



American Board
of Internal Medicine®

Welcome

to the Internal Medicine Summit

May 13, 2019

CONNECT

Wireless Network: conference-center

Password: 0102030405

- The activity should have a measurable aim or the improvement.
- The activity should include interventions intended to result in improvement.
- The activity should include data collection and analysis of performance data to assess the impact of the interventions.
- The accredited CME provider must define meaningful physician participation in their activity, describe the mechanism for identifying physicians who meet the requirements, and provide participant completion information.

WELCOME

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

Goals of the Internal Medicine Summit

- Have a lively, **transparent** discussion with society and board leadership around the issues that impact health care and the physician community.
- Explore the issue of trust in medicine today, both in the area of certification and more broadly across health care. How is it being eroded and **what can we do** to reverse this trend?
- Reflect on ABIM's efforts to engage the community in **meaningful** conversations and partnerships.

Goals of the Internal Medicine Summit

- Discuss the **Vision Commission** report and how it affects the ongoing evolution of ABIM's MOC program.
- Provide an update on **Collaborative Maintenance Pathways** and the process of collaborating with ABIM.
- Provide ample opportunity for attendees to ask questions and **engage**.

Internal Medicine Summit Agenda

- 8:30 Welcome
- 8:45 Update from the President
- 9:15 Declining Trust in Medicine & What We Can Do About It
- 9:45 Panel to Further Explore Trust
- 10:30 Small Group Discussion
- 11:15 Break
- 11:30 Conversation: Vision Commission Report

Internal Medicine Summit Agenda

12:45

Lunch

1:45

Collaborative Maintenance Pathway Update and Panel Discussion on Collaborating with ABIM

2:30

Closing Comments

2:50

Adjourn-

Meet at the registration desk if you are taking the shuttle bus to the airport and 30th Street Station.

A photograph of a female doctor with glasses and a white lab coat, smiling and gesturing with her hands while talking to a patient. The background is a clinical setting with a desk and a computer monitor. The image is overlaid with a semi-transparent blue filter.

Setting Expectations:

**DIALOGUE
COLLABORATION
FORWARD THINKING**



In what ways do we share
COMMON GROUND?

What is our **OBLIGATION** to
the patients we serve?



American Board
of Internal Medicine®

PRESIDENT'S UPDATE

Richard J. Baron, MD, MACP

Internal Medicine Summit | May 2019

Top Leadership Acknowledgement

Timothy Attebery

American College of Cardiology

John Barnes

Heart Failure Society of America

Eric Bass, MD

Society of General Internal Medicine

D. Craig Brater, MD

Alliance for Academic Internal Medicine

Karen Collishaw

American Thoracic Society

Barbara Connell

American Society for Gastrointestinal
Endoscopy

Bergitta Cotroneo

Alliance for Academic Internal Medicine

Doug DeLong, MD

American College of Physicians

Steven Edmundowicz, MD

American Society for Gastrointestinal
Endoscopy

Michael Fried, MD

American Association for the Study of Liver
Diseases

Richard Hawkins, MD

American Board of Medical Specialties

Laurie Jacobs, MD

American Geriatrics Society

Richard Kovacs, MD

American College of Cardiology

Nancy Lundebjerg

American Geriatrics Society

Darilyn Moyer, MD

American College of Physicians

Andrea Russo, MD

Heart Rhythm Society

Tom Serena

American Gastroenterological Association

Randall Starling, MD

Heart Failure Society of America

Kristy Weinschel

Society for Healthcare Epidemiology of
America

CME that earns MOC



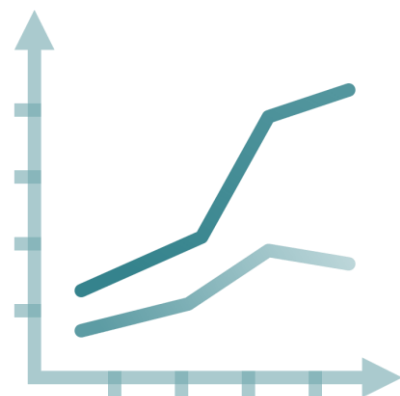
CME for MOC Overview

Since the ACCME Collaboration began in September 2015:



151,535

ABIM diplomates have earned MOC points



12.6M+

MOC points earned by ABIM diplomates



26,064

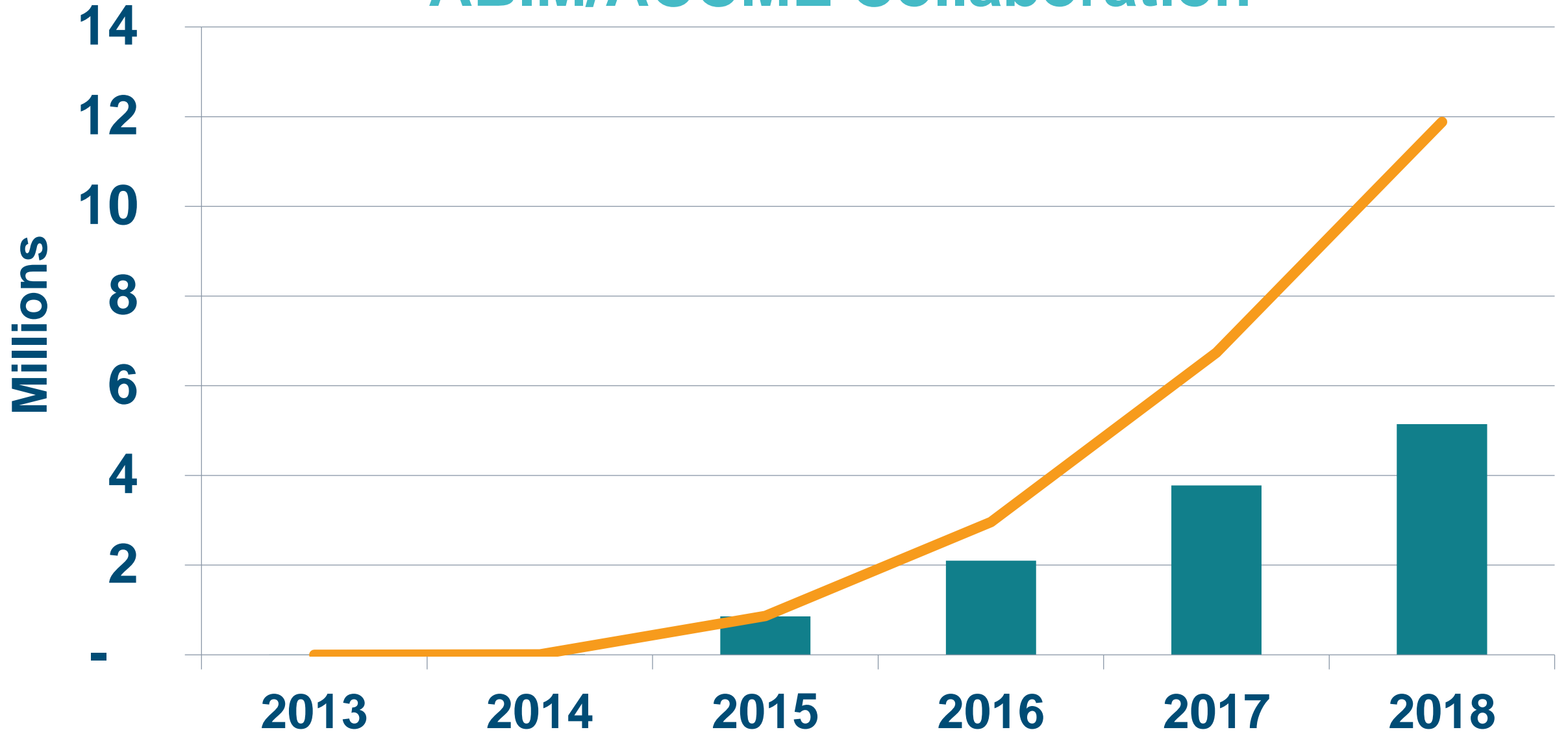
Activities have been registered for MOC by **436** CME providers



