Disclosures

- I am a full-time employee of the American College of Physicians
- American College of Physicians (ACP) ≠ American Board of Internal Medicine (ABIM)
- I am not an employee of the American Board of Internal Medicine (ABIM)
- I have never served on the ABIM
- I have time-unlimited ABIM board certification and have signed up for MOC
Some historical background

- 1936 – ABIM created by a joint action of ACP and AMA
  - Goal: Distinguishing internists who meet peer-reviewed standards from those who do not (or choose not to)
  - Independent organization insulated from pressure of dues-paying members
- 1941 – first subspecialties introduced (Cardiology, GI, Pulmonary)
- 1990 – all new certificates limited to 10 years

Source: *Ann Intern Med.* 2014:161;221
The certification examination

- First exam in 1936 – 8 essay questions
- 1946 – essay questions replaced by multiple choice questions
- 1972 – oral examinations discontinued
- 2006 – examinations converted from paper and pencil to computer-based

Source: Ann Intern Med. 2014:161;221
1936 certification examination

- Describe the anatomical features of cervical ribs with special reference to those that may produce clinical symptoms.
- Discuss cyanosis – origin, varieties, clinical causes, treatment.
- Discuss the general principles and sources of error involved in the Wasserman reaction.
- Discuss the pharmacological actions of digitalis, quinidine.
- Discuss cardiac irregularities as seen at the bedside and without reference to the electrocardiogram.
- Outline your management of a case of troublesome recurrent urticaria.
- How would you distinguish between thrombocytopenic and Henoch’s purpura? Outline management of each.
- Case presentation: 44 y.o. obese diabetic F with RUQ pain and fever. Discuss diagnosis, prognosis, need for operation, preoperative and postoperative medical care

Source: Ann Intern Med. 2014:161;221
Types of certificates: evolution over time

- **Before 1990:** certified for life
  - **Exceptions:** Critical Care; Geriatrics

- **1990 through 2013:** certificates time-limited for 10 years; need to recertify by expiration date

- **Starting in 2014**
  - No expiration date
  - Need to participate in Maintenance of Certification (MOC) and meet MOC milestones
The basics of MOC

What category are you in?
- Certified before 1990: time-unlimited certificate
- Certified from 1990-2013: 10 year certificate
- Certified from 2014 on: no end date; remaining certified depends on meeting MOC requirements

Milestones required for MOC
- Every 2 years: at least 20 MOC points
- Every 5 years: at least 100 MOC points (practice assessment requirement suspended through 2018)
- Every 10 years: secure, closed-book examination
Major issues with dissatisfaction about ABIM’s MOC program

- Lack of evidence for benefit re quality of care
- Cost: too expensive
- PIMs are time-consuming, tedious busywork
- From diplomates with time-limited certificates: why is there a 2-tier system, i.e. with “grandparents” exempt from the requirements?
- Exam is “one size fits all” and not relevant or customizable to my practice
- High failure rate for the secure examination
Historically, anger intensified in 2014 with changes, specifically ...

- Doubling of self-assessment point requirement
- Addition of patient safety and patient voice requirements
- From “grandfathers/grandmothers”: new website reporting of “meeting MOC requirements: yes or no” is coercing them to participate in MOC
Secure examination pass rate

- Examination pass rate was dropping over time
- Potential implications of losing certification on credentialing by hospitals or health plans
- ABIM response
  - Pass rate has been just as low in the past
  - Ultimate pass rate is much higher
IM MOC Exam First Time Taker Pass Rates

Source: ABIM
2014 First-Time Taker Pass Rates

Source: ABIM
MOC 2013 First Takers and Ultimate Pass Rates

MOC -1st
MOC -Ultimate

CARD  CCEP  CRIT  ENDO  GAST  GERI  HEMA  ICARD  ID  IM  NEPH  ONCO  PULM  RHEUM  HOSP
Search results for Name STEVEN WEINBERGER

Weinberger, Steven E.

