



American Board
of Internal Medicine®

Redesigning MOC

**ACP Internal Medicine Meeting 2016
May 5, 2016 • Washington, D.C.**

**Richard J. Baron, MD, MACP
Patricia M. Conolly, MD, FACP
Yul D. Ejnes, MD, MACP**

Disclosure of ABIM Service: Richard J. Baron, MD, MACP

- I am **President and CEO of ABIM & ABIM Foundation.**
- To protect the integrity of certification, ABIM enforces strict confidentiality and ownership of exam content.
- As **President and CEO of ABIM & ABIM Foundation,** I agree to keep exam information confidential.
- As is true for any ABIM candidate who has taken an exam for certification, I have signed the Pledge of Honesty in which I have agreed to keep ABIM exam content confidential.
- ***No exam questions will be disclosed in my presentation.***

Disclosure of ABIM Service: Patricia M. Conolly, MD, FACP

- I am **Chair-elect of ABIM's Board of Directors & Member of the Internal Medicine Board Exam Committee.**
- To protect the integrity of certification, ABIM enforces strict confidentiality and ownership of exam content.
- As **Chair-elect of ABIM's Board of Directors & Member of the Internal Medicine Board Exam Committee,** I agree to keep exam information confidential.
- As is true for any ABIM candidate who has taken an exam for certification, I have signed the Pledge of Honesty in which I have agreed to keep ABIM exam content confidential.
- ***No exam questions will be disclosed in my presentation.***

Disclosure of ABIM Service: Yul D. Ejnes, MD, MACP

- I am a **Member of the Internal Medicine Board**.
- To protect the integrity of certification, ABIM enforces strict confidentiality and ownership of exam content.
- As a **Member of the Internal Medicine Board**, I agree to keep exam information confidential.
- As is true for any ABIM candidate who has taken an exam for certification, I have signed the Pledge of Honesty in which I have agreed to keep ABIM exam content confidential.
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The MOC Environment

- The 2014 CMOC program generated frustration, anger, concern and questions from the physician community regarding MOC. ABIM heard you.
- The start of Community-Centered Design... ABIM wants to create a new program WITH doctors and not FOR them.
- Last year, ABIM embarked on a community engagement effort that will inform its work from now on.

Community-Centered Design

- ABIM's leadership wants feedback from diplomates as it develops new assessment methods and program models.
- Diplomates will have a hand in shaping and developing assessments and program requirements.
- With each prospective change, ABIM will reach out to diplomates and societies for feedback.

Recent Community Engagement

Specialty Boards

- Cardiology Board
- Critical Care Board
- Endocrinology Board
- Gastroenterology Board
- Hematology Board
- Internal Medicine Board
- Medical Oncology Board
- Nephrology Board
- Pulmonary Disease Board
- Rheumatology Board
- Infectious Disease Board

Society Meetings

- American College of Cardiology (ACC)
- Endocrine Society (ES)
- Infectious Diseases Society of America (IDSA)
- American Society of Nephrology (ASN)
- American College of Rheumatology (ACR)
- American Society of Hematology (ASH)
- Society of Hospital Medicine (SHM)

ABIM Meetings

- LCCR Meeting
- Internal Medicine Summit

Engagement Tools

- Tablet Polls
- Online Survey
- Focus Groups
- One-on-ones
- Design Exercises
- Blog Posts
- RBaron & A2020 emails

Leadership Meetings

- American College of Physicians (ACP)
- American College of Rheumatology (ACR)
- American Society of Hematology (ASH)
- American Society of Nephrology (ASN)
- CHEST
- Heart Rhythm Society (HRS)

Focus Groups

- American Association for the Study of Liver Diseases (AASLD)
- American College of Rheumatology (ACR)
- American Society of Nephrology (ASN)
- CHEST

A2020 Report

- 21 written Society responses received

What Has ABIM Heard So Far?

Improve Alignment:

- Make MOC more aligned with things physicians have to do anyway, like CME/licensure requirements.

Improve Relevance of Exams:

- Reflect what physicians actually need to know/do in practice.

Improve Relevance of Activities:

- Physicians want to gain value and not feel that they are wasting their time.

What Has ABIM Heard So Far?

Reduce Burden:

- Make MOC less of a time burden on physicians.

Improve Experience:

- Initial certification feels like an achievement; MOC should build on this experience.
- Make MOC clearer, less confusing, more straightforward to complete.

