American Board of Internal Medicine®

Internal Medicine Quality Agenda
Themes and Corresponding Society Activities*

ABMS Standard 18, Development of a Quality Agenda: In collaboration with stakeholder organizations, Member Boards must facilitate the process for developing an agenda for improving the quality of care in their specialties. One area of emphasis must involve eliminating healthcare disparities.

- Member Boards are expected to support a quality agenda in alignment with their specialty-at-large.
- Member Boards must collaborate with key organizations, including specialty societies and other quality organizations, to identify areas in which patient care can be improved, review the areas and define strategies to improve care.

Selected Specific Problem	Drivers of Action	Relevant Society Strategies
AIM 1: Promote health equity and reduce health disparities through addressing the social determinants of health		
Adult Obesity in the United States • Obesity is a growing, complex, chronic condition with multiple downstream medical consequences. • Barriers to newer treatments for obesity include access (due to cost and coverage) and physicians' knowledge and experience gaps. • Patients' ability to engage in needed lifestyle changes also remains a challenge.	**Example of possible drivers of action** • Support the sharing of tools and resources (such as those noted in relevant society strategies) to address the social determinants of health around ideal nutrition, reduction in medication side effects, and lifestyle changes across adult patients, regardless of geographic region or economic status. • Support equitable availability of life-changing weight-loss medications to patients, regardless of insurance coverage. • Ensure physicians have access to both the clinical care team needed to treat obesity holistically and the tools needed to obtain indicated weight-loss medications. • Support the use of expanded definitions of obesity, including other ethnicities and aspects of other biometric parameters. • Reinforce and amplify existing CMS Quality Measure ID 128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	• ACP: Advancing Equitable Obesity Care • SHM: Rapid Clinical Updates: GLP-1 and Obesity Management for Hospital Medicine • SGIM: Affordable and Equitable Treatment of Obesity • SGIM: Obesity Management in the Primary Care Setting • SGIM: SGIM25: Clinical Updates in Health Equity • SGIM: SGIM24 Highlights: Innovations in Caring for Immigrants with Vulnerable Immigration Status • SGIM: SGIM24 Highlights: Generalists as Advocates for Gender-Affirming Care • SGIM: SGIM24 Highlights: Integrating Social Care in Healthcare Delivery (Physicians Empowering Equity) • SGIM24 Highlights: Update in Obesity Medicine • SHM: Rapid Clinical Updates: Cardio-Renal-Metabolic Disease and Care Models for Hospital Medicine • Coming soon from ACP: Pharmacologic Treatments with Lifestyle Modifications in Nonpregnant Adults with Overweight or Obesity in Outpatient Settings: A Living Clinical Guideline from the American College of Physicians

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AIM 2: Enhance and ensure the quality and safety of care of all persons by emphasizing and reinforcing the importance of implementing evidence-based practices, standards, and guidelines to improve the quality and safety of care across different health settings and specialties, especially in Internal Medicine.		

Colorectal cancer (CRC) screening
• While CRC rates are increasing, CRC screening is low across the country, especially among vulnerable populations and in rural areas.
• Newer universally acceptable methods for screening exist
• Knowledge gaps and access gaps exist which continue to be a challenge for ideal CRC screening.
	• Broadly disseminate information about CRC to patients, including overall rationale for screening and risks, benefits and appropriate situations for the different testing strategies.
	• The necessity of screening, accurate screening and surveillance, as well as insight into prep and the overall process.
	• Conduct research on those who do not screen. What are the reasons for low engagement? For example, is it due to lack of insurance/other factors?
	• Optimize evidence-based screening for colon cancer, focused on a variety of factors including:
	  • Coverage of diagnostic colonoscopy following a positive non-invasive test for colorectal cancer and routine colonoscopies.
	  • Promote updated guidelines on age, risk factors and other screening criteria
	  • Additional evidence-based options beyond colonoscopy (i.e., blood based test, direct access colonoscopies, FIT).
		• NCCRT: Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Primary Care Practices
		• NCCRT: Evaluation Toolkit: How to Evaluate Activities to Increase CRC Screening and Awareness
		• AHRQ: Tracking and Improving Screening for Colorectal Cancer Intervention
		• AHRQ: Toolkit for the System Approach to Tracking and Increasing Screening for Public Health Improvement of Colorectal Cancer Intervention
		• Screening for Colorectal Cancer in Asymptomatic Average-Risk Adults: A Guidance Statement From the American College of Physicians (Version 2)
		• Quality Indicators for Screening and Surveillance of Colorectal Cancer in Adults: A Review of Performance Measures by the American College of Physicians

