

Richard J. Baron, MD
President
Chief Executive Officer

ABIM BOARD OF DIRECTORS

Yul Ejnes, MD
Chair

Rajeev Jain, MD
Chair-Elect

Robert O. Roswell, MD
Secretary

C. Seth Landefeld, MD
Treasurer

Vineet Arora, MD

M. Safwan Badr, MD

Roger W. Bush, MD

Carladenise A. Edwards, PhD

Alicia Fernandez, MD

Marianne M. Green, MD

Erica N. Johnson, MD

Megan M. Koepke, MHA

Robert D. Siegel, MD

December 20, 2022

Richard E. Hawkins, MD
President and Chief Executive Officer
American Board of Medical Specialties
353 North Clark Street, Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The American Board of Internal Medicine (ABIM) formally requests that the American Board of Medical Specialties (ABMS) approve ABIM's discontinuation of the Focused Practice in Hospital Medicine (FPHM) designation.

The decision to discontinue the designation has been endorsed by the ABIM Internal Medicine Board, Council and Board of Directors. The decision was data driven, including the observation that over the last decade an ever-increasing percentage of internists are choosing to practice hospital medicine, yet only a small number of internists are choosing to pursue the designation. A diplomate survey assessed the value of the designation versus an option of access to an inpatient assessment for a broader group of internists to maintain their Internal Medicine certificate. The data were reviewed and issues vetted with associated professional societies. Major employers of hospitalists were also consulted. In the end, ABIM has concluded that increasing access to an inpatient assessment to maintain an Internal Medicine certificate accompanied by discontinuing the FPHM designation best serves the diplomates practicing as hospitalists and their patients.

ABIM is aware that an application outlining this request must be submitted to COCERT for consideration and recommendation to the ABMS Board of Directors for final decision. ABIM staff members are working with ABMS representatives to complete the application – an application that will provide the data utilized in ABIM's decision making.

Thanks in advance to the ABMS Member Boards community for considering this request.

Sincerely,



Richard G. Battaglia, MD
Chief Medical Officer, ABIM

cc: Richard J. Baron, MD
Warren Newton, MD
Greg Ogrinc, MD

Request to Discontinue a Credential (Certification or Focused Practice Designation)

Name of Board: **American Board of Internal Medicine**

Contact Name: **Richard G. Battaglia, MD**

Email: **rbattaglia@abim.org**

Phone: **(716) 536-9126**

Instructions:

- Note: ABMS will only accept applications submitted by staff from a Member Board.
- This process is designed with the intent to make the discontinuation process transparent for diplomates and current trainees

1. Name of Credential: **Focused Practice in Hospital Medicine (FPHM)**

2. Co-Sponsoring Board(s) (if applicable): **American Board of Family Medicine**

3. Rationale for discontinuation of credential: **1) Low uptake of the FPHM designation: less than 12% of ABIM Internal Medicine diplomates practicing as hospitalists have pursued the designation. 2) Concomitant desire to broaden access of an inpatient-focused assessment to all diplomates maintaining an Internal Medicine certificate.**

FPHM numbers have plateaued despite a steady and significant growth of hospitalists for more than a decade. (See trends regarding the number of hospitalists from 2008–2018 in Figure I below and associated paper <https://pubmed.ncbi.nlm.nih.gov/35576587/>)

