Note: Information on these slides should be considered out-of-date as of 12-30-17.

Updates in MOC: What's on the Horizon Part 1

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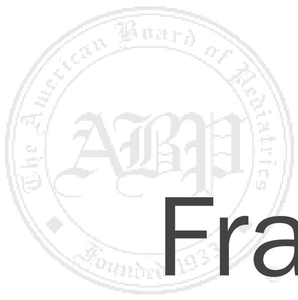
ABP Background

- Founded by AAP, AMA and APS in 1933 as a nationally recognized way to make pediatric training, qualifications, and competencies clear to the public.
- Intentionally independent of founding membership organizations
- Sole mission is to the public
- One of 24 specialty boards of the American Board of Medical Specialties (ABMS)
- >250 pediatricians volunteer their time to set the standards of certification



Framework of the ABP Mission

- Sole mission is to the public:
  - To certify pediatricians based on standards of excellence that lead to high quality care. The ABP certification **provides assurance to the public** that a pediatrician **fulfills the continuous evaluation requirements that encompass the six core competencies.** [from the ABP Mission Statement]

Four "Parts" of MOC agreed by ABMS

- Part 1: Professionalism
  - Maintain unrestricted licensure
- Part 2: Lifelong Learning and Self-Assessment
  - Know your weaknesses and work on them
- Part 3: Cognitive Knowledge
  - Secure exam every 10 years → MOCA-Peds?
- Part 4: Improvement in Practice
  - For ABP, this means: Application of QI science and methods to any process intended to improve the health of children

Part 1: Professionalism

- **Current Requirement for Part 1**

- All diplomates must hold a valid, unrestricted medical license
- Cannot hold any licenses restricted for disciplinary reasons
- Should NOT be in prison

- *Note:* This is a low bar for professionalism.
- How to promote and assess professionalism is a topic of much discussion in the Boards and GME communities
- ABP Self-Assessment on Professionalism available early 2017

Lifelong Learning and Self-assessment (Part 2)

- Internally developed activities (n > 50):
  - General Pediatrics Knowledge Self-assessment, Decision Skills, Specialty knowledge self-assessments
  - Question of the Week
    - Note: no additional charge for ABP activities, or for CME associated with these activities
- Externally developed activities (n > 100)
  - PREP (general and subspecialties)
  - Many other organizations, including many CME courses
    - External organizations can charge for their activities
- Almost all current Part 2 activities also earn CME credit

Part 2 Concerns

- *Limited choice of relevant activities available*
- *Many CME activities that seem to meet ABP MOC criteria don't earn credit*
  - IHI Open School courses on QI, Patient Safety, and Faculty Development now earn MOC credit
  - Working with CITI to provide MOC credit for CITI courses
  - New partnership with ACCME (see next slide)

ACCME Collaboration – launch January 2017

- CME activities that meet ABP MOC standards will be able to offer ABP MOC credit.
  - Activities must involve *assessment of and feedback to* the individual learner
- CME activity providers will apply through ACCME's automated system to be able to award MOC credit, based on their attestation that the activity meets ABP standards
- "Trust and verify": ABP will accept the attestations, with random audits to assure adherence to standards
- ACCME collaboration with ABIM has resulted in >1000 new activities for Part 2 credit

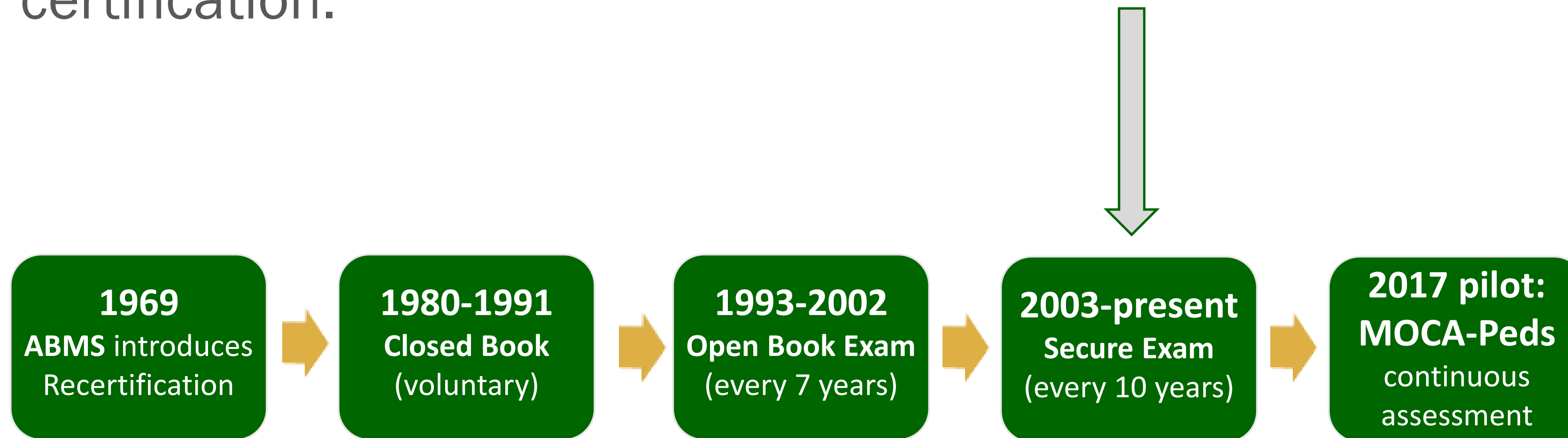
Part 3 - Cognitive Expertise

Current Requirement for Part 3:

- Successfully pass a secure test of knowledge every 10 years in each area of certification.

