

Subject: A Message to Our Members on ABIM – Maintenance of Certification

June 18, 2015

Simone Musco, MD, FACC (simone.musco@providence.org)

Most folks have read or heard about the below letter written jointly by the president and the CEO of HRS. I think we missed an opportunity to be the first organization to deliver a clear and transparent message to its members.

Simone

Sent from my iPhone

Begin forwarded message:

From: "Heart Rhythm Society" <info@HRSONline.org<<mailto:info@HRSONline.org>>>
Date: June 17, 2015 at 10:03:16 MDT
To: smusco@yahoo.com<<mailto:smusco@yahoo.com>>
Subject: A Message to Our Members on ABIM - Maintenance of Certification
Reply-To: info@HRSONline.org<<mailto:info@HRSONline.org>>

The concern over recent changes to the ABIM's Maintenance of Certification program has become a high priority for our Board of Trustees, partner organizations and most importantly, our members.

We believe there is an urgent need for significant change and want to take this opportunity to share the Heart Rhythm Society's strategy. HRS is currently pursuing dual pathways to possible solutions.

First, we are forming a task force to begin exploring viable alternatives to ABIM for EP certification. We have a sense of urgency to discover the benefits and potential challenges with all alternative solutions. Taking advantage of an existing certification structure within HRS is one potential option. We will share our findings as they develop.

Secondly, in the interest of protecting our members in the interim, HRS leadership is simultaneously working with the ABIM to reform the MOC program to meet the needs and expectations of our members and their patients. We are pressing for changes such as EP-specific CME being accepted within the MOC process to reduce the excessive financial burden placed on our members; and the elimination of mandatory general cardiology recertification and the Practice Improvement Module (PIM), and the mandatory 10 year EP board recertification examination. For those members who still want to recertify in general cardiology or take the EP recertification examination every 10 years, we want to continue to keep that option available at a reasonable cost.

There has been some evidence of ABIM's willingness to accept change. HRS recently received a letter from ABIM responding to our suggestion that "the requirement to hold underlying certification in Cardiovascular Disease in order to remain certified in Clinical Cardiac Electrophysiology" is dropped.

In our response to the letter, we agreed to this token adjustment, but noted significant reform was still needed. HRS also will push ABIM for full financial transparency. HRS will actively challenge any individual, company or organization that seeks to unfairly profit at our expense.

Our mission at the Heart Rhythm Society is to end death and suffering from heart rhythm disorders. We want to allow our members to get back to taking care of their patients rather than trying to navigate the complexities of the MOC process or spending countless hours away from their practices.

As we move forward it is very important that we continue to hear from you on this subject. We will maintain communication with you and ask for specific input in the near future.

Thank you,

[http://hrs.informz.net/hrs/data/images/j_day.jpg]

John D. Day, MD, FHRS
President, Heart Rhythm Society

[http://hrs.informz.net/hrs/data/images/james_sig.gif]

James H. Youngblood
CEO

June 18, 2015

Andrew Miller, MD, FACC (amiller@cvapc.com)

The HRS letter is a great response. It does look a lot like this:

<http://content.onlinejacc.org/mobile/article.aspx?articleID=2300914>

I just got my board scores for recert yesterday. Notably, the ABIM will re-score them for another \$250 fee. I passed with a score that looks higher than I felt I deserved. Thought about buying the Philadelphia office another wall hanging but declined. It is the financial aspect of this that has everyone irate. In other pieces, I think that aspect might be highlighted. The HRS letter does a good job of that.

June 18, 2015

Douglas Pearce, MD, FACC (dpearcemdacc@gmail.com)

Andy, Congratulations! I know it feels great to have the Boards behind you. I agree that the HRS letter is good. Does anyone know to what extent we (ACC) is reaching out to other cardiology societies such as HFSA, etc.? I think that a coordinated approach would be VERY helpful.

June 18, 2015

Timothy Dewhurst, MD, FACC (tdewhurst@comcast.net)

HRS may have sent a nice letter, but they are no better than ABIM in the financial department. They already have their own testing organization, the IBHRE (International Board of Heart Rhythm Examiners), and wanted \$1455 from me to recertify my physician device exam.

This didn't even include any MOC!

June 18, 2015

Nicholas Stamato, MD, FACC (Nicholas.stamato@ccmh.net)

Agree completely, I gladly went from Certified to Testamur rather than participate in the sham they put forward.

An important lesson we at ACC should take note of.

June 22, 2015

Robert Shor, MD, FACC (rshor@tcg.md)

Hope all enjoyed the weekend and Father's Day.

I wanted to share some information based on some questions raised and comments made on the BOG Listserv. First, as you know the ACC Leadership works hard to deliver our message in multiple forms and I have included a link* and info** for your review. I think you will agree our attempts have been fairly extensive as we strive to improve the effectiveness of our communication to members. The trick in all of this is to get the members to open the e-mails/blogs etc and actually deliver the message to our members. I would ask you open the links and review and if you want more information to contact Shalen (sfairbanks@acc.org). This should be helpful to articulate the message and disseminate the information to members when asked "What is the ACC doing about MOC?". The open rate in our Chapter e-mails, when last checked, is between 25-50+%, so we are being more effective in delivering the message. Perhaps including the links in your next Chapter Newsletter.