Cost:

- Reduce cost of MOC program

Partnering with ACP

Engagement Activities

- Focus groups and design sessions at future meetings
- Formal leadership meetings
- Ongoing staff leadership discussions
- Sharing of survey findings
- Written feedback to Assessment 2020 report

Key Themes from ACP's A2020 Response

- Acknowledgement that Assessment 2020 recommendations are a step in the right direction
- Need for more details about implementation, such as scope and cost
- Desire to see assessments help promote learning
- Interest in inclusion of teamwork and communications in MOC

Shared Purpose

- Staying current in knowledge and practice.

ABIM's Role

- In collaboration with the community, creating a framework – and credential – through which doctors, their patients and their colleagues KNOW that they are staying current in knowledge and practice.

Assessment 2020

Assessment 2020

- The Assessment 2020 Task Force has made recommendations on what skills physicians will need in the future and how to assess those skills.
- Task Force was made up of internal and external expert stakeholders, selected for the diverse backgrounds and objective viewpoints they would bring to the project.
- ABIM has implemented some Task Force recommendations and is getting feedback on others – we are NOT WAITING until 2020.
- Assessment 2020 Implementation Subcommittee working, in tandem with community engagement, to determine path forward.

Subcommittee's Current Focus

Recommendation #1: Replace the 10-year MOC exam with more frequent, less burdensome assessments

Recommendation #2: Focus assessments on cognitive and technical skills

Recommendation #3: Recognize specialization

Assessment 2020

Implementation Subcommittee

- Naomi O'Grady, MD Chair, ABIM Council
- Vineet Arora, MD ABIM Board of Directors
- Marcy B. Bolster, MD ABIM Council
- Marianne M. Green, MD ABIM Council & Board of Directors
- Mariell L. Jessup, MD ABIM Council
- Lesley A. Meng, MD ABIM Council
- Debra Ness ABIM Board of Directors
- Jeffrey Wiese, MD ABIM Council

- **ABIM Staff:**
- Richard Battaglia, MD, Chief Medical Officer
- Suzanne Biemiller, Chief of Staff
- Rebecca Lipner, PhD, SVP, Assessment & Research
- Furman McDonald, MD MPH, SVP, Academic and Medical Affairs
- Eric McKeeby, Director, Community Engagement

Future Changes to the MOC Assessment: More Options, Less Burden

Two MOC Assessment Pathways

Beginning in January 2018, ABIM plans to offer two assessment options:

- More frequent assessment with fewer questions, completed outside a testing center
- Long-form assessment taken every 10 years

More Frequent Option

- More frequent assessments, each with fewer questions and proctored remotely, allowing the use of an individual's personal computer.
- Physicians who perform well will test-out of the longer-form, 10-year assessment.
- Feedback to enhance physician learning.
- Details TBD based on diplomate feedback.

10-Year Assessment Option

- Diplomates will continue to have the option of taking the traditional longer-form exam every 10 years.
- This option will feature enhancements and improvements that have been requested by physicians.

Physician Feedback Desired

- ABIM will study and seek physician feedback on components of new assessment option, including:
 - Frequency
 - Number of questions
 - Remote proctoring methods
 - “Testing out” process
 - Format for feedback to physicians on the knowledge gaps revealed in assessments
- Ongoing research: 850 physicians taking part in an Open Book study (the use of external resources during the exam)
 - Results later this year

Timing of New Assessment Roll Out

- Available initially to some subspecialties starting in January 2018.
- Using their feedback, ABIM expects to roll out this option to the remaining subspecialties over the ensuing program cycles.

If Certificate Expires Before New Option Introduced

- Physicians will still need to pass the current long-form exam.
 - These exams will continue to be based on an updated blueprint.
 - Physicians will have access to a variety of clinical risk-assessment tools commonly used in practice.
 - Detailed score reports provided.
- They will then be given 10 years to decide if they want to take another long-form exam or begin the new option of taking shorter, more frequent assessments.

Recent MOC Changes




Recognizing More CME for MOC
















- ABIM expanded the types of CME that count for MOC.
- More than 2000 activities now approved.
- ABIM and ACCME
 - ABIM partnered with ACCME to create list of activities that count for CME and MOC.
 - The list is available at: www.accme.org/MOClist

Updated IM MOC Exam Blueprint

- Developed with physician input, the updated blueprint provides a greater level of detail than prior blueprints. Subspecialty reviews are happening now.

Detailed Content Outline for the Internal Medicine MOC Exam




 – *High Importance: Most exam questions will address topics in these categories*
 – *Medium Importance: Some exam questions will address topics in these categories*
 – *Low Importance: No exam questions will address topics in these categories*

ALLERGY/IMMUNOLOGY (2% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ANAPHYLAXIS (<2% of exam)					
Aspirin idiosyncrasy					
Stinging insect hypersensitivity					
Desensitization therapy					

- Go to http://www.abim.org/pdf/blueprint/im_moc.pdf to view the updated blueprint online.
















