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IDSA
Infectious Diseases Society of America

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American Board of Internal Medicine
510 Walnut Street, Ste. 1700
Philadelphia, PA 19106

Dear American Board of Internal Medicine,

The Infectious Diseases Society of America (IDSA) welcomes the invitation from the American Board of Internal Medicine (ABIM) to respond to the "Assessment 2020 Task Force Report." IDSA is encouraged that the ABIM is dedicated to improving its Maintenance of Certification (MOC) program and making it more relevant to clinical practice. IDSA asked the members of its Board of Directors, Clinical Affairs Committee, and Education Committee to provide feedback on the two questions posed to the Society by ABIM. The comments and suggestions below are based on this feedback.

In general, the majority embrace the concept that maintenance of certification should be directed at identifying and addressing physician knowledge gaps in established and relevant new information. Furthermore, professional societies, like IDSA, have established programs for updating members and nonmembers within the speciality and ABIM should utilize their expertise and educational offerings in the MOC process.

1. **Should there be more frequent, less high-stakes assessments to replace the current 10-year exam?**

   The leadership of IDSA would support a move to replace the current 10-year recertification examination with a more frequent and relevant assessment of cognitive knowledge gaps. While the current recertification examination does to some extent "test" an infectious diseases physician's overall knowledge, it does not in itself improve the cognitive aspects of a provider's practice. As often cited, the high-stakes 10-year format encourages "cramming" rather than continuous reinforcement and updating of knowledge. Many of our members feel that the current exam is overly burdensome and does nothing to improve the competence of their clinical practice.

   We believe that the majority of ID physicians want a challenging but also formative test without undue inconvenience. Those surveyed were supportive of a new MOC process that is more relevant to reinforcing and updating a physician's cognitive skills and knowledge in line with current educational norms and the need for a physician to garner information in a timely manner, often at the point of care. A carefully designed, more frequent assessment of knowledge could better accomplish this goal. Some oft repeated suggestions include:

- Adapt and redesign the current self-assessment of knowledge efforts into a periodic knowledge assessment that could be completed by the physician at home or office. Once the assessment is completed and scored, immediate feedback would be given to the physician of his/her performance on each question and a rationale and references provided for study. A question-based reassessment of the content areas with incorrect responses would need to be completed by the physician within a certain time frame, which would allow further study and integration of knowledge by the physician.

- The emphasis of an assessment process should be on important, relevant topics that are essential for the infectious diseases physician to know, and areas where new knowledge is needed to be integrated into an existing cognitive skill set.

- The MOC program should include the option of participating in a group learning process, such as at a national or regional professional society meeting. Questions could be presented to a group and answers selected by each physician through a personally identifiable audience response system. Rationales and references could be discussed in an interactive format during group learning and individuals could complete the reassessment later during a defined time frame.

Respondents were equally split on whether the assessment should focus on broad-based ID content or more targeted ID areas. A few suggested submodules for transplant ID, travel/tropical medicine, and HIV medicine. Others thought the assessment should remain broadly focused and that questions in more specific "sub-sub speciality" areas should be on concepts and case scenarios that all ID clinicians might encounter. This is an area that warrants further discussion.

2. **Do you agree that the focus of MOC efforts should be on assessing cognitive and technical skills for recertification?**

The majority of those surveyed felt that the emphasis of MOC efforts should be on assessing cognitive skills. It was noted that the assessment of technical skills is better addressed by local peer review, quality assessments, and credentialing processes.

In regard to quality improvement, patient safety, and patient satisfaction, it was frequently noted that infectious diseases physicians are already currently assessed in these important areas by hospitals, health system networks, group practices and third party payers. Almost all believe that additional quality improvement assessment by the ABIM is not necessary and is overly burdensome. For the speciality of infectious diseases it is difficult to find performance improvement or monitored activities that could be assessed by a Practice Improvement Module or an online report to the ABIM. The practice is too diverse. Many ID physicians do not have a primary care practice or see patients only once or twice in a consultative role, making patient satisfaction surveys difficult to implement and interpret.

IDSA appreciates this opportunity to comment on the important work of the taskforce and plans to continue to work with ABIM and the other stakeholder societies to improve the MOC program.

Sincerely,

Christopher Ohl, MD
IDSA Education Committee Chair