

AMERICAN BOARD OF MEDICAL SPECIALTIES®

Module 2

MOC and CME: Moving from Retrofitting to Proactive Planning



ETHICS • HONOR • SKILL

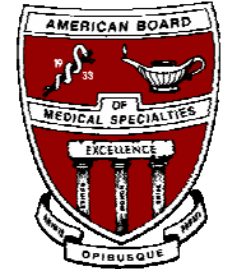
Presented to

Conference on Critical Skill Building for the New CME Paradigm

May 11, 2006

Sheldon D. Horowitz, MD
Senior Vice President
American Board of Medical Specialties

ABMS Member Boards

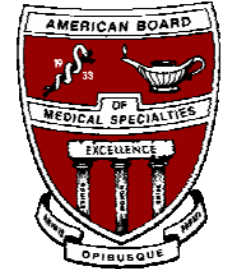


ETHICS • HONOR • SKILL

Allergy and Immunology
Anesthesiology
Colon & Rectal Surgery
Dermatology
Emergency Medicine
Family Medicine
Internal Medicine
Medical Genetics
Neurological Surgery
Nuclear Medicine
Obstetrics & Gynecology
Ophthalmology

Orthopaedic Surgery
Otolaryngology
Pathology
Pediatrics
Physical Medicine and Rehabilitation
Plastic Surgery
Preventive Medicine
Psychiatry & Neurology
Radiology
Surgery
Thoracic Surgery
Urology

Board Certification, Quality and Competence



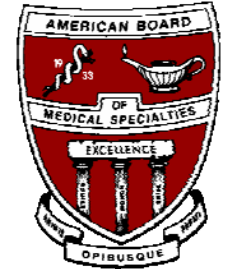
ETHICS · HONOR · SKILL

Board movement founded in 1917 out of concern for quality care

Boards set standards that address quality

There is evidence of a need for continued monitoring and promotion of quality ...

Board Certification, Quality and Competence

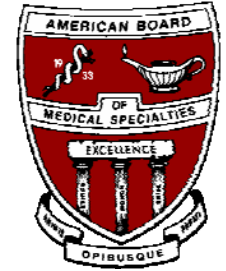


ETHICS • HONOR • SKILL

*“The goal of recertification is to evaluate the **continuing competence** of a diplomate in the specialty in which he/she was certified initially.”*

September 1973

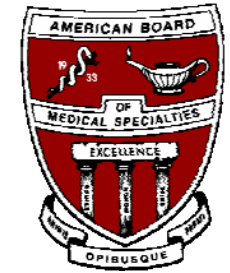
What is Maintenance of Certification™ (MOC)?



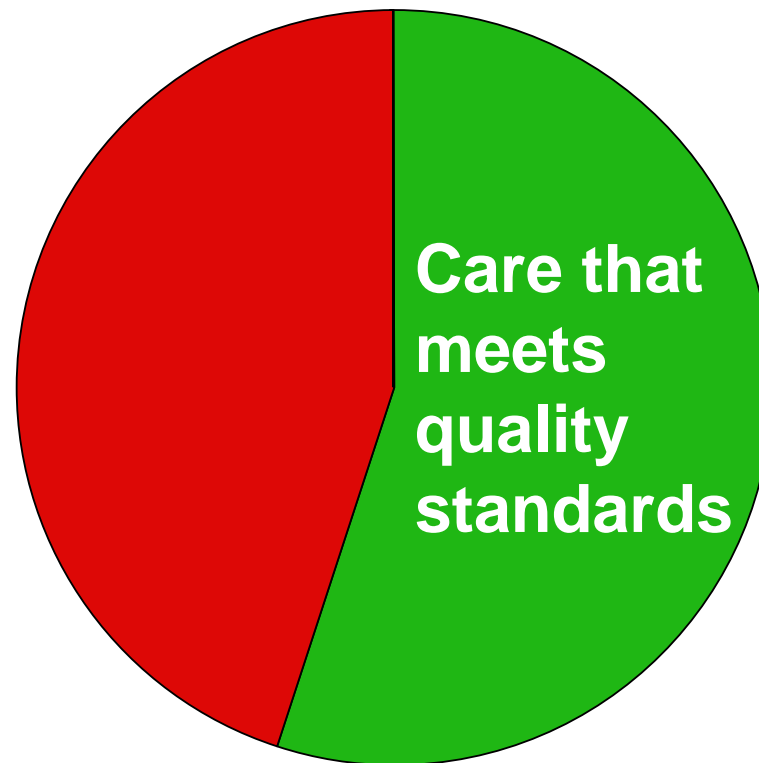
ETHICS · HONOR · SKILL

A process designed to document that physician specialists, certified by one of the Member Boards of ABMS, maintain the necessary competencies to provide quality patient care.

