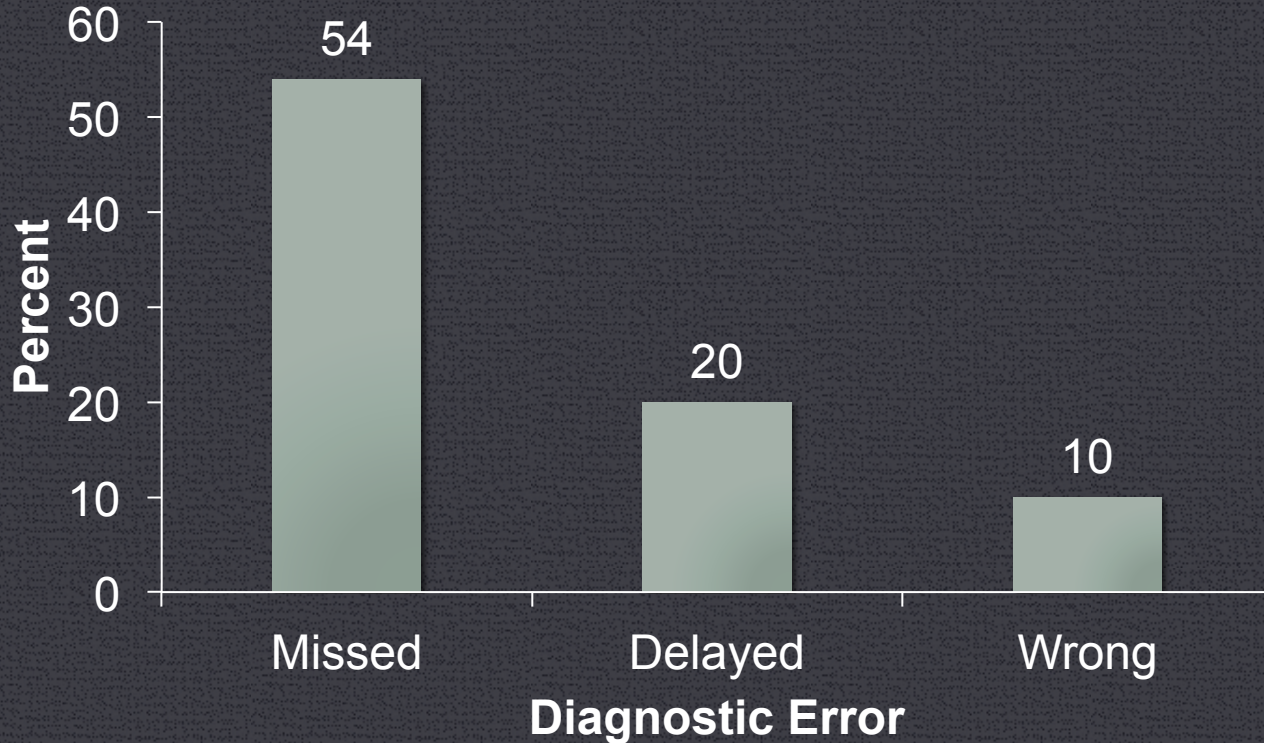
Acerous
Dacite
Oread

I	D	A	D
T	C	E	O
E	U	O	R
W	D	S	L

- In a way, the living-room player is lucky ... He has no idea how miserably he fails with almost every turn, how many possible words or optimal plays slip by unnoticed. The idea of Scrabble greatness doesn't exist for him.
 - *Stefan Fatsis, American Journalist (1963-*

Diagnostic Errors Leading to Malpractice Claims

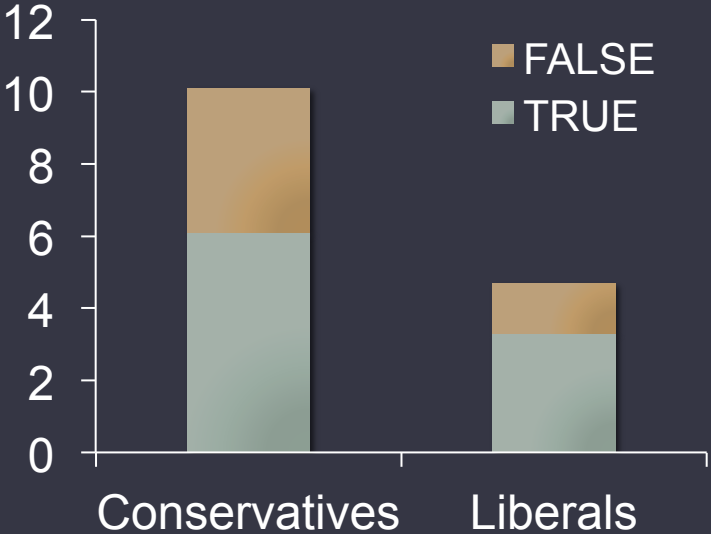
Tehrani et al., 2013, *BMJ Qual Safe*



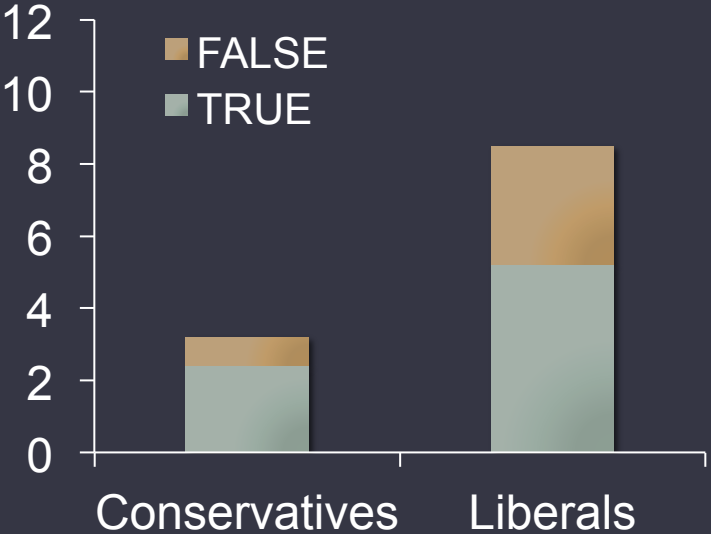
- Under President Obama's administration, the current budget year is projected to fulfill Obama's promise to cut the annual deficit to less than half of what it was in President Bush's last budget.
- **Since the start of the Obama administration, more people are living in poverty than they were under the Bush Administration.**
- The Social Security trust fund, under current policies, is projected to continue to have ample funds to pay full benefits beyond 2033.
- **Under the Obama administration, teenage pregnancy rates have hit an all-time high.**