Although the MOC cycle is 5 years, a secure test of knowledge is only required every 10 years.

Point of confusion: Exam cycles usually do not coincide with MOC points cycles!



Part 4: Improvement in Medical Practice

- ABMS 2015 Standards:
  - Activities result in improved population health outcomes, access to care, improved patient experience, increased value in health care system
  - Encourage activities within the context of the health care team and system of practice
  - *Assure each diplomate has an adequate knowledge of QI science and practice*

ABP Part 4 credit – the early days

- The options were: Online modules (PIMs or EQIPP), a long, complex and expensive application, or be a part of an organizational portfolio
- PIMs and EQIPP focused only on primary care pediatric offices
  - So everyone chose handwashing because it was quick and easy, but often not very meaningful
- Application for independent projects was long and expensive – only large hospitals with a QI staff could manage it
- Only a few organizations had “portfolio” status and could award Part 4 credit
- No repeat credit for ongoing participation in large projects

Part 4 Concerns

- *Collaboratives and multi-institutional QI grew slowly*
- *Many local QI efforts evolved but difficult to get credit*
- *No credit for work with trainees*
- *Applications too complex/burdensome*
- *Fees too high*
  - *In the many thousands at the beginning*
  - *More recently, $250 per project*
- *Requirement for direct patient care to earn credit*
- *QI projects more often presented as posters and platforms than articles*

What has changed?

- QI has become part of daily work in many settings
  - Required by Joint Commission
  - Required by many payers
  - Integral to establishing a PCMH
- Integral to the philosophy of some specialties (PEM, Hosp Med)
- ABP wants to recognize QI work already being done by diplomates
- ABP also wants to recognize that improvements made in all aspects of a pediatrician's work can contribute to improved child health
- Thus, new pathways for Part 4 credit were created starting in 2015

Expansion of Part 4 to "Improvement in Professional Practice"

- Part 4 credit can be awarded for the "application of QI science and methods to any process that is intended to improve the health of children"
- Improvements in clinical care, clinical outcomes
- Improvements in medical education
  - Collaboration with ACGME to recognize NAS annual evaluation and improvement efforts
- Improvements in research processes
  - Education Research
  - Clinical Research
  - Bench Research
- ?Improvements in Child Health Advocacy (December 2016 mtg)

ABP Standards for project approval

- Identifies a measureable quality gap, and has a defined aim
- Requires meaningful participation by pediatricians
- Structured project using accepted QI methodology (Model for Improvement, Lean, DMAIC, etc)
- Systematically test changes to improve care
- Documents measurement data over time and uses the data for routine feedback to participants to see if improvement occurs

New Part 4 Application Pathways

- Small Group Quality Improvement Projects (completed) 25 points
  - “Create your own QI Project”
  - This allows up to 10 diplomates to receive credit for a project they have already completed. The review and processing fee is $75 per project (not per diplomate)
  - Use this pathway for small clinical projects and most education and research projects
- NCQA PCMH 40 points
  - This allows diplomates whose practices achieve NCQA PCMH designation to receive credit for the QI work that is entailed. There is no fee.
- QI Program Development 40 points
  - This allows individual diplomates who lead large, usually institutional QI initiatives to receive credit for their leadership. Review and processing fee is $150 per individual.

Meaningful involvement in improvement efforts

In order to receive credit, a diplomate must attest to meaningful involvement in the work, by meeting 4 criteria:

- ❑ *Be intellectually engaged in planning and executing the project.*
- ❑ *Participate in implementing the project's interventions (the changes designed to improve care).*
- ❑ *Review data in keeping with the project's measurement plan.*
- ❑ *Collaborate actively by attending team meetings.*

QI Project applications from small groups

- Affectionately known as “SQIPA”
- Built for projects led by diplomates
- Up to 10 pediatricians can earn credit per project
- Simplified/streamlined QIPA application
    - 8 questions, directed to the physician project leader
- Application is submitted when the project is *completed*
    - Credit awarded immediately upon approval
- Email and phone coaching available from ABP staff

Larger groups: Quality Improvement Project Application (>10 physicians)

- Similar to SQIPA but intended for larger, ongoing projects
- Can be submitted at beginning, during or after project completion
- More often submitted by institution on behalf of current and future participants
- Approval for 2 years, renewable