

December 27, 2016

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Dr. D. Craig Brater, President  
Alliance for Academic Internal Medicine  
330 John Carlyle Street, Suite 610  
Alexandria, VA 22314

Dear Dr. Brater:

This past spring, the ABIM asked the Alliance for Academic Internal Medicine to comment on a proposal to grant ongoing MOC credit to program directors and faculty of ACGME-accredited internal medicine residencies and fellowships for the quality improvement (QI) activities inherent to their roles which contribute to patient care. The proposal also delegated authority to the program director to attest to faculty participation in program-related QI activities (e.g. supervision of resident and fellow QI projects directly related to improving patient care) in order to receive MOC practice assessment credit.

In an effort to get the broadest input possible before making a decision, the ABIM Council queried nearly 50 Internal Medicine and Subspecialty societies; we were encouraged by the thoughtful opinions that we heard from so many. We wanted to share the themes we heard from society partners which the Council considered in its deliberations and its ultimate decision to approve this proposal.

First, although ABIM does not currently require diplomates to participate in practice assessment (i.e. QI) as part of MOC activities, ABIM still affirms the importance of continuing to improve patient care by recognizing such activities with MOC credit when they do occur. To this end, over 80% of responders supported recognizing program directors and faculty for their training program related QI activities with practice assessment MOC credit.

The second theme from society feedback was that it is important to recognize ongoing participation in quality improvement activities for those diplomates who are outside of graduate medical education and academic settings. The ABIM Council agreed with this feedback; the 2016 [Approved Quality Improvement \(AQI\) framework](#) provides a mechanism to recognize more and varied QI activities, granting MOC credit in a manner that is streamlined and seamless for the diplomates.

Third, we heard that reporting should add as little burden to the program director as possible, and be streamlined with other processes in which the program director is already engaged. To this end, under the measure approved by Council, program directors will automatically receive credit without any additional reporting. In attesting to faculty participation in QI activities, the ABIM FasTrack system, which program directors of ACGME-accredited residencies and fellowships currently use, will be modified to allow once annual attestation of faculty involvement in QI. The system will be pre-populated, further reducing program directors reporting obligations, and carryover of as much information as possible from year to year.

Finally, in response to those who raised concern that this effort might add fees to the program director or faculty, we want to clearly state that ABIM diplomates who are recognized with MOC credit by this new process will not need to pay any additional fees to ABIM to receive these MOC points.

On behalf of the ABIM Council, thank you again for representing the voices of your physician members in this process. Through this kind of combined effort, we can continue to evolve ABIM's MOC program.

Sincerely,



Jeffrey Wiese, MD  
Chair, ABIM Internal Medicine Board

CC: Bergitta Cotroneo, FACMPE, Executive Vice President; Margaret Breida, Director Academic Affairs