Part II: Add MOC to Your CME!

Practice Assessment and Patient Safety

By
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This follow-up article discusses how to align ABMS Member Boards’ MOC practice assessment and patient safety credit to your CME activities, which aligns with the ABMS Member Boards’ MOC program requirements.

What is MOC?
To recap from the first article . . . once Board Certified, physicians (called “diplomates”) maintain their medical specialty expertise by participating in a robust continuous professional development program called the American Board of Medical Specialties (ABMS) Program for Maintenance of Certification (MOC). The MOC program provides physicians an integrated approach for enhancing patient care and improving patient outcomes through lifelong learning and self-assessment, specialty based assessment of knowledge, and performance improvement activities.

The ABMS Program for MOC involves ongoing measurement of six core competencies defined by ABMS and the Accreditation Council for Graduate Medical Education (ACGME), which are:

- Practice-based Learning and Improvement
- Patient Care and Procedural Skills
- Systems-based Practice
- Medical Knowledge
- Interpersonal and Communication Skills

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• Professionalism

These competencies are measured in the ABMS Program for MOC within a **four-part framework** (blue highlights represent the parts discussed in this article):

- **Part I: Professionalism and Professional Standing**
- **Part II: Lifelong Learning and Self-Assessment**
- **Part III: Assessment of Knowledge, Judgment, and Skills**
- **Part IV: Improvement in Medical Practice**

All the Member Boards integrate the same six competencies within the same four-part framework. While these elements are consistent across all Member Boards, what may vary, according to the specialty, are the required specific MOC requirements and type of activities.

*Be sure you have read Part 1 of this article, which discusses basic first steps for aligning MOC credit to your CME activities for MOC Part II Lifelong Learning (Medical Knowledge) requirements. Additional MOC credit for Patient Safety and Part IV, as described below, builds on requirements also described in the previous article. Click here to display the first article.*

**Two Pathways to Helping Your Learners Earn Specialty Board MOC Part II (Patient Safety) & Part IV Credit**

**Pathway 1—The PARS Connection** [For learners certified with the ABIM (American Board of Internal Medicine), or ABA (American Board of Anesthesiology). NOTE: The ABP (American Board of Pediatrics) does NOT participate in these MOC credit types via this pathway]. In addition to the Part II Lifelong Learning (Medical Knowledge) MOC credit, these efforts extend the PARS initiative to the additional formats described below.

How Do You Know if Your Activities Qualify for MOC Part II: Patient Safety credit? First, **there are no special fees to providers**, but there are **ACCME requirements to participate in these initiatives**, and participation does require demonstration and documentation of the following Board requirements as they relate to the two participating Boards:
Patient Safety Activities must meet all the requirements and be registered in PARS for Medical Knowledge ABA MOCO 2.0® as described in Part 1 of this article.

Must include the following key themes in patient safety that cross disciplines and clinical settings (but not limited to):
- Epidemiology of error
- The effect of the healthcare system on patient safety
- Human factors
- Safety enhancing technology
- Communication
- Culture of safety
- Patient safety reporting and methods
- Tools for evaluating safety events.

Must contain learning objectives for each key theme!

Address at least **ONE** of the following topics:

1. **Foundational knowledge** (must include all the following):
   - Epidemiology of error: prepare physicians to discuss the key definitions that underpin current patient safety efforts
   - Fundamentals of patient safety improvement (plan, do, study, act or PDSA): engage physicians in a PDSA cycle focused on patient safety
   - Culture of safety: identify the specific elements, (i.e., the beliefs, attitudes and values about work and risks) that contribute to safety culture

2. **Prevention of adverse events** (including, but not limited to):
   - Medication safety (e.g., medication reconciliation, safe use of analgesics and sedatives, identification and remediation of polypharmacy in the elderly)
   - Prevention of healthcare acquired infections
   - Falls prevention
   - Teamwork and care coordination

Evaluates outcomes in alignment with AMA PRA and ACCME outcome measurements requirements

Evaluates outcomes at minimum threshold (i.e., pass-rate identified by the provider) with feedback to the learner (see next section)

Submit evidence of compliance with the patient safety requirements if the activity is selected for audit by the ABA

Submit evidence of compliance with the patient safety and medical knowledge expectations if the activity is selected for audit by the ACCME

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2 MOCA 2.0® is a trademark of the American Board of Anesthesiology®. “MOCA” stands for Maintenance of Certification in Anesthesiology Program.