84

Average MOC points earned per participating diplomate

MOC Points Earned through the ABIM/ACCME Collaboration

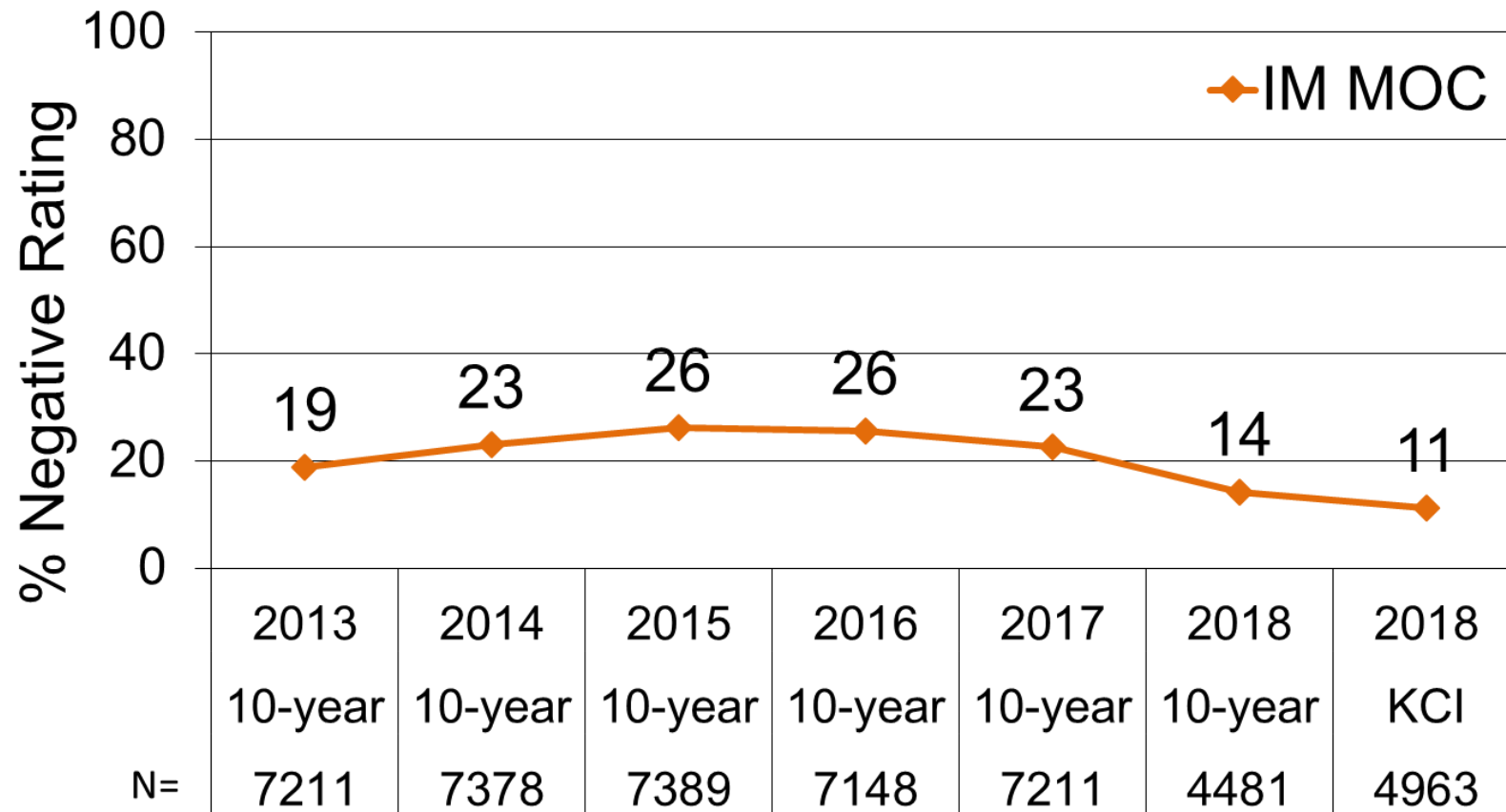


A man with a goatee, wearing a white lab coat over a white shirt and a dark tie, is looking slightly to the left. He is in an office or clinical setting with several framed certificates or diplomas on the wall behind him. The image has a light blue overlay.

What did internists have to say about the Knowledge Check-In?

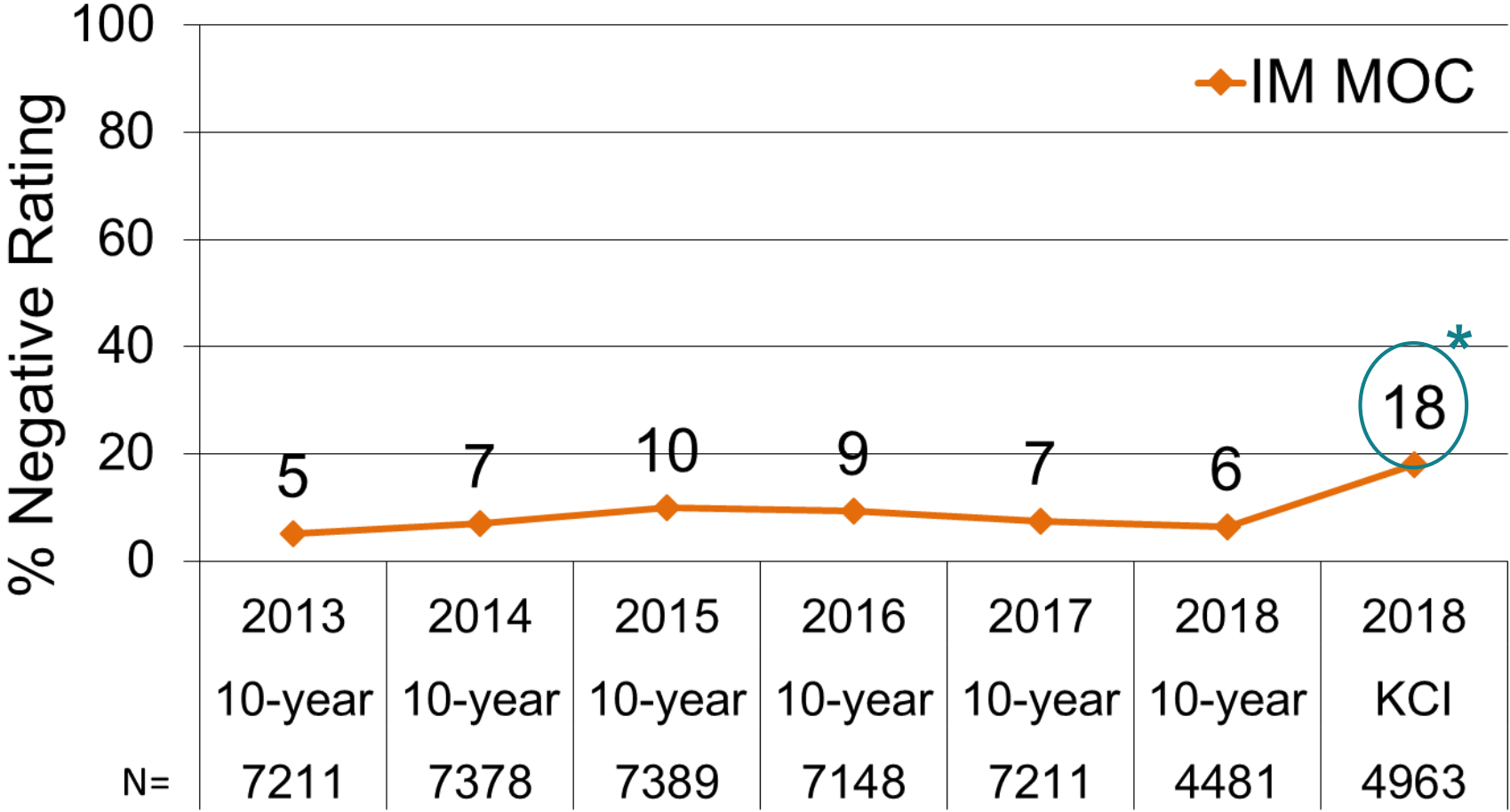
IM KCI – Examinee Feedback

The examination was a fair assessment of clinical knowledge in this discipline



IM KCI – Examinee Feedback

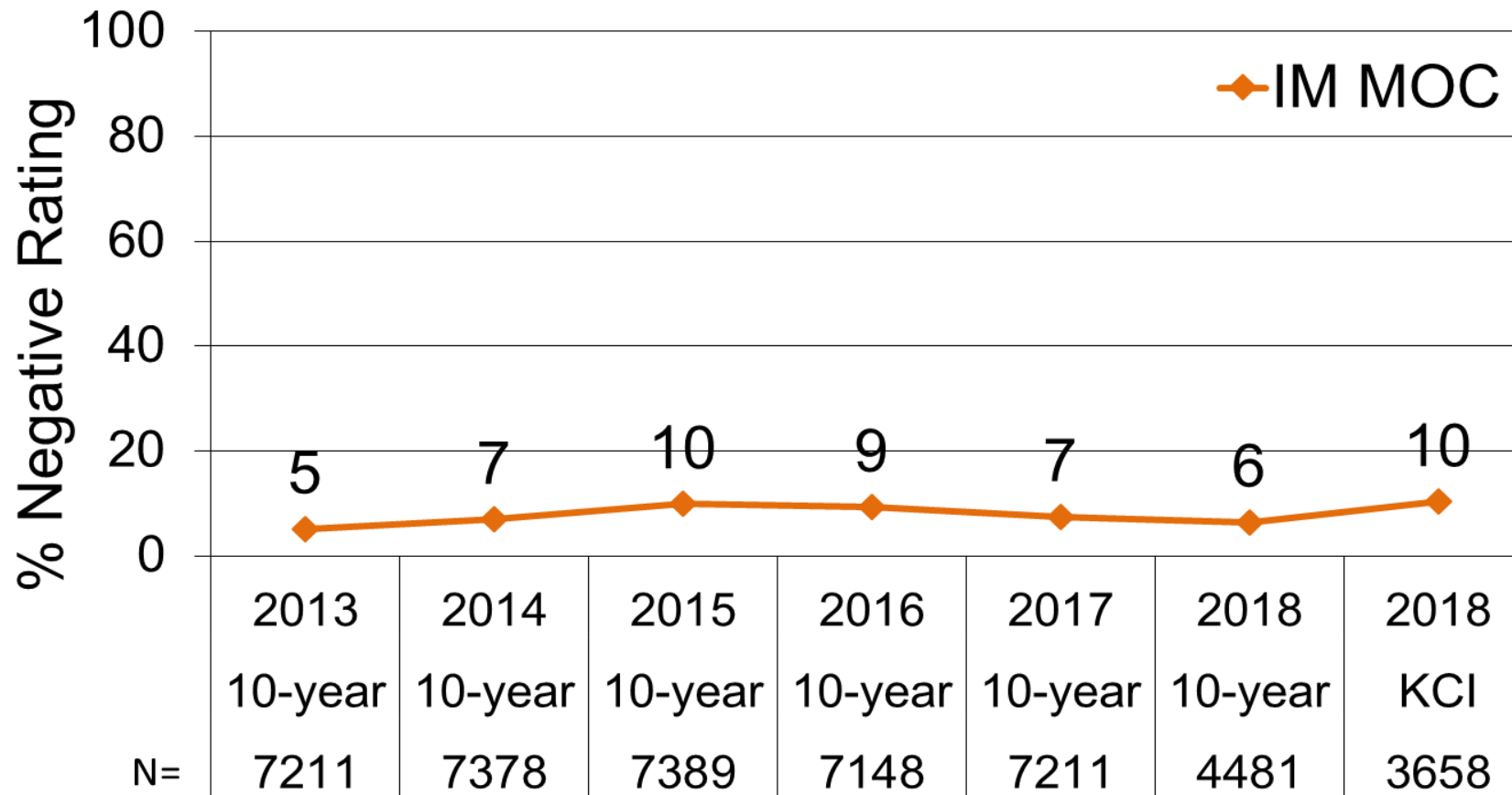
Overall, I was satisfied with my testing experience



*Includes technical issues related to Pearson server outage on 12/1

IM KCI – Examinee Feedback (excluding 12/1 takers)

Overall, I was satisfied with my testing experience



“I appreciate the flexibility and ease to test in my office. Having UpToDate available reflects the way I practice. The test as a whole is far more clinically relevant than I remember from my experiences with the 10 year exam; however, there are still some questions where practice style and patient follow up come in to play.”

“My main complaint is that there is **not enough time** to ponder the questions and adequately research them in UpToDate. I found myself doing that in the beginning and paying the price by **not finishing all the questions** in both sessions.”

“Having the med calculators and UTD access was great. I typically used UTD to confirm what I already knew, not to find the answer, which is how I use it clinically as well. **Content was good**— a bit heavy on heme for me, but we do see a lot of anemia. Overall I think this was **a very fair and practical assessment** and I’m glad I chose the Check-In.”