Meeting Maintenance of Certification Requirements: Yes

INITIAL CERTIFICATION
Internal Medicine: 1976
Pulmonary Disease: 1978
Critical Care Medicine: 1987
ACP’s positions re MOC

- ACP supports the principles behind lifelong learning and professional accountability, which includes certification and maintenance of certification.
- These responsibilities are best handled by an independent, non-profit certification board (i.e. ABIM).
- However, ACP has felt the process needs to be improved, and has advocated strongly for reform.
- The low pass rate needs to be addressed.
“ACP does not support making participation in MOC an absolute prerequisite for state licensure, hospital credentialing, or health plan (insurer) credentialing. Instead, decisions about licensure and credentialing should be based on the physician’s performance in his or her practice setting and a broader set of criteria for assessing competence, professionalism, commitment to continuous professional development, and quality of care provided.”
What had ABIM done in response (before February 3, 2015)?

- Committed to developing more flexible, less burdensome ways to fulfill practice assessment requirement
- Set up a task force to explore redesigning the secure examination
- Decreased the cost of an exam re-take
- Agreed to one year grace period to maintain certification after 10 year cycle if exam failed (provided all other MOC requirements are met)
ACP’s feedback to ABIM

- Need for more dramatic changes in the MOC process
  - Secure examination
  - Self-assessment of performance
- Need for more timely changes: slow reform wouldn’t work
- Need for a change in tone of communications
  - Not defensive
  - Acceptance of responsibility: mea culpa
- Need for change in website reporting
New ABIM announcement – 2/3/15

- Tone: “We got it wrong. We’re sorry.”
- Self-assessment of practice: immediate suspension of practice assessment, patient safety, and patient voice requirements for at least 2 years
- New, more relevant exam in Fall 2015 (for IM)
- Enrollment fees at or below 2014 level through 2017
- By end of 2015, more flexibility for self-assessment of knowledge
- Change in website reporting to “participating” rather than “meeting requirements”: within 6 months
Search results for Name STEVEN WEINBERGER

August 13, 2015

Weinberger, Steven E.

Pulmonary Disease: Certified
Internal Medicine: Certified

PARTICIPATING IN MAINTENANCE OF CERTIFICATION: Yes

INITIAL CERTIFICATION
Internal Medicine: 1976
Pulmonary Disease: 1978
Critical Care Medicine: 1987
Additional events re ABIM and MOC

- Lots of positive responses to ABIM’s announcement, but…
- Lots of negative responses to ABIM’s announcement – too little, too late
- Announcement of an “alternative certifying board” – the National Board of Physicians and Surgeons (NBPAS)
- Attacks on ABIM as an organization – through social media and scathing *Newsweek* articles
Initial drivers and leaders from the procedural cardiologist community (IC and EP)

Requirements for MOC:
• Must have obtained prior initial certification
• 50 hours of CME credit over 2 years
• $169 every 2 years

Questions:
• Is this a credible process for demonstrating ongoing competence?
• Will it be accepted by credentialing bodies?
A Certified Medical Controversy

BY KURT EICHEWALD 4/7/15 AT 3:56 PM
Saturday, August 15, 2015

The ABIM Foundation: Increasing Transparency or More Cover-up?

It is one thing to have a financial scandal.

It's a whole new thing when you try to cover it up.

But it appears this is what we should expect from an organization that has exhaustively defined their version of the term "medical professionalism" using testing fees of practicing physicians worldwide.

The American Board of Internal Medicine (ABIM), a non-profit 501(c)(3) corporation, has been under pressure since the story broke about its Foundation purchasing a $2.3 million condominium complete with a chauffeur-driven Mercedes S-class town car in December of 2007. The bizarre tale of a physician testing organization creating a separate non-profit charitable "Foundation" funded by physician testing fees while its own balance sheet dwindled to a $48 million deficit was unimaginable at first. But as the story grew and gained media notoriety in Newsweek, it appears the ABIM will still stop at nothing in an attempt to hide the truth.

Given the money involved, this was predictable.

Here is the ABIM Foundation's "About Us" web page I captured as late as June 13, 2015.

Here is the ABIM Foundation's "About Us" page today. (In case the ABIM changes the page again, I have it copied here).

