LCCR SUMMARY

Liaison Committee on Certification and Recertification

November 5, 2018 | Philadelphia, Pennsylvania

American Board of Internal Medicine®

INTRODUCTION

On November 5, 2018, leaders from 28 organizations representing diverse voices from the internal medicine community joined the American Board of Internal Medicine (ABIM) in Philadelphia for the gathering of the Liaison Committee for Certification and Recertification (LCCR). LCCR meetings are designed to provide updates on ABIM programs for society staff and volunteer leaders whose work intersects with those programs, and to convene those stakeholders to have productive dialogue on issues of collective importance. Dr. Bruce A. Leff, Chair-elect of the ABIM Council and Chair of the ABIM Geriatric Medicine Board, began the day by welcoming attendees and outlining the day's agenda. Dr. Leff started with a light-hearted anecdote that recounted how his involvement with ABIM started many years ago when he wrote a strongly-worded letter to the former President of ABIM, Dr. Harry Kimball, pushing for improvements to the Maintenance of Certification (MOC) program. Dr. Leff's passionate engagement with ABIM leadership ultimately led to his own participation on the Geriatric Medicine Exam Committee, the Geriatric Medicine Board and the ABIM Council.

Dr. Leff went on to thank the LCCR Program Planning Committee for their time and efforts. After participant introductions, Dr. Leff then encouraged all meeting participants to share their ideas and suggestions with ABIM by actively participating in an open and honest dialogue throughout the day.

PRESIDENT'S UPDATE AND WELCOME

Dr. Richard Baron – ABIM President and CEO

Dr. Richard Baron began his President's Update by sharing that when ABIM celebrated its 50th anniversary in the mid-1980s, a historian documented internal medicine's continuous innovation over the years. From oral exams to standardized paper tests – and now with the introduction of the Knowledge Check-In that can be taken online at one's home – ABIM's evolution has been immense. ABIM has continued to stress the importance of innovation and the idea of working alongside partner societies in pursuit of a community of lifelong learning. The organization has focused on the assessment of lifelong learning with the societies utilizing their expertise to deliver outstanding educational products.

An example of ABIM's commitment to partnering with societies and other stakeholders is the continuation of the Collaborative Maintenance Pathway work with the American College of Cardiology (ACC), the American College of Physicians (ACP) and the American Society of Clinical Oncology (ASCO). This pathway would allow diplomates participating in MOC to meet their assessment requirement through an avenue other than ABIM's Knowledge Check-In (KCI) or traditional 10-year assessment. If a physician does not demonstrate that they are staying current, then they would need to move to ABIM's "gold standard" instrument – the traditional 10-year MOC exam – before certification status would be impacted.

Dr. Baron continued by sharing updates on ABIM's KCI rollout. He shared feedback from test takers in response to the question: "Is this a fair assessment of clinical knowledge in this discipline?" He noted continued improvement for the performance of this question over the past five years, as well as a significant increase related to this year's administrations of the KCI. "*At this point, indications are that the new KCI is being well received*," he said.

He added that while UpToDate® is currently the only external resource available during the assessment, the organization is exploring the possibility of adding others. He posited that there are challenges with operating within the testing platform. However, further innovations in assessment and research are continuing and ABIM hopes to partner with societies to help make those ideas come to fruition.

> **"How do we balance these synergistic processes of learning? If we're getting it right, it's productive tension. We want you to be at the table with us having those discussions and to be up to speed on the changes we are making."**
>
> *Dr. Richard Baron, ABIM President and CEO*

He then went on to note that we do not know how the KCI will impact diplomate behavior moving forward, i.e. how many diplomates will select the KCI versus the 10-year exam over time, or if a physician's study habits would change in response to the new assessment option. There is also a subset of people who have said that they prefer the 10-year exam, no matter what. He also shared that he had recently taken the KCI himself in September, and that the experience made him reflect on his own practice.

Dr. Baron noted that the American Board of Medical Specialties (ABMS) is transitioning to a new governance structure and CEO, while also grappling with important issues about the meaning and value of certification. ABIM will continue working alongside ABMS while the Vision Commission that ABMS has established explores these areas more fully. Meanwhile, in public fora, there continues to be state legislative activity to restrict use of the credential. Recently, the Department of Justice responded to an inquiry from a Maryland legislator and stated that it did not regard it as pro-competitive for the government to direct hospitals how to credential professionals in their state, and it is acceptable for states to have criteria determining what a bona fide certifying board is.

