American Board of Internal Medicine®

Pulmonary Disease/Critical Care 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.

Problem	Drivers	Relevant Society Strategies
AIM 1: Addressing bias and ensuring health equity		
• There is an overall lack of health equity initiatives, workplace diversity and mitigation of bias in training, practice and clinical care within healthcare systems.	• Develop implicit bias mitigation agenda and training for use in hospital and healthcare systems. • Partner with patient organizations to create culturally informed education and community outreach to help patients better understand care options. • Ensure equitable access in clinical trials. • Facilitate increased representation in pulmonary and critical care fellowships to ensure the next generation of specialists reflect the diversity of the patient population. • Mitigate bias in practice to ensure standardization and race neutrality in pulmonary function tests (PFTs), and lung cancer screening. • Alleviate bias for critically ill patients with substance abuse disorders to ensure equity in care	• SCCM Diversity Statement • CHEST and APCCMPD Medical Educator Diversity Scholar Fellowship Award • APCCMPD Population Health Management • ATS Publishes Official Statement on Race, Ethnicity and Pulmonary Function Test Interpretation • ATS ED Race, Ethnicity and Pulmonary Function Test Interpretation • Interpretive Strategies for Routine Lung Function Tests: ERS/ATS Technical Standard Implementation Tools • ATS Pulmonary Function Tests • ATS Fellowship in Respiratory Health Equity and Diversity • ATS Underrepresented in Medicine Mentorship Program • ATS Policy on Diversity and Inclusion • ATS documents and resources • ATS Events 2025 • ATS Policy on Diversity and Inclusion • ATS Orlando 2026 • ATS Public Health Information Series

		• ATS Considering Diversity in Pulmonary Function Testing • ATS The Lung Corps' Approach to Reducing Health Disparities in Respiratory Disease • CHEST Health Equity Task Force • CHEST statement reaffirming importance of health equity • CHEST travel grants and mentorship program for individuals from historically excluded communities. • CHEST "Fighting for Optimal Health Outcomes" • CHEST First 5 Minutes • CHEST member of Action Collaborative for Black Men in Medicine Illinois Work Group • CHEST 3-year Equitable Community Health grant • CHEST Young Investigator Grant in Women's Lung Cancer • CHEST/ALA/ATS Respiratory Health Equity Research Award
Problem	**Drivers**	**Relevant Society Strategies**
AIM 2: Improve physician wellbeing.		
• Physician burnout and overall wellbeing are particularly significant in pulmonary and critical care. This is systemic in nature and due to operational decisions and health system-level issues as well as the nature of the care being provided and patient populations being treated.	• Investigate and promote structural changes in healthcare systems that improve commitment to physician wellbeing and address root causes of physician burnout. • Collaborate with healthcare systems on initiatives focused on the wellbeing of physicians to alleviate burnout and moral injury. • Ensure the direct participation of clinicians is included in these collaborations and organizational interventions.	• SCCM Well-Being Resources • AACN Healthy Work Environments • ATS Wellbeing Resources • ATS Building Systems' Resilience: Data-Driven Strategies to Mitigate Health Worker Burnout • ATS Beyond Biological Limits: the Role of Sleep in Professional Burnout • Burnout in Vulnerable Communities: Experience of Underrepresented Groups and Next Steps • ATS The Impact of Burnout on Clinical and Research Activities in Pulmonary, Critical Care and Sleep Medicine • ATS Balancing Demands: Determinants of Burnout Reported by Fellows in Pulmonary and Critical Care Medicine

	• Develop and design use of artificial intelligence to reduce physician burnout instead of adding to it.	• ATS The Battle Against Professional Burnout in Pulmonary, Critical Care and Sleep Medicine: What Do Prior Experiences Teach Us? • ATS Having a Team Therapist Reduces Burnout in Critical Care Nurses • ATS Comments on Healthcare Work Shortage • ATS A Critical Care Societies Collaborative Statement: Burnout Syndrome in Critical Care Health-care Professionals • CHEST Interest Groups • CHEST annual meeting sessions in 2024 and 2025, and upcoming in 2026 focused on moral injury, psychological first aid and wellbeing. • CHEST Advocates "Feeling Burned Out? You're Not Alone" June 2024 • Duke Center for the Advancement of Well-Being Science
Problem	**Drivers**	**Relevant Society Strategies**
AIM 3: Improve access to quality care in the areas of pulmonary disease and critical care medicine		
• Access to pulmonary disease and critical care medicine specialists and specialty-specific procedures is limited due to a multitude of issues, including an inadequate workforce, patients' financial limitations and insurance status, and federal budget cuts. These issues are particularly acute in rural and remote areas.	• Meaningful integration of technology to improve access and quality including expanding on/improving telehealth opportunities. • Improve access to quality transitions of care opportunities both for hospital-to-home and inpatient transitions, inclusive of access to advanced medications and oxygen use • Conduct research on the treatment variabilities between different types of healthcare facilities. • Leverage existing standardized treatment guidelines and protocols to ensure that patients receive evidence-based care in areas such as: • COPD	• SCCM Critical Care Workforce Update 2023 • ATS Clinical Practice Guidelines, Statements & Reports • ATS Guideline Implementation Tools

	• Pulmonary Hypertension • Interstitial lung disease • Post-ICU care • High flow/liquid oxygen • Asthma • Acute respiratory failure • OHS/OSAS diagnoses/access to sleep studies • Amplify the need for improvement in access to and use of diagnostic tools and techniques, advanced imaging modalities and biomarker assays to facilitate earlier and more accurate diagnosis (e.g., PFTs for diagnosis of asthma and COPD).	

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