Note the difference in the dates of creation of the ABIM Foundation on the two web pages - the
More recent changes from ABIM

- Extended practice assessment suspension through end of 2018
- Changes in October 2015 exam
  - New “blueprint” for exam questions based upon feedback on a diplomate survey
  - Change in method for determining passing cut-point
- December 2016 – announced an alternative with a “lower stakes” option to the q10 year secure exam
IM MOC Exam First Time Taker Pass Rates

Source of data: abim.org
Optional alternative to q10 year exam announced in December 2016

- Will start in 2018
- Shorter “knowledge check-ins” q2 years
  - Taken on personal or work computer, or at testing center
  - Will be open book (ABIM provides single resource)
  - Don’t need a passing score on each 2 year assessment; if fail 2 in a row (except for 1st exams in 2018), need to take the 10 year exam
  - Results available immediately; will get more feedback
Additional points about alternative

- Initially, available for core IM and nephrology
  - Plan to roll out to other subspecialties in 2020
- Cost and payment options not yet specified
- Ultimately, also planning to have 10 year exam also be open book
- If certificate expires in 2017, still need to take high stakes exam
- If certificate expires in 2018, can do either 10 year exam or q2 year alternative
And still more details...

- Testing time: 2 to 3 hours (including break)
- Exam offered 4 to 6 times per year
- Testing sites: home, office, or testing center
- Videocamera recording requirement (video data will be archived and viewed only if there is a question of irregular examination behavior)
- Immediate pass/fail feedback provided; more detailed feedback provided 2 or more weeks after the examination
IM community sentiments about ABIM and MOC

- Continued concerns about MOC expressed by
  - Time-limited diplomates, focused on Parts 3 and 4
  - Time-unlimited diplomates, focused on pressure to participate in MOC

- Ongoing attacks on ABIM as an organization by
  - “Alternative” certifiers, e.g., NBPAS
  - Bloggers, e.g., Dr. Wes (drwes.blogspot.com)
  - PA Medical Society “vote of no confidence”
  - AMA resolution requesting audit of ABIM finances
Selected ACP efforts re MOC

- Development of educational and other resources to help physicians with MOC
- Strong advocacy for reform without compromising credibility of the process
- Frequent meetings/communication with ABIM leadership
- Coordination of other internal medicine organizations to develop input / “straw man” proposals to ABIM
Efforts by IM societies

- Problem: complexity of IM community, with primary specialty and multiple subspecialties
  - Ideally, IM community speaking with one voice

- As “umbrella” organizations over all of IM, ACP and AAIM convened the subspecialty societies to develop common recommendations
  - July 2016 – “straw man” proposal developed by 6 societies + ACP + AAIM
  - September 2016 – review and revision of straw man proposal by all IM subspecialties
Basics of proposal

- **Major goals**
  - Ideally integrate formative and summative components → identify gaps, improve knowledge
  - Allow customization for scope of practice (modules)

- **Society-board collaboration**
  - Societies: identify content; create self-assessment with educational support
  - ABIM: assure credibility, set the passing standard, and issue documentation of satisfactory completion
Update on possible collaboration

- ABIM meeting with 3 IM societies (ACP, ACC, ASCO) to explore feasibility of an alternative, society-board collaborative model
- More continuous, lower stakes process of self-assessment with feedback and links to education, e.g., based on society self-assessment products
- Possible modular approach (including a “core” module)
The new society maintenance pathway...

- Would be an alternative to other MOC pathways offered by ABIM, i.e. the current 10-year secure exam or the 2-year approach announced by ABIM
- Would be anchored in the principles of continuous learning, and would include guided independent study, self-assessment, and evaluation – all based on ACP’s Medical Knowledge and Self-Assessment Program (MKSAP).
Additional points about proposal

- The society MOC pathway that ACP is exploring would be offered by ACP, but ABIM would continue to be the certifier.
- ACP would attest to ABIM that a member has successfully completed the ACP pathway, which would satisfy ABIM’s requirements for maintaining certification.
- Senior leaders and senior staff from ACP and ABIM are making progress in working through the details of a potential society pathway.
Challenges

- Assuring security of questions
- Identity verification
- Financial model
- Some subspecialties have multiple societies
- Will ABIM accept a society’s model as being sufficiently credible?