Overall, American Adults Receive About Half of Recommended Care

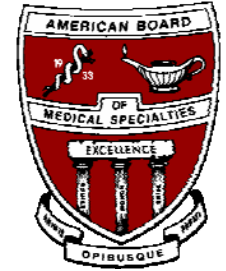


ETHICS · HONOR · SKILL



RAND McGlynn et al. (2003)

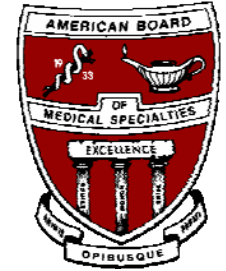
Four Components of MOC



ETHICS • HONOR • SKILL

- Professional Standing (Licensure)
- Lifelong Learning and Self-Assessment
- Cognitive Expertise (Examination)
- Practice Performance Assessment

General Competencies



ETHICS • HONOR • SKILL

Medical Knowledge

Patient Care

Interpersonal and Communication Skills

Professionalism

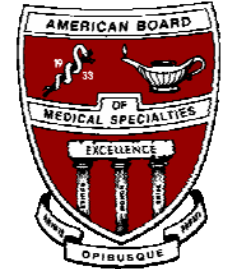
Practice-based Learning and Improvement

Systems-based Practice

September 1999

Part II of MOC

Lifelong Learning and Self-Assessment



ETHICS • HONOR • SKILL

Lifelong Learning

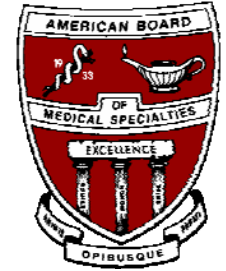
- Increased focus on specialty-specific CME
- CME credits range from 10/year to 50/year

Self-Assessment

- Shift from “seat time” to self-assessment activities
- Examples:
 - ABFM *SAMs/Clinical Simulations*
 - ABMS *Web-based Patient Safety Module*

Part IV of MOC

Practice Performance



ETHICS · HONOR · SKILL

Web-based Education/Improvement Programs: PIMs (**ABIM**),
eQIPP (**AAP**), METRIC (**AAFP**), PPMs (**ABFM**)

Database – Outcomes: **ABCRS, ABS, ABTS**

Key Cases: **ABNS, ABOG, ABOP, ABOTO, ABPN, ABU**

Practice Profile/Surgical Log – Feedback on Outcomes
compared to National Benchmarks: **ABPS, ABU**

New Chart - Netscape

File Edit View Go Window Help

Part 2: Enter Chart Data

VIEW SET

1. CHART INFORMATION:

Date of visit (MM/DD/YY): Child's Age Reviewer's Initials

2. TYPE OF VISIT:

Acute Visit for asthma/respiratory symptoms
 Asthma Follow-Up (after acute clinic visit, ER or urgent care visit, hospitalization for asthma)
 Asthma Maintenance visit
 Well Child Visit
 Not Documented

3. IS ASTHMA SEVERITY CLASSIFICATION NOTED IN THE CHART FOR THIS VISIT?

Not Documented
 Mild Intermittent
 Mild Persistent
 Moderate Persistent
 Severe Persistent

