



American Academy of Sleep Medicine

August 7, 2014

David H. Johnson, MD
Chair, Board of Directors
American Board of Internal Medicine
510 Walnut Street, Suite 1700
Philadelphia, PA 19106-3699

Dear Dr. Johnson:

On behalf of the American Academy of Sleep Medicine (AASM), the leading professional society representing physicians who are board certified in the subspecialty of sleep medicine, I am writing to express widespread concern and frustration among our leadership and members regarding the recently revised Maintenance of Certification (MOC) program of the American Board of Internal Medicine (ABIM).

Specifically, we are alarmed that AASM and other stakeholder concerns about the MOC program, voiced at the July 15 Summit Meeting, are not being sufficiently addressed. As a regular participant on the ABIM's Liaison Committee on Certification and Recertification (LCCR), the AASM maintains a deep interest in both the effectiveness of the MOC program and the impact the program has on sleep specialists who receive subspecialty certification through the ABIM.

The AASM endorses the concepts of lifelong learning and ongoing self-assessment as important activities in equipping physicians to provide ongoing, high-quality, patient-centered care. We also understand that all 24 member boards of the American Board of Medical Specialties (ABMS) have implemented MOC program changes in order to promote continuous professional development. However, it is clear that the scope and implementation of these changes vary significantly from one board to another, and several aspects of the ABIM MOC program are especially objectionable to our internal medicine members.

In particular, there are five concerns that demand swift attention:

1. **High MOC costs.** The MOC program fees of the ABIM are among the highest of any of the ABMS boards, especially for individuals with subspecialty certificates. On the surface this fee structure appears to be punitive, penalizing physicians who have displayed exceptional initiative in obtaining multiple certifications. Since MOC points earned by an individual will count toward the milestones for all of his or her certifications, it seems unjustified to charge physicians with multiple certificates such exorbitant fees above and beyond the included exam fees. The weight of these MOC fees is magnified at a time when decreasing reimbursement combined with cost-containment policies implemented by insurers are creating extraordinary challenges for many of our members, who are fighting to maintain the fiscal viability of their practices. As the ABIM explores new MOC pricing options, I strongly urge you to reevaluate the entire fee structure for the program, taking into consideration the disproportionate financial burden it creates for internists with multiple subspecialty certificates.

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2. Educational redundancy. Nearly every state already requires continuing medical education (CME) for license renewal. Both the ABMS and the ABIM have failed to present a reasonable rationale to explain why CME credits are insufficient to meet the MOC requirement pertaining to medical knowledge. Requiring additional education above and beyond CME, especially when the MOC medical knowledge modules don't have to be specialty relevant, is an unnecessary redundancy in the system. I urge you to revise the program requirements to allow individuals to use CME for MOC credit.
3. Arbitrary requirement for maintenance of multiple certifications. It is baffling to us why sleep medicine is one of only four of the ABIM's 20 subspecialties that require individuals to maintain another certification in either internal medicine or a subspecialty. Changing this seemingly arbitrary requirement, so that internists could maintain certification in sleep medicine without having to maintain another certification, would greatly reduce the financial burden of the MOC program for those sleep specialists who exclusively practice sleep medicine.
4. MOC process inefficiencies. The AASM also has encountered several barriers as we have attempted to submit medical knowledge self-assessment products to the ABIM for recognition in the MOC program. The ABIM's seemingly convoluted, onerous review process has been fraught with administrative delays that have unnecessarily limited the availability of MOC products with relevance to sleep medicine. I encourage the ABIM to continue its ongoing efforts to streamline the process for recognizing products produced by specialty societies.
5. Inadequate specialty representation. In recent months our organization's interaction with the ABIM has been hindered by an unexplained delay in the formation of the new specialty board for sleep medicine, which is part of the reorganization of the ABIM's governance structure. I hope that the ABIM will be able to resolve this problem quickly so that the AASM can partner more effectively with the ABIM and support its work. If there is any way that the Academy can help the ABIM in this process, we would be most pleased to do so.

To discuss any of these issues in more detail, please contact AASM Executive Director Jerome Barrett at (630) 737-9700.

I thank you for your consideration of these concerns and requests.

Sincerely,

Timothy I. Morgenthaler, MD
President

cc: Jerome A. Barrett