

## American Board of Internal Medicine and the Maintenance of Transparency

**To the Editor:** In the May 2013 issue of *Mayo Clinic Proceedings*, a compelling editorial by the American Board of Internal Medicine (ABIM) leadership entitled “Physician Responsibility and Certifying Examinations” outlined a continual need for integrity and a high standard of ethical behavior.<sup>1</sup> Using the search function on the ABIM website for the terms *transparency* or *transparent*, these terms are used at least 14 times in reference to various topics.<sup>2</sup> However, in remodeling their maintenance of certification (MOC) program and its expectations, the ABIM has taken a large step backward in its efforts to make board certification status more transparent to members, patients, hospitals, and care organizations.

The ABIM strongly encourages all diplomates certified before 1990 to complete the MOC process. In the past, the ABIM website clearly identified whether “grandfathered” diplomates had voluntarily recertified. However, when one attempts to verify internal medicine board certification status on the current ABIM website (“Verify a Physician’s ABIM Certification” window), it is no longer possible to differentiate certificate holders who are grandfathered and voluntarily recertified from those who are grandfathered without recertification. Furthermore, for non-grandfathered diplomates, the ABIM no longer identifies the most recent board recertification.<sup>2</sup>

In 2003, the ABIM commissioned a Gallup poll to survey patients’ awareness and attitudes toward board certification of physicians. The survey found that 90% of patients thought that physicians being “re-evaluated on their qualifications every so many years” was important or very important, and 95% of survey respondents felt that recertification of physicians

was either very important or somewhat important.<sup>3</sup> Despite this nearly unanimous view from the consumers of health care, few of the ABIM physician leaders had actually successfully completed the recertification process if they held grandfathered status.<sup>4</sup> With the latest changes in ABIM reporting methods, this type of credential review of ABIM leadership is no longer possible.

With little evidence in hand to support the MOC process, recent ABIM leadership has dusted off a 10-year-old study of patient attitudes to justify pushing ahead MOC changes.<sup>5</sup> Perhaps the ABIM would bolster its credibility if it would keep its message straight. If the purpose of the MOC process is to benefit patients, why wasn’t grandfathered status addressed in 2003? If it’s about physician quality, where is the strong evidence to support such a claim?

Unfortunately, the ABIM diplomates remain caught in the middle of a costly, time-consuming MOC process that fails to pass even the most basic evidenced-based scrutiny. Further, the ABIM leadership team has decided to provide patients with inadequate information about the recertification status of their physicians.

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The views expressed in this letter are the private opinions of the author and do not represent the official policy of the Milwaukee VA Medical Center or the Department of Veterans Affairs.

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## In reply—American Board of Internal Medicine and the Maintenance of Transparency

We thank Dr Hayes for his feedback about the changes to the American Board of Internal Medicine (ABIM) maintenance of certification (MOC) process. Dr Hayes contends that the recent changes to the ABIM’s certification status reporting format “provide patients with inadequate information about the recertification status of their physicians”; however, these changes are intended to do the opposite. By paring down the amount of information publicly reported about ABIM diplomates, we believe the certification status reporting on our website is now clearer and more understandable to the public and other stakeholders. Although we applaud physicians who have voluntarily recertified in the past, our new reporting focuses on recency—whether physicians are *currently* and *continuously* engaged in activities to stay up-to-date.

The new reporting format is also designed to enhance clarity regarding the certification status of physicians with multiple certifications. The ABIM encourages diplomates to maintain only the certifications that are relevant to their practice. However, before the recent reporting changes, the way certification status was reported could appear misleading to patients. For example, if a cardiologist decided to maintain only his cardiovascular disease certification because his internal medicine certification was not relevant to his current practice, he would be listed under the old reporting format on the ABIM’s website as “Not Certified” in internal medicine. With the new reporting format, this diplomate would be listed as