Low-value practices
• Low-value care continues to be a key feature in all areas of health care, especially in hospital medicine and primary care.
• Despite the proliferation of multiple educational
	• Address ongoing challenges when working to enhance the value of care physicians provide. These include the following:
	  • Patient expectations
	  • Fear of litigation
	  • Reimbursement incentives to chase relative value units
		• SHM: *Choosing Wisely*®: Things We Do For No reason™ Teaching Files
		• SHM: Things We Do for No Reason™: NPO After Midnight
		• SHM: Things We Do for No Reason: Prescribing Docusate for Constipation in Hospitalized Adults
		• SHM: Transfusing Wisely - Implementing a Transfusion Quality Improvement Project: An SHM

resources aimed at limiting low-value care, many obstacles remain beyond providing education. • There is a continued need for organized and focused quality improvement to eliminate these practices. • Some examples may include unnecessary lab/imaging testing, repeat echocardiograms, inappropriate antibiotic use, etc., in line with past *Choosing Wisely*® lists or Things We Do for No Reason©.	• Empower all physicians to eliminate unnecessary tests and medications. • Encourage all generalists and subspecialists to more closely follow their own specialty-specific guidelines. • Advocate for the elimination of low-value preoperative screenings for low-risk procedures. • Increase the use of initiatives like *Choosing Wisely*. • Reinforce that physicians are not creating healthcare disparities by eliminating low-value care.	Choosing Wisely Quality Improvement Implementation Module • SHM: Choosing Wisely: Implementing Quality Improvement Projects addressing Choosing Wisely Topics • SHM: Reducing Unnecessary Telemetry Monitoring: An SHM Choosing Wisely Quality Improvement Implementation Module • ABIM Foundation: Choosing Wisely®: A watershed moment in health care • High Value Practice Alliance • STARS Catalyzing Student Led Initiatives to advance high value care • ACR Appropriateness Criteria • ACP: High Value Care Curriculum for Educators and Residents • ACP: Online Interactive High Value Care Cases • ACP: Appropriate Use of Short-Course Antibiotics in Common Infections: Best Practice Advice From the American College of Physicians • ACP: Diagnosis and Management of Acute Left-Sided Colonic Diverticulitis: A Clinical Guideline From the American College of Physicians • ACP: Incorporating Economic Evidence in Clinical Guidelines: A Framework From the Clinical Guidelines Committee of the American College of Physicians • ACP: Screening for Cancer: Advice for High-Value Care From the American College of Physicians | Annals of Internal Medicine • ACP: A Value Framework for Cancer Screening: Advice for High-Value Care From the American College of Physicians | Annals of Internal Medicine

Selected Specific Problem	Drivers of Action	Relevant Society Strategies
AIM 3: Support physician professional development, well-being, and professional satisfaction while supporting the highest possible care for patients		
Ongoing stigmatization of physicians receiving mental health care • The challenges and stressors that physicians face in their work, such as moral distress, persistently high workload and administrative burden, create moral injury and burnout. • Historically, access to mental health care has been stigmatized via state licensure and credentialling bodies despite ample evidence that this is unnecessary and creates barriers to care which exacerbates distress and drives poor patient care.	• Identify opportunities for advocacy to destigmatize care for mental health illnesses. • Amplify the accommodation process for ABIM assessments for those with a mental health issue. • Investigate communication training programs, using AI to address bias and stigma-related language in physician focused materials.	• ACP: Advocacy Toolkit: Modernizing License and Credentialing Applications to Not Stigmatize Mental Health • IHI: Leadership Alliance Help Health Care Heal Coalition • SHM: Practical Leadership Skills to Promote Hospitalist Well-Being • SHM Hospital Medicine Workforce Experience Report • SHM: Stop the Stigma: An Action Toolkit to Remove Mental Health History Reporting • ABIM MOC Accommodations • AAIM: Create Your Own Wellness Program: A Step-By-Step Guide to Start Residents on the Path to Wellness While Providing a Comprehensive Set of Wellness Resources • AAIM: Letting Go and Letting Residents Write Their Own Prescription for Wellness • AAIM: Utilizing Theory to Understand and Combat Resident Burnout - The Role of a Resident Wellness Committee • AAIM: Maintaining PD Wellness: What to Do When the Residents or Faculty Are Mad at You • ACP: Physician Suicide Prevention and the Ethics and Role

Important QI Society Resources not specific to the AIMs and drivers noted above:

- ACP:
  - Quality Agenda for Internal Medicine From the American College of Physicians
  - Identifying Core Clinical Topics and Recommending Core Performance Measures for Internal Medicine Physicians: A Position Paper from the American College of Physicians
  - Quality Improvement in Healthcare: ACP Resources and Programs

    - Quality Improvement Curriculum Engage. Empower. Improve.
    - Well-being Champion Curriculum
    - Reducing Administrative Burdens: Patients Before Paperwork
    - Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs
    - The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care
- SGIM:
    - JGIM: Quality Improvement and Implementation Science in Health Care Systems
    - Evidence-Based Medicine Toolkit
    - Making The Invisible Visible: A Communication Approach
    - SGIM24 Highlights: Strengthening Relationships through Behavioral Health Integration
    - Getting Up to Code: Billing Basics for Inpatient and Outpatient GIM
    - Career Transitions in General Internal Medicine: A Guide to Change
- AAIM:
    - Data in Brief

Parking lot:

- *Aim 1: Transitions in primary care for patients with special needs (Got Transitions, ACP, ABP)*
- *Aim 1: Addressing factors and issues limiting access to primary care to decrease health disparities (ACP, SGIM)*
- *Aim 2: Implementing best practices in preventing readmissions in effective transitions of care between hospital medicine and primary care (SHM, ACP, AAFM, others)*
- *Aim 2: Support quality improvement through effective education and support of trainees, educators and QI leaders (SGIM, SHM, AAIM, ABIMF)*
- *Aim 3: Effective use of technology (AI, EMR) to decrease administrative burdens and improve patient care (ACP, others)*

**Please submit any comments or questions you may have to StrategicAlliances@abim.org. Thank you!*