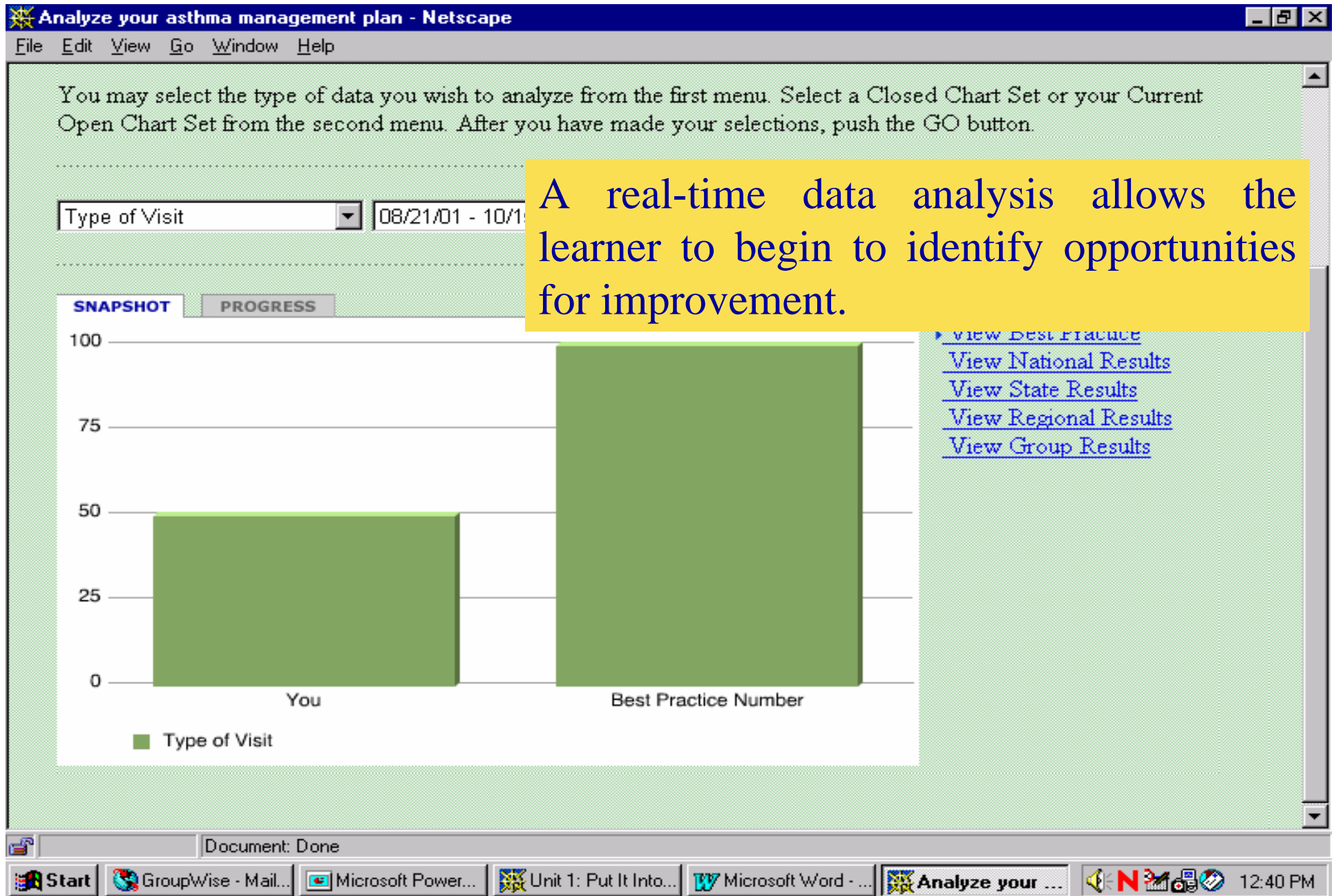
4. PLEASE CHECK ALL ANTI-INFLAMMATORY MEDICATIONS PRESCRIBED AT THIS VISIT OR AT THE PREVIOUS VISIT AND ORDERED TO BE CONTINUED.

None/Not Documented
 Beclomethasone dipropionate (Beclivent, Vanceril, Vanceril-DS)
 Budesonide (Pulmicort Turbohaler or Respules)
 Flunisolide (AeroBid, Aerobid-M)
 Fluticasone (Flovent)
 Triamcinolone acetonide (Azmacort)
 Cromolyn sodium (Intal)
 Montelukast sodium (Singulair)
 Zafirlukast (Accolate)
 Salmeterol xinafoate (Serevent MDI and Diskus)
 Fluticasone propionate and Salmeterol xinafoate (Advair Diskus)
 Sustained release Albuterol (Volmax, Proventil Repetabs)
 Theophylline (aerolate, Choledyl, Slobid, Theolair, Uni-Dur, Uniphyll)

Document: Done

Start GroupWise - Mail... Microsoft Power... Unit 1: Put It Into... Chart Sets - Nets... **New Chart - ...** 12:34 PM

eQIPP allows the learner to quickly assess their practice online.