MOC UPDATE

Veronica Jones – ABIM Vice President, Operations

In this session, Veronica Jones shared some changes that will go into effect in 2019 to provide physicians with more flexibility in participating in the MOC program. These included:

- A physician's ability to easily switch back to the traditional 10-year exam if they find that they prefer that pathway.
  - Physicians who fail the KCI can switch back to the traditional 10-year MOC exam and keep their original assessment due date.
- Physicians who let a certificate lapse will be able to meet their assessment requirement by passing two consecutive KCI exams when it is available in their specialty.

Ms. Jones walked attendees through these changes and the various scenarios for physicians to regain their certification through the KCI. She explained that a diplomate who is trying to use the KCI as a re-entry pathway will be listed as not certified until there are two consecutive KCI passes, and there is no intermediary certification status for someone who has not yet passed both times.

During this session, there were a number of questions about the specifics of this re-entry pathway, in addition to some common questions about the MOC program in general:

One attendee asked, "If someone does not meet requirements this year, are you saying their certification will lapse? So how do they get reinstated?"

Ms. Jones shared that those physicians will simply need to meet the requirements, whether it is the attestation, completion of points or passing an assessment. Once the requirements are met, the certificate will be reinstated soon thereafter.

In response to a question asking if the KCI pass rates are posted, Bradley Brossman, ABIM Director of Psychometrics, stated that the 2018 KCI pass rates will be posted on the website in early 2019; pass rates from the KCI and traditional MOC exams will be combined into one value.

Dr. William Kelly of the American College of Chest Physicians shared that he had broadened the conversation to engage with colleagues on social media. "Today I asked on Twitter if I should share any feedback with the ABIM. I heard back good things such as 'keep up the changes.' I also heard that physicians who have several specialties would like their exam content to be combined," he said.

KEYNOTE: INNOVATIONS IN CONTINUING EDUCATION

Dr. Craig Campbell
Director of Continuing Professional Development
in the Royal College's Office of Specialty Educations

Dr. Craig Campbell is an internist who leads the national MOC program of the Royal College of Physicians and Surgeons of Canada and whose research and development interests focus on work that supports lifelong learning. His plenary session built upon the session at the May 21 Internal Medicine Summit meeting in which Drs. Graham McMahon and David Dunning led a discussion exploring adult learning and the evidence supporting that learning. Dr. Dunning is perhaps most well-known for the "Dunning-Kruger Effect," which effectively states, "We don't know what we don't know." Dr. McMahon, President and CEO of the Accreditation Council for Continuing Medical Education, is a thought leader in the field and he shared many ways in which adults learn, culminating with a challenge to the educators in the audience from partner societies to create innovative learning opportunities for their members.

Dr. Campbell's presentation followed the same lines as the Dunning/McMahon session in that it explored innovative educational practices. These three practices include Scope of Practice, Simulation and Question Asking Skills. Dr. Campbell noted that with traditional CME activities there are limitations in measuring impact on physician behavior or patient outcomes. There is, however, compelling evidence presented that interactive sessions result in increased engagement of the learner and greater impact on performance, and to a lesser degree, patient outcomes.

He went on to explore what constitutes the concept of a curriculum for continuing professional development and how a description of one's scope of practice can serve as a guide to determine what Continuous Professional Development (CPD) is needed to address patient, community and personal needs. Given the limitations of physician self-assessment, Dr. Campbell concluded, *"We need external measures to determine whether we are gaining knowledge and improving performance. Learning is not the primary goal of CPD or CME; the goal is practice improvement."*

Simulations as a learning tool were also explored, in addition to further defining the spectrum of what constitutes a simulation. Dr. Campbell explained how virtual platforms are becoming more widespread and better developed, and that these simulations are a strategy for physicians to reduce diagnostic error, assess application of best evidence and promote team-based care delivery. He noted that simulation is especially valuable when learning new things.

