

Structuring your Annual Program Improvement Plan for MOC Part IV Credit

Ann E. Burke, MD



Disclosure Statement

- I am a member of the Board of Directors for the American Board of Pediatrics (ABP)
- I am not an expert on Quality Improvement
- I have been an APPD member for 20 Years

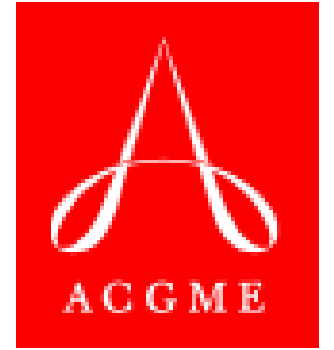


ACGME Requirements of Programs

- Need a Program Evaluation Committee and an Annual Program Evaluation



Program Evaluation and Improvement



The program director must appoint the Program Evaluation Committee (PEC). (Core)

The Program Evaluation Committee:

- **(1) must be composed of at least two program faculty members and should include at least one resident; (Core)**
- **(2) must have a written description of its responsibilities; (Core)**

Program Evaluation Committee (PEC)



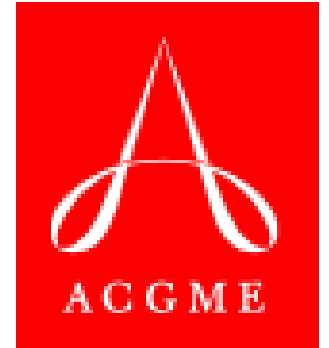
- **The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. (Core) V.C.2**



PEDIATRIC TRAINING PROGRAM 2015-2016
PROGRAM IMPROVEMENT PLAN (Based on the 2015 Annual Program Evaluation (APE))

OBJECTIVE	Problem Addressed	Time Line	Potential solutions	
Improve timeliness and quality of written feedback	On the Annual resident survey we score high, one area that is not as high is feedback at the end of the rotation.	Complete ASAP 1. Faculty development 2 times by Jan 2015. Primary faculty must attend one 2. Clear expectation that RMS evals done by 1 week after rotation/interaction completion 3. Reminder at Faculty Meeting with new chair (John Duby)	-Faculty Development -Work with Edie Jackson to optimize reminders without over-doing them -Emphasis in Faculty Meetings about feedback timeliness	Barriers: Time and ability of faculty to assess and give feedback Strengths: Faculty are committed to assisting the residents' learning. Strong support from chair.
Case Conference attendance by <u>Attendings</u>	Typically program director and chair present, one or two others. Helpful to have broad variety of <u>attendings</u> present. Even if not a case in specific field. There is always something to comment about	Form Work group: Dr. Cohn, Dr. El Sheikh, chief resident and Dr. Burke. (Dr. Boreman?) -meet and arrange strategies (by February 2016) -implement strategies -keep track of improvement in attendance and document a few cycles of Improvement	-setting clear expectations for faculty -encouraging 2-3 case conference per academic year for all. -expect attendance when on staff service/GPS -include days for WP <u>attendings</u> -publicize improvement over next academic year. -Have data for each faculty use as part of review with chair	Barriers: Time and busy-ness of faculty, organization with topics Strengths: faculty support, chair support. Encourage accountability
Quality Improvement Curriculum Plan	Less than optimal experience in quality improvement in three years. May need to redefine expectations and identify tools and what experience should be and when	1. Review materials 2. Identify with program leadership how to make sure all get experience 2014-2015 3. Start fresh in 2015-2016	-Have a meeting with stakeholders (Sinha, Dritz, <u>Schulteis</u> , <u>Burke</u> , Chief residents, CC directors) to discuss feasibility of doing during CC. -Identify other "curriculum, requirements	Challenges: Hard to find time and make "automatic in program. Strengths: Have great resources (Michelle Dritz and Ranjana Sinha), have motivated residents
Communication with residents	Need way to have residents answer important messages promptly (license renewal, mandatory education modules etc)	1. Start ASAP 2. Talk with chiefs to get unanimous way to communicate (Nov 15, 2014)	-Meet with Motz and Stewart regarding ways that work best for residents. -Emphasize that it is a big deal if Coordinator cannot get in touch with you!	Challenges: Residents ignore (along with faculty) e-mails. Time Factors Strengths: Residents can learn what to pay attention to. They want to please and be seen as responsible