Election 2014

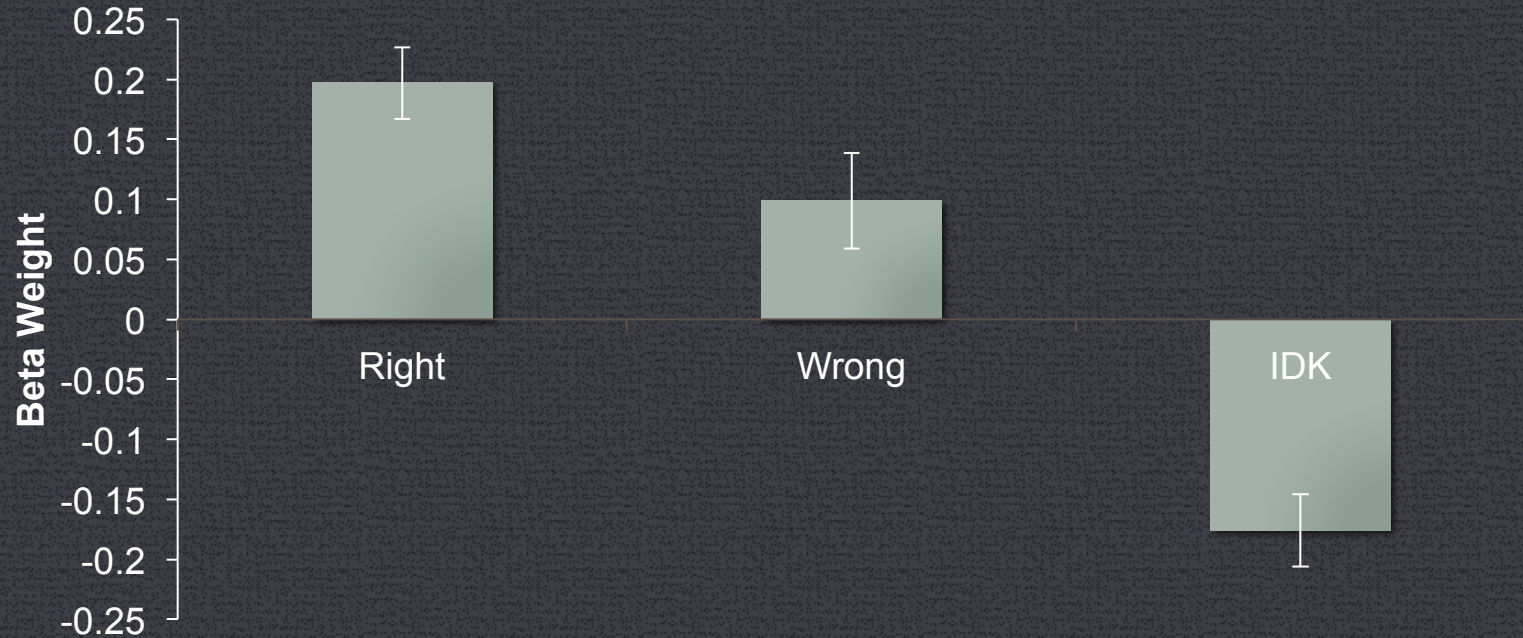
Conservative “Facts”

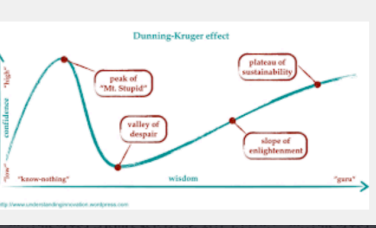
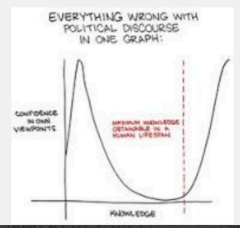
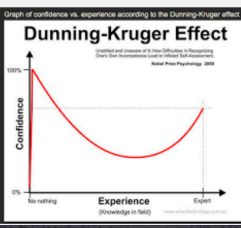
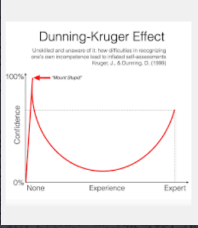
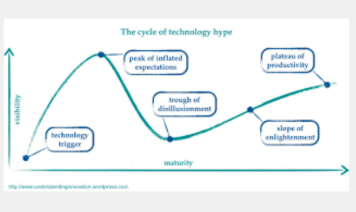
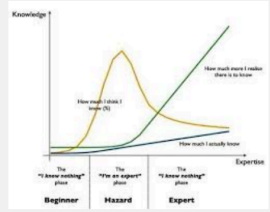
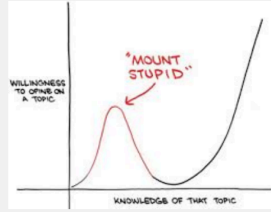
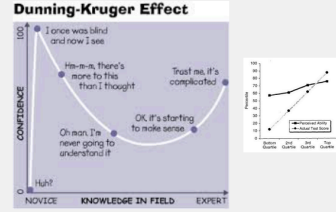
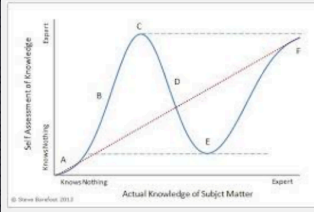
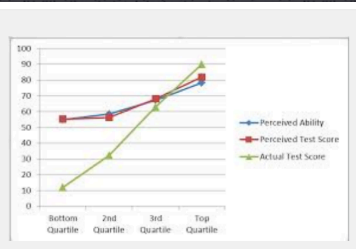
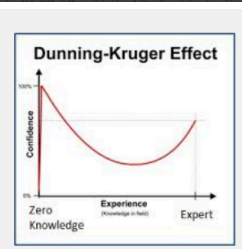


Liberal “Facts”