Dr. Campbell shared that physicians frequently raise and address questions stimulated by their practice (patient interactions, collegial discussions, formal group learning sessions). Tools that support an inquiry-based, self-directed learning strategy can help physicians translate needs into learning that can lead to meaningful changes to practice. This process is embedded within the Royal College's Self-Learning section and supported by ePortfolios that document the question, learning plan and outcomes achieved. Dr. Campbell encouraged providers to support question-asking within traditional group learning and to promote reflection on outcomes through evaluation systems.

Meeting attendees then engaged in small-group discussions at their tables before reporting back to the larger group.

TAKEAWAYS FROM SMALL-GROUP BRAINSTORMING

- The 'sage on the stage' knows what they think the audience should know.
- Real learning is work; when people are used to just sitting in a room, they do not expect to engage.
- Digital discussion forums are difficult – people don't want to put themselves out there and they can require a lot of front-loading and seeding from staff members.
- It is eye-opening how little impact we have as educators, and it's hard to acknowledge we are not doing what we hope to with regard to professional development.
- Simulations are a major opportunity – we need to generate and create programs like this.
- We need continuing education to support specialization – societies know members are dissatisfied when they must be tested on things they have not practiced for a long time.
- Asking questions should be built prominently into a variety of learning sessions.
- Modularity is important in many specialties (raised in the context of gastroenterology).
- One person's scope of practice impacts other areas, and there is differing comfort with referring.
- Referral decisions often depend on the needs of an institution or region – is it narrowing, refocusing or expanding?
- There are times when goal-setting feels forced, and it should come from an exercise where you identify areas for improvement.
- Having the opportunity to provide real-time feedback in a simulation setting is vital.
- We need to reframe learning activities around what problems the physician is trying to solve.
  - e.g., the most challenging patient scenario in your practice?

Dr. Campbell's plenary session was both enlightening and thought-provoking, and it set the stage for further discussion on the innovative education practices that attendees are implementing at their organizations.

SOCIETY PARTNERSHIP OPPORTUNITIES – RANGE OF CO-CREATION:

Dr. Richard Battaglia – ABIM Chief Medical Officer

Dr. Richard Battaglia opened the session by noting that ABIM has made a concerted effort to better engage with all societies in recent years, not just the larger ones. While it is true that some of the engagement opportunities require a great deal of effort and resources on the part of ABIM and the society, there is actually a range of opportunities, including many that take a lower degree of effort for both parties.

On the lower end of the engagement spectrum, he identified activities such as working together to communicate with members, recruitment of ABIM governance members and the new Item-Writing Task Forces, offering MOC points for CME activities and conducting an organizational review of the ABIM blueprint that is relevant for your discipline.

Charles Clayton, Chief Professional Development & Diversity Officer at the American Society of Hematology (ASH), commented on the blueprint review by stating, *"We wanted to move down the line of engagement, toward assisting with exam content. There was initially pushback from members that our society was working with ABIM, but we have seen an increase in the passing rate after the creation of the latest blueprint. In the future, we would want expectations for shared decision-making to be more explicit."*