Litigation

Plaintiffs may disagree with ABIM and members of the medical community on whether ABIM certification provides them value, but their claims have no basis in the law or fact.



The Vision Commission

Shared Values | Shared Purpose

What the Commission said	What ABIM has done
Physician Feedback Matters	Community engagement, surveys
Lower Stakes & Remediation	Multiple opportunities to pass KCI
Recognize physicians for what they're already doing	ACCME partnership, Part IV
Longitudinal & Innovative Formative Assessments	Multiple assessment pathways, enhanced formative experience
Collaborate with Specialty Societies	Collaborative Maintenance Pathways

Commission Report has highlighted the question:

How do Boards and Societies work together in their shared responsibility to enable doctors to stay current and be recognized as having done so?

A photograph of a male doctor wearing a white lab coat, glasses, and a kippah, smiling and talking to an elderly female patient in a hospital room. The doctor is gesturing with his hands as they converse. The patient is seated in a hospital bed. The background shows medical equipment and a window. The entire image is overlaid with a semi-transparent blue filter.

Collaborative Maintenance Pathways

A Path Forward for Board Certified Cardiologists

AMERICAN COLLEGE of CARDIOLOGY

Guidelines | J

All Types ▾

Clinical Topics Latest In Cardiology Education and Meetings Tools and Pra

ACC, ABIM Unveil New Option For Cardiologists to Maintain Board Certification

Mar 15, 2019

A NEW MOC ASSESSMENT OPTION Has Arrived!
The Collaborative Maintenance Pathway

AMERICAN COLLEGE of CARDIOLOGY American Board of Internal Medicine

3 CHOICES TO Maintain Your ABIM Certification

- 10-YEAR TRADITIONAL EXAM
- 2-YEAR KNOWLEDGE CHECK-IN
- ACC SAP WITH PERFORMANCE ASSESSMENT**

Twitter LinkedIn Email Print 13

Font Size A A A

and the American Board of Internal Medicine (ABIM) have announced a new Collaborative Maintenance Pathway (CMP) option for certified cardiologists who wish to maintain their board certification. The new option integrates lifelong learning and performance assessment with the goal of helping physicians stay current in knowledge and practice.

The CMP leverages the respective expertise of the ACC and ABIM to create a literal 'pathway' that meets the ongoing learning needs of cardiologists, while also giving patients, the public and other stakeholders confidence that the care provided by their physicians is of the highest quality," said ACC CEO Timothy W. Attebery, DSc, MBA, FACHE. "We appreciate ABIM working with us on what we believe is a win-win solution for cardiologists and the patients they serve."



ACC CEO Timothy W. Attebery, DSc, MBA, FACHE

Feedback from cardiologists who expressed interest in a new pathway led to this study in specific areas over the course of several years. In addition to their study, ABIM and ACC began work in 2017 to provide a new pathway for cardiologists seeking to maintain their ABIM certification.

Cardiovascular Disease CMP using the American College of Cardiology Self-Assessment Program (ACCSAP) for ongoing engagement in learning and performance assessment. The new option will be available in 2019.

What You Need to Know to Participate

To be eligible to participate in the new CMP option a physician must:

ABIM | Blog

BLOG ABOUT COM

POSTED ON MARCH 26, 2019



ACC.19: A New Path Forward for Board Certified Cardiologists

Posted by ABIM

SHARE Twitter Facebook Google+ LinkedIn

More than 16,000 individuals attended the American College of Cardiology's (ACC) annual meeting last weekend, March 16-18, in New Orleans. While ABIM has attended ACC's annual meeting and those of other medical specialty societies in the past, this year was of particular importance because it marked the official launch of a Collaborative Maintenance Pathway (CMP) for cardiologists who wish to maintain their ABIM Board Certification via an ACCSAP-based educational curriculum and performance assessment beginning in fall 2019.

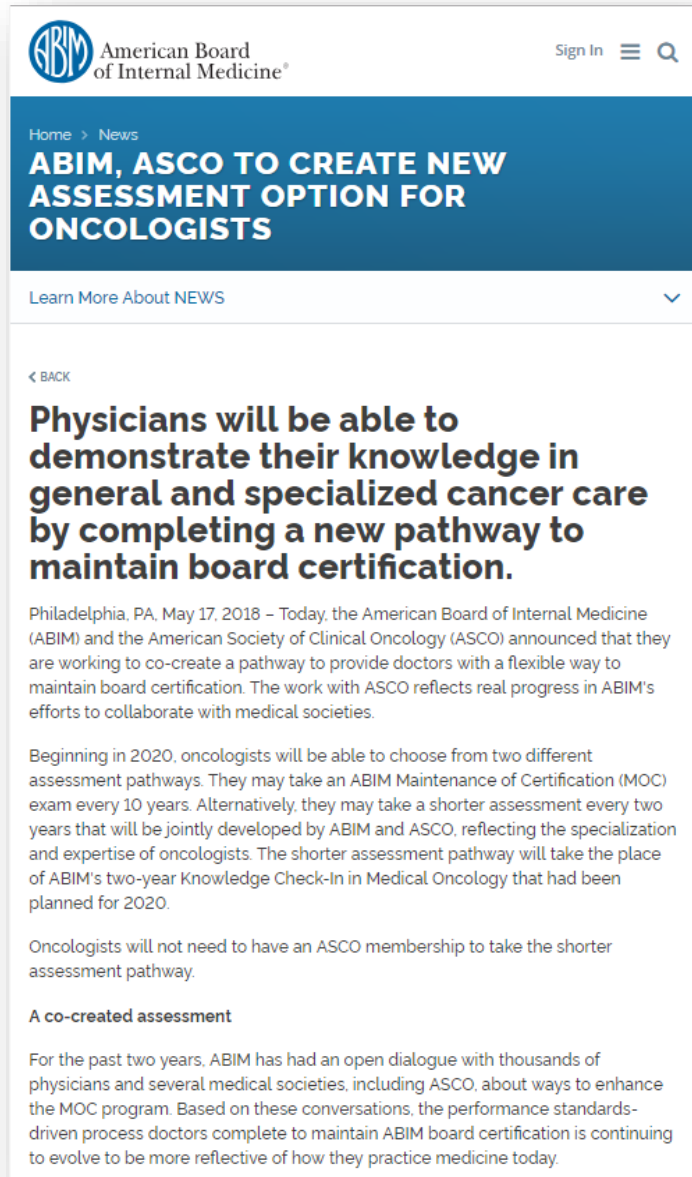
ABIM and ACC published a press release on Friday, March 15 ahead of the opening plenary on Saturday morning, during which ACC President, Dr. C. Michael Valentine, reiterated the novel integration of lifelong learning and assessment via the new CMP, followed by positive reactions from the community online.

Ami Bhatt
@AmiBhattMD

Progress in Education: now 3 options for ABIM MOC. Great work @ABIMFoundation and @ACCinTouch Thank you for listening to your members! #ACCMember #ACC19

8 9:20 AM - Mar 16, 2019

A Path Forward for Board Certified Oncologists



ABIM, ASCO TO CREATE NEW ASSESSMENT OPTION FOR ONCOLOGISTS

Learn More About NEWS

Physicians will be able to demonstrate their knowledge in general and specialized cancer care by completing a new pathway to maintain board certification.

Philadelphia, PA, May 17, 2018 – Today, the American Board of Internal Medicine (ABIM) and the American Society of Clinical Oncology (ASCO) announced that they are working to co-create a pathway to provide doctors with a flexible way to maintain board certification. The work with ASCO reflects real progress in ABIM's efforts to collaborate with medical societies.

Beginning in 2020, oncologists will be able to choose from two different assessment pathways. They may take an ABIM Maintenance of Certification (MOC) exam every 10 years. Alternatively, they may take a shorter assessment every two years that will be jointly developed by ABIM and ASCO, reflecting the specialization and expertise of oncologists. The shorter assessment pathway will take the place of ABIM's two-year Knowledge Check-In in Medical Oncology that had been planned for 2020.

Oncologists will not need to have an ASCO membership to take the shorter assessment pathway.

A co-created assessment

For the past two years, ABIM has had an open dialogue with thousands of physicians and several medical societies, including ASCO, about ways to enhance the MOC program. Based on these conversations, the performance standards-driven process doctors complete to maintain ABIM board certification is continuing to evolve to be more reflective of how they practice medicine today.



ASCO Connection

Sign In

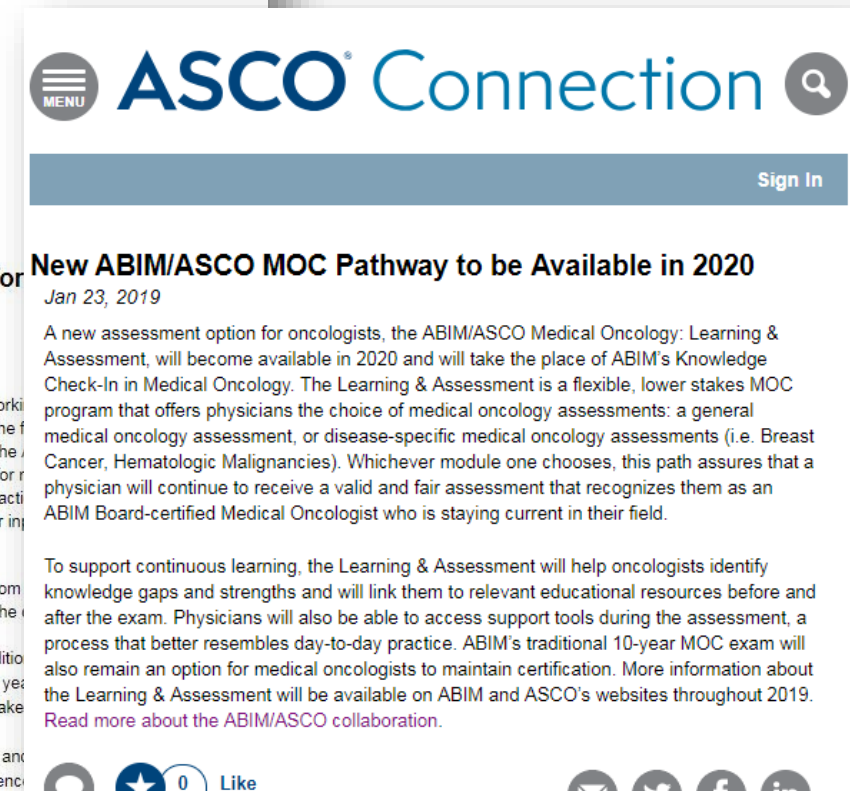


Changes to MOC: New Pathways for
Clifford A. Hudis, MD, FACP, FASCO
@CliffordHudis
May 17, 2018

As you know, for more than 2 years ASCO has been working with the American Board of Internal Medicine (ABIM) to shape the future of board certification (MOC) and assessment for our specialty. The process is being charged by ASCO's membership to make the process for our specialty less burdensome and more reflective of current oncology practice. As a result of some changes to MOC that are a direct result of your input and collaboration with the ABIM.

