

Note: Information on these slides should be considered out-of-date as of 12-30-17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 2

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# Portfolio Programs

- Portfolio sponsors (institutions, organizations) can approve projects on behalf of ABP
- Allows institutions to align quality initiatives with MOC requirements
- **Pediatric Portfolios**
- 51 sponsors (CHOP, TCH, ICN, ... )
- Over 500 projects approved
- **Multispecialty Portfolios**
- 64 Multispecialty portfolio sponsors (Seattle, Nationwide, Mayo...)
- Over 400 pediatric projects approved
- Many more portfolio sponsors in the pipeline



# Educational program evaluation and improvement

- Annual self-study is a requirement of the ACGME/Next Accreditation System (NAS) for all accredited training programs
- “In an effort to reduce burden and facilitate improvement, the ACGME will support the use of [the ABP application] forms in program improvement.”
- Uses the SQIPA application; guidance and crosswalk for entering project information is posted on the ABP website
- Same approach and application can be used for any educational program improvement (such as student education)



# Improvement in Research Processes

## Example: Educational Research

- Rationale for credit: If we improve learning and/or assessment we can provide better care to patients
- Subspecialty EPA Study example:
  - The goals of the effort are to enroll  $\geq 30\%$  of training programs in each subspecialty and for programs that agree to participate, have data submitted within 3 weeks of the CCC meeting.
- General Pediatrics Study example:
  - Within 36 months of the initiation of data collection, we will assess  $\geq 80\%$  of all pediatrics residents in the training programs that enroll in our research study using supervision rating scales to determine level of entrustment for each of the 17 general pediatrics EPAs.



# MOC for Residents

- Residents can now earn Part 4 MOC credit during residency for meaningful participation in QI activities (just like a diplomate)
  - PIMs, EQIPP, other online modules
  - Approved QI projects in institutions and organizations
  - Small group projects (including resident-led projects)
- Resident MOC credit will be “in the bank” for when they become certified. It will then be applied to their first MOC cycle
- Residents can access other ABP Part 2 activities (e.g. self assessments and QOW), but will not receive bankable credit for any Part 2 activities.



# MOC for Fellows

- BEFORE the Fellow passes his/her GP exam (and thus becomes a certified diplomate of the ABP):
  - As long as an individual has a “training line” in the ABP system (eg is enrolled in an ACGME approved program), bankable credit can be earned.
- When the Fellow passes his/her GP exam, he/she is enrolled in the first 5-year cycle of MOC, needs 100 points just like any other diplomate
  - Any already banked credit goes live
  - 10 Part 2 and 10 Part 4 points are automatically awarded for each year of fellowship training after the fellow achieves initial GP certification
- Fellows may be near the end of a 5-year cycle at the end of fellowship
  - MOC cycle is extended by 1 year when the fellow passes his/her subspecialty certifying exam



# MOC is a Driver for Participation in QI Efforts

- CLABSI rates near zero
- Drop in medical error rate by 23% after introduction of a handoff bundle
- Improvement in inflammatory bowel disease remission rates by 30%
- National Improvement Partnerships Networks: improved care for
  - asthma
  - attention-deficit/hyperactivity disorder, autism
  - developmental screening
  - obesity
  - mental health
  - medical home implementation<sup>4</sup>
- Improvement in interstage mortality in patients with HLHS<sup>5</sup>



# Recent changes that make life easier for diplomates

- Uncoupled exam requirement from MOC cycle – can regain certification as soon as specific deficit is remedied
- Added a year to the current cycle for diplomates upon earning an initial subspecialty certificate
- Bankable credit for trainees
- QOW credit (was limited to 40 points per cycle), CME for QOW (SOON!)
- Can test in any year (it does reset the clock)
- Revised criteria for meaningful participation
- All SAs apply to all specialties (no restrictions or requirements)
- Improved PIM platform; eliminate lock out period
- Ability for office staff to enter data in new PIMs



# ABP's Goal: Align MOC with the work that pediatricians already do:

- Credit for PCMH
- MOC credit for improvement activities that an individual is already doing, provided it meets standard improvement criteria
- MOCA pilot: An exam format that does not require people to take a day off from work and does not require cramming
- Alignment with requirements from other organizations (Collaborative Institutional Training Initiative, CITI, ACGME, etc.)
- ACCME Collaboration to provide MOC credit for qualifying CME activities



# No Duplication of Effort

- MOC points earned apply to ALL of a diplomate's certificates - each person has just one MOC cycle, even for the diplomates who have 4 ABP certificates.
  - We're not sure why anyone has 4 certificates
- Reciprocity from other Boards:
  - Diplomates of another American Board of Medical Specialties (ABMS) board who have met MOC requirements in their second specialty.
  - Diplomates practicing in Canada who have met the Royal College of Physicians and Surgeons (RCPSC) MOC requirements.
  - Diplomates who have completed 12 months of training in an ACGME non-Pediatric residency or any fellowship program earn 10 Part 2 and 10 Part 4 points for each year of training.



# Questions and Comments

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