A real-time data analysis allows the learner to begin to identify opportunities for improvement.

http://eqipp.purplemonkey.com/course1/pdfs/Chart_unit4_112801.pdf - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address http://eqipp.purplemonkey.com/course1/pdfs/Chart_unit4_112801.pdf Go Links

 **Managing Asthma in Children** *eOIPP resource name*

Developing your action plan

Gap	Goal	Barrier	
Severity is not classified and documented	Classify and document in chart asthma severity on 95% of children with asthma	You may not be comfortable classifying asthma severity. You may understand asthma severity, but need some practical tools and strategies to use it in practice.	Review and document the severity. Consider the <i>Living with Asthma</i> survey for the child/parent that helps classify severity. The receptionist can give to family or a nurse gives to family in exam room. Consider using an easy reference such as the severity card that links to medication.
Children with persistent symptoms are not prescribed anti-inflammatory medication	Prescribe anti-inflammatory medications for 95% of patients with persistent asthma	Make sure you understand the link between asthma severity classification and suggested medications. You may understand the link between severity and anti-inflammatory medication, but need some clinical reminders.	Review asthma severity classification, suggested medications, and work a few examples in Unit 2 of the module. Use severity classification card to guide use of medications; keep one in each exam room (or use the pocket version). Use medication chart for appropriate dosages. Keep one in each exam room.

96% 1 of 4 11 x 8.5 in

Done Internet

Start GroupWis... Microsoft ... Microsoft ... GroupWis... Mail From... Unit 3: Pu... http://... 4:16 PM

Within each step, the learner will receive advice for identifying, prioritizing, refining, and launching new improvement cycles.

Unit 2: Asthma Pathophysiology and Epidemiology - Netscape

File Edit View Go Window Help

Back Forward Reload Home Search Netscape Print Security Stop

Bookmarks Location: <http://eqipp.purplemonkey.com/course1/unit2/faqs/exacerbation.cfm> What's Related

WebMail Contact People Yellow Pages Download Channels

UNIT 2
 Treating Your Asthma Patients
 Introduction

> **What happens during an asthma exacerbation?**
 Below is an animation of how an asthma attack affects the airways.

PLAY ▶

BRONCHIAL TUBE DURING THE ASTHMA ATTACK

MUSCLE WALL
 AIRWAY WALL
 AIRWAY LINING
 AIRWAY PASSAGE

During an asthma attack, a trigger causes the small airway branches, the bronchioles,

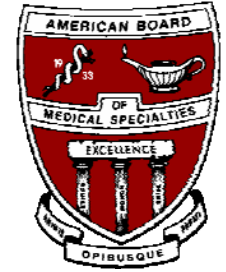
EDUCATION IN QUALITY IMPROVEMENT FOR PEDIATRIC PRACTICE

Document: Done

Start GroupWise - Mail... Microsoft Power... Unit 2: Asthm... Microsoft Word - ... 1:53 PM

eQIPP offers an interactive learning environment. The program also includes practical, easy-to-use tools that can be implemented quickly into the office setting.

Objectives of a PIM



ETHICS · HONOR · SKILL

Measure current practice compared to established guidelines for Prevention of Coronary Disease