Beginning in 2020, oncologists will be able to choose from two different pathways, providing you with more flexibility. Here are the key changes:

- Oncologists have the option to complete the traditional 10-year MOC exam every 10 years **or** a shorter assessment every 2 years.
- The shorter, 2-year assessments are not high stake attempts to pass.
- Assessments will be developed jointly by ASCO and ABIM, a process that keeps pace with rapidly evolving cancer science.



ASCO Connection

Sign In

New ABIM/ASCO MOC Pathway to be Available in 2020
Jan 23, 2019

A new assessment option for oncologists, the ABIM/ASCO Medical Oncology: Learning & Assessment, will become available in 2020 and will take the place of ABIM's Knowledge Check-In in Medical Oncology. The Learning & Assessment is a flexible, lower stakes MOC program that offers physicians the choice of medical oncology assessments: a general medical oncology assessment, or disease-specific medical oncology assessments (i.e. Breast Cancer, Hematologic Malignancies). Whichever module one chooses, this path assures that a physician will continue to receive a valid and fair assessment that recognizes them as an ABIM Board-certified Medical Oncologist who is staying current in their field.

To support continuous learning, the Learning & Assessment will help oncologists identify knowledge gaps and strengths and will link them to relevant educational resources before and after the exam. Physicians will also be able to access support tools during the assessment, a process that better resembles day-to-day practice. ABIM's traditional 10-year MOC exam will also remain an option for medical oncologists to maintain certification. More information about the Learning & Assessment will be available on ABIM and ASCO's websites throughout 2019. [Read more about the ABIM/ASCO collaboration.](#)

0 Like

Why are we talking about *trust* today?

Q & A



Today's Theme: Trust in Medicine

Dhruv Khullar, M.D., M.P.P. is a physician at New York-Presbyterian Hospital and an assistant professor in the Weill Cornell Department of Healthcare Policy and Research. He is also a contributor at the New York Times, where he explores the intersection of medicine, health policy, and economics.



**Weill Cornell
Medicine**

Why Trust Matters in Health Care

Dhruv Khullar, MD, MPP

Department of Healthcare Policy

Department of Medicine

Weill Cornell Medical College

khd9010@med.cornell.edu || Twitter: *@DhruvKhullar*

Goals

- Discuss recent trends in trust (Spoiler alert: They're not good)
- Highlight how and why trust is important in health care
- Suggest ways we can (re)build trust

Trust and Mistrust



WATCH WHO YOU TRUST

**EVEN YOUR TEETH BITE YOUR
TONGUE EVERY NOW AND THEN**

Dr. W Edwards Deming



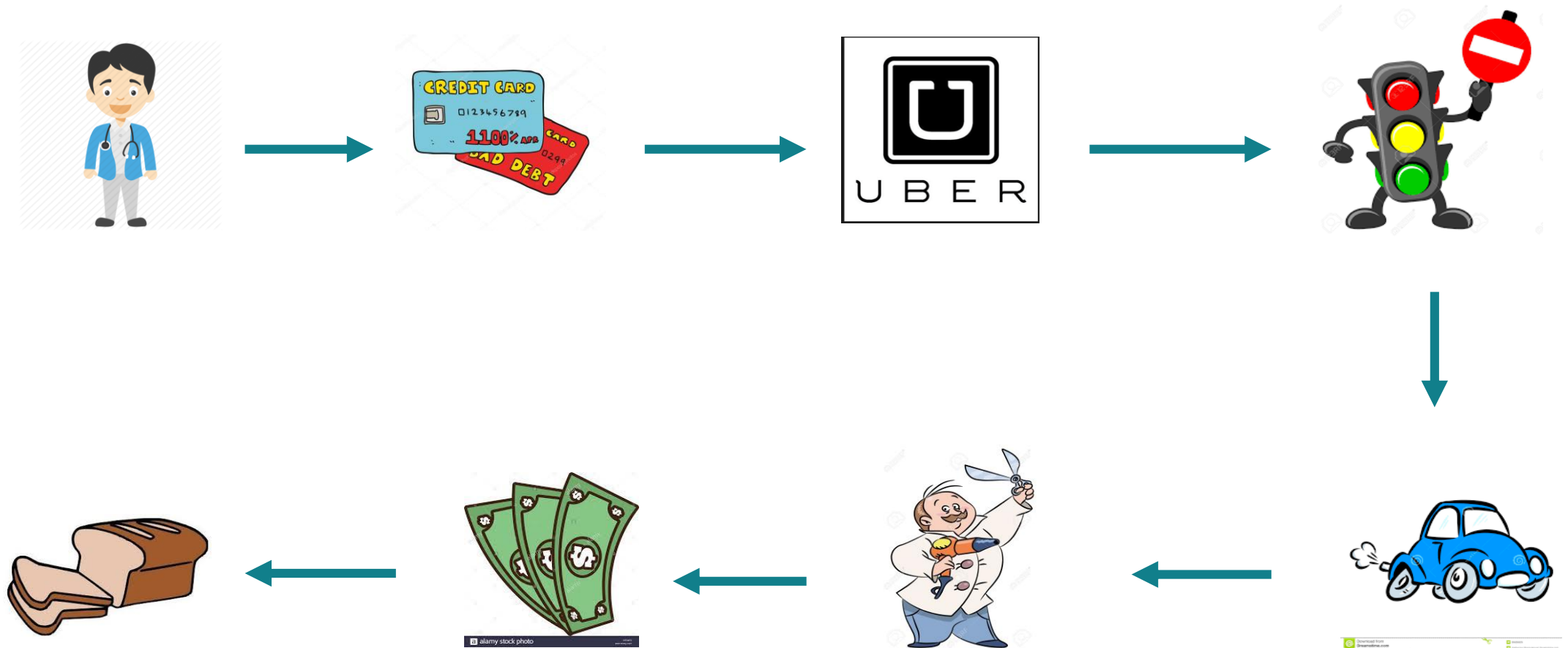
**“In God we trust.
All others must bring data.”**

- Dr. W. Edwards Deming

Trust is Pervasive

"Virtually every commercial transaction has within itself an element of trust...much of the economic backwardness in the world can be explained by the lack of mutual confidence." — Kenneth Arrow (1972)

A trip to the barber



What is Trust?

- Trust has elements of risk and vulnerability
- Voluntary and prospective, as opposed to:
 - Dependency (involuntary)
 - Satisfaction/Discontent (retrospective)
- Trust is malleable

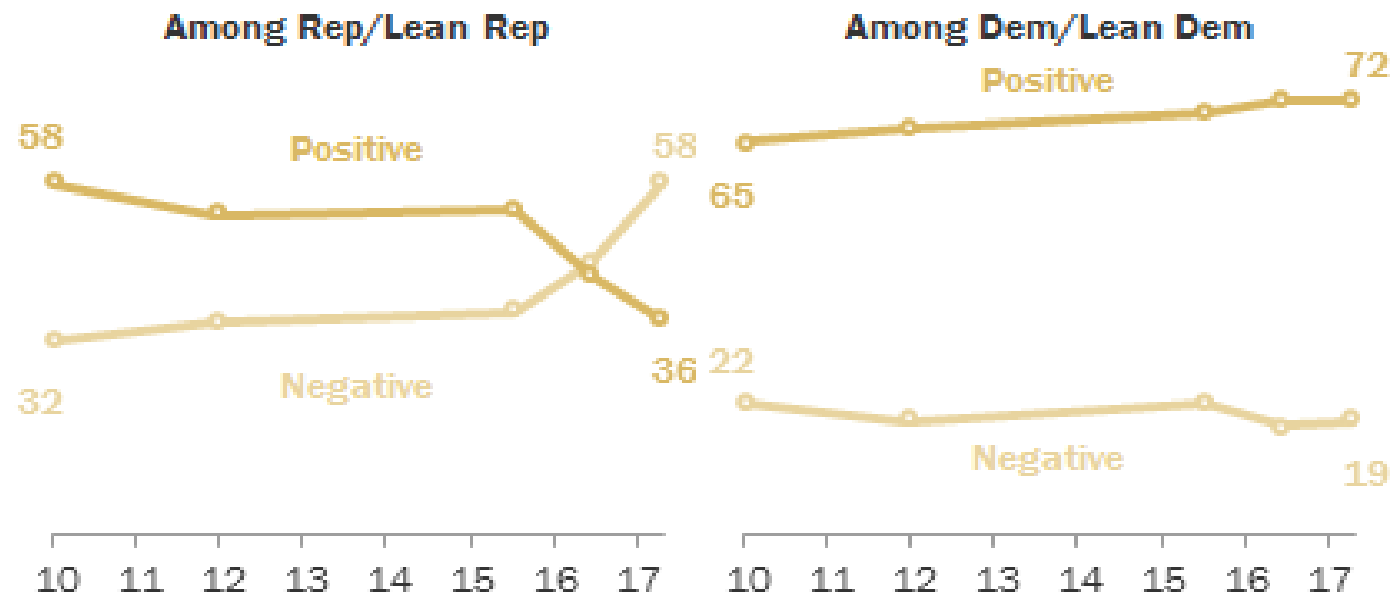
General Trends in Trust

- Trust in media:
 - 1976: ~75%
 - Today: ~32%
- Trust in government:
 - 1960s: ~75%
 - Today: ~15%

Trust in Academia

Since 2015, sharp rise in share of Republicans saying colleges have a negative effect on the country

% who say colleges and universities have a ___ effect on the way things are going in the country



Note: Don't know/Other responses not shown.
Source: Survey conducted June 8-18, 2017.

Trends in Trust: Health Care

- Confidence in medical leaders:
 - 1966: ~75% → Today: ~34%
 - (Only 25% express confidence in the health system)
- Can doctors in your country be trusted?
 - Switzerland: 83%, Britain: 76%
 - US: 58% (24th among industrialized countries)
 - Paradox: US ranks 3rd in satisfaction with last visit

Does It Matter?