3 “Epidemiology of Error” refers to the causes of medical errors. Epidemiology is the study of patterns, causes and effects.
What qualifies as “Evaluating outcomes at minimum threshold with feedback to the learner?” [Required for MOC Part 2 Lifelong learning (Medical Knowledge and Patient Safety) Credit]

Options for evaluation for ABA MOCA 2.0® are aligned with the AMA PRA requirements and ACCME Criteria.

Options for ABIM’s requirement for evaluation are provided in the table below and in the ABIM MOC Assessment Recognition Program Guide.

These are only examples—and not an exhaustive list—of the methods that can be used by the accredited provider in CME that supports ABIM MOC.

Important Tips:
- Evaluation can occur at the session level or the activity level, and does not need to be limited to a single method of evaluation per activity.
- The accredited provider must be able to demonstrate that the learner has participated in/completed the evaluation (i.e. via scenarios below or some other method the provider uses).
- For audits, the accredited provider will need to submit the evaluation mechanism, a description of how the evaluation was implemented, how feedback was provided to learners, and a list of the physician learners who met the minimum participation threshold.

<table>
<thead>
<tr>
<th>Evaluation Mechanism</th>
<th>Evaluation Method</th>
<th>Participation Threshold</th>
<th>Feedback Method</th>
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<tbody>
<tr>
<td>Case Discussion</td>
<td>Learners asked to share with each other and group how they would approach the case at various stages.</td>
<td>Learner actively participates in the conversation as judged by a group leader or observer.</td>
<td>The outcome of the case is shared.</td>
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<td>Written responses</td>
<td>Learners write down what they have learned and indicate commitment to change or maintain an element of practice.</td>
<td>Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.</td>
<td>Leader/facilitator summarizes what was discussed and best next steps for learners.</td>
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<td>Audience response system</td>
<td>Learners select answers to provocative questions using the ARS.</td>
<td>Learner attempts an acceptable number of questions. Threshold set by provider.</td>
<td>Answer to each question is shared in dialog or writing, including rationale for correct answers with relevant citations.</td>
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<tr>
<td>Quiz</td>
<td>Learners complete answers to a quiz during or after an activity.</td>
<td>Fraction of answers correct set by provider.</td>
<td>Best answer to each question is discussed or shared, including rationale for correct answers with relevant citations.</td>
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<td>Table-top exercise</td>
<td>Learners write down next steps in an evolving case at various set points.</td>
<td>Learner writes a possible next step to each question.</td>
<td>Best practice at each step is discussed or shared after each set point.</td>
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<tr>
<td>Simulation</td>
<td>Learners demonstrate strategy/skill in a simulated setting – could be role-play or formal simulation lab.</td>
<td>Learner participates in simulation as judged by a facilitator or observer.</td>
<td>Best practice or technique is discussed and shared throughout, or at the conclusion of, the simulation.</td>
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How Do You Know if Your Activities Qualify for MOC Part IV: Improvement in Practice (Practice Assessment) MOC Using the PARS Pathway?

<table>
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<tr>
<th>Improvement in Practice (Practice-Assessment) Requirement</th>
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<tr>
<td>ABIM Part 4 MOC in PARS</td>
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<tr>
<td>NOTE: ABA MOCA® and ABP do not participate</td>
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</table>

The activity MUST:
- Address a quality or safety gap that is supported by a needs assessment or problem analysis, or supports the completion of such a needs assessment as part of the activity.
- Address care, care processes, or systems of care in one or more of the National Academy of Medicine’s (formerly the Institute of Medicine) quality dimensions or one or more of the three Aims or six priorities articulated in the National Quality Strategy.
- Have specific, measurable aim(s) for improvement.
- Use measures appropriate to the aim(s) for improvement.
- Include interventions intended to result in improvement.
- Include appropriate data collection and analysis of performance data to assess the impact of the interventions.