Updated IM MOC Exam Blueprint
















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Aspirin idiosyncrasy					
Stinging insect hypersensitivity					
Desensitization therapy					

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- Go to http://www.abim.org/pdf/blueprint/im_moc.pdf to view the updated blueprint online.

Additional Changes to the MOC Program

- Practice Assessment, Patient Safety and Patient Voice activities **not required through 12/31/2018.**
- Discontinuing the requirement to maintain underlying certification.
- One-year grace period for physicians who do not pass MOC exam (and lowered retake fee).
- Changed public reporting language to “participating in MOC.”
- MOC-enrollment fees frozen through at least 2017.

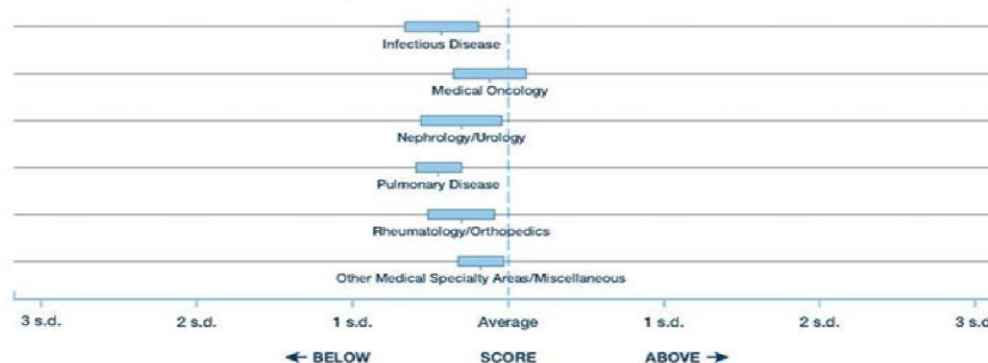
YOUR OVERALL PERFORMANCE

The graph below shows your performance relative to both the standardized passing score and to a reference group of first-time taker examinees who took this exam in recent years. Because the reference group includes data from multiple administrations, you cannot accurately infer specific overall pass rates for this administration of this exam from this report. More information on specific annual [exam pass rates](#) is available on our website.



YOUR PERFORMANCE BY MEDICAL CONTENT AREAS

The table below is an overview of your relative strengths and weaknesses in the medical content areas as assessed by your performance on the exam. Your standardized score in each medical content area is reported in standard deviation units above and below the reference group average (vertical dotted line). Due to the limited number of questions in each content area, content area subscores are less precise than the overall score. Narrower boxes indicate a greater level of precision in calculating your score. Because the overall score and the content area subscores are on different scales, they cannot be directly compared. Also provided on the following page is a detailed listing of exam content, showing the blueprint content description and cognitive task, that you missed in each area.



Expanding Financial Transparency

- Audited financial statements and IRS Forms 990 online at:
www.abim.org/about/revenue-expenses
- Disclosures of relevant relationships of Governance members online at:
<http://www.abim.org/about/governance.aspx>

But What Isn't Changing

- Pride and meaning in being ABIM Board certified.
- A credential with real performance standards behind it.
- Something in which colleagues and patients can place their trust.
 - ABIM is “Of the profession, for the public”

Need More Information?

- Want real-time information on program changes? Transforming ABIM Microsite, transforming.abim.org
- Not enrolled in MOC? Log in to www.abim.org and complete the online enrollment.
- Checking your MOC status? Log in to www.abim.org to view your MOC Status Report.
- Have questions?
 - Call ABIM's Diplomate Services Department, 800-441-ABIM (2246).
 - E-mail us at: request@abim.org
 - Go online to: <http://www.abim.org/moc-faq>

Summary

Already Announced

- Public reporting language changed to “participating in MOC.”
- No longer required to maintain Underlying Certification.
- ABIM and ACCME partnership allows 1000s of CME activities to qualify for MOC points.
- One-year grace period for physicians who do not pass the MOC exam, and a reduced retake fee.

Until January 2018

- The 10-year assessment/exam remains in place.
 - Revised exam blueprint
 - Access to clinical risk-assessment tools commonly used in practice
 - Detailed score reports
- Practice assessment, patient safety and Patient Voice activities not required (through 12/31/18)

Starting January 2018

- Alternate MOC assessment option available for some subspecialties.
- Existing 10-year assessment/exam remains available for those who prefer it.



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Questions?