- Trust makes people more likely to adhere to treatment
- Trust makes people more likely to engage with health care innovation
- Trust can help us respond to public health crises

Healthful Behavior

- Patients with high levels of trust are more likely to:
 - Take their medications
 - Follow advice
 - Keep seeing the same doctor
- Large trust disparities by race, SES, disease
 - Particularly important for vulnerable populations

Stifling Innovation

- Patients are less likely to engage with new treatments and technologies if they don't trust in effectiveness or motives
- Trust in physician is among best predictors of clinical trial enrollment
- Trust may be a barrier to wider use of telemedicine, EHRs, and wearables

Response to Epidemics

- Ebola may have spread wider and longer because of mistrust in Liberia
- Those less trusting of authorities were less likely to take precautions
- Mistrust in US can lead to lower flu and measles vaccination rates

Can Trust Be Rebuilt?

- **Competence:** Do you know what you're doing?
- **Transparency:** Will you tell me what you're doing?
- **Motive:** Are you doing it to help me or help yourself?

Suggestions

- Clear, transparent communication
- History of fulfilled trust
- Long-term relationships and repeated interactions
- Promote shared interests / minimize power discrepancies
- Disclose conflicts of interest
- Community-based participatory research
- Identifying and using trusted spokespersons

Trust between patients and clinicians/organizations

- Comprehensive Care Physician Program (Chicago)
- Open Notes initiative
- Refund Promise (Geisinger)

Trust between clinicians and organizations

The NEW ENGLAND JOURNAL *of* MEDICINE

Perspective
NOVEMBER 8, 2018

Getting Rid of Stupid Stuff

Melinda Ashton, M.D.

Many health care organizations are searching for ways to engage employees and protect against burnout, and involvement in meaningful work has been reported to serve both func-

tions. According to Bailey and Madden, it is easy to damage employees' sense of meaningfulness

my colleagues and I had reason to believe that there might be some documentation tasks that

of the beholder. Everything that we might now call stupid was thought to be a good idea at some point."

We thought we would probably receive nominations in three categories: documentation that was never meant to occur and would require little consideration to elim-

Trust between the media and the public



Tweets **19.1K** Following **8,432** Followers **50.6K** Likes **576** Lists **7**

Follow

Journalist's Resource

@JournoResource

Journalists helping journalists with newsy research. A @Kennedy_School @ShorensteinCtr project. Tweets by @carmennobel, @chloereichel, @cmerref, @deniseordway.

Harvard Kennedy School

journalistsresource.org

Joined December 2009

Tweets **Tweets & replies** Media

Journalist's Resource Retweeted



Denise-Marie Ordway @DeniseOrdway · 22m

.@KO_616, the managing editor of @teamtrace, is speaking about news coverage of school violence at an #EWA19 panel. @teamtrace and @JournoResource teamed up to create this tip sheet to brief journalists on basic gun terminology.



7 things journalists should know about guns

We teamed up with two reporters who know a lot about firearms to create a tip sheet to help journalists avoid errors when covering gun issues.

Who to follow · Refresh · View all



Journalist's Toolbox @jo...

Follow



Society of Professional J...

Follow



Shorenstein Center @Sh...

Follow

Conclusions

- All institutions are imperfect; some skepticism is healthy
- Trust in American institutions is declining, including in medicine
- Trust plays a central role in health care
- Dedicated attention to building trust may have important downstream health benefits

Q & A



Panel to Further Explore Trust

Moderator: ***Dr. Dhruv Khullar***

Panelists:

- ***Austin Chiang, MD, MPH*** – Chief Medical Social Media Officer at Thomas Jefferson University Hospitals
- ***Robert W. Lash, MD*** – Chief Professional and Clinical Affairs Officer at Endocrine Society
- ***Ana Pujols McKee, MD*** – Executive Vice President and Chief Medical Officer at The Joint Commission
- ***Kristin Schleiter, JD, LLM*** – Vice President of Policy, Government Affairs & Strategic Engagement at American Board of Medical Specialties



American Board
of Internal Medicine

Internal Medicine Summit 2019

Small Group Discussion

10:30-11:15am

Daniel Wolfson, MHSA – Executive Vice
President and Chief Operating Officer of the
ABIM Foundation

Small Group Discussion

10:30-11:15am

- Please find your assigned seat.
- Feel free to leave anything at your current seat that you don't need for the next 45 minutes as you'll return to your seat at 11:15.
- Tables are arranged with the smallest numbers in the front of the room.

Small Group Discussion

10:30-11:15am

- Pair up with someone at your table to discuss the questions and write down your answers.
- Then share with the rest of your table.
- We'll collect these anonymous worksheets at the end of the session.



BREAK

until 11:30



American Board
of Internal Medicine®

VISION COMMISSION DISCUSSION

Internal Medicine Summit | May 2019

Vision Commission Discussion

Richard E. Hawkins, MD is President and CEO of the American Board of Medical Specialties. He is Board Certified in Internal Medicine and Infectious Disease by ABIM, and is participating in Maintenance of Certification.

***CONTINUING BOARD CERTIFICATION:
VISION FOR THE FUTURE COMMISSION:
IMPLEMENTATION PLAN***

Richard E. Hawkins, MD
President and CEO
American Board of Medical Specialties

ABOUT THE COMMISSION

- Collaborative effort that brought together multiple stakeholders to envision the future of continuing board certification.
 - Charge: Make recommendations regarding principles, frameworks and program models for the continuing board certification system that are:
 - responsive to the needs of those who rely on the system
 - relevant, meaningful and of value to those who hold the credential
- The Commission gathered and considered stakeholder input to produce the set of recommendations in the Final Report.
 - Series of meetings February 2018 – January 2019
 - Extensive testimony and comments on the draft report
- Commission recommendations were considered during the ABMS BOD meeting on February 24-27, 2019

THEMES

- Need to bring value to physicians to support their learning and improvement needs
- Need to bring value to the profession (and other stakeholders) by offering a meaningful credential
 - The two value propositions are not mutually exclusive
- Meaningful self-regulation requires a system of engaged stakeholders – the solution is a collaborative one
- Advancing continuing certification must be accomplished within the profession

SELECTED RECOMMENDATIONS

Interpretation and Implementation Actions

FOUNDATIONAL RECOMMENDATION

Continuing certification must integrate professionalism, assessment, lifelong learning and advancing practice to determine the continuing certification status of a diplomate.

- What it means
 - Move from siloed 4-part framework
 - Assessment, learning and improvement activities must be integrated
 - Programmatically
 - Into physician practices
- Implementation Actions
 - **ABMS commitment to implement new/revised standards by 2020**
 - Standards will address:
 - Flexibility in knowledge assessment and advancing practice
 - Feedback to diplomates
 - Consistency

ASSESSMENT RECOMMENDATION

Continuing certification must change to incorporate longitudinal and other innovative formative assessment strategies that support learning, identify knowledge and skills gaps, and help diplomates stay current. The ABMS Boards must offer an alternative to burdensome highly-secure, point-in-time examinations of knowledge.

- What it means
 - Diplomates must have alternatives to point-in-time exams for knowledge assessment
 - Assessment should support learning and improvement
- Implementation Actions
 - **All 24 Member Boards have agreed to**
 - **commit to longitudinal or other formative assessment strategies**
 - **pursue alternatives to the highly-secure, point-in-time examinations of knowledge**
 - Revised standards include flexibility for diplomates

RECOMMENDATION ON CERTIFICATION STATUS

The ABMS Boards must change a diplomate's certification status when continuing certification standards are not met.

- What it means
 - Boards must make consequential decisions when continuing certification standards are not met
 - Consequences other than P/F should be defined
- Implementation Actions
 - Include in new standards definitions of certification statuses and designations
 - Define the portfolio of elements that contribute to a consequential decision

REMEDICATION PATHWAYS RECOMMENDATION

The ABMS Boards must have clearly defined remediation pathways to enable diplomates to meet continuing certification standards in advance of and following any loss of certification.

- What it means
 - Consequences short of certificate revocation require opportunities for learning and improvement
 - External stakeholders (professional and state societies, CME providers) are key partners in implementing remediation pathways
- Implementation Actions
 - Create a Task Force on Remediation Pathways that includes external stakeholders

RECOMMENDATION ON CONSISTENT PROCESSES AND REQUIREMENTS

The ABMS and the ABMS Boards must have consistent processes and requirements for continuing certification that are fair, equitable, transparent, effective and efficient.

- What it means
 - Eliminate inconsistency that is not practice relevant
 - Processes, such as cycle length, must be consistent
 - Transparency and fairness are essential; also, keeping costs down
- Implementation Actions
 - Move all ABMS Boards to a uniform cycle length
 - Prioritize processes for review
 - Develop strategies to reduce inconsistency and enhance transparency

DIPLOMATE COMMUNICATION RECOMMENDATION

The ABMS Boards must regularly communicate with their diplomates about the standards for the specialty and encourage feedback about the program.

- What it means
 - Bidirectional communication and diplomate engagement is important
 - Keep diplomates informed
 - Seek and integrate diplomate feedback

- Implementation Actions
 - Define best practices: assess and make recommendations on changes to ABMS Boards' diplomate engagement strategies
 - Include feedback standards in the revised standards

RECOMMENDATION ON ENCOURAGING ALL DIPLOMATES TO PARTICIPATE

ABMS and the ABMS Boards must make publicly available the certification history of all diplomates, including their participation in the continuing certification process.

ABMS Boards must facilitate voluntary re-engagement into the continuing certification process for lifetime certificate holders and others not currently participating in the continuing certification process.

- What it means
 - Initial and Continuing Certification status should be publicly available
 - Boards should develop strategies for encouraging engagement of non-time limited certificate holders
- Implementation Actions
 - Ensure that public site displays initial certification date and participation in continuing certification
 - Create and implement “low-risk” pathways for non-time limited certificate holders to engage in Continuing Certification

RECOMMENDATION ON USE OF THE CREDENTIAL

ABMS must demonstrate and communicate that continuing certification has value, meaning and purpose in the health care environment.

- Hospitals, health systems, payers and other health care organizations can independently decide what factors are used in credentialing and privileging decisions.
- ABMS must inform these organizations that continuing certification should not be the only criterion used in these decisions and these organizations should use a wide portfolio of criteria in these decisions.
- ABMS must encourage hospitals, health systems, payers and other health care organizations to not deny credentialing or privileging to a physician solely on the basis of certification status.