The provider MUST define a minimum participation threshold for MOC, and describe how they will identify physician learners who meaningfully engage in the activity according to the provider’s defined requirements.

Physician learners are likely to participate in one or more of the areas outlined above, but participation in every step of the quality improvement process is not an ABIM requirement.

Practice Assessment activities can be registered in PARS individually or in combination with Medical Knowledge or Patient Safety ABIM MOC. Practice Assessment Activities must still meet the ABIM recognition requirements as described in Part 1 of this article and below:
- Be designated for Performance Improvement AMA PRA Category 1 credit™ - Directly or jointly provided
- Cover one or more topics important to the specialty board or its subspecialties
- Not be advertised as a Board Review or Board Preparation activity
- Appropriate MOC Statement(s) included in activity materials that reference the MOC credit(s)
- Evaluates outcomes at minimum threshold with required feedback to the learner

Submit evidence of compliance with the practice assessment expectations if the activity is selected for audit by the ACCME

How Do I Use PARS to add these additional types of MOC Credit?
These collaborations require registration and submission of activity and participant completion data through PARS, which is then provided directly to the certifying boards. The registration process is available for all CME providers in the PARS (ACCME) System—including state-accredited providers, providers directly accredited by the ACCME, and providers that have received Joint Accreditation for Interprofessional Continuing Education.

Specifics are as follows:
After (or as part of) entering the activity(s) in the ACCME Program and Activity Reporting System (PARS), register the activity by clicking “YES” for the MOC initiative, selecting one or more of the three boards (see example below):

As part of this registration process in PARS, providers attest to compliance with chosen certifying board requirements, also as shown below:
How Do I Submit Learner MOC Data?

After registering your activity for MOC in PARS, you will be able to access the participant manual data entry field for MOC (same for both Boards) via the Participant Summary tab on the home page, and clicking on the view detail link, as shown below:

![Participant Summary](image)

After submitting participant data as shown below, the information will flow directly to the learners’ Board records for the specialties you selected:
Batch upload and system interface options are also available.

**Pathway 2—ABMS Direct Approval** [for learners that are board certified with other specialty boards that are listed on this chart]

CME providers can submit accredited CME activities for review by the participating ABMS Member Boards, and obtain MOC Part II approvals from one or more participating Boards through the **ABMS Common Submission Form**.

ABMS facilitates the review and approval process of CME activities through its Member Boards. Once approved, ABMS will contact the provider with information about which Member Boards approved the activity and the type of approval granted. The activity review and approval process takes approximately six-to-eight weeks.

Via this process, CME providers can submit accredited activities for the following MOC credit types:
MOC Part II Continuing Medical Education (CME) Activity- (Lifelong Learning and Self-Assessment)

- Meets or exceeds the criterion set forth by the ACCME and one or more of the CME credit systems (AMA PRA Category 1 Credit, AAFP Prescribed Credit, ACOG Cognates, AOA Category 1-A) as described in the submission information and requirements.

MOC Part II Self-Assessment Activity

- **Includes pre-test(s) and post-test(s) of multiple choice questions drawn from the activity content.**

- Provide feedback (including completion data) to learners to further inform their future MOC Lifelong Learning.

Part IV Activity – PI CME or Performance Improvement Activity

- For information regarding PI CME Activities for Part IV please review the AMA PI CME Resource Guide.

Additional Highlights Regarding Pathway 2

- Approved MOC activities are indexed in the ABMS MOC Directory that diplomates nationally can easily access.

- An ABMS MOC approval statement is required to be included on your learner’s certificate of credit (see the Part 1 article).

- Learners are responsible for tracking their own MOC Part II or Part IV credits for their Boards.

For further information about MOC or to get help with tailoring your CME program to be compatible with MOC, contact Karen at kaminskas@passinassociates.com.