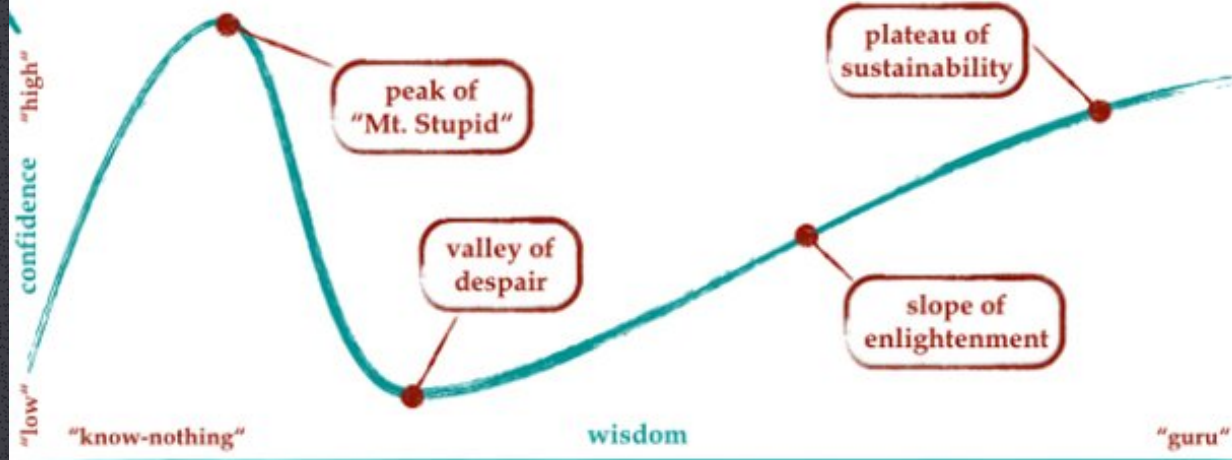


The Day after the 2014 U.S. Election



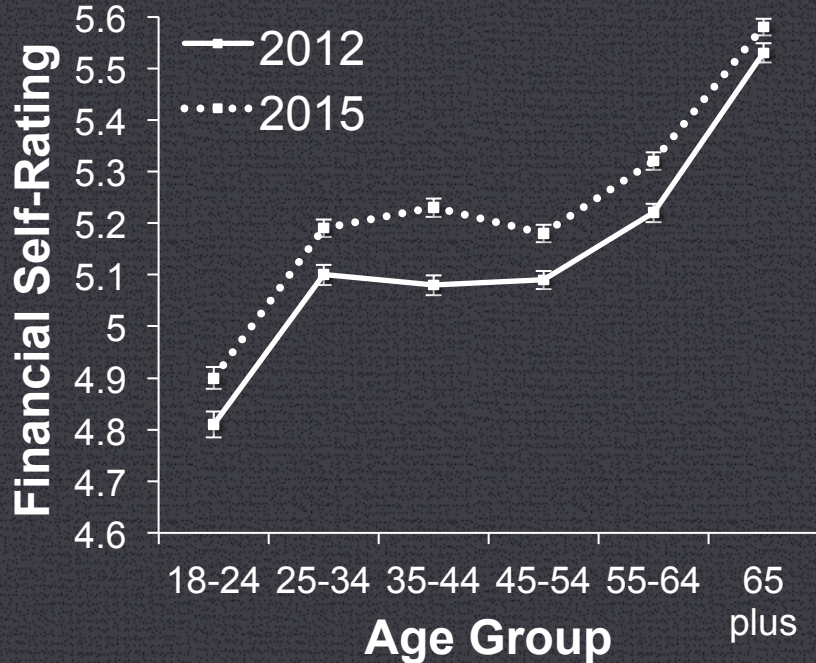


Dunning-Kruger effect

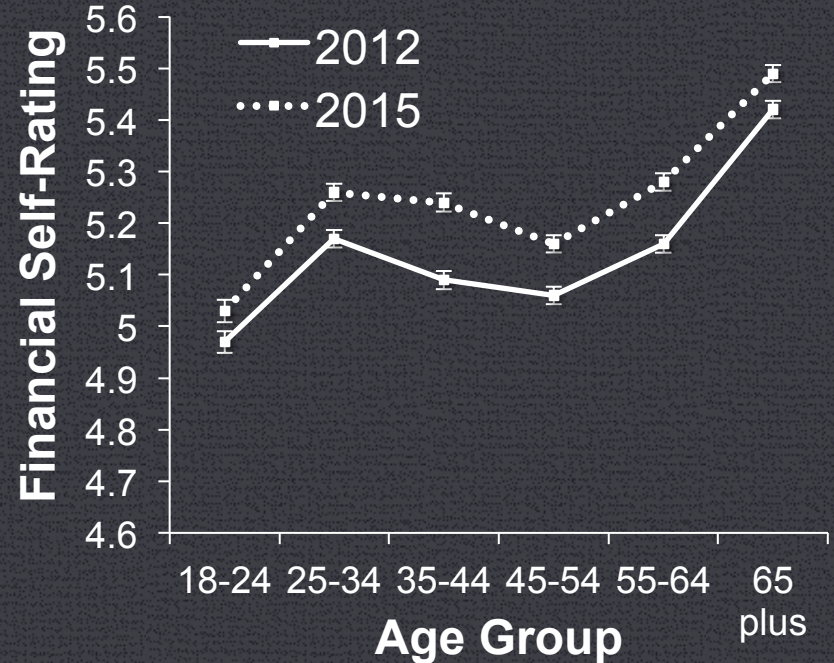


Sanchez & Dunning (in press, *JPSP*, Studies 5a & 5b)

Raw Ratings



Controlling for Actual Financial Literacy



Screw Misplacement in Spinal Surgery

Schatlo et al. (2015)

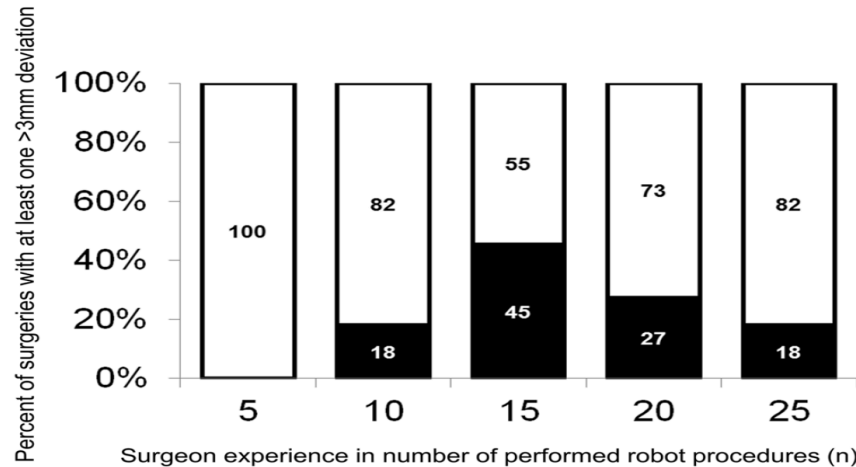
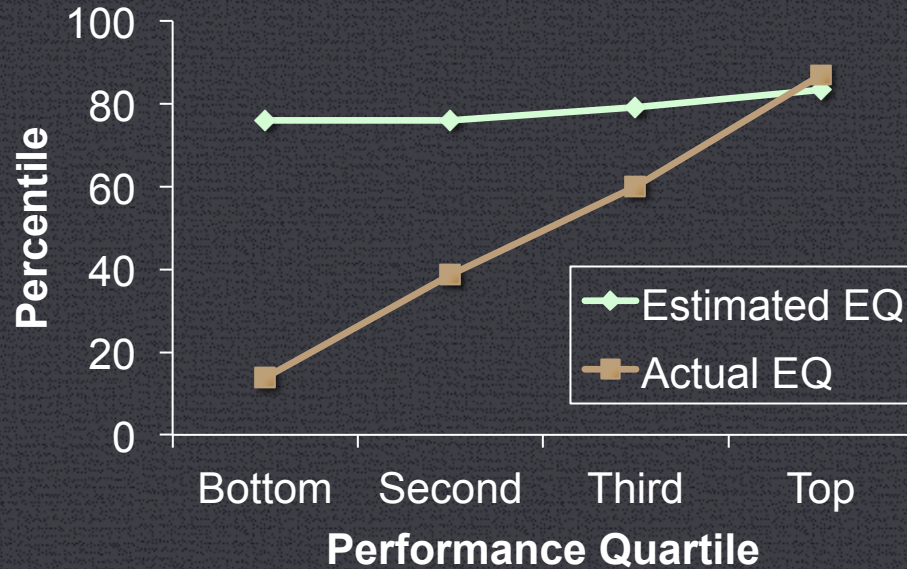