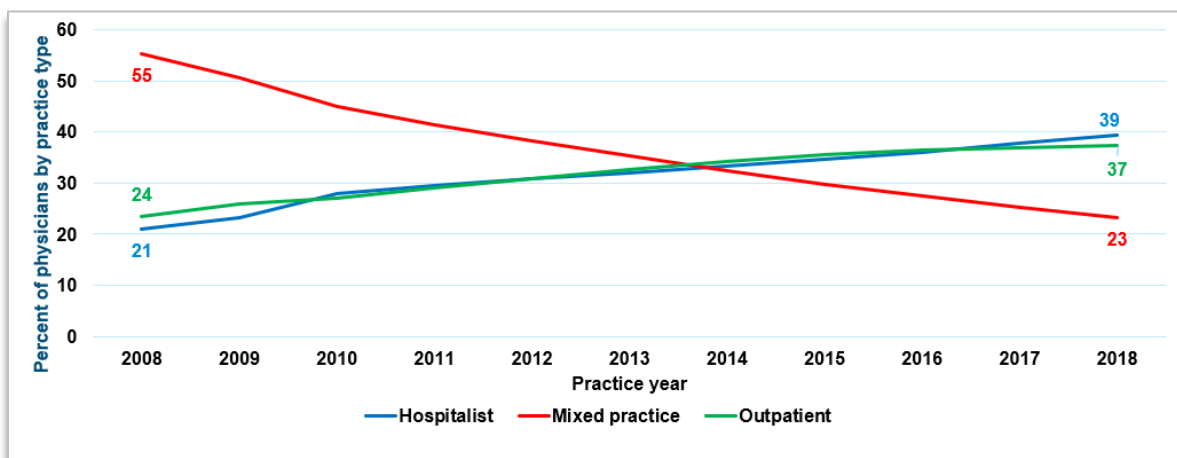


Figure I. Physician Practice Trends for General Medicine Physicians

Of the current 23,000+ hospitalists in the ABIM IM certificate diplomate ranks, less than 2,000 currently hold the FPHM designation. ABIM surveyed diplomates who are hospitalists—those with the FPHM designation and those without—to understand their sentiments regarding the FPHM designation versus wider access to a hospital medicine assessment without the public designation. (Figure 2 to the right)

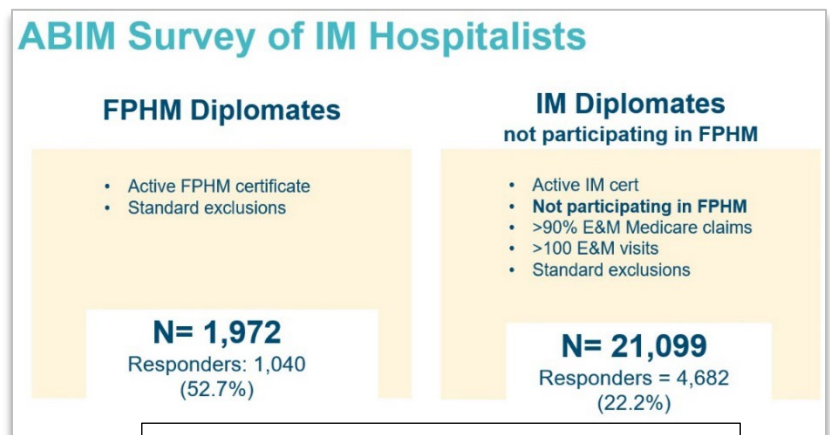


Figure 2. Survey Population

Responses from the 1,040 FPHM diplomates (Figure 3 to the right) demonstrated that less than half (43%) were opposed to replacing the FPHM designation with expanded access to a hospital medicine assessment, and 23% of FPHM diplomates supported it.

When responding to the same issue, Internal Medicine diplomates who are practicing hospitalists (without seeking the FPHM designation) were supportive of the idea of replacing FPHM with wider access to a hospital medicine assessment. Over 60% of respondents were supportive, and only 10% were opposed. (Figure 4 below)

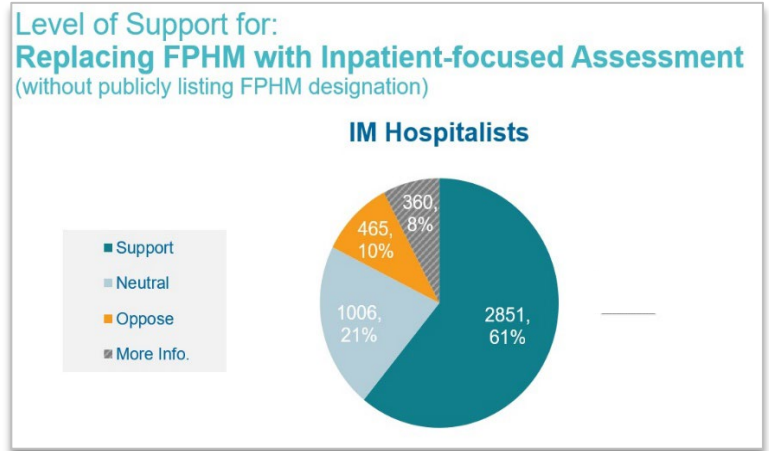


Figure 3. ABIM FPHM diplomates' level of support for replacing FPHM with an inpatient-focused assessment