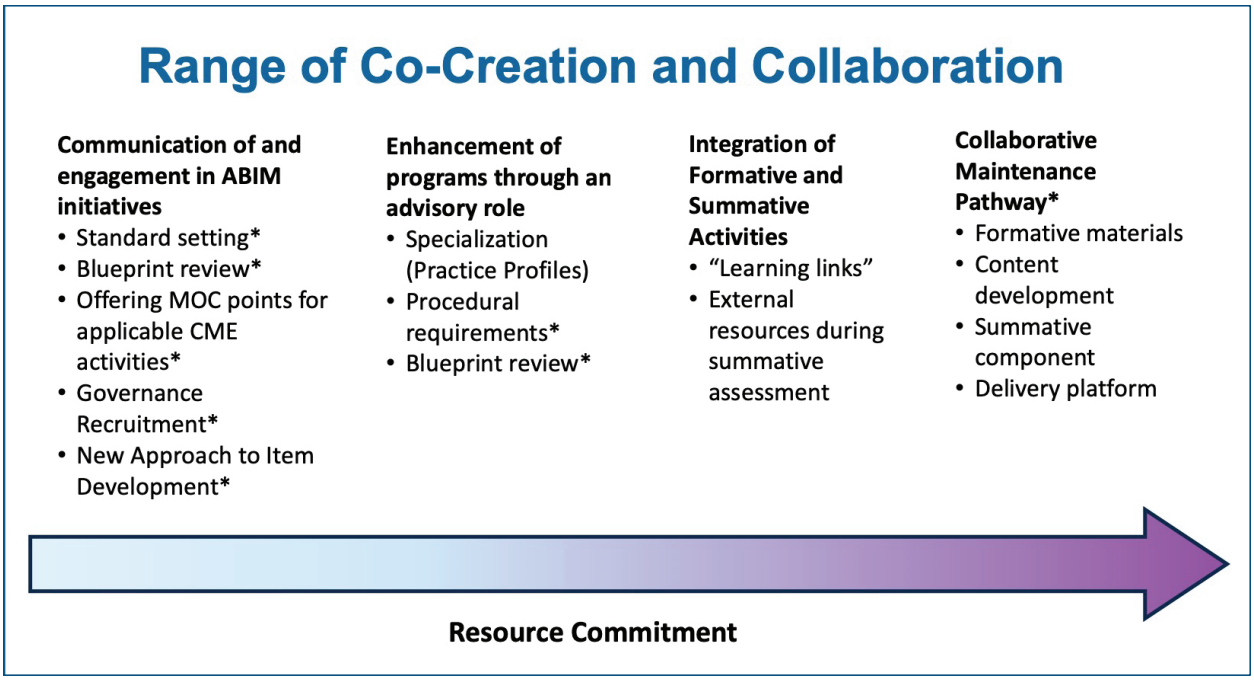
David Disbrow, Director of Education and Meeting Content for ACP, talked about the society's innovative CME/MOC offering that uses podcasts as the primary learning tool.

Dr. Battaglia then introduced Rob Bartel, Vice President of Education and Quality for the Society for Cardiovascular Angiography and Interventions (SCAI), who spoke about working with ABIM to conduct outreach to interventional cardiologists to gather self-reported practice data, thus better informing procedural requirements.

Dr. Battaglia highlighted the exploration of adding external resources beyond UpToDate® for use during assessments and reviewed the timeline for advancing this work.

Moving further along the spectrum of co-creation opportunities, Dr. Battaglia went on to speak about Learning Links, which refers to the idea to provide links to educational resources associated with physician knowledge gaps that are identified as a result of taking an ABIM assessment.

He highlighted work with the Endocrine Society and the American Association of Clinical Endocrinologists (AACE) in the area of specialization, i.e., enhanced assessments that would better reflect a physician's practice focus.



Wanda Johnson, Chief Program Officer of the Endocrine Society, shared her organization's positive xperience in working with ABIM to help define a more focused KCI. She noted, "*One thing that was really eye-opening for us is when we worked with ABIM to compare the Medicare data with the self-reported data of practicing endocrinologists. We saw that the two did not align as we had expected; this 'ah-ha moment' has led to a modified direction for how we will approach this work in endocrinology down the road.*"

Dr. Battaglia's presentation culminated in a discussion of the Collaborative Maintenance Pathway work with ACC, ACP and ASCO, referring to these efforts as an example of engagement that is extremely resource-intensive. Janice Sibley, ACC's Vice President of Education, spoke about her organization's model. She echoed Dr. Battaglia's comment regarding intensiveness of resources. "*We are going to represent it as an option…this would be a third option in which chunking is emphasized. They see us working together with an organization they are already involved with for their certification, and now they have the advantage and convenience of using ACC materials to study.*" Dr. Davoren Chick, ACP's Senior Vice President of Education, and Dr. Jamie Von Roenn, ASCO's Vice President of Education, Science, and Professional Development, also reflected on their respective societies' journeys in working together with ABIM. Dr. Von Roenn asserted, "*We have had a lot of conversations with our members about working with ABIM, and the support has grown as they heard from us about the positive collaboration.*"