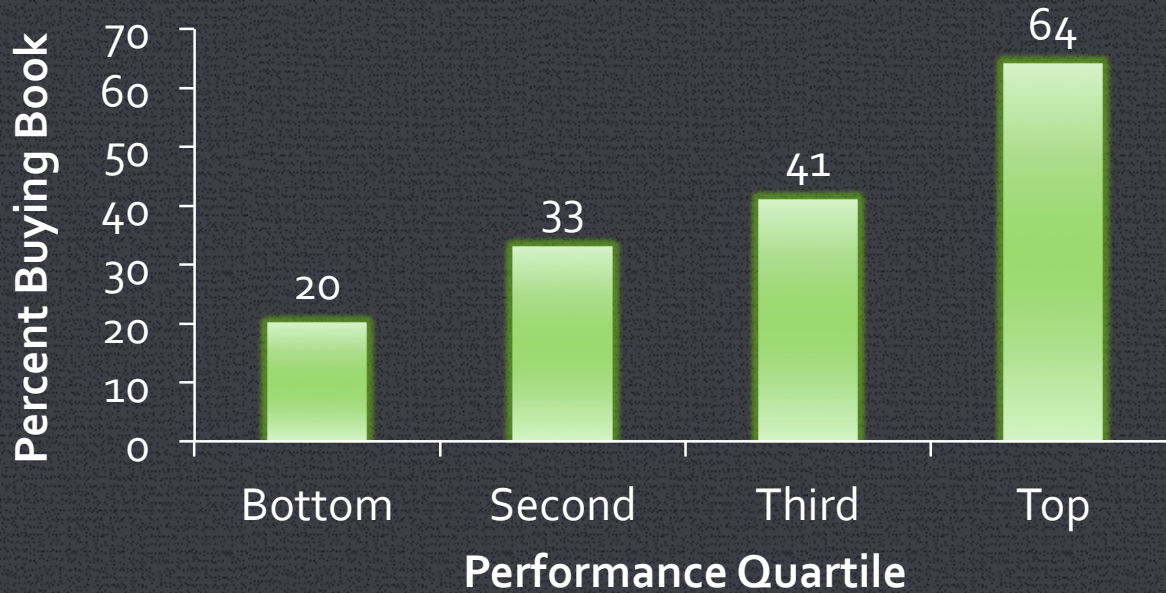
Fig. 2 Overall misplacement rate versus surgeon experience. The y -axis represents the misplacement rates (in percent of surgeries with at least one misplaced screw, i.e. >3 mm of pedicle breach). The x -axis displays the number of surgeries performed by a surgeon. The *black section of the bar* describes the number of surgeries with a misplacement. Misplacement rates reach a peak in surgeons after 10–20 surgeries and decline afterwards

Emotional Intelligence

Sheldon et al., 2014, *J Applied*, Study 2



Purchases of Self-Improvement Book after Feedback Sheldon et al., 2014, *J Applied*, Study 2)





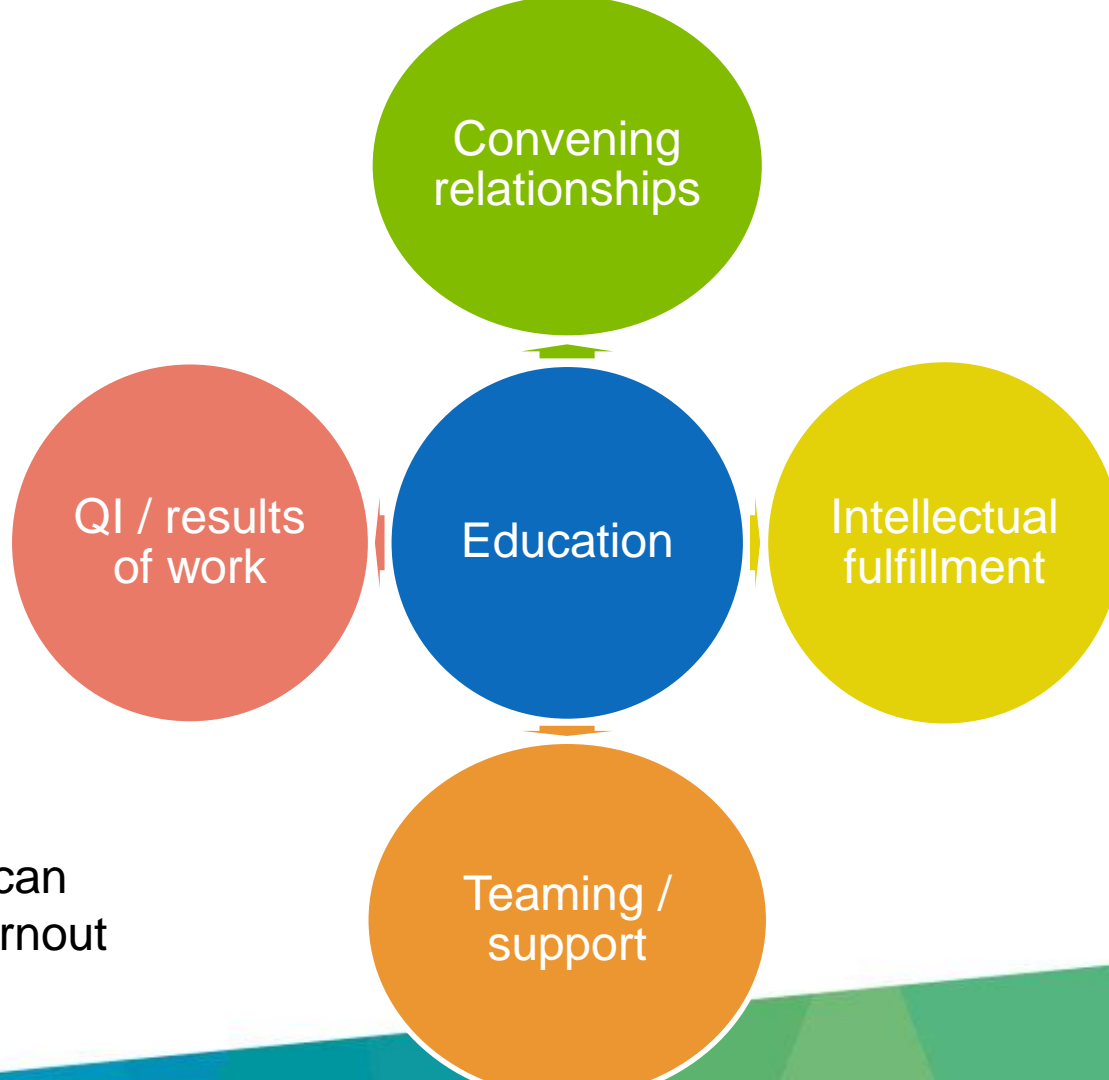
Summary

- Accurate Self-Assessment is Intrinsically Difficult
 - Low Correlation Between Perception and Reality
 - Pervasive Overconfidence
- Two Problems
 - Unknown Unknowns
 - False Beliefs Have the Look and Feel of Truth
- People Seek Improvement for Their Strengths, not Weaknesses

