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2016-2017**

June 30, 2016

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Anamika Gavhane
Director, Medical Specialties
American Board of Internal Medicine
510 Walnut Street
Suite 1700
Philadelphia, PA 19106

Dear Ms. Gavhane,

On behalf of the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) Board of Directors we appreciate the opportunity to provide feedback on possible changes to the Approved Quality Improvement (AQI) program.

The APCCMPD is an independent not-for-profit national medical specialty society. Our membership is comprised of 95% of all ACGME Accredited Pulmonary, Critical Care, and combined Pulmonary Critical Care Fellowship Training Programs. This includes the program's Program Director, Associate Program Directors, Key Clinical Faculty and administration.

Our mission is to provide leadership and support for pulmonary and critical care medicine-training Program Directors and their programs. One of the many ways in which we provide this leadership and support is by responding to national policy issues that impact fellowship programs and their faculty.

The APCCMPD strongly agrees that internal medicine and subspecialty Program Directors should receive MOC credit for their role in quality improvement/patient safety activities by virtue of their leadership role in ACGME accredited training programs. The ACGME requires evidence of quality improvement/patient safety activities within fellowship programs to a significant degree. Further, most Program Directors are charged not only with directing quality improvement/patient safety activities in their training programs but also with developing and implementing the curricula to support these programs.

APCCMPD
559 West Diversey Parkway
Chicago, IL 60614
Phone: (877) 301-6800

Email: joycereitzner@apccmpd.org
www.apccmpd.org

While the APCCMPD feels that as a group Program Directors can identify those faculty who are engaged in quality improvement/patient safety activities, we are concerned regarding the potential reporting burden associated with attestation; particularly as the activity and involved faculty are further removed from fellowship program management. As such, the APCCMPD recommends that Program Director attestation only extend to faculty participation with quality improvement/patient safety projects that involve fellows within the fellowship program. Further, the Program Director's decision to attest should not be one that is mandated. Additionally, the APCCMPD is concerned that the additional documentation burden may be excessive, and strongly urges the ABIM to weigh this in their planning.

Again, the APCCMPD appreciates the opportunity to provide feedback from the perspective of the fellowship program as the ABIM contemplates these changes. We also welcome the opportunity to collaborate with the ABIM on any matter related to pulmonary/pulmonary and critical care/critical care fellowship training programs in the future.

Sincerely,

A handwritten signature in cursive script that reads "Sunita Kumar".

Sunita Kumar, MD

President

Association of Pulmonary and Critical Care Medicine Program Directors

CC: Furman S. McDonald, MD, MPH, Senior Vice President for Academic and Medical Affairs
Joyce Reitzner, MBA, MIPH, Executive Director