Change practice to improve care



Structure of a PIM



Data
Collection

Chart review

Patient survey

Practice survey

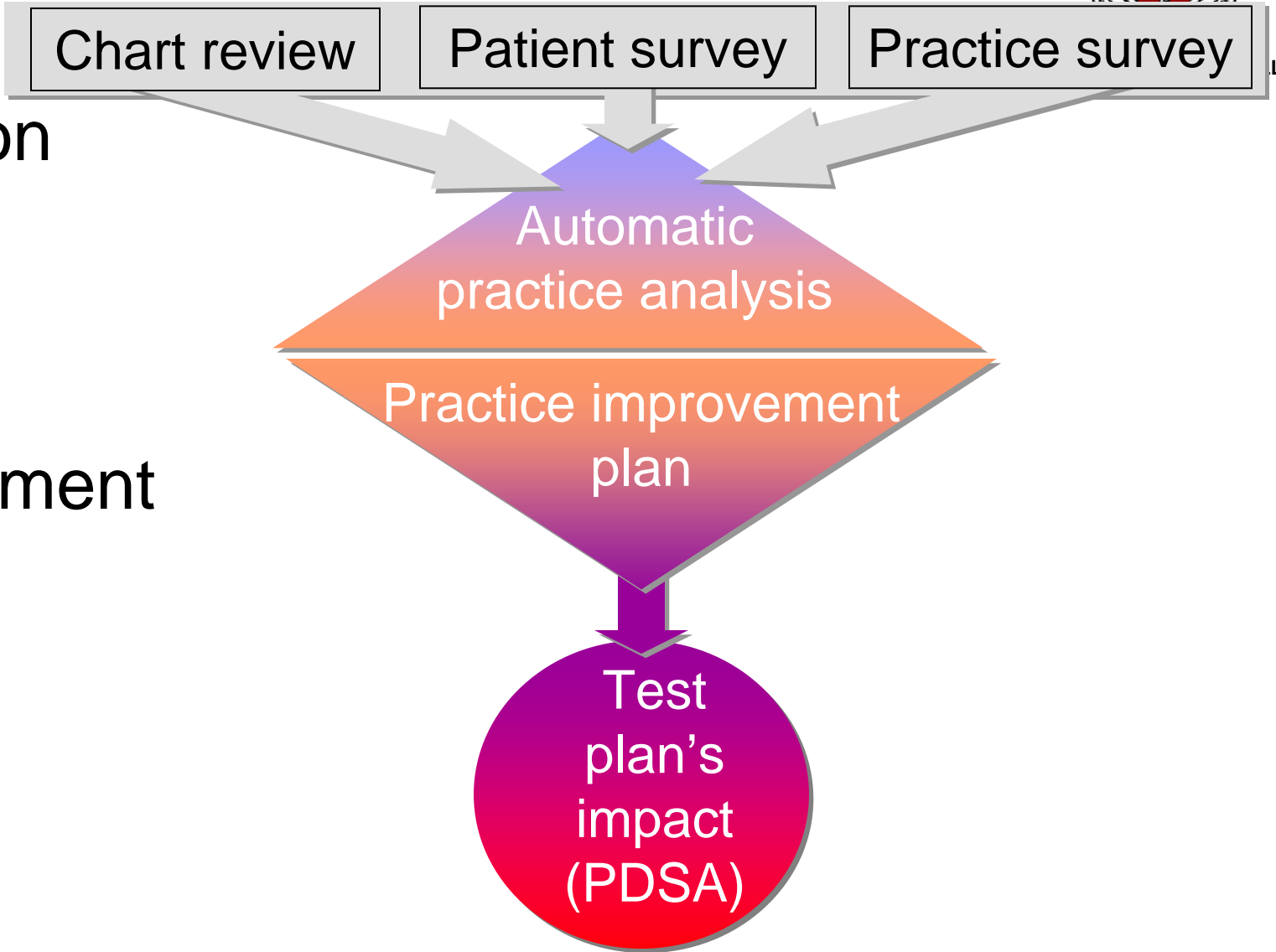
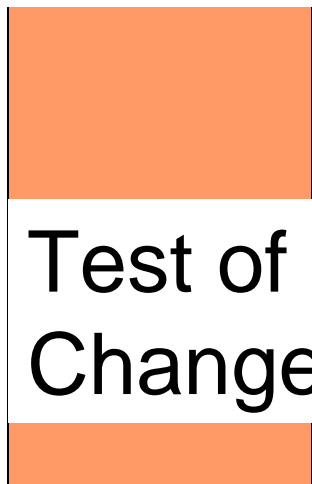
Plan for
Improvement

Automatic
practice analysis

Practice improvement
plan

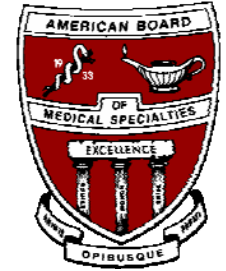
Test of
Change

Test
plan's
impact
(PDSA)



28 Patient Survey Questions

10 minute Automated Telephone Survey



ETHICS · HONOR · SKILL

Overall health
Current fitness
Read Nutrition labels
Exercise per week
Smoke
Advised to quit
Miss aspirin dose
Miss BP med
Miss Cholesterol med

BP been taken
Cholesterol tested
Getting information
Encouraging questions
Appointments
Answering questions
Prescription refill
Laboratory reports
Age, Gender



Charts

PATIENT IDENTIFIER (for your use only):

ETHICS · HONOR · SKILL

1. What is the date of the patient's last visit?

2. What is the patient's gender?

- Male Female

3. What is the patient's age?

4. What is your relationship with the patient?

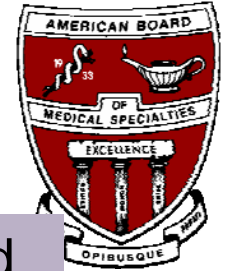
- Primary/Principal Care Consultative Care Both