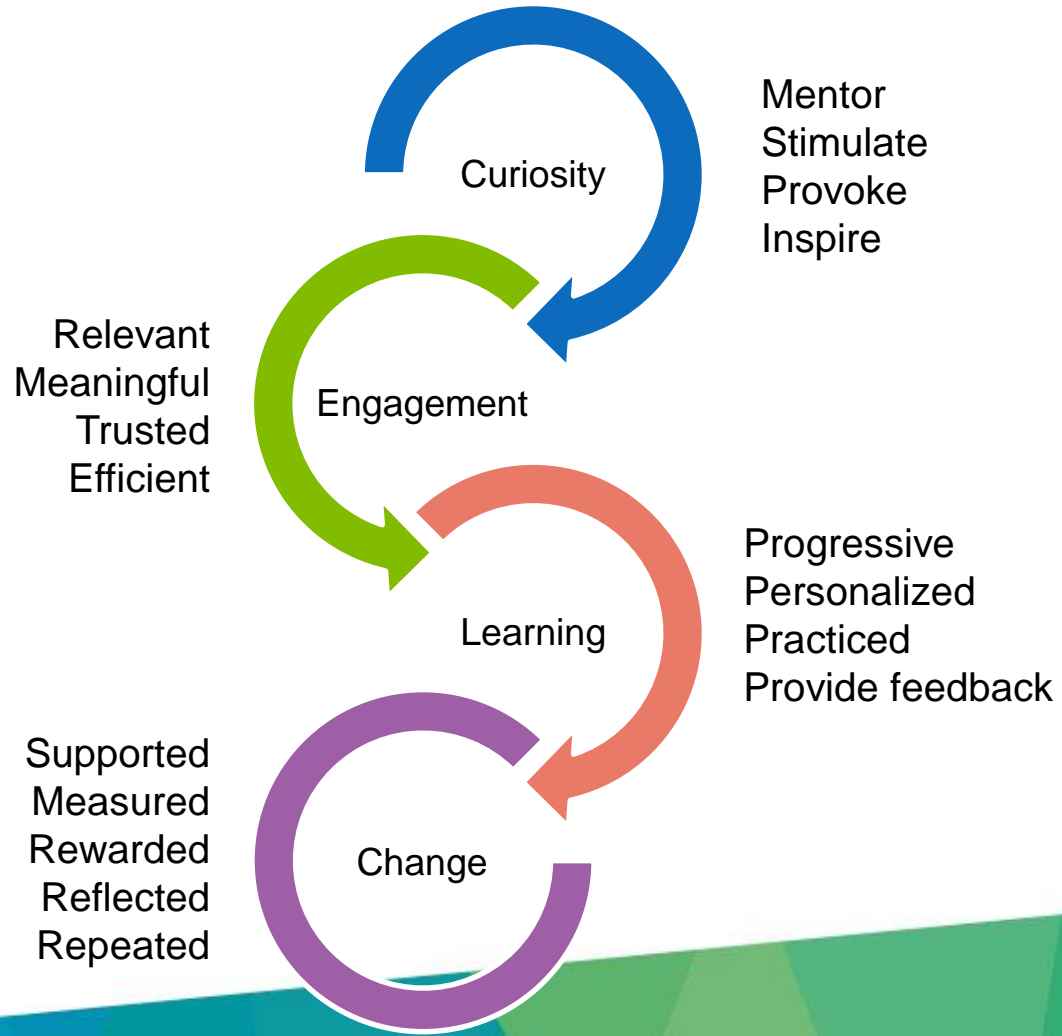
- An education isn't how much you've committed to memory, or even how much you know. It's being able to differentiate between what you know and what you don't.
 - *Anatole France, French poet and journalist (1844-1924)*

Learning can be Transformative





Education can mitigate burnout



What's Holding us Back?

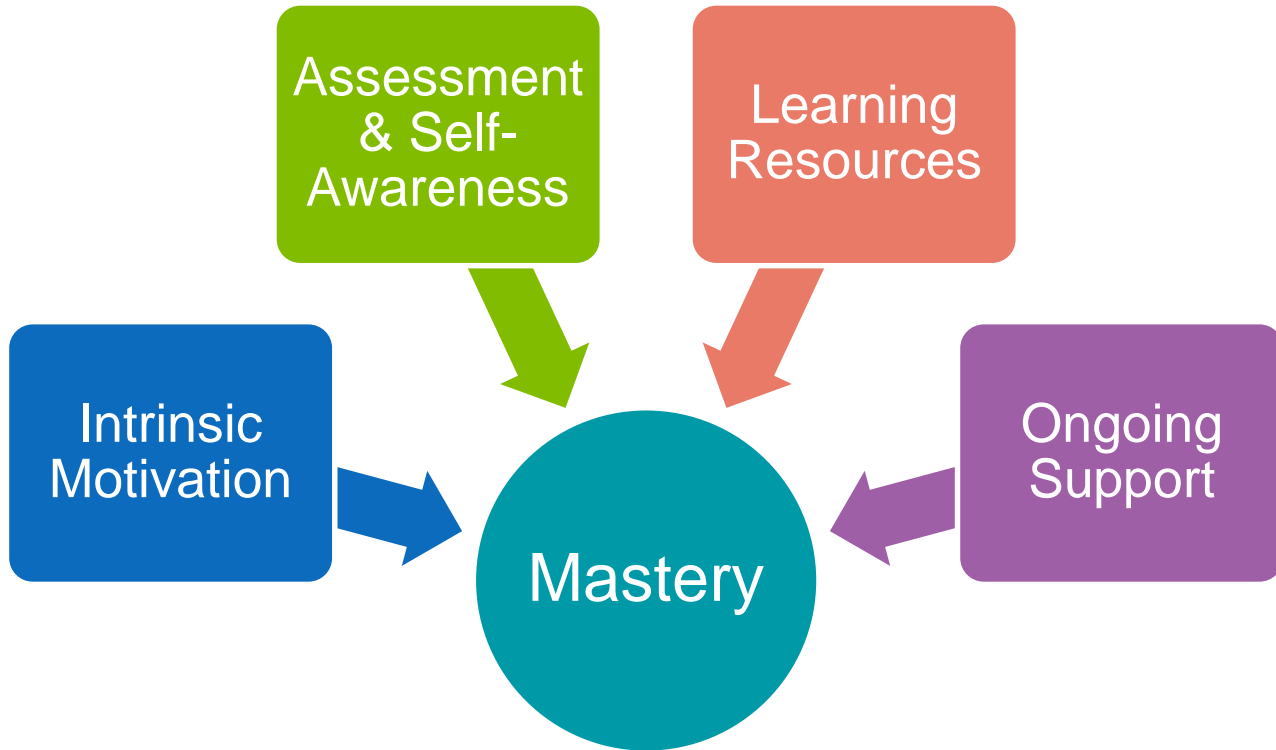
- It's challenging to engage cognitively when you're tired, stressed, distracted or burned out
- Many people are complacent about and have difficulty identifying their own areas for growth
- It is nearly impossible to surmise what you do not know
- We are poor assessors of the extent of our own deficits
- Practice types and learning needs are extremely diverse – there is no standard curriculum for clinicians in practice



**CALL TO MIND A MASTER
CLINICIAN/MENTOR**

**HOW DID SHE OR HE ACHIEVE
MASTERY?**





Key Issues for Medical Societies

- Evolution to educational home
 - Curricular and longitudinal model
 - Transforming large meetings to build skills rather than share information
 - Subscription model
- Create competency expectations
- Capitalize on others' assessments
- Support QI

Model for Continuing Certification

Boards/Societies
set competency
framework within
their domain

Clinician
identifies scope
of work within
those domains

Board approves
longitudinal or
periodic
assessment
anchored to the
scope

Society anchors
curricular
modules to the
domain and
tracks progress

Individualized scope, curriculum, & assessment
Dashboard

ENDOCRINOLOGY EXAMPLE

Model for Continuing Certification

COMPETENCIES

Diabetes
- *Insulin pumps*
Thyroid
Adrenal...

CLINICIAN'S SCOPE:

80% Diabetes
20% General

ASSESSMENT

80% Diabetes
- Pump mgmt. not
at standard
20% General

MODULES

Pump mgmt.
Novel insulins
Communications

Individualized scope, curriculum, & assessment
Dashboard



THANK YOU!

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linkedin.com/company/AccreditedCME

**Contact me:
gmcmahon@accme.org**



Time for a Break!



