American Board of Internal Medicine Extends Practice Assessment Decision through 2018

*Focuses on Efforts to Improve Maintenance of Certification Program with Input from Practicing Physicians*

(EMBARGOED UNTIL December 16, 2015 — Philadelphia, PA) The American Board of Internal Medicine (ABIM) announced today that the ABIM Board of Directors has unanimously voted to extend their decision, announced in February of this year, and will not require Practice Assessment, Patient Voice and Patient Safety in its Maintenance of Certification (MOC) program through December 31, 2018.

Based upon feedback from the internal medicine and subspecialty community, as well as ABIM’s commitment to ensuring the MOC program does a better job recognizing meaningful activities physicians are already doing in practice, the ABIM Board of Directors determined at its December 2015 meeting that it would continue the current practice whereby no internist will have his or her certification status changed for not having completed activities in Practice Assessment, Patient Voice or Patient Safety through December 31, 2018. Diplomates still need to take and pass an examination every 10 years and earn 100 MOC points every five years as well as complete some MOC activity every two years to participate in the program.

“We have heard from many stakeholders that it is good for patients when physicians regularly evaluate and improve the quality of their care, but we have learned there are a myriad of ways physicians do this today, and that our MOC program should credit clinically meaningful activities,” said Richard J. Baron, MD, President and CEO of ABIM. “ABIM will continue to provide MOC credit for quality improvement activities physicians choose to do and expand the list of activities we recognize for MOC credit while we partner with others to increase clinically relevant opportunities for doctors to engage in this important work. But we are not prepared, at this point, to reinstate the Practice Assessment, Patient Voice and Patient Safety requirements.”

ABIM will work to expand pathways to complete meaningful quality improvement activities with the continued commitment that all decisions about these and other MOC requirements will be informed by community input. In addition, ABIM is also participating in the American Board of Medical Specialty (ABMS)’s Improvement in Medical Practice Task Force as part of ongoing MOC program quality improvement initiatives and continues to participate in the ABMS Multi-Specialty Portfolio Approval Program in which physicians can receive MOC credit for quality improvement activities occurring in their practice environments.

ABIM continues to engage physicians in discussing approaches to assessing knowledge and potentially replacing the secure examination, currently required every 10 years, with more frequent, lower stakes assessments. At this time, however, the 10-year exam remains our best approach for assessing physicians’ knowledge. Accordingly, it remains an essential part of the MOC program. Physicians who have certifications expiring in 2016 who wish to remain certified must take and pass the examination and earn 100 MOC points next year. Also, in August, ABIM announced a partnership with the Accreditation Council for Continuing Medical Education (ACCME) to expand options for physicians to earn MOC points.

“As we have continued to increase the types of CME activities that attest to knowledge assessment, we have made it easier for physicians to get MOC credit for a broader range of CME activities,” said Clarence H. Braddock III, MD, Chair of the ABIM Board of Directors. “Our focus is now on involving physicians in various efforts to ensure that our exams reflect what they see in daily practice. We are also engaging societies and physicians to help us explore the feasibility and potential implementation of more frequent, lower stakes assessments.”
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**Physicians Drive Changes to ABIM’s MOC Program**

Input from diplomates and specialty societies informed today’s announcement and led to several significant programmatic changes over the last two years:

- **MOC Requirements**
  - Approving more CME activities for MOC credit. More than 300 activities are now approved for MOC points, and as our new ACCME partnership expands, that number will continue to grow.
  - Discontinuing the requirement to maintain underlying certification. Physicians in all ABIM subspecialties can choose to maintain only those certifications relevant to their practices.

- **Examinations**
  - Updating the Internal Medicine MOC exam. ABIM recently worked with practicing internists to update the Internal Medicine MOC exam blueprint, or content outline, to ensure the exam is relevant to internists in practice today. The Fall 2015 Internal Medicine MOC exam was based on this new blueprint, which also provides a greater level of detail to help physicians prepare for the exam. Updates to other specialty exam blueprints will begin over the course of the next year.
  - Updating the process for standard-setting. As part of ABIM’s efforts to incorporate feedback from physicians at all levels of exam administration, practicing internists were invited to participate in an enhanced standard-setting process for the Fall 2015 Internal Medicine MOC exam. A similar process will be used for all exams moving forward.
  - Providing better feedback to exam takers. ABIM introduced new score reports for MOC examinations that provide clearer feedback and more information on questions missed so that physicians can focus future study on areas for improvement.
  - Instituting a one-year “grace period” for physicians who do not pass an MOC exam. Physicians who take but do not pass the exam and are meeting all other MOC requirements before their certification expires have an additional year to pass the exam during which they will still be reported as certified.

- **Fees & Enrollment**
  - Reducing the MOC exam retake fee. Physicians receive a reduced rate on their first MOC exam retake.
  - Unlinking MOC enrollment from certification status. ABIM Board Certified physicians who meet all other MOC programmatic requirements will not lose certification simply for failure to enroll in MOC. They must still meet five- and 10-year program milestones to maintain certification.

- **Public Reporting**
  - Changing language in public reporting of MOC status. ABIM changed public reporting language to “participating in MOC.”

- **Governance and Finances**
  - Ensuring that all levels of ABIM governance include physicians in non-academic clinical practice. ABIM made significant changes to its governance, including bylaws changes to broaden representation of practicing physicians. Community-based physicians are now involved in all levels of ABIM governance.
  - Expanding financial transparency. Each year, ABIM posts information about its revenues and expenses, including its [audited financial statements and IRS Forms 990](http://www.abim.org) on its website. Disclosures of relevant relationships of members of our Board of Directors, Council, Subspecialty Boards and Examination Committees are also available online, as is information about the [ABIM Foundation](http://www.abim.org).

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About ABIM - For more than 75 years, certification by the American Board of Internal Medicine (ABIM) has stood for the highest standard in internal medicine and its 20 subspecialties and has meant that internists have demonstrated – to their peers and to the public – that they have the clinical judgment, skills and attitudes essential for the delivery of excellent patient care. ABIM is not a membership society, but a non-profit, independent evaluation organization. Our accountability is both to the profession of medicine and to the public. ABIM is a member of the [American Board of Medical Specialties](http://www.abs.org). For additional updates, follow ABIM on [Facebook](http://www.facebook.com/ABIM) and [Twitter](http://www.twitter.com/ABIM).