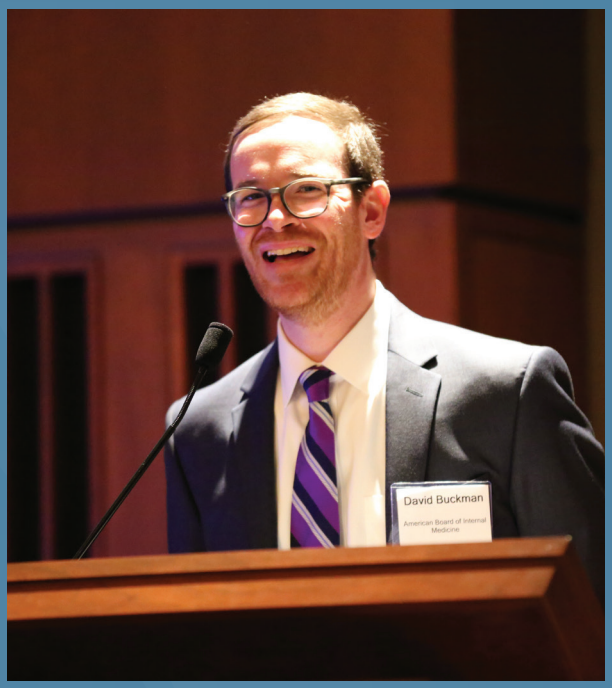
Dr. Battaglia concluded by encouraging all attendees to think of the various ways in which partnering with ABIM would benefit their society and members now that there is increased understanding of all the partnership opportunities.

COMMUNICATIONS UPDATE – WORKING TOGETHER TO DELIVER A UNIFIED MESSAGE

David Buckman – ABIM Program Manager, Society and Governance Communications

David Buckman started the session by reiterating ABIM's commitment to engaging with the community of diplomates and society partners, as well as gathering community feedback that is then leveraged to improve ABIM's programs. He acknowledged that ongoing program improvement means there is always a great need for diplomate outreach to inform them of the latest enhancements, and that physicians often look to their specialty societies for that information and guidance as they navigate their path towards Certification and Maintenance of Certification.

Mr. Buckman then shared ABIM's latest efforts to connect with both diplomates and specialty societies to get the word out about program changes and requirements. Current ABIM communications are focused on the first 'Five-Year Lookback,' the requirement for diplomates to earn 100 MOC points every five years. This requirement was first introduced in 2014, making the end of 2018 an important deadline for many diplomates. "*Our communications goal is that no one is surprised by this requirement come 2019 – we are utilizing all of our platforms to drive diplomates to the portal so they sign in and check their requirements,*" said Mr. Buckman.



He then posed a series of questions to the audience, seeking input into ways ABIM could work together with societies to meet shared goals. "*How can we partner to get the word out to your members? What is working, and what is not working? What communications channels do you use?*" Dr. Martha Pavlakis of the American Society for Transplantation (AST) asserted, "*People want the information in a very clear, concise way. My fellow just told me you can get MOC credit for UpToDate and I had no idea – now I have a ton of points! So I think communicating with people at their level is key. People want to know their options but the primary question is also what is the minimum they need to do.*"

Mr. Buckman went on to unveil a brand new Welcome Kit for newly-certified internists as well as a digital promotion kit that certified doctors can leverage to share their achievement with their peers. He cited these and other examples when illustrating the many ways in which ABIM is trying to deepen its connections with diplomates as part of a lifelong relationship. Mr. Buckman concluded the session by fielding questions from the audience in reference to the 'Five-Year Lookback' and asking for ideas on how ABIM communications could improve in the future.

OPEN DISCUSSION/TOWN HALL WITH MEMBERS OF ABIM COUNCIL

Dr. Battaglia moderated the final session of the day, a Q&A session with four members of ABIM Governance that took a deeper dive into outstanding items from earlier in the day, in addition to touching on a few new topics raised by the audience.

Panelists:

- Dr. Richard J. Baron – President and CEO of ABIM
- Dr. Jeffrey S. Berns – Chair, ABIM Council and Chair, ABIM Nephrology Specialty Board
- Dr. Bruce Leff – Chair-elect, ABIM Council and Chair, Geriatric Medicine Specialty Board
- Dr. Asher Tulsky – Member, ABIM Council, and Chair, Internal Medicine Specialty Board

Question and Answer from the Open Discussion/Town Hall:

During the final session of the day, attendees were interested to learn more about the work of the ABMS Vision Commission. Dr. Leff, one of the 27 Commission members, shared that he is optimistic about the upcoming report and that we can expect to see a draft by the end of the year, followed by a period for public comment. The final report will come out in the spring.

