Many physicians who practice in the U.S. are certified by a medical specialty board that is recognized by the American Board of Medical Specialists (ABMS). Cardiologists who are board certified are considered Diplomats of the American Board of Internal Medicine (ABIM), which is recognized by ABMS. ABIM offers board certifications or additional qualifications in 19 clinical areas.

Cardiologists are certified by the ABIM in internal medicine and/or cardiovascular disease, and may have additional qualifications in interventional cardiology and/or clinical cardiac electrophysiology. The ABIM began issuing time-limited certificates in internal medicine and cardiovascular disease in 1990. The ABIM also offers additional qualifications in interventional cardiology (IV), which began in 1999; and clinical cardiac electrophysiology (EP), which began in 1992. Cardiologists with an IV and/or EP certification must also maintain certification in cardiovascular disease. All IV or EP certifications are time-limited; however, some physicians with IV and/or EP certification(s) may have a cardiovascular disease certification without a time limitation. Physicians with a time-limited certification must complete a Maintenance of Certification (MOC) process to renew their certification. Physicians have 10 years to complete the ABIM MOC process for each certification.

The ABIM MOC requires physicians to maintain a valid practice license, retake the certification exam, and earn a total of 100 points toward self-evaluation in medical knowledge and practice performance within the 10-year period. After a physician is recertified, a new MOC process cycle begins. Diplomats work to accumulate a total of 100 MOC points over the 10-year period. Additional points over 100 earned during one 10-year cycle may not be carried over to the next MOC cycle.

A minimum of 20 points must be earned in medical knowledge, and a minimum of 20 points must be earned in practice performance. The remaining 60 points can be earned in either medical knowledge or practice performance, or a combination of the two areas. The practice performance component is commonly referred to as MOC Part IV.

ABIM offers a number of web-based tools to complete the practice performance requirement called ABIM Practice Improvement Modules, or PIMs. The self-directed PIM allows physicians to use approved data sources to complete the module. The National Cardiovascular Data Registry (NCDR) is an approved data source for completing the self-directed PIM for physicians whose patient records are submitted to the NCDR registries. In addition to completing PIMs, ABIM has approved some societies’ Continuous Quality Improvement (CQI) Programs that ABIM Diplomats may use to meet their ABIM MOC Part IV cumulative point requirements.

The role of ABMS is to ensure consistency among board certification for medical specialties in the U.S., and requires all member boards to now issue time-limited certifications and provide a similar MOC process. Physicians who have time-limited certifications in other medical specialties, such as emergency medicine, family practice, neurology, vascular medicine, surgery, and osteopathic medicine, and who have patient records submitted to one or more of the NCDR registries, should contact their respective board(s) to see if the NCDR data can be used to meet their specialty board’s MOC process and review the necessary requirements.

In addition to the above information, a list of frequently asked questions has been attached to aid in explaining how to use NCDR registry data in order to meet ABIM MOC requirements.
1. **Q.** Do all medical boards have Maintenance of Certification programs?
   **A.** Yes, all boards that certify physicians to practice in the U.S. that are members of the American Board of Medical Specialties (ABMS) are required to have Maintenance of Certification (MOC) programs in place for time-limited certifications. Cardiologists are certified by the American Board of Internal Medicine (ABIM).

2. **Q.** Do all ABIM-certified physicians have time-limited certifications?
   **A.** No, ABIM began issuing time-limited certificates in internal medicine and cardiovascular disease in 1990. All cardiologists with additional qualifications in interventional cardiology (IV) and/or clinical cardiac electrophysiology (EP) have time-limited certifications in those additional qualifications. Physicians with EP and/or IV certifications must also maintain certification in cardiovascular disease; however, the cardiovascular disease certification may not have a time limitation.

3. **Q.** How long is an ABIM time-limited certification valid?
   **A.** Ten years.

4. **Q.** What are physicians with ABIM time-limited certification(s) required to do to renew their certification?
   **A.** Physicians with any ABIM time-limited certification(s) must complete an MOC process to renew their certification. The ABIM MOC requires physicians to maintain a valid practice license, retake the certification exam, and earn a total of 100 points toward self-evaluation in medical knowledge and practice performance within the 10-year period. After a physician is recertified, a new MOC process cycle begins.

5. **Q.** Can a physician earn all 100 points through self-evaluation of practice performance?
   **A.** No, a physician must earn a minimum of 20 points through self-evaluation of practice performance but can apply a maximum of 80 points earned through self-evaluation of practice performance toward the MOC requirements.

6. **Q.** How does a physician earn points toward self-evaluation of practice performance?
   **A.** ABIM has developed a number of online tools called Practice Improvement Modules, or PIMs, that physicians can complete to earn points toward MOC.