American Board
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Internal Medicine Summit

KNOWLEDGE CHECK-IN UPDATE

Richard Battaglia, MD, FACP

Chief Medical Officer

ABIM

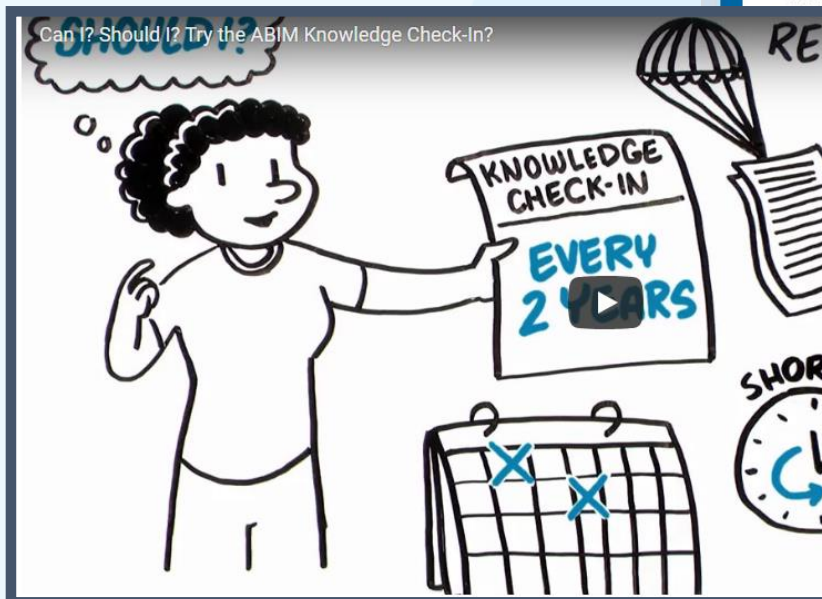


**PHYSICIANS PREPARE FOR THE
KNOWLEDGE CHECK-IN**

Knowledge Check-In Launch

- First administration June 7 and 9
- Internal Medicine and Nephrology
- Represents first time physicians have the choice to take an ABIM assessment in their home, workplace or test center

Laying the Groundwork: Late 2017



September 2017 update: Videos and details about ABIM Knowledge Check-In

KNOWLEDGE CHECK-IN SCENARIOS

FOR AN INTERNAL MEDICINE OR NEPHROLOGY ASSESSMENT DUE IN 2018*

PHYSICIANS DUE IN 2018	2018	2020	2022	NEXT STEP
A 	 Knowledge Check-In: PASS	 Knowledge Check-In: PASS	 Knowledge Check-In: PASS	 Knowledge Check-In: 2024
B 	 Knowledge Check-In: "no-consequence" FAIL	 Knowledge Check-In: PASS	 Knowledge Check-In: FAIL	 Knowledge Check-In: 2024
C 	 Knowledge Check-In: PASS	 Knowledge Check-In: FAIL	 Knowledge Check-In: PASS	 Knowledge Check-In: 2024
D 	 Knowledge Check-In: "no-consequence" FAIL	 Knowledge Check-In: FAIL	 Traditional MOC Exam: 2021	 Traditional MOC Exam: 2031 Knowledge Check-In: 2030
E 	 Knowledge Check-In: PASS	 Knowledge Check-In: FAIL	 Knowledge Check-In: FAIL	 Traditional MOC Exam: 2023

*For the first administration of the Knowledge Check-In in Internal Medicine or Nephrology

New Resources to Explain Enhancements to the MOC Program

- Short animated vignettes explaining how the Knowledge Check-In works and

ABIM is here to help make your exam runs smoothly

Dear Dr. :

Thank you for being among the first physicians to take the Knowledge Check-In online in June. ABIM is pleased to help you maintain your certification.

To ensure that your computer will support the Knowledge Check-In, you will need to complete the required system check as soon as possible from the location from which you will test on exam day.

[Run my system check](#)

The system check downloads and runs on your computer. You are able to install software freely. It will require an internet connection and identification that you will need on exam day.

Why the system check is important: Your computer must be compatible with the Knowledge Check-In software. If your computer is not functioning on exam day, you won't be able to take the exam.

We're here to help! If you have any questions or if you have trouble passing the system check, please call our **support line at 1-800-606-0259**. ABIM's Customer Relationship Advocates can provide more information about the assessment and schedule an appointment to address any computer-related issues in advance of your exam date.

For a complete list of system check requirements and for more experience, visit [Preparing for an Assessment](#).

Important information about your exam

Dear Dr. :

This is a reminder that you are scheduled to take the Knowledge Check-In.

Exam Name: Internal Medicine Knowledge Check-In

Exam Date: Monday April 23, 2018

Exam Time: 8:00 AM Eastern Time (ET)
Important note: Please be aware that the Knowledge Check-In is held in a different time zone. If you are in a different time zone, please adjust accordingly.

Exam Location: Online

Preparing for exam day

ABIM thanks you for being one of the first physicians to take the Knowledge Check-In assessment option. We highly encourage you to take the exam online. It's important that you perform the [system check](#) before exam day. The [system check](#) supports the online Knowledge Check-In.

You'll need to use the same computer and location for the Knowledge Check-In on exam day. Because the system check downloads and runs on your computer, you'll also need to make sure you are able to install software on your computer.

We understand taking the Knowledge Check-In online is a new way to take an ABIM assessment, so we've created a [step by step](#) guide through the exam day preparation exam. If you have any questions, please call our [support line](#).

We're also here to help! If you have any questions or if you have trouble passing the system check, please call our **support line at 1-800-606-0259**. ABIM's Customer Relationship Advocates can provide more information about the assessment and also help you schedule an appointment to address any computer-related issues in advance of your exam date.

Checklist for your Knowledge Check-in

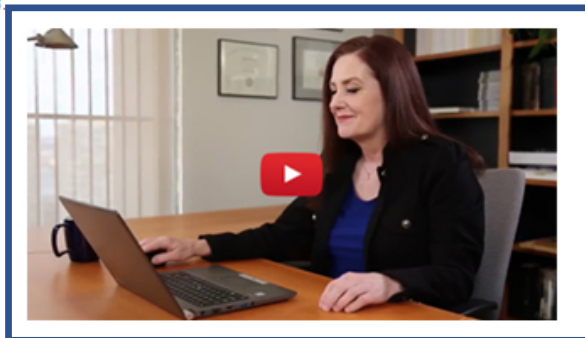
Dear Dr. :

With the Nephrology Knowledge Check-In coming up soon, now is the perfect time to complete the required system check if you haven't already done so:

[Run my system check now](#)

Be sure to use your computer in the location in which you plan to test on exam day. If your system is not compatible with the Knowledge Check-In on exam day, you won't be able to take it.

The online Knowledge Check-In represents a new and different way to take an ABIM assessment. We know you may have questions about how to prepare your workspace, so we've created this helpful video that may answer some of your questions:



There is also a new [exam tutorial](#) that lets you experience the functionality and features of the Knowledge Check-In.

We're here to help! You may have spoken to or received a voice message from one of ABIM's Customer Relationship Advocates in April, and they continue to stand ready to assist you. They can provide more information about the assessment and can also schedule an appointment to address any computer-related issues.