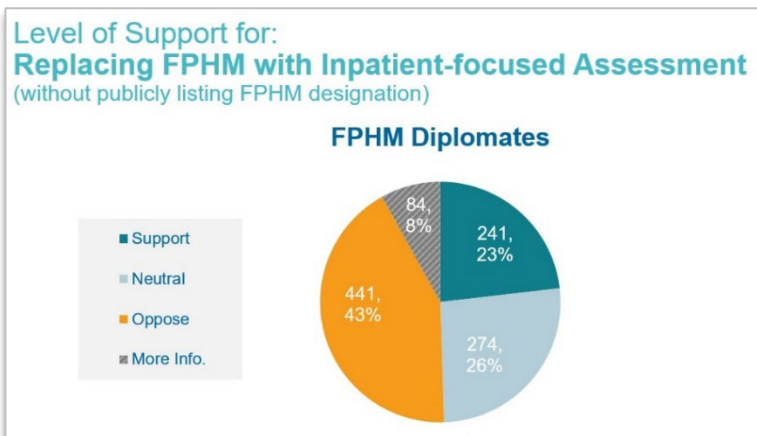


Figure 4. ABIM IM diplomates practicing as hospitalists (without FPHM) level of support for replacing FPHM with an inpatient-focused assessment

When considering the total number of ABIM certified diplomates practicing as hospitalists (less than 2,000 FPHM diplomates with access to the inpatient-focused assessment versus over 21,000 IM diplomates practicing hospital medicine without the FPHM designation), replacing the FPHM designation with wide access to an inpatient-focused assessment will benefit a much larger group of physicians.

Both groups of hospitalists were also asked to respond to a series of statements about why they may or may not support removal of the FPHM designation, and may or may not support wider access to an inpatient-focused assessment.

For those hospitalists without the FPHM designation, their responses regarding their consideration of the FPHM designation are outlined below in Figure 5.

Consideration of FPHM to maintain IM cert.	Agree or Strongly agree
Would NOT have improved my financial compensation.	64%
Preferred to demonstrate to others that I have a more general / broad Internal Medicine certificate.	47%
Concerned about certificate publicly listed as "Internal Medicine with a Focused Practice in Hospital Medicine"	46%
FPHM would have limited my employment opportunities.	36%

Figure 5. Considerations of hospitalists without FPHM

Of those with FPHM, only 15% felt that there were employment benefits of the designation and only 7% felt that there was a compensation benefit. The main motivation that resonated with them was that FPHM provided identity and distinction (68%). That contrasts with a much larger group of hospitalists (without the FPHM designation) who feel that the identity and distinction may be limiting or fail to convey the broader Internal Medicine Certificate they held.

In addition to diplomate sentiment, **ABIM** vetted the issue with society partners, the key one being the **Society of Hospital Medicine (SHM)**. They represent the bulk of hospitalists in the **U.S.**

SHM agreed fully with our data, finding an ever-increasing number of hospitalists and yet very limited uptake of the designation. In the past, we had worked aggressively to promote the credential with them but to no avail. **SHM** worked with us in designing the survey and we reviewed the data closely with them prior to presenting it to our **Internal Medicine Board**. In advance of the **IM Board** meeting, **SHM** provided formal comments on the possible path forward. (See attached **SHM** letter.) Essentially, they were appreciative of the data gathering and analyses, and their engagement in the process, and felt an outcome that widely improved access to an inpatient-focused assessment (even with removing the **FPHM** designation) was good for hospitalists and the patients they serve.

Similarly, **ABIM** vetted the issue through interviews with key leaders of four large hospital medicine employer groups. Their feedback focused on the fact that certification is important, but the **FPHM** designation was less important than the **Internal Medicine** certification itself. Additionally, none used **FPHM** in hiring decisions, nor were there financial differences for those with **FPHM**.

With all of the data and feedback before them, the **ABIM Internal Medicine Board** voted to drop the **FPHM** designation/pathway and broaden access to an inpatient-focused assessment for all diplomates maintaining an **Internal Medicine** certificate. This not only opens the door of this assessment for internists practicing hospital medicine, but also allows **ABIM** subspecialists who are hospital-based another assessment option to maintain their underlying **IM** certificates since they had previously been excluded from the **FPHM** pathway.