➤ What it means

- ABMS should not dictate to stakeholders how they should make privileging and other decisions but provide education about our policy on the use of our certificate

➤ Implementation Actions

- Communicate ABMS policy to institutions using our certificate
- Create and implement a strategy to educate hospitals about the use of the credential and other criteria

ADVANCING PRACTICE RECOMMENDATION

ABMS and the ABMS Boards should collaborate with specialty societies, the CME/CPD community and other expert stakeholders to develop the infrastructure to support learning activities that produce data-driven advances in clinical practice.

ABMS Boards must ensure that their continuing certification programs recognize and document participation in a wide range of quality assessment activities in which diplomates already engage.

- What it means
 - Need to work with stakeholders to address operational, methodological and system-related impediments to participation in meaningful QI/PI
 - Need to maintain “wide door” approach to approving existing QI/PI participation
- Implementation Actions
 - Create a multi-stakeholder Task Force on Advancing Practice
 - Revised standards must credit a range of QI/PI activities

RECOMMENDATION ON COLLABORATION AND DATA SHARING

The ABMS Boards must collaborate with professional and/or CME/CPD organizations to share data and information to guide and support diplomate engagement in continuing certification.

➤ What it means

- Our professional self-regulatory system consists of multiple partners: ABMS, Member Boards, Professional and State Societies, CME providers, and health care institutions
- Effective self-regulation requires collaboration and sharing of data and information

➤ Implementation Actions

- Hold a Summit on collaboration with key stakeholders
- Build on existing engagement plan for the specialty societies, state medical societies and other stakeholders that includes regular meetings, communications and presentations

ABMS RESPONSE

- ABMS supports the Commission recommendations
- ABMS believes the report supports alternative assessment programs and other improvements to Maintenance of Certification
- ABMS believes the Commission recommendations have two main points:
 1. MOC has to deliver recognizable value to participating physicians
 2. MOC has to yield a meaningful certificate for both physicians and users of the certificate (hospitals, public, etc.)
- Implementation staged similar to Commission recommendations (short term, intermediate, aspirational)

KEY IMPLEMENTATION STEPS

- Establish the “Achieving the Vision for Continuing Board Certification” Oversight Committee to direct the implementation strategy
- Establish 4 Collaborative Task Forces
- Commit to longitudinal or innovative formative assessment models
- Commit to revising the standards for continuing certification (BOD Working Group) by 2020



American Board
of Internal Medicine®

VISION COMMISSION DISCUSSION

Richard J. Baron, MD, MACP

Internal Medicine Summit | May 2019

Physician Feedback Matters

Diplomate Communication Recommendation

The ABMS Boards must regularly communicate with their diplomates about the standards for the specialty and encourage feedback about the program.

Your Voice Matters To Us

ABIM reached out to all diplomates (almost 200,000 physicians) for feedback twice and received...



29,480 SURVEY RESPONSES From physicians

Held

26 FOCUS GROUPS with **255** PARTICIPANTS 

Including over 50% from community practice in addition to people from rural practice, urban hospitalist-based practice, society meeting attendees and patients

Visited

13 CITIES in **10** STATES* 

27 MEDICAL SOCIETIES

Listened to colleagues and shared thoughtful feedback about proposed Maintenance

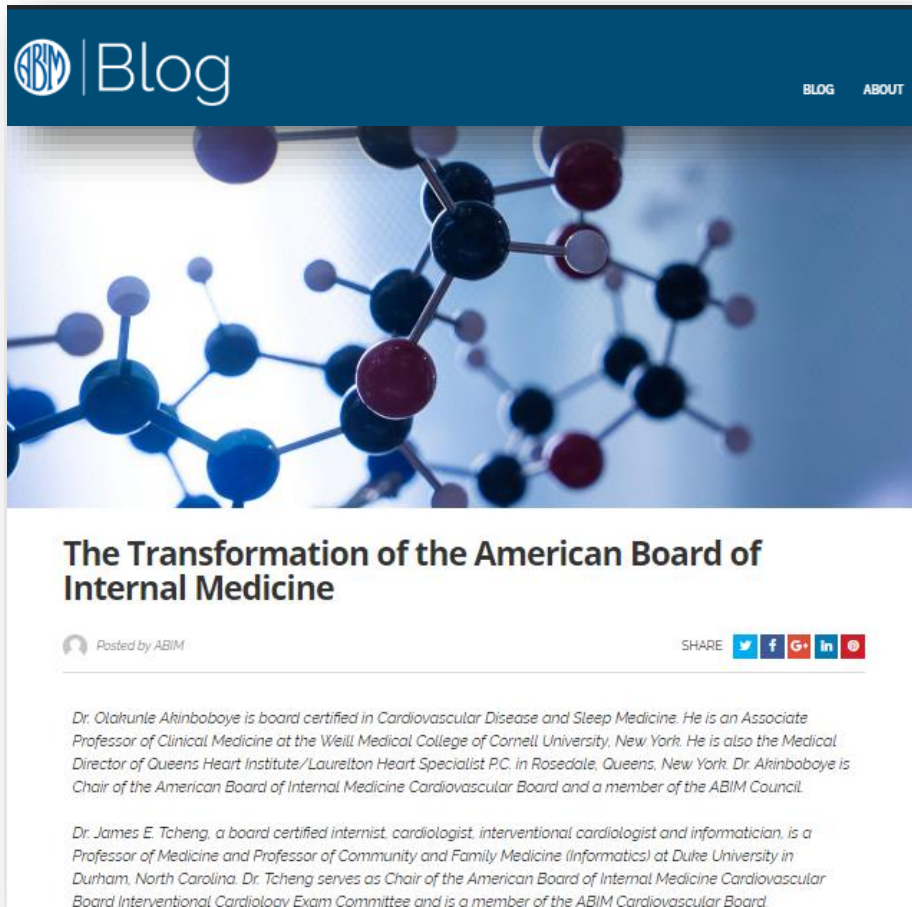
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Physician Driven Change: ABIM's Open-book Assessments

Physician Feedback in Action



Advancing Practice Recommendation

ABMS and the ABMS Boards should collaborate with specialty societies, the CME/CPD community and other expert stakeholders to develop the infrastructure to support learning activities that produce data-driven advances in clinical practice. The ABMS Boards must ensure that their continuing certification programs recognize and document participation in a wide range of quality assessment activities in which diplomates already engage.

Since 2015, changes have included:

- Blueprint review
- No underlying certification
- CME for MOC
- Suspension of Part IV
- KCI & Re-entry via KCI

A Lower-Stakes Experience

Remediation Pathways Recommendation

The ABMS Boards must have clearly defined remediation pathways to enable diplomates to meet continuing certification standards in advance of and following any loss of certification.

PHYSICIANS DUE IN 2019	2019	2021	2023	NEXT STEP
E 	 Knowledge Check-In: PASS	 Knowledge Check-In: FAIL	 Knowledge Check-In: FAIL	 Traditional MOC Exam: 2024

Re-affirming Our Values

Recommendation on Use of the Credential

ABMS must demonstrate and communicate that continuing certification has value, meaning and purpose in the health care environment.

- a. Hospitals, health systems, payers and other health care organizations can independently decide what factors are used in credentialing and privileging decisions.**
- b. ABMS must inform these organizations that continuing certification should not be the only criterion used in these decisions and these organizations should use a wide portfolio of criteria in these decisions.**
- c. ABMS must encourage hospitals, health systems, payers and other health care organizations to not deny credentialing or privileging to a physician solely on the basis of certification status.**

Shared Values | Shared Purpose

Recommendation on Certification Status

The ABMS Boards must change a diplomate's certification status when continuing certification standards are not met.

The Commission supports the ABMS Boards' key function in making summative decisions about the certification status of a diplomate and changing a diplomate's status when certification standards are not met. It is their role and obligation to both the profession and the public. Moving forward, the ABMS Boards are expected to use a

Long-Term Learning

Assessment Recommendation

Continuing certification must change to incorporate longitudinal and other innovative formative assessment strategies that support learning, identify knowledge and skills gaps, and help diplomates stay current. The ABMS Boards must offer an alternative to burdensome highly-secure, point-in-time examinations of knowledge.



Blog

BLOG ABOUT



AMERICAN COLLEGE of CARDIOLOGY

Guidelines | J

All Types ▾

Connection



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The Task Forces are critical to ABIM's ability to deliver Knowledge Check-Ins more efficiently and to generate a substantially higher number of questions with the aspirational goal of making each question "single use." Being a part of an Item-Writing Task Force will allow for further innovation in ABIM's assessments, ultimately benefitting both you and your peers.

"Serving the Profession": Join ABIM's New Item Writing Task Force

Collaborative Maintenance Pathway (CMP) option for certified cardiologists who wish to maintain their board certification. The new option integrates lifelong learning and assessment with the goal of helping physicians stay current in knowledge and practice.

"The new CMP leverages the respective expertise of the ACC and ABIM to create a literal 'pathway' that meets the ongoing learning needs of cardiologists, while also giving patients, the public and other stakeholders confidence that the care provided by their physicians is of the highest quality," said ACC CEO **Timothy W. Attebery, DSc, MBA, FACHE**. "We appreciate ABIM working with us on what we



Learning & Assessment will help oncologists identify and link them to relevant educational resources before and able to access support tools during the assessment, a day practice. ABIM's traditional 10-year MOC exam will help oncologists to maintain certification. More information about the new pathway is available on ABIM and ASCO's websites throughout 2019. [Learn more](#).



Looking Ahead...

- Planned survey to diplomates –

What is the frequency with which diplomates want us in their lives?

- **Option #1:** We partner with you in your desire to stay current and we are a regular part of your life.
- **Option #2:** Your learning is self-guided and we check in with you only occasionally to verify that you are staying current.

ABIM's future direction will *disrupt* our current IM ecosystem

How can we *partner* with societies moving forward?

We want your feedback.