A doctor in a white lab coat and glasses is sitting in a cafe. He is holding a coffee cup in his right hand and reading a newspaper in his left. The scene is overlaid with a blue tint. The text 'MOC PROGRAM UPDATES' is written in large, bold, orange letters across the bottom of the image.

MOC PROGRAM UPDATES

Three Changes Going into Effect This Summer

- Allowing a physician to switch from the KCI back to the 10-year after failing the KCI, and keep their original exam due date, as long as it has been less than 10 years since they last passed the 10-year exam.
- Allowing multiple fails on the KCI without being forced to the 10-year exam, as long as it has been less than 10 years since they last passed the 10-year exam.
- Diplomates may take both a KCI and a 10-year exam in the same year.

New Certification Re-entry Pathway

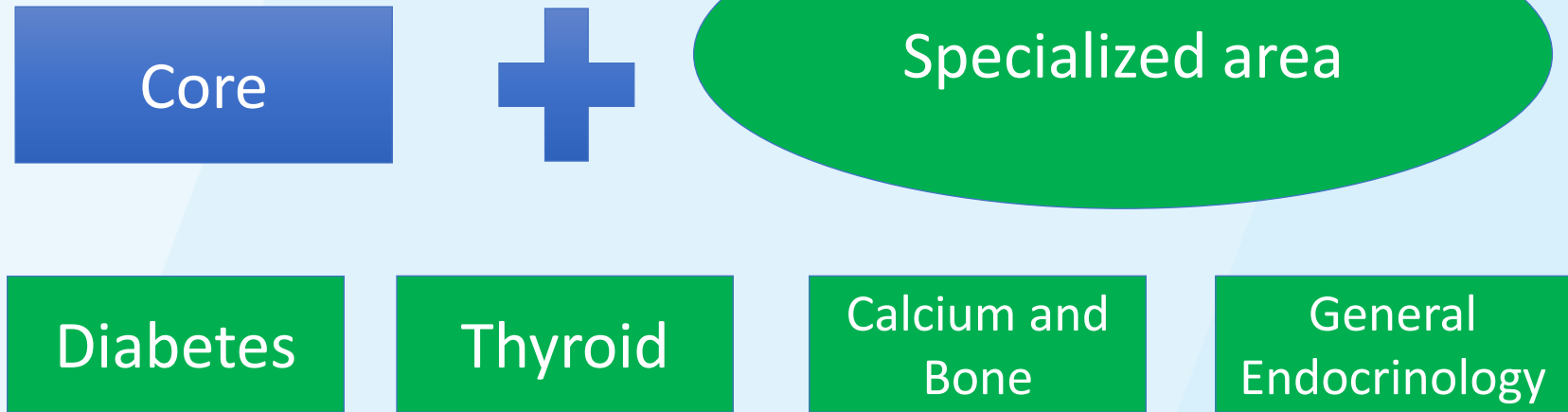
Beginning in 2019, non-certified physicians or physicians that let a certificate lapse can recertify by successfully passing two consecutive Knowledge Check-Ins.

This new pathway will be communicated to diplomates in fall 2018.

Endocrinology Specialization within Knowledge Check-In

- ABIM formed Task Force with representatives of Endocrine Society and American Association of Clinical Endocrinologists (AACE) to:
 - Review data on practice patterns of endocrinologists, and
 - Provide recommendations regarding potential specialization topic areas
- Task Force recommended that “core endocrinology” be a part of all assessments
- Modular approach allowing choice of specialization topic(s)
- Work ongoing to determine feasibility, operational issues and timeline.

Allows some choice/focus modules (relevant to practice)





MOC MYTHS AND MISCONCEPTIONS

MOC Myth Busters

Myth: “Now that the Knowledge Check-In is available, I have to begin taking it right away, even if I recently passed the Maintenance of Certification (MOC) exam.”

#FactCheck: *A physician’s due date for an assessment (Knowledge Check-In or traditional 10-year exam) is 10 years from the last time they passed an MOC exam. They do not need to pass another assessment until the due date shown on the home page of their ABIM Physician Portal.*

MOC Myth Busters

Myth: “I can register and take the Knowledge Check-In at any time.”

#FactCheck: *The Knowledge Check-In is offered four to six times a year at designated times on those dates. This includes the remote Knowledge Check-In. You do need to schedule a specific date and time. It is not available “on demand.” Registration is now open for fall Knowledge Check-In dates in Internal Medicine and Nephrology. Registration for 2019 Knowledge Check-In dates opens December 1, 2018. Knowledge Check-Ins are available every other year in each specialty beginning the year they roll out.*

MOC Myth Busters

Myth: “If I have multiple certifications, I need to earn 100 points for each one.”

#FactCheck: *The MOC points physicians earn apply to all of the certifications they are maintaining. Physicians need to earn 100 points total every five years (including 20 points in medical knowledge) and do not have to earn separate points for each certification.*

MOC Myth Busters

Myth: “I have to earn all my MOC points before I can take the exam.”

#FactCheck: *Physicians can earn their MOC points at any time, before or after you take an assessment. There is no point requirement to register for and take an assessment (Knowledge Check-In or traditional 10-year MOC exam.) As long as a physician completes the activities by the deadlines shown in their portal, they will be meeting MOC requirements. Note: Taking the assessment will earn MOC points!*

MOC Myth Busters

Myth: “My MOC points must be specific to my certification area.”

#FactCheck: *Physicians can earn MOC points by doing any approved activity. For example, if you are a cardiologist, you can earn points for activities beyond cardiology topics.*

Discussion



510 Walnut Street, Suite 1700, Philadelphia, PA 19106 | abim.org



Time for Lunch!

(Next session starts at 1:10pm)



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Exploring Additional Online Resources for Assessments

Bryn Herrschaft-Eckman, PhD
Senior Research Innovations Specialist

You May Have Heard the News

- **Spring 2018:**

- Internal Medicine and Nephrology 10-year MOC assessments



- **June 2018:**

- Internal Medicine and Nephrology Knowledge Check-Ins

- **Fall 2018:**

- All 10-year MOC assessments

Expanding Open-Book Resources

- **Better reflects current practice**

- Use a variety of resources in practice to look up clinical guidelines and evidence online when making important decisions



- **Resources might need to be more specific to specialty**

- UpToDate might not work for certain specialties who have more specialty-specific resources (e.g. guidelines, journals, textbooks)

What Have We Done in Reaching Out So Far?

- **Invitation extended to identify additional resources used by the physician community via survey**
 - Society Partners
 - Specialty Boards
 - Exam Committees

- **Identify the 3 most common resources used for decision-making support by specialty**
 - ▶ Format
 - ▶ Type of Access
 - ▶ Required Log-In
 - ▶ Access to modify (Societies)
 - ▶ Data on popularity of resources (Societies)

Survey Results

- **166 responses so far, collection at meetings is ongoing**
 - 16 society partners in 13 specialties
 - 16 specialties represented by specialty boards/exam committees
- **UpToDate**
 - 83% (N=138) of responses
 - About 60% ranked UpToDate as the top resource
 - About 91% (N=126) reported UpToDate access provided by their institution
- **Guidelines (Society and Other Organizations)**
 - 49% (N=81) of responses
 - About 13% ranked guidelines as the top resource
 - Most frequently ranked as 2nd resource

Survey Results

- **Specialty-specific Journals or Textbooks**
 - 37% (N=61) of responses
 - Most frequently ranked as 2nd or 3rd resource
- **Society Products and Board Review**
 - 14% (N=24) of responses
 - Most frequently ranked as 3rd resource
- **Other Subscription Products (e.g., DynaMed, Epocrates, MicroMedEx)**
 - 16% (N=27) of responses
 - Most frequently ranked as 2nd or 3rd resource
- **General Web/Article Search (e.g., PubMed, Google)**
 - 74% (N=123) of responses
 - About 14% ranked web searches as the top resource
 - Ranked most often as 2nd resource

What Have We Done Technically So Far?