7. **Q.** Where can I access the ABIM self-directed PIM product?
   **A.** You’ll find information about all the ABIM modules on the ABIM website at: www.abim.org/moc/earning-points/productinfo-demo-ordering.aspx?self-directed#76A

8. **Q.** When should a physician start the practice improvement portion of the MOC process?
   **A.** It is recommended that physicians commence this part of the MOC process at least 5 years prior to the expiration of their time-limited certificate. This process requires data retrieval, data review to identify performance gaps, creation of action plans for performance improvement, implementation of those action plans, and review and assessment of results. Results should demonstrate a performance improvement and should then be reported to ABIM for approval.
9. **Q.** Can the same self-evaluation of practice performance activity count toward more than one ABIM certification?

   **A.** Yes. If the certifications overlap and the points were earned during the time period when the certifications overlapped, the same practice performance activity can be applied to both certifications.

10. **Q.** Can NCDR data be used to complete an ABIM PIM?

    **A.** Yes, ABIM created a self-directed PIM that allows physicians to use approved data sources to complete the self-assessment of practice performance. NCDR is one of the ABIM-approved data sources.

11. **Q.** Can any physician use NCDR data to complete the ABIM self-directed PIM?

    **A.** No, only physicians whose patient records are being submitted to an NCDR registry can use data from their hospital or practice to complete the ABIM self-directed PIM.

12. **Q.** Does a physician have to use his/her individual patient records from NCDR to complete the self-directed PIM?

    **A.** No, a physician can use aggregate hospital or group data from the NCDR to complete his/her self-directed PIM. A physician can, however, work with a hospital’s Registry Site Manager to create a custom export of his/her own patient records to complete the self-directed PIM, if so desired. A physician participating in the PINNACLE Registry can work with the Practice Manager to obtain his/her own patient records to complete the self-directed PIM.

13. **Q.** Can a physician use an NCDR Registry’s Institutional Outcomes Report to complete the self-directed PIM?

    **A.** Yes, a physician can request a copy of an NCDR Registry’s Institutional Outcomes Report from the hospital’s Registry Site Manager and can use the hospital’s aggregate report if it includes his/her patient records. A physician participating in the PINNACLE Registry can request a copy of a practice’s quarterly outcomes report from the Practice Manager and can use the practice’s aggregate report if it includes his/her patient records.

14. **Q.** Are there other NCDR data options a physician can use from an NCDR Registry?

    **A.** Yes, a physician can work with his/her hospital’s Registry Site Manager to create custom exports at the group or physician level from their NCDR-certified data collection tool to use with the self-directed PIM. Physicians participating in the PINNACLE Registry can work with his/her Practice Manager to obtain their quarterly outcomes report to use with the self-directed PIM.

15. **Q.** If a physician uses one NCDR registry to complete a self-directed PIM and wants to complete the self-directed PIM again, is the physician required to use the same NCDR registry?

    **A.** No, physicians who have patient records submitted to more than one NCDR registry can use each of those registries to complete a self-directed PIM.

16. **Q.** Can physicians other than cardiologists use NCDR data for meeting MOC Part IV requirements?

    **A.** Yes, depending on the physician’s certification. Physicians certified by ABIM in internal medicine who participate in the PINNACLE Registry, for example, can use that data to complete the self-directed PIM. Physicians certified by medical specialty boards other than ABIM, and who have patient records submitted to the NCDR for one or more registries, should consult their individual board to see if and how NCDR data can be used to meet MOC requirements.

17. **Q.** Where can I find more information about board certification and MOC requirements?
There are several resources for more information:

**American College of Cardiology**
Heart House
2400 N Street, NW
Washington, DC 20037
Phone: 1-800-253-4636 or 202-375-6000
Fax: 202-375-7000
Website: [www.cardiosource.org/moc](http://www.cardiosource.org/moc)

**American Board of Emergency Medicine**
3000 Coolidge Road
East Lansing, MI 48823
Phone: 517-332-4800
Fax: 517-332-2234
Website: [www.abem.org](http://www.abem.org)

**American Board of Internal Medicine**
Suite 1700
510 Walnut Street
Philadelphia, PA 19106-3699
Phone: 1-800-441-2246 or 215-446-3500
Fax: 215-446-3590
Website: [www.abim.org](http://www.abim.org)

**American Board of Neurological Surgery**
6550 Fannin Street, Suite 2139
Houston, TX 77030
Phone: 713-441-6015
Website: [www.abns.org](http://www.abns.org)

**American Board of Psychiatry and Neurology**
2150 E. Lake Cook Road, Suite 900
Buffalo Grove, IL 60089
Phone: 847-229-6500
Fax: 847-229-6600
Website: [www.abpn.com](http://www.abpn.com)

**The American Board of Radiology**
Suite 200
5441 East Williams Boulevard
Tucson, AZ 85711
Phone: 520-790-2900
Fax: 520-790-3200
Website: [www.theabr.org](http://www.theabr.org)

**American Board of Surgery**
Suite 860
1617 John F. Kennedy Boulevard
Philadelphia, PA 19103
Phone: 215-568-4000
Fax: 215-563-5718
Website: [www.absurgery.org](http://www.absurgery.org)

**American Board of Medical Specialties**
1007 Church Street, Suite 404
Evanston, IL 60201-5913
Phone: 847-491-9091
Website: [www.abms.org](http://www.abms.org)