5. What is the length of your relationship with the patient?

- Less than one year More than one year



Charts



• HONOR • SKILL

9. What was the date and results of the most recent lipid profile?
(Enter 0 if unavailable)

Month	<input type="text" value="DEC"/>	Year	<input type="text" value="2002"/>
Total cholesterol	<input type="text" value="230"/>	ng dL	
LDL cholesterol	<input type="text" value="105"/>	nm Hg	
HDL cholesterol	<input type="text" value="43"/>	nm Hg	
Triglycerides	<input type="text" value="98"/>	nm Hg	

10. Has a screening test for type 2 diabetes been done?

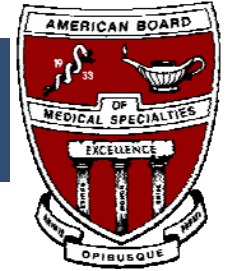
Yes No

11. What is the patient's 10-year risk of developing myocardial infarction or coronary death?

<10% 10-20% >20%



Review/Submit

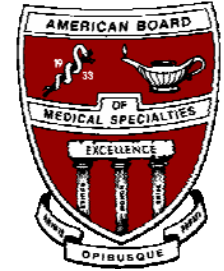


ETHICS · HONOR · SKILL

- ▶ Information Management
- ▶ Patient Activation
- ▶ Access and Communication
- ▶ Safety and Efficiency
- ▶ Consultation and Referral
- ▶ Practice Team
- ▶ Improvement Process

Practice

INFORMATION MANAGEMENT



ETHICS · HONOR · SKILL

1.	Patient medical records contain ...	Yes	+/-	No
	... a problem list that is regularly reviewed and updated.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	... a medication list that is reviewed and updated at every visit.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	... a <u>display of key lab results</u> that shows trends, goals, and variation over time.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	... a <u>display of key clinical findings</u> that shows trends, goals, and variation over time.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	... an <u>integrated treatment plan</u> that documents and guides treatment decisions of the team.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



Plan



SKILL

Patient Characteristics	Chart Review (n= 20)		Patient Survey (n= 31)	
	N	%	N	%
Demographics				
Male	10	50	7	23
Female	10	50	24	77
Very good to excellent health			7	23
Fair to poor health			10	32
Risk factors for CHD				
<u>Prior MI</u>	2	10	4	13
Other clinical CHD	1	5		
Symptomatic carotid artery disease	1	5		
<u>Peripheral artery disease</u>	0	0	11	35
Abdominal aortic aneurysm	0	0		
<u>Diabetes mellitus</u>	4	20	6	19





Plan



ETHICS • HONOR • SKILL




Patient Characteristics	Chart Review (n= 20)		Patient Survey (n= 31)	
	N	%	N	%
Risk Factors For CHD				
Current cigarette smoker	5	25	8	26
Hypertension	10	50	14	45
<u>Past or current high LDL</u>	11	55		
Past or current low HDL (<40 mg dL)	5	25		
Age (men \geq 45, women \geq 55 years)	13	65		
Family history of premature CHD	3	15	10	32
Overweight (BMI 25–29.9 kg/m ²)	9	45		
Obese (BMI \geq 30 kg/m ²)	10	50		
Abdominal obesity	5	25		
Physical inactivity	1	5		



Plan



ETHICS · HONOR · SKILL


Patient Characteristics 	Chart Review (n= 20)		Patient Survey (n= 31)	
Other health-related behaviors	N	%	N	%
Eats five or more fruits/vegetables per day			5	16
Reads nutrition labels most of the time			13	42
Factors limiting self-care	N	%	N	%
Psychiatric/cognitive	2	10		
Problems with adherence	3	15		
Other medical conditions	1	5		
Social or financial factors	8	40		



Plan



SKILL

Outcomes of Care 	Chart Review (n= 20)		Patient Survey (n= 31)	
	N	%	N	%
Clinical outcomes				
<input type="checkbox"/> <u>Systolic BP</u> <130 mm Hg	9	45		
<input type="checkbox"/> <u>Diastolic BP</u> <85 mm Hg	19	95		
<input checked="" type="checkbox"/> <u>LDL cholesterol</u> at goal	7	35		
<input type="checkbox"/> HDL Cholesterol >40 mg dL	10	50		
<input type="checkbox"/> Triglycerides <150 mg dL	12	60		
Functional outcomes and behaviors	N	%	N	%
<input type="checkbox"/> Good fitness level			2	6
<input type="checkbox"/> Physical activity \geq 4 days/week			4	12
<i>Patient satisfaction</i>	N	%	N	%
<input checked="" type="checkbox"/> Patients rate practice of preventive care <u>excellent</u>			5	19