- **Collaboration with Pearson VUE to identify feasible strategies for providing access to additional resources**
 - Current interface does not support the use of multiple different resource formats
- **Scope out development and timeline for implementation**
 - Resources will vary from discipline to discipline
 - Format for selected resources vary (e.g., subscription products, free websites, PDF documents, etc)
 - Interface for selected resources vary (e.g., pop-up windows, access to external links or social media)

Considerations



- **Assessment with Time Limit**
 - Continued delivery with a limit on the amount of time available to complete the assessment
- **Several Resources at Once**
 - Too many resources introduces challenges with time limits
 - Could consider giving more time, but the 10-year MOC assessments are at their limit for one day, and Knowledge Check-Ins are meant to be shorter and don't want to sacrifice reliability/accuracy
 - Conflicting information might exist between multiple resources
- **Accessibility of Resources**
 - Individual log-in credentials needed for physicians with institutional access through their hospital or health system

Considerations

- **Security**

- What risks are we willing to take with opening resources up more broadly?
- Risks vary by resource and require different, sometimes creative strategies to address them



- **Access to email, social media, and other websites that might compromise the value and integrity of the assessment**

- Access to these functions vary by resource
- Ability to copy and paste, or type items into an open field represent a significant risk to security

Next Steps

- **Survey diplomates by specialty on the top resources identified by society partners and governance members**
 - Collect additional information about institutional access vs. individual subscriptions for subscription products
- **Select a limited set of resources for each specialty for inclusion on the exam**
 - Resources will vary from exam to exam
- **Planning and development work needed to expand external resources for 2020 and beyond**

Anticipated Timeline

- **Ongoing for 2018**
 - Collection and investigation of potential additional resources
 - Planning and development activities for implementation
- **August to September 2018**
 - Survey to diplomates in each specialty about top 3 resources selected by governance and societies
 - Gather additional information about access and importance
 - Begin initial technical development activities
- **December 2018**
 - Materials provided to societies and other organizations explaining specific requirements for external resources that could be incorporated into the assessments

Anticipated Timeline

- **January to March 2019**
 - Submission period for potential external resources to ABIM for consideration
- **April to August 2019**
 - Identification of resources to be included for each specialty
 - Collaborative work with owners of resources to prepare for inclusion
 - Initial development and continued technical activities for implementation
- **September 2019**
 - Completion of initial development activities and user testing
- **January 2020**
 - Implementation for pilot exams with continued roll-out





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Thank you!

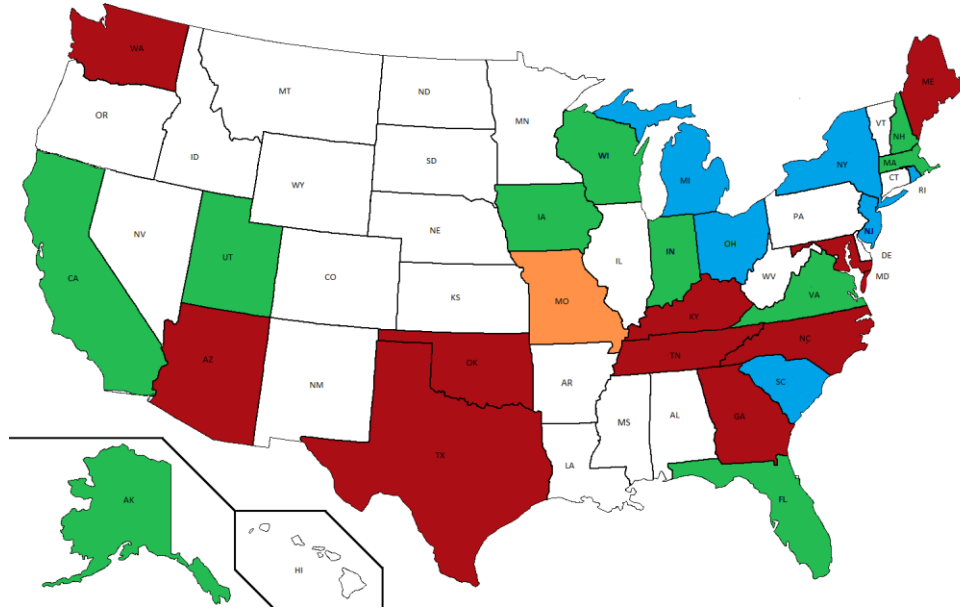


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Legislative Discussion

Richard Battaglia, MD, FACP
ABIM Chief Medical Officer

STATE LEGISLATION OPPOSING THE USE OF CERTIFICATION 2016-2018



Legislation passed since 2016 (10)¹:

Arizona, Georgia, Kentucky, Maine, Maryland, North Carolina, Oklahoma, Tennessee, Texas, Washington

Legislation previously passed, new legislation pending as of 5/10/2018 (1)¹:

Missouri

Legislation Dead/Defeated as of 5/10/2018 (10):

Alaska, California, Florida, Indiana, Iowa, Massachusetts, New Hampshire, Virginia, Utah, Wisconsin

Legislation Pending as of 5/10/2018 (6):

Michigan, New Jersey, New York, Ohio, Rhode Island, South Carolina

¹ All bills passed to date prohibit state licensing boards from requiring MOC for licensure. Laws in Texas and Tennessee restrict hospitals and health plans from differentiating between physicians based on their MOC status.



MOC & Licensure

ABMS policy on licensure

The American Board of Medical Specialties (ABMS) supports licensure for the undifferentiated practice of medicine.

MOC has never been required for licensure.

- *Certification* is not required for licensure in any state.
- *Licensure* is a requirement for certification.
- Doctors who are not board certified can still get medical licenses and practice in their state.



MOC & Clinical Privileges

ABMS policy: Specialty or subspecialty certification should not be the sole determinant in granting and delineating a physician's clinical privileges.

Panelists

- **Dr. Suzanne M. Norby**
American Society of Nephrology (ASN)
Physician Representative
- **Dr. Daniel J. Pambianco**
American College of Gastroenterology (ACG)
Physician Representative
- **Dr. Patrick J. Walker**
American College of Surgeons (ACS)
Physician Representative



Time for a Break!



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Ask ABIM Governance

Eric McKeeby

ABIM Director of Community Engagement
(Moderator)

Panelists

- **Dr. Richard J. Baron**
President and CEO of ABIM
- **Dr. Patricia M. Conolly**
Chair of the ABIM Board of Directors
- **Dr. Roger W. Bush**
Member of the ABIM Board of Directors
- **Dr. Robert D. Siegel**
Member of both the ABIM Board of Directors and the ABIM Council
- **Dr. Jeffrey S. Berns**
Chair, Nephrology Board; Chair-Elect, ABIM Council
- **Dr. C. Seth Landefeld**
Member of the ABIM Board of Directors



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Closing Comments

Patricia M. Conolly, MD, FACP
Chair, ABIM Board of Directors



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Thank you!