Conversation About the Vision Commission

Moderator: ***Dr. Richard Battaglia***, ABIM Chief Medical Officer

Panelists:

- ***Dr. Richard Baron*** – President and CEO of ABIM
- ***Dr. Patricia M. Conolly*** – Chair of the ABIM Board of Directors
- ***Dr. Marianne Green*** - Chair-elect of the ABIM Board of Directors;
Member of the ABIM Council
- ***Dr. Richard E. Hawkins*** – President and CEO of the American Board of Medical Specialties



American Board
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Internal Medicine Summit 2019



LUNCH

until 1:45



Collaborative Maintenance Pathways and Society Partnerships

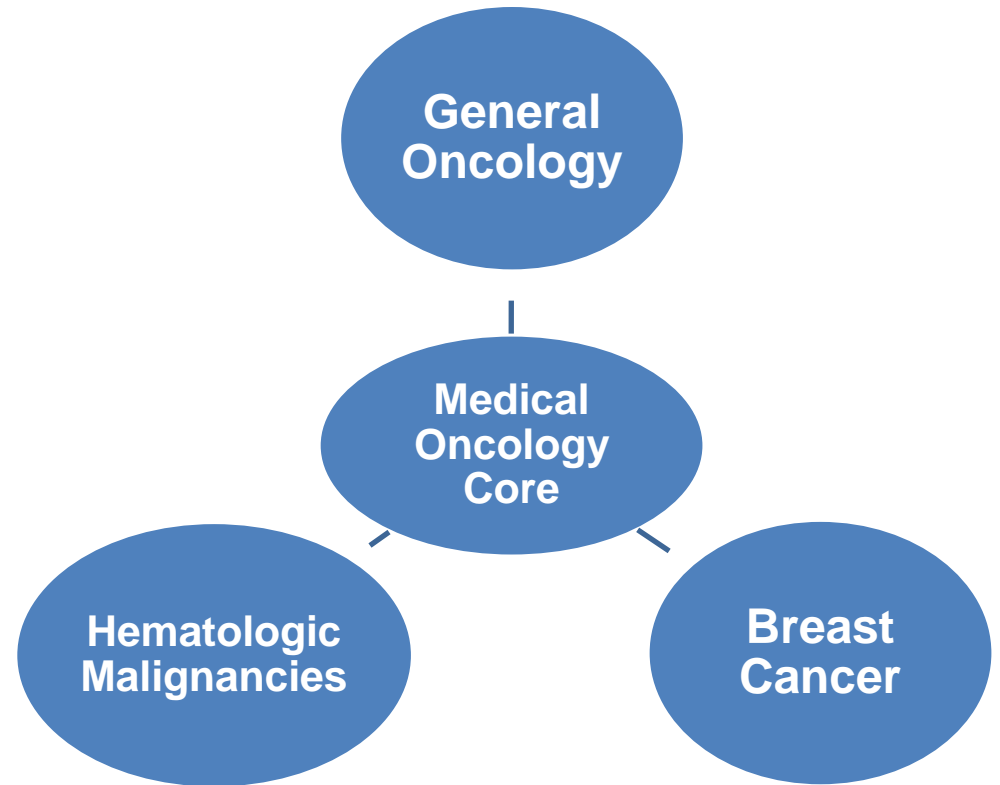
Richard Battaglia, MD | Chief Medical Officer, ABIM

Agenda

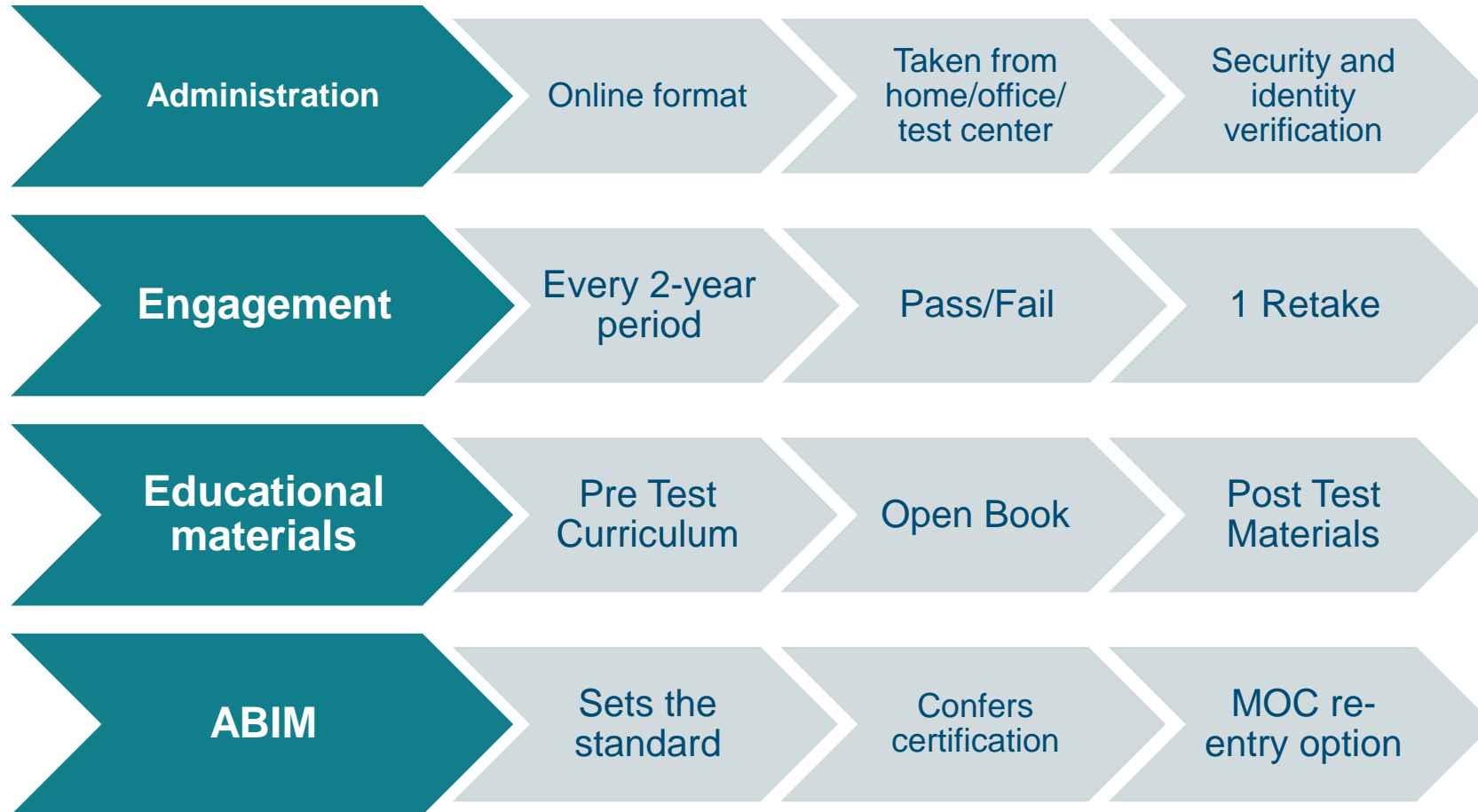
- Brief overview
 - ABIM/ ASCO: Medical Oncology Learning & Assessment
 - ABIM/ ACC Collaborative Maintenance Pathway
 - Range of Co-Creation
- ABIM/ASCO Collaboration:
 - **Jamie Von Roenn , MD, FASCO**, Vice President of Education, Science, and Professional Development, American Society of Clinical Oncology
- ABIM/ACC Collaboration:
 - **William J. Oetgen, MD, MBA, FACC**, Executive Vice President, Science & Quality, Education, and Publications, American College of Cardiology
- Discussion/Q&A

ABIM/ASCO Medical Oncology: Learning & Assessment

- Every 2-year MOC assessment option
- Recognizes “specialization” in medical oncology with topic-focused assessments:
 - Breast Cancer and Hematologic Malignancies available in 2020
 - Lung Cancer and Gastrointestinal Cancers available in 2022
- Assessments will have similar Medical Oncology Core questions
- Re-entry pathway is through General Oncology module with 2 consecutive passes



Key Elements of the Learning & Assessment

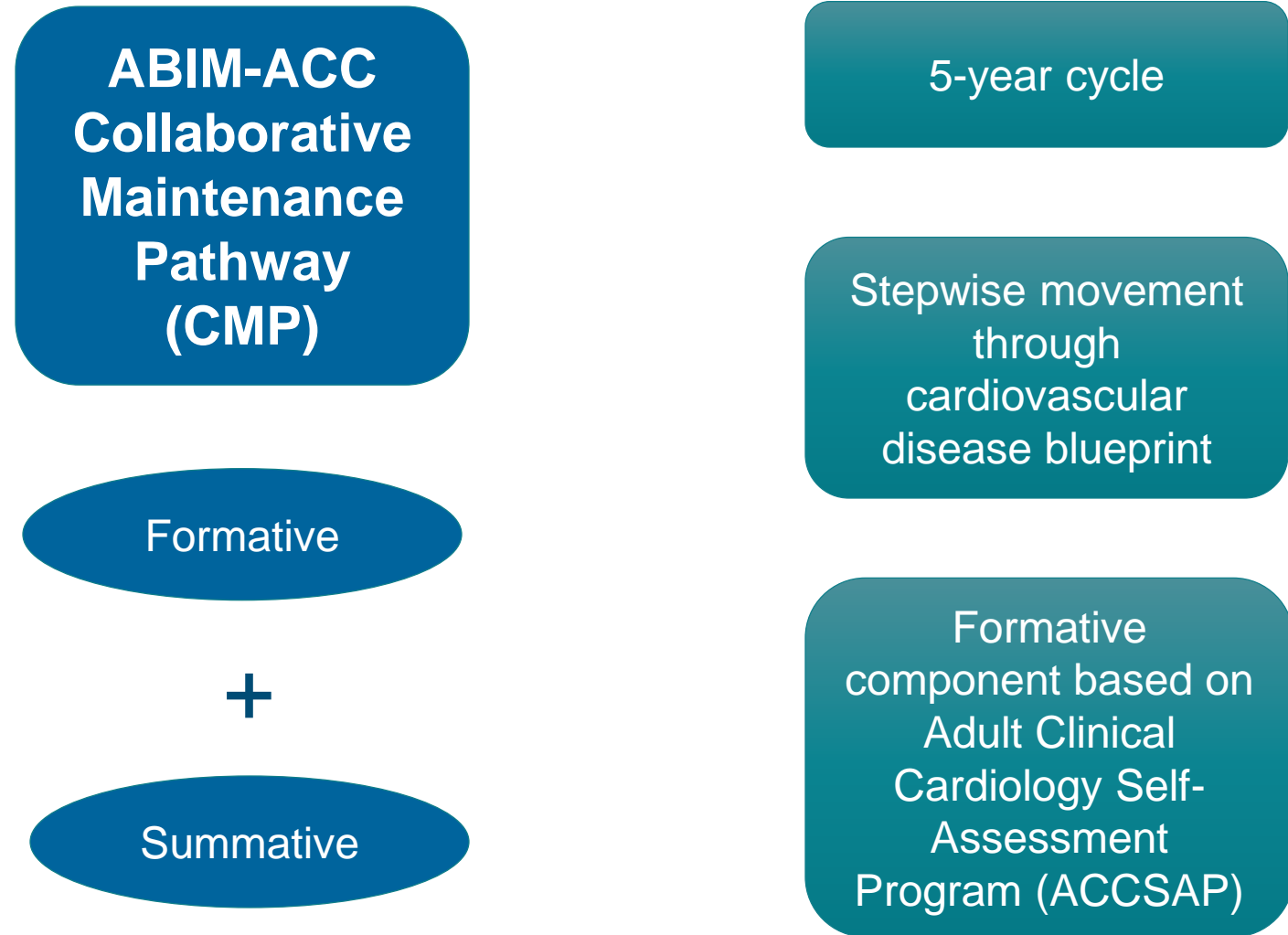


ABIM/ASCO: Responsibilities

- ABIM
 - Exam Administration
 - Test Assembly
 - Scoring, Equating, Analysis, Standard Setting
- ASCO
 - Item Development for Breast Cancer and Hematologic Malignancies
 - Educational Materials
- Shared
 - Blueprint Development
 - Item Development for General Oncology