Plan

PROCESSES OF CARE



ETHICS · HONOR · SKILL

Patient Evaluation and Risk Assessment	Chart Review (n= 20)
<i>Work-up for CHD risk</i>	% Completed
<input type="checkbox"/> <u>History</u>	87
<input type="checkbox"/> Height	100
<input type="checkbox"/> Weight	100
<input type="checkbox"/> Waist circumference	0
<input type="checkbox"/> Systolic BP	100
<input type="checkbox"/> Diastolic BP	100
<input type="checkbox"/> Lipid testing done	80
<input type="checkbox"/> <u>Lipid testing complies with guidelines</u>	60
<input checked="" type="checkbox"/> Screening for Diabetes	20



Plan



PROCESSES OF CARE

ETHICS · HONOR · SKILL

Treatment	No. Eligible	No. Treated	%
<input type="checkbox"/> <u>Saturated fat, cholesterol restriction</u>	18	18	100
<input type="checkbox"/> <u>Sodium restriction</u>	10	2	20
<input type="checkbox"/> <u>Increased fruits, vegetables, fiber</u>	18	6	33
<input type="checkbox"/> <u>Calorie restriction</u>	17	17	100
<input type="checkbox"/> <u>Increased exercise or physical activity</u>	19	19	100
<input checked="" type="checkbox"/> <u>Aspirin, antiplatelet, or anticoagulant</u>	15	5	33
<input type="checkbox"/> <u>Beta blocker</u>	10	10	100
<input type="checkbox"/> <u>ACE inhibitor or ARB</u>	5	10	200
<input type="checkbox"/> <u>Statin or other lipid-lowering drug</u>	11	15	137
<input type="checkbox"/> <u>Smoking cessation support</u>	5	5	100



Plan

PROCESSES OF CARE



ETHICS · HONOR · SKILL

Patient Self-Care Support	Patient Survey (n= 31)	
	N	%
<i>Patient knows...</i>		
<input type="checkbox"/> ...blood pressure level as measured within past year	30	97
<input type="checkbox"/> ...cholesterol level as measured within past 5 years	27	87
<i>Doctor or practice is very good or excellent at...</i>		
<input type="checkbox"/> ...encouraging questions	20	64
<input type="checkbox"/> ...providing information on preventing heart attacks	29	93
<input checked="" type="checkbox"/> ...providing information on side effects of medications	14	45



Plan

PROCESSES OF CARE



ETHICS · HONOR · SKILL

Access to the Practice	Patient Survey (n= 31)	
	N	%
<i>Patient reported no problem with...</i>		
<input type="checkbox"/> ...scheduling appointments	18	58
<input checked="" type="checkbox"/> ...reaching someone with a question	17	55
<input type="checkbox"/> ...obtaining prescription refills	22	73
<input type="checkbox"/> ...obtaining referrals	25	93
<input type="checkbox"/> ...obtaining test results	22	76



Plan



PRACTICE IMPROVEMENT PLAN

SKILL

Enter your goals for improvement:

Outcome Measures

From %	To %
--------	------

Increase patients with LDL cholesterol at goal

35

Increase patients rating preventive care excellent

19

Process Measures

From %	To %
--------	------

Screening for diabetes done in high-risk patients

20

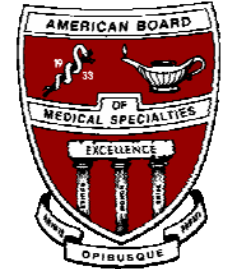
Improve use of aspirin, antiplatelet or anticoagulant

33

Increase patients reporting no problem with reaching someone with a question

55

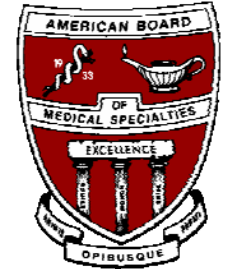
CAHPS Survey



ETHICS • HONOR • SKILL

- In the last 12 months, how often did this doctor listen carefully to you?
- In the last 12 months, how often did this doctor explain things in a way that was easy to understand?
- In the last 12 months, how often did this doctor spend enough time with you?
- In the last 12 months, when this doctor sent you for a blood test, x-ray or other test, how often did someone from his or her office follow-up to give you the test results?
- In the last 12 months, when you called this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
- In the last 12 months, how often did your visits to this doctor's office start within 15 minutes of your appointment?