The conversation then moved to the KCI, the community's ongoing interest in the number of people who have taken the assessment this year, the experience of taking it and the natural comparison between the KCI and the traditional MOC exam. Dr. Tulsky shared, "*I took the KCI in September and I went into it cold because I wanted to see what would happen. I do primary care adult medicine and I thought it was right out of my practice. This is compared to the last time I took the 10-year exam, three years ago – I felt a little differently about that assessment. You really don't have anything to lose by trying out the KCI.*" A dialogue then ensued about the KCI only being offered every other year in each discipline and how it could be beneficial if it were

offered annually, to which Dr. Baron responded, "*We would like to get there and we hope you will help get this message out.*"

Attendees noted that offering the KCI every two years could be confusing to diplomates, and that some believe it was designed to only test new information as opposed to a wider content base. Dr. Baron clarified, "*It was never the construct that it would only test new information. People will see new knowledge, but I think it's also a question of your society's educational offerings and how they will be utilized by diplomates as they prepare for this new assessment. We don't know yet how physicians will behave when this option is available for them.*" Dr. Battaglia added, "*Due to all of the unknowns, it was important to us that it be offered at 'no consequence' in the first year for each discipline. That also means there is an advantage for physicians to come in early to take the assessment before your due date.*"

The questions then shifted to the structure of ABIM Governance, the members and the relationship between the Specialty Boards and the ABIM Council. Dr. Berns shared his thoughts by stating, "*The communication is very strong. The Specialty Board Chairs are all members of the Council and many of us have close ties to the Exam Committees through our prior service, so the information is moving up and down the chain. It's been an effective governance structure.*" Echoing his comments, Dr. Leff explained how the Council examines the issues each Specialty Board is addressing, and that way all Councilors get a good sense of each other's respective agendas. He went on to suggest, "*I hope all the society representatives have a strong line of connection to the Specialty Board Chair. For the Geriatric Medicine Board, we always invite the AGS leadership to join for part of the meeting. If those channels are not there, I would recommend you work on those.*"

The Councilors also shared the decision-making timeline for new member selection and illustrated how society involvement in the process is critical. Drs. Berns and Tulsky then explained the importance of casting a wide net during outreach for governance member recruitment, especially to ensure greater diversity in training, geography and demographics.

At the conclusion of the session, Dr. Leff responded to a question about his initial engagement with ABIM by stating, "*ABIM has changed a lot and it is now a completely different organization from the top down. This meeting has also changed a great deal for the better over time.*" Dr. Baron echoed Dr. Leff's sentiments and encouraged all societies to engage with ABIM when he stated, "*We think in terms of meeting you where you are, whatever size your society is. We want to find ways we can partner with you.*"

CLOSING COMMENTS

In summation, Dr. Leff reviewed key takeaways and highlights from the day including some of the ways societies can partner with ABIM. He thanked Dr. Craig Campbell for making the journey from Canada to present to the group, and shared that there were a number of important recommendations from the meeting that he will bring back to the Council and the Geriatric Medicine Board. Finally, he encouraged all societies to reach out to ABIM – and to their discipline's Specialty Board, specifically – to think about how to partner with ABIM and leverage the organization's resources for their society and members.

Societies who attended Nov 2018 LCCR

Alliance for Academic Internal Medicine
American Academy of Hospice and Palliative Medicine
American Academy of Sleep Medicine
American Association for the Study of Liver Diseases
American Association of Clinical Endocrinologists
American College of Cardiology
American College of Chest Physicians
American College of Gastroenterology
American College of Physicians
American College of Rheumatology
American Gastroenterological Association
American Geriatrics Society
American Heart Association
American Society for Gastrointestinal Endoscopy
American Society of Clinical Oncology
American Society of Hematology
American Society of Nephrology
American Society of Nuclear Cardiology
American Society of Transplantation
Endocrine Society
Heart Rhythm Society
Infectious Diseases Society of America
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society of Critical Care Medicine
Society of General Internal Medicine
The Society for Healthcare Epidemiology of America

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