4. Provide an anticipated timeline for when your Board will no longer issue new credentials in the specialty/subspecialty/focused practice: **As of January 1, 2024, ABIM will no longer offer the FPHM designation. In addition, ABIM will no longer reference the designation on our website or through ABMS Certification Matters.**
5. How will your Board ensure that diplomates from your specialty who are currently training or plan to train in the area of practice, or who meet practice requirements will have a pathway to a credential? **All diplomates who seek and hold the Focused Practice in Hospital Medicine designation are board certified in Internal Medicine. FPHM is merely a pathway to maintain an Internal Medicine Certificate. It is not an independent certificate/subspecialty. All diplomates who currently hold the designation will still have an assessment option that reflects their practice—namely, through an inpatient-focused long form exam or Longitudinal Knowledge Assessment. And importantly, the overwhelming number/percentage of hospitalists who never sought the FPHM designation will now have access to assessments that better reflect their hospital medicine practice.**
6. Describe the existing and planned continuing certification program for diplomates from your Board who have been issued this credential. Include a list of both sets of requirements, in full and include:
 - a. What if the diplomate would like to retain the credential, will there be an option for diplomates to retain the credential beyond the expiration date? **The public designation will cease for all on January 1, 2024. All diplomates currently holding the FPHM designation will only be publicly reported as certified in Internal Medicine.**
 - b. Will there be a difference in fees for those diplomates? **No differential in fees. A no-cost change.**
7. Address how you intend to communicate this change, if approved, to your diplomates and other stakeholders?
 - a. Include how and when you intend to communicate this change, if approved, to current and prospective trainees. **Once COCERT and the ABMS Board of Directors approve this programmatic change, ABIM is poised to communicate through targeted email to all diplomates who currently have the designation, and to those in the application process for pathway participation. Our website will be updated to include the program changes and clearly outline the assessment options for those who desire to take an inpatient-focused assessment. We will also be working closely with the Society of Hospital Medicine on joint communications and/or will support them in amplifying ABIM messaging. It is important to**

note that they have been working with us on messaging in the lead-up to our ABIM IM Board decision and future LKA options.

Since this is not a subspecialty, there are no specific training program communications needs. To qualify for FPHM, a diplomate needs to have been in practice for a specified number of years and with a threshold of hospital encounters in order to be eligible. Thus, every IM diplomate will receive continuing certification program information that includes their assessment requirements and options, which will now include an inpatient-focused assessment (long form and LKA), as well as the current Internal Medicine assessment (long form and LKA).

Supporting documentation required

Written statement from any co-sponsoring/issuing Member Board supporting the decision to discontinue the credential, along with additional information for any of the items 3-8 above, if different from your Board. Please include details where a co-sponsor/issuing Board may be affected by changes to administration of the program, including exam administration.



1500 Spring Garden Street
Suite 501 • Philadelphia, PA 19130
P: 800.843.3360 • F: 267.702.2690
www.hospitalmedicine.org

Re: Next Steps for the Focused Practice in Hospital Medicine MOC Pathway 10/13/2022

Dear Dr. Tulsy and Esteemed Colleagues of the Internal Medicine Specialty Board,

In spring 2022, ABIM reached out to SHM to discuss and share data on the relatively small and leveled growth of the FPHM recertification. Many of the potential causes discussed at that initial meeting were born out by the ensuing survey conducted by ABIM among FPHM and IM diplomates. These include:

- Perceived barrier to career mobility of holding a 10-year FPHM certificate
- Additional prerequisite burden for case-load attestation by a Senior Hospital Officer (SHO)
- Early growth inhibited by other FPHM-specific requirements that have since been removed
 - Launched at higher registration price than IM
 - Launched with higher MOC point requirement than IM

Recognizing these issues, it remains true that the content and scope of the Internal Medicine blueprint is not optimized for the day-to-day realities of hospitalists. SHM members who opt for the general IM exam bemoan the need to study outpatient content that has not been relevant to practice for the better part of 10 years since their initial certification.

There is a dedicated segment of our membership who have opted into the FPHM pathway as an expression of pride and specialty identity, and these FPHM early adopters are important to SHM. Yet our top priority is to ensure an exam blueprint exists that matches the current scope of practice for hospitalists and does not impose the additional barrier of additional attestation by an SHO.

To that end, SHM advocates for one of two scenarios:

1. The IM exam is bifurcated into inpatient and outpatient options, with the inpatient exam keyed effectively to the same content blueprint as the current FPHM. No SHO attestation is required. This could address both the SHO attestation and career flexibility barriers, ultimately inviting more hospitalists take the exam most relevant to their practice.
2. ABIM continues to offer the current FPHM pathway, dropping the pre-requisite SHO attestation. This would address the remaining practical barrier to adoption, setting



FPHM functionally on par with the IM pathway. We concede this is not likely to change the perception held by some diplomates that an FPHM certificate is less flexible to their careers.

Finally, we want to emphasize that any scenario where FPHM is ended, *and* is not replaced by something like an inpatient IM exam, would be a major step backwards for hospitalists.

By our own count in a recently published study, there were over 44,000 practicing adult hospitalists as of 2019. ABIM analysis has independently arrived at a similar number. These physicians are best served by an MOC pathway and exam that closely resembles and keeps them up to date in their practice. We appreciate the opportunity to contribute feedback, and look forward to growing engagement in such a pathway, by whatever name.

Sincerely,

Eric Howell, MD, SFHM
CEO, Society of Hospital Medicine

Rachel Thompson
President, SHM Board of Directors