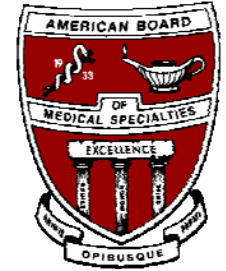
MOC: Future Directions



ETHICS • HONOR • SKILL

- Link to national initiatives
 - Performance measures (CMS, AQA)
 - Pay-for-performance/Pay-for-participation (CMS, insurers, NCQA, ADA)
- Link to local QI efforts (IPIP)
- Link to relicensure
- Develop additional tools (communication, safety, SBP)

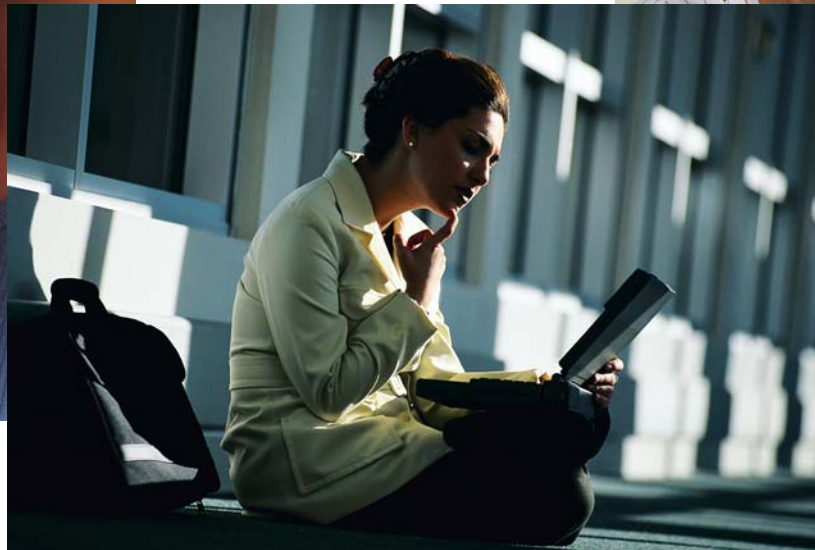
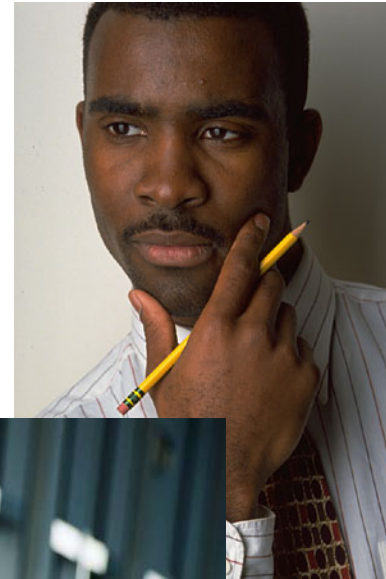
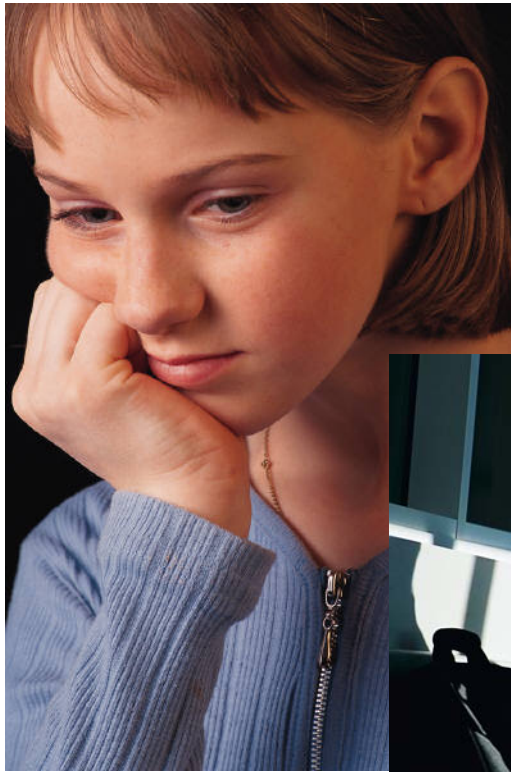
Next Steps



ETHICS • HONOR • SKILL

- Certifying Boards should set standards for Parts II and IV of MOC
- Accreditors, Certifying Boards and State Medical Boards should promote CME that leads to improved outcomes
- Reduce the redundancy of CME, MOC, relicensure, P4P and QI

Time to Reflect



CRITICAL SKILL BUILDING FOR THE NEW CME PARADIGM