

# SGIM

## Society of General Internal Medicine

TO PROMOTE IMPROVED PATIENT CARE, RESEARCH, AND EDUCATION IN PRIMARY CARE AND GENERAL INTERNAL MEDICINE

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December 20, 2007

Richard J. Baron, MD  
Chair, ABIM Committee on Comprehensive Care Internal Medicine  
American Board of Internal Medicine (ABIM)  
510 Walnut Street  
Suite 1700  
Philadelphia, PA 19106

Re: Report of the ABIM *ad hoc* Committee on Ambulatory and Comprehensive Internal Medicine: Maintenance of Certification in Internal Medicine with Focused Practice in Comprehensive Care

Dear Dr. Baron:

This document provides comments by the Society of General Internal Medicine (SGIM) on the ABIM document "Maintenance of Certification in Internal Medicine with Focused Practice in Comprehensive Care". Comments were developed by a nine-member working group (listed below) and revised and endorsed by SGIM Council.

### General Comments

SGIM agrees with ABIM's recognition of the urgent need to reform the education, health care delivery and financing systems to provide an environment in which general internists can lead rewarding careers providing comprehensive care to patients. As the major professional association for academic general internists, SGIM generally supports the ABIM's work on identifying competencies relevant to comprehensive care and welcomes the opportunity to participate in this effort. We offer the following initial responses to the proposal to create a program for Maintenance of Certification with Focused Practice in Comprehensive Care:

### General Strengths:

- Providing comprehensive care along the lines envisioned will likely improve quality of care and patient well-being.
- The proposal is intended to increase career satisfaction for physicians considering or currently in primary care general internal medicine practice.
- The proposed changes are intended to be measurable and reportable, to promote accountability.

- The goals are consistent with, and complement, other important initiatives to transform the American health care system such as implementation of the Chronic Care Model and development of the Patient-Centered Medical Home.

#### Strategic Concerns

SGIM has several fundamental concerns, however, regarding the proposal in its current form.

#### Need for Coordination with Other Reform Initiatives:

- Focused Practice in CCIM will enhance patient care and career satisfaction only if implemented in the context of payment and health care delivery system reform.
- It is vital that the work of identifying and rewarding competencies in CCIM occurs in parallel with such reform efforts, especially physician payment reform.
- Without payment and practice reform, however, trainees considering general medical practice or physicians in practice considering CCIM will be asked to accomplish and provide documentation for a broad range of tasks for which the current practice environment is manifestly unsuitable. To these physicians, CCIM will appear as an unfunded and nearly impossible mandate, resulting in little uptake for MOC in the best case, or an active disincentive for internists to practice primary care in the worst case. Furthermore if only internal medicine among the generalist disciplines develops a distinctive requirement for separate recognition of Focused Practice in CCIM, this may undermine the perception by policy makers that general internists are primary care physicians and natural physician leaders for the patient-centered medical home

#### Attention to Responsibilities of Other Physicians:

- Designating CCIM competencies may be mistaken to imply that subspecialists or non-CCIM primary care physicians are NOT in some sense responsible for effective communication and follow up and can unload these responsibilities onto the CCIM physician.
- In our view the ABIM should seriously consider developing the CCIM competency agenda as part of the basic skill set of all IM trainees. Consistent with this, some innovative residency programs are already incorporating quality improvement, communication skills, transition management, and healthcare technology into their curricula, with the belief that these skills provide added value in the marketplace for internists of all types.
- We recommend the ABIM pay careful attention to the concerns of practicing general internists and consider carefully their view of the best ways to provide them recognition of their skills in comprehensive care through the MOC process. Their satisfaction is critically important to the education of the next generation of general internists and to advocacy for health system reform.

### Confusing Physician Competencies with Practice or Healthcare System Characteristics:

- SGIM is concerned that the CCIM document blurs distinctions between defining and measuring physician competencies (e.g., clinical diagnostic and management skills) and practice performance or health system characteristics (e.g., efficiency or overall quality of care)
- We recommend that proposals related to MOC in Focused Practice in CCIM concentrate on competencies (skills, attitudes, and behaviors) that can be defined and measured at the level of the individual physician, or at most, group of physicians. To do otherwise would hold physicians' re-certification accountable to factors outside the influence of individual physicians. For example, we recommend deletion or, at a minimum substantial revision, of the section "Accountable for efficient, accessible care" (p. 10).

### Scope of Practice:

- We recommend against implying or assuming that Comprehensive Care Internal Medicine occurs solely in the outpatient setting or is solely for the subset of patients with chronic conditions. Comprehensive care should be available to all patients in a practice and in all settings.
- Attention to the roles and interactions of the CCIM and hospital practice are needed; practice reform and the spirit of the CCIM initiative suggests a potentially more active role for the CCIM in inpatient care, complementary to the efforts of hospital-based physicians; this interface needs definition.
- Care of patients with subclinical morbidity, chronic functional impairment, or behavioral, social, or environmental challenges needs more attention. The current ABIM document appears to presume an organ- or disease-oriented approach to assessing and managing patients rather than also including problems that may not present as a "chief complaint."

### Influence of Assessment Methods:

- The methods chosen to measure physicians' competence in CCIM will influence the attractiveness of CCIM certification, and effects on physician behavior and practice reform.
- Most of the areas enumerated in the CCIM plan are not currently assessable by validated measures. SGIM, with its large cadre of experts in health care and physician assessment, would welcome the opportunity to partner with ABIM in defining the measurement tools and methods related to certification in CCIM.

SGIM continues to support the position of the ACP regarding focused recognition and the MOC of general internists. We understand that in considering the needs of practicing internists, the ACP advocates that the ultimate goal should be to identify and acknowledge an internist's particular scope of practice through customization of the Maintenance of Certification (MOC) process so as to make the MOC process most relevant to the individual physician's practice while not establishing a hierarchy of different types of internists. For example, we believe there will be many general internists who wish to be recognized for their skills in both hospital medicine and comprehensive care.

In summary, the Society of General Internal Medicine appreciates the American Board of Internal Medicine's initial work in promoting comprehensive care, and in identifying relevant physician competencies. SGIM notes the identification and recognition of these emerging competencies can take different forms through the initial certification and MOC process, and we urge the ABIM to work closely with the community of practicing general internists to ensure this effort enhances our field. Through our interactions with residents and students, we remain very concerned about how the certification process for internal medicine will effect their perception of our field. We look forward to continuing to work with ABIM on this concept in the future.

Sincerely,

*On behalf of the Council of the Society of General Internal Medicine*



*David Karlson, PhD  
SGIM Executive Director*

*The members of the SGIM Working Group on the ABIM CCIM*

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