I also wanted to share what the ACC Leadership/Presidential team has done regarding communication with other organizations as this question was also raised on the listserv. There was a summit w/ABIM in Philly with most of the organizations where our message and concerns were delivered. In addition, Kim Williams has been in contact with the leadership of many of the subspecialties to share our message and coordinate delivery as we all try to apply pressure to ABIM for further meaningful changes. From where I sit, it seems clear that our ACC is doing much of the heavy lifting in this process.

Lastly, I wanted to update everyone on our ongoing Task Force efforts. All options remain on the table, most notably:

- Defining what we think constitutes meaningful MOC. I think most people agree there is value in the initial certifying exam and some sort of meaningful MOC/life long learning thereafter. Nothing has been decided.
- Working with ABIM to construct meaningful MOC
- Working within ABMS, starting a new separate CV Board structure and providing MOC
- Working outside ABMS system to create a new CV Board and craft meaningful MOC.

What I have heard most is: Let the ABIM do the initial certification process and ACC do the MOC/Life long learning.

Each has pluses and minuses and the initial recommendations should be presented to the BOT at the August Retreat with a further blue print for action to follow. Whatever is decided will take time to plan and implement. I believe the wishes of membership have been heard loud and clear and we are working with alacrity, but also deliberately as we understand the need to get this right.

* From Shalen Fairbanks (ACC Chief Communications Officer)- Here is are a few of MOC communication highlights. It appears as well, that the HRS note is similar to our messaging.

1-Link to the most recent JACC article from you and Dr. Williams
(<http://content.onlinejacc.org/article.aspx?articleID=2300914>)

2-Link to all of the ACC in Touch blogs about MOC (<http://blog.acc.org/?s=moc>)

****MOC Communications/Marketing Tactical Highlights**

- **15** ACC in Touch Blog Posts Since Dec. 2013 (Majority of posts occurring in late 2014 and throughout 2015)
 - Blog views ranged from 500-4,000 per post
 - Facebook reach ranged from 5,000-28,000 per post
 - All blogs are featured on ACC.org and included in all of ACC's email communications for members (ACC Update, CV News Digest, SmartBrief, Advocate, relevant Section email newsletters and social media)
- At Least **6** JACC Leadership Pages on ABIM/MOC Between 2014 and June 2015 (2 currently slated for July)
 - All JACC Leadership Pages are promoted in all ACC web and email channels, as well as social media
- **2** All Member Surveys in 2014 and 2015 distributed by ACC Chapters
- Updates included in each issue of *Cardiology* (4 a year), as well as in ACC Email Newsletters and in the ACC Annual Scientific Session Newspaper for ACC.14 and ACC.15.
- Urgent letter to members included in May *CardioSource WorldNews*
- **2** FITs on the GO Video Blogs
- **1** Special Email Message to FITs/ECPs in June 2015 (This was also included in a Leadership Alert, Blog, and JACC Leadership Page)
- **1** All-Member Mailed Letter (2014)
- MOC Hub Created on ACC.org/MOC
- Ongoing Web Ad Series
- Multiple learning opportunities

June 22, 2015

Susan Farkas, MD, FACC (susan.farkas@sanfordhealth.org)

Thx, Bob

This was a great and very much to the point summary.

Are you going to send this to the website?

If not could we include this in our chapter letter?

June 22, 2015

Allen Seals, MD, FACC (aseals@bakergilmour.com)

Bob,

Excellent points.... a couple of comments from the Sunshine state (and home to at least 2 Presidential candidates) :

Communication

I share with you the frustration of a low email open rate (I have seen numbers here in Florida as low as 15% !). However, with the MOC subject line, perhaps the open rate will be higher. In any case, we can only communicate with the current technology available with a reasonable expectation that members should meet us half way in efforts to learn information from the College. As an ex-Gov, I am sure that you felt the same disbelief when a member called you or approached you in person and stated, "I never

heard anything about that !" I have even had some members state "I never open emails", I patiently explain that with almost 3,000 members in Florida, it is literally impossible for me to contact members by any other means than EMAIL - although we continue to utilize other means of communication - Twitter, Facebook, LinkedIn, and (gasp) even an old fashioned newsletter in the mail ! . If there are any newer methods that other Chapters have utilized effectively, the Florida Chapter is definitely willing to experiment with any new communication methods. (Vulcan telepathy ?)

MOC

The two ad hoc committees, chaired by Drs. O'Gara and Chazal, deserve major kudos ! As we have seen over the last 18 months, there is no shortage of strong opinions on both the problem and the possible solution options. The Board of Governors should prepare to circle the wagons and support the recommendation(s) from these two critically important committees. While there will be members that will complain about the committee recommendations and cynics that will never be satisfied no matter what the recommendations, a showing of strong support from the BOG will hopefully go a long way to acceptance of the plans put forward by our leadership ! Check out the enclosure (and image below) for an idea for a t-shirt that could be worn at our next meeting.

