American Board of Internal Medicine®

# Endocrinology, Diabetes and Metabolism 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.

| Problem | Drivers | Relevant Society Strategies |
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| **AIM 1: Enhance access to evidence-based endocrinology care.** | | |
| • There is an increased need for endocrinology care throughout the country, specifically around diabetes treatment and care. Often, endocrinologists are not readily available in rural areas which makes care challenging. | • Identify opportunities to improve telehealth services for areas without a predominance of endocrinologists.<br>• Clarify, standardize and improve the care of patients with obesity, diabetes and NAFLD (non-alcoholic fatty liver disease).<br>• Partner with T1D Exchange to improve access to care.<br>• Facilitate the delivery of evidence-based care through care pathways and the use of clinical guidelines.<br>• Educate patients on available resources like Dispensary of Hope to provide affordable access to medications. | • AACE: Working to Improve Adult Immunizations in Diabetes Patients<br>• **AACE Advancing Immunizations**—CDC/CMSS-supported consortium with provider tools, learning opportunities, clinical guidance and QI initiatives (AACE); plus AACE guideline-aligned vaccine recommendations communications (AACE)<br>• Project COMPASS is a national QI initiative to improve diagnosis/ management of obesity across health systems, aligned to AACE's Global Education & QI Priorities (2024–2028)<br>• AACE: dissemination of guideline-based therapy pathways and clinician education (e.g., diabetes algorithms/guidance resources) (AACE)<br>• AACE clinical guidance platform is a key lever for standardization across endocrine comorbidities (AACE)<br>• Project ECHO Example: Type 1 Diabetes Care and Management<br>• Endocrine Society's Clinical Practice Guidelines<br>• Clinical Advantage: Endocrinology Certificate for the Advanced Practice Providers (Endocrine Society) in collaboration with AANP) |

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| **AIM 2: Increase the pool of clinical endocrinologists throughout the country.** | | |
| • The current pool of endocrinologists is small and aging, with few new physicians choosing endocrinology as a specialty. This is due, in part, to lower compensation in comparison to other specialties. The shortage has a direct impact on access to care and addressing healthcare disparities.<br>• Team-based care is a workforce multiplier (APPs, pharmacists, non-endocrinologist MDs) yet training is required. | • Increase interest in endocrinology as a profession to grow the field with medical students and internal medicine residents.<br>• Implement video conference opportunities/ visiting professor programs at smaller medical schools to potentially spark interest in the field of endocrinology.<br>• Address the access for people from diverse backgrounds to pursue a field in medicine (e.g., supporting mentorship programs, getting to high schools in diverse neighborhoods).<br>• Increase the number of clinicians who identify as Indigenous, Black or Hispanic/Latino.<br>• Encourage fellows and current endocrinologists to work in rural areas.<br>• Amplify the need for loan forgiveness/ increased reimbursement for endocrinologists.<br>• Identify and spotlight the successful use of team-based care in endocrinology with the endocrinologist as team lead. | • Endocrine Society: Future Leaders Advancing Research in Endocrinology<br>• Endocrine Society: Medical School Engagement Program<br>• AACE: AACE Medical Student Engagement-May 2026<br>• ADA: ADA Scholars Program<br>• APDEM: fellowship recruitment resources toolkit to assist with/ensure a holistic fellowship application review by member programs; program signals during recruitment may serve to reduce cross-applicants and increase the competitiveness of fellowship applicants<br>• APDEM: Professional development webinar October 25, 2026, to assist PDs in the support of IMG candidates and those with visas. Advocating with Endocrine Society against policies that may harm physician trainees with visas<br>• APDEM: APDEM attendance at medical student society meetings to increase interest in endocrinology; applicant/fellowship position ratio in 2025 is approx. 1.2:1<br>• Endocrine University for fellows-in-training (AACE); broader education portfolio (AACE)<br>• AACE certificates to build competence across endocrine disorders (AACE); A-AACE designation for broader care team/non-endo MDs (AACE)<br>• Fellows-focused training on endocrine subspecialties, which is then released for public access to educate the larger clinician community.<br>  ○ Type 1 Diabetes Fellows Program (Endocrine Society)<br>  ○ Obesity Fellows Program (Endocrine Society)<br>  ○ Rare Endocrine Diseases Fellows Program (Endocrine Society) |

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| **AIM 3: Addressing bias and ensuring health equity.** | | |
| • The rate of endocrinology-related diseases (i.e., diabetes, thyroid) is higher in underrepresented as well as rural populations, leading to more negative outcomes. | • Ensure training programs provide access to diverse patients, so trainees are prepared for real-world cases with a variety of patients.<br>• Address the aging diabetic population in long term care institutions where access to specialists is limited.<br>• Develop communications to patients that are easy to understand and available in a variety of languages.<br>• Simplify and raise awareness of access to technologies such as insulin pumps and glucose sensors.<br>• Ensure equitable access to clinical trials. | • American Diabetes Association: Project Power<br>• APDEM: Health equity curriculum (with ongoing discussion about how to assess implementation within programs), health equity resources created by APDEM to be transformed into an accessible toolkit for members.<br>• APDEM: Transgender curriculum created to assist PDs, faculty and fellows to better implement training on health disparities into their programs.<br>• APDEM: partnering with Endocrine Society's APOCC committee and looking to instruct programs/PDs on how to implement advocacy for patients/endocrinology into training program curricula.<br>• AACE diabetes guidance includes emphasis on care model elements such as culturally appropriate language, health literacy, community partnerships and recruitment/retention of ethnic minorities in trials (AACE). |

**Parking Lot:**

- *Improve health care system navigation and accessibility throughout the U.S., including Puerto Rico and the U.S. Virgin Islands.*
- *Work with medical societies on how to support PCPs in screening and care of common endocrinologic conditions.*
- *Lower costs and improve access to life-saving medications, particularly for those without health insurance.*
- *Reduce disparities in insurance coverage for newer diabetes agents (GLP1RA/SGLT2i) and technology (CSII/CGM).*
- *Partner with healthcare Institutions to increase support for those engaged in research and health equity work (i.e., promotions, salary support).*

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