Highlights from Audience Q&A
ABIM's Redesigning MOC Presentation at ACP Internal Medicine Meeting
May 5, 2016

Audience question: Finances

What would help the relationship between the diplomates and the Board is more financial transparency. What we all want to hear is that our money is being judiciously spent.

Answer from Richard J. Baron, MD:

Thanks for those suggestions. It's fully transparent to put audited financials and 990s out there. We've actually invited the CFOs of internal medicine organizations to look at our 990s and our audited financials. They have uniformly said they don't see any issues with them. We try by using a pie chart to put it in terms that people can understand where the money goes.

Audience question: New Assessment Option

You've implied that it's open book. All I can think about is my take home physical chemistry open-book tests which were a lot harder than closed-book tests. Will you be giving any sort of sample questions? Because I am concerned what the level of difficulty will be now because it will be an open-book test.

Answer from Richard J. Baron, MD:

First of all, what we are doing now is studying what happens when resources are available. We have a lot of data on the questions, but we don't know what happens when you make the book available. Your physical chemistry example is great. All the look-up you had done may not have helped you. Most of the questions on our exam are diagnostic reasoning questions. We have found very few questions that are look-up questions. There are some. We'll have a better answer when we analyze the results of the open-book study. But we heard from a lot of you that you are used to looking up stuff in practice so that's why we are looking at it.

Audience question: Exam Feedback

I'm wondering if there is a way to get more actionable information, more granularity, more specific areas that the physician was weak on, particularly opportunities for improvement.

Answer from Patricia M. Conolly, MD:

The follow up and report back is iteratively being evaluated. It's going to get more and more granular as we move forward. One of the challenges, though, as you get into some of these subjects there's actually a smaller number of questions in each of them.

Audience question: More Frequent Assessment

With the move away from 10 years to the more frequent option, A) is the intent to keep this all in-house or B) are you going to consider other platforms that can both provide the education as well as the assessment that promotes long-term retention?

Answer from Richard J. Baron, MD:

There's no expectation that all of this is going to be kept in-house. It's a responsibility if you are doing assessment to have some level of security and identity. That said, technology creates lots of possibilities there, and we are absolutely open to exploring them and trying to figure out a way to deliver something that meets a credible standard of identity and security. But there's no expectation that we'll do this ourselves, and in the same way, we've reached out to partnerships with societies we will be looking for ways to do this across internal medicine.

Audience question: Finalizing New Assessment Models

Do you have any milestones for when you'll be finalizing your models for periodic self-assessments?

Answer from Richard J. Baron, MD:

We'll be announcing details by December 31 of this year [2016] for January 1, 2018. It becomes clear as you start innovating here and as you start trying different kinds of things you are talking about something that is continuously evolving. We have a commitment to be able to give people a long enough horizon that they know what they are looking at but that horizon continues to evolve.

Audience question: New Assessment Option

Is the intent of the Board more of a time-limited intent—you have to answer 60 questions in 60 minutes—or is the intent of the Board you need to know how to get the right answer?

Answer from Richard J. Baron, MD:

We want to be able to make a statement that someone is staying current in knowledge. We want to have a basis for making that statement. There's a lot of moving parts behind that and you've raised some of them. That's the kind of thing that's involved in the models we are designing. I would point out most of us in practice, if we looked up stuff on every patient we saw, we wouldn't get through the day any more than the people trying to get through the exam. So I would not undervalue what our knowledge is actually worth, and I wouldn't undervalue the social importance of being able to speak to that in a credible way. We all have an interest that there be a real standard that we can place trust in.

Audience question: Practice Improvement Modules

When are you just going to get rid of the Practice Improvement Modules? Pleased with all the changes that you are making and the direction you are moving, but it just keeps being suspended.

Answer from Richard J. Baron, MD:

One, we are no longer supporting, as of July 1 [2016], the Practice Improvement Modules so they will no longer even be an option for doing anything that looks like Practice Assessment, because we learned very clearly that doctors were doing the improvement work in their day jobs. Everybody agrees that physicians have some role in improving care and that's about figuring out how to know what kind of care we are giving and how to make it better. We are giving credit for those activities now. What we are looking for is a way to have those activities happen seamlessly as part of doctors' lives, but still to have some expectation that people have that skill in 2016. Because if all of us don't know how to make care better, then we have a long way to go in terms of serving our patients and improving our delivery system.

Thank you for the question, and thank you all for being here.