

MOC for ABIM Requirements

All Categories

Any MOC for ABIM activity must meet the following requirements:

- Is relevant to physician learners certified by ABIM, as demonstrated by the professional practice gap(s) and content
- Includes an evaluation component that measures the impact of the activity on the physician learners' knowledge, strategies/skills, performance, and/or patient outcomes
 - Examples may include multiple-choice, fill-in-the-blank or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises that evaluate the effectiveness of the learning
- Identifies a minimum MOC participation threshold demonstrating physician learners' meaningful engagement in the activity and provides feedback to learners
- The ABIM MOC Recognition Statement is provided to learners prior to the start of the activity

Medical Knowledge Category

All Medical Knowledge activities MUST be:

- Peer-reviewed by at least two reviewers who are not the author(s)
 - Familiar with the subject matter of the activity or material
 - Confirm that the activity or materials align with the learning objectives
 - Confirm that the activity or materials are fair, accurate, and free of commercial bias

Practice Assessment Category

Minimum Requirements for Practice Assessment activities:

- Addresses a quality or safety gap that is supported by a needs assessment or problem analysis
- Has specific, measurable aim(s) for improvement
- Uses measures appropriate to the aim(s) for improvement
- Includes interventions intended to result in improvement
- Includes appropriate data collection and analysis of performance data to assess the impact of the interventions
- Defines a minimum participation threshold for MOC, and describes how they will identify physician learners who meaningfully engage in the activity according to their defined requirement

MUST address at least one of the following NAM or NQS goals:

National Academy of Medicine

These aims are built around the core need for:

- **Safe Care:** avoiding injuries to patients from the care that is intended to help them
- **Effective Care:** providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit
- **Patient-centered Care:** providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions
- **Timely Care:** reducing waits and sometimes harmful delays for both those who receive and those who give care
- **Efficient Care:** avoiding waste, including waste of equipment, supplies, ideas, and energy
- **Equitable Care:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

National Quality Strategy

Aims

The National Quality Strategy pursues three broad aims. These aims will be used to guide and assess local, state, and national efforts to improve health and the quality of health care.

- **Better Care:** Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe
- **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care
- **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government

Priorities

To advance these aims, the National Quality Strategy focuses on six priorities:

- **Making care safer** by reducing harm caused in the delivery of care
- Ensuring that each person and family is engaged as **partners in their care**
- Promoting **effective communication and coordination** of care
- Promoting the most **effective prevention and treatment** practices for the leading causes of mortality, starting with cardiovascular disease
- Working with communities to promote wide **use of best practices to enable healthy living**
- Making quality **care more affordable** for individuals, families, employers, and governments by developing and spreading new health care delivery models

Patient Safety Category

All Patient Safety activities MUST be in conjunction with Medical Knowledge or Practice Assessment and MUST address at least one of the following:

Foundational Knowledge *Must include all* of the following:

- Epidemiology of error: should prepare physicians to discuss the key definitions that underpin current patient safety efforts
- Fundamentals of patient safety improvement (plan, do, study, act or PDSA): should engage physicians in a PDSA cycle focused on patient safety
- Culture of safety: should identify the specific elements, (i.e., the beliefs, attitudes and values about work and risks) that contribute to safety culture

Prevention of Adverse Events Examples include, but are not limited to, the following:

- Medication safety (e.g., medication reconciliation, safe use of analgesics and sedatives, identification and remediation of polypharmacy in the elderly)
- Prevention of healthcare-acquired infections
- Falls prevention
- Teamwork and care coordination

Source: American Board of Internal Medicine Maintenance of Certification Assessment Recognition Program Guide, Effective March 29, 2018. <https://www.abim.org/~media/ABIM%20Public/Files/pdf/cme-providers/abim-moc-assessment-recognition-program-guide.pdf>. Accessed December 18, 2018.