ABIM/ACC Collaborative Maintenance Pathway

Eligibility: Diplomates certified in Cardiovascular Disease



Blueprint Stepwise Model

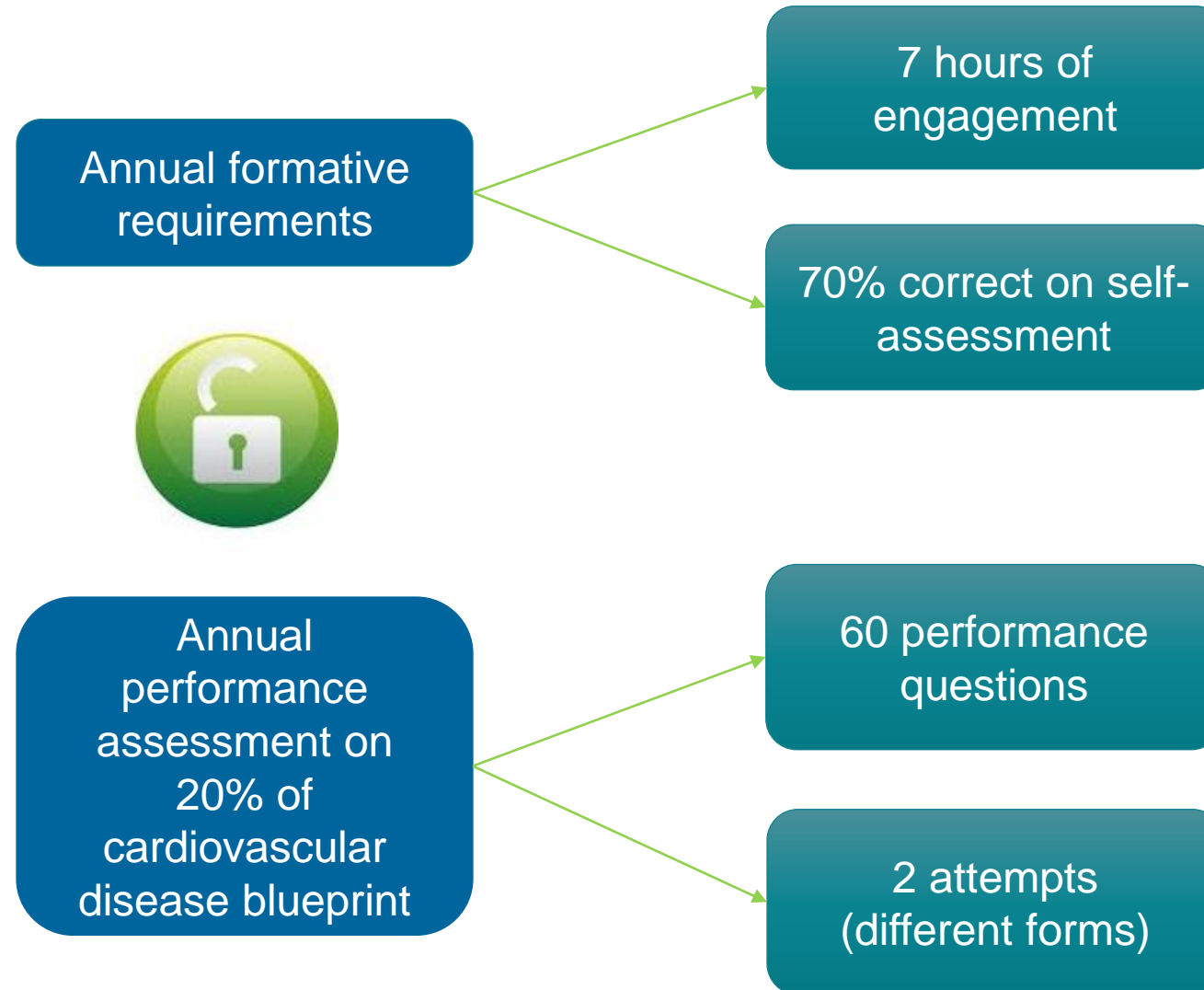
5-Year Cycle Modeled on ACCSAP ¹

Launch in 2019 with all updated content

User starts in 2020, completes 5 year cycle in 2024

ACCSAP Topic	2019	2020	2021	2022	2023	2024	2025
Arrhythmias	Performance Questions					Performance Questions	
CAD		Performance Questions					Performance Questions
HF & Cardiomyopathy Pulmonary Circ DO			Performance Questions				
Valvular Disease Congenital Disease				Performance Questions			
Vascular Disease Sys Hypo/Hyper Pericardial Disease Systemic DO(Circulatory)					Performance Questions		

How Do the Components Interact?



Responsibilities

- ACC creates and administers assessment with insights from ABIM
- ABIM provides staff and governance oversight and audit
- ABIM remains the certifying body for diplomates

ACC:

- Item development
- Standard setting process
- Assessment delivery
- Scoring of assessment
- ADA accommodations

ABIM:

- Approval of standards
- Approval of blueprint
- Audit process
- Issuance of certification and certification decisions

Range of Co-Creation and Collaboration

Communication of and engagement in ABIM initiatives

- Standard setting*
- Blueprint review*
- Offering MOC points for applicable CME activities*
- Governance Recruitment*
- New Approach to Item Development*

Enhancement of programs through an advisory role

- Specialization (Practice Profiles)
- Procedural requirements*
- Blueprint review*

Integration of Formative and Summative

- ### Activities
- “Learning links”
 - External resources during summative assessment

Collaborative Maintenance Pathway*

- Formative materials
- Content development
- Summative component
- Delivery platform



Resource Commitment

Medical Oncology Learning & Assessment

Lessons Learned

Jamie Von Roenn, MD

Vice President of Education, Science, and Professional Development

Oncology Engagement

- Board of Directors support
- Task Force
- Membership Survey
- Member feedback on model
- Garnering support & engagement

Key Components of Model

- Specialization + core
- Continuous learning model
- Reflective of practice
- Lower stakes
- Cost

Balance of Expertise

- ABIM role
- ASCO role
- Partnership

A New Option for Maintaining ABIM Certification

The Collaborative Maintenance Pathway (CMP)

ACCSAP with Performance Assessment

William J Oetgen, MD, MBA, FACC, FACP

ABIM Internal Medicine Summit

May 13, 2019

ABIM Maintenance of Certification: **the Problem**

- ACC ~25,000 physician members
- All FACCs are ABIM Diplomates
- Maintaining certification through ABIM?
 - ~70% yes
 - ~30% no (and very vocal)
- **How does the College provide for the educational needs of all of its members and for CV subspecialty society members?**
 - Comprehensive – full and current discipline of CV medicine
 - Convenient – at the location of the member's choice
 - Contemporary – grounded in the latest adult lifelong learning principles

ABIM Maintenance of Certification: **the Solution**

- ACCSAP – one offering with two “flavors”
 - “ACCSAP CME”
 - 5 year cycle
 - 160 CME credits (Didactic material and 600+ practice questions)
 - 160 MoC medical knowledge credits (if needed)
 - “ACCSAP CMP” – Collaborative Maintenance Pathway
 - 5 year cycle
 - 160 CME credits (Didactic material and 600+ practice questions)
 - 160 MoC medical knowledge credits
 - Yearly assessment on 20% of discipline’s knowledge

THE CMP INTEGRATES LIFELONG LEARNING WITH ASSESSMENT



CMP IN
**CARDIOVASCULAR
DISEASE**

AVAILABLE IN 2019



CMP IN
**INTERVENTIONAL
CARDIOLOGY**



CMP IN
ELECTROPHYSIOLOGY

ANTICIPATED IN 2020



CMP IN
**ADVANCED HEART
FAILURE & TRANSPLANT
CARDIOLOGY**

Collaborative Maintenance Pathway (CMP) Panel Discussion

Moderator: ***Dr. Richard Battaglia***, Chief Medical Officer of ABIM

Panelists:

- ***William Oetgen, MD*** – Executive Vice President of Science & Quality, Education and Publications of American College of Cardiology
- ***Jamie Von Roenn, MD*** – Vice President of Education, Science and Professional Development of American Society of Clinical Oncology



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A photograph of a female doctor in a white lab coat using a stethoscope on a male patient's chest. The scene is set in a clinical environment with medical equipment visible in the background. The image is overlaid with a semi-transparent blue geometric shape.

CLOSING REFLECTIONS

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

Goals of the Internal Medicine Summit

- Have a lively, **transparent** discussion with society and board leadership around the issues that impact health care and the physician community.
- Explore the issue of trust in medicine today, both in the area of certification and more broadly across health care. How is it being eroded and **what can we do** to reverse this trend?
- Reflect on ABIM's efforts to engage the community in **meaningful** conversations and partnerships.

Goals of the Internal Medicine Summit

- Discuss the **Vision Commission** report and how it affects the ongoing evolution of ABIM's MOC program.
- Provide an update on **Collaborative Maintenance Pathways** and the process of collaborating with ABIM.
- Provide ample opportunity for attendees to ask questions and **engage**.

Thank you!

Safe travels.



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of Internal Medicine®

**Tell Us How We Did....
Please Complete Our Survey**





Meet at the registration desk if you are taking the shuttle bus to the airport and 30th Street Station.