Program Evaluation Committee (PEC)



- **V.C.3. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored. (Core)**
- V.C.3.a) The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. (Detail)
- V.C.3.b) There must be regular meetings during the academic year of the program leadership, including select core faculty members and residents, to review program outcomes and develop, review, and follow-through on program improvement plans. (Detail)

Board Certification and Maintenance of Certification (MOC)

- Need to obtain 40 MOC Part 4 points per cycle

What Could be a Win-Win for
APPD Members?



What Could be a Win-Win for APPD Members?



Sometimes, hard to get Faculty involved in improvement process for residency program

Faculty need part 4 credit

May increase the quality of our program improvement



What's in It for Me? Maintenance of Certification as an Incentive for Faculty Supervision of Resident Quality Improvement Projects

Glenn Rosenbluth, MD, Jeffrey A. Tabas, MD, and Robert B. Baron, MD, MS

Academic Medicine 2016. 91(1):PP56-59



Offers Faculty MOC Part Four

- “Authors identified MOC as an ideal framework to both more actively engage faculty who are supervising QI Projects and provide incentives for doing so.”



Academic Medicine 2016. 91(1):PP56-59





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BECOME
CERTIFIED



MAINTAIN
CERTIFICATION



APPLY FOR
EXAM



ABP PORTFOLIO LOG IN

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Please log in below using your American Board of Pediatrics username and password in order to access your ABP Portfolio.

Username

ABurke

Password

.....

Log In

If you have forgotten your username or password, please click below and follow the instructions to initiate a username/password recovery process.

FORGOT USERNAME/PASSWORD

If you are a new user, please click below and follow the instructions to register for a new ABP Portfolio account.

NEW USER

FEEDBACK





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MOC DASHBOARD

My MOC Cycle Requirements

MOC Cycle 12/01/2014 - 12/19/2019. All activity points satisfy requirements for all certifications.

 **NOTICE** - All activities listed below are due by 12/19/2019 at 3pm EST.

My MOC Activities

Find Self-assessment Activities (Part 2)	Find Improvement in Practice Activities (Part 4)	View Bookmarked Activities
Resume Activities	Find an Attestation Form	View Completed Activities

Part 2 | **My Required Lifelong Learning and Self-assessment Points**

My Exam Requirements


To be listed as meeting MOC requirements in any area you will need to pass your exam every 10 years.

If you need to take an exam this year please apply now.

[Apply For An Exam](#)

Part 3 | General Pediatrics Exam

You must apply for and pass the General Pediatrics exam in 2022.
[View Exam Information](#)


Upcoming
Due in 2022

My Certification Info & Documents

View items such as: Notifications, Receipts, Application Confirmations and Exam Results.

[View My Archives](#)

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(Part 2)

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Practice Activities
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Find an Attestation Form

View Completed
Activities



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MOC Dashboard > [Improvement in Practice \(Part 4\) Options](#)

 Bookmarks (0)

Improvement in Practice (Part 4) Options

Below are the options to obtain Part 4 credits:

If your practice
is NCQA
PCMH/PCSP
certified

Create Your
Own QI project
(1-10 Physicians)

Create Your
Own QI Project
(> 10 Physicians)

Organizational
QI Program
Development

Find out if your
organization
sponsors Part 4
activities

If you have
published or
presented a QI
Project

Find online
Improvement in
Practice
Modules

Find Your
Attestation



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QI Projects (1–10 physicians)

MOC Part 4 points: 25
Processing Fee: \$75

This is an application for **completed** QI projects with 1–10 pediatricians claiming Part 4 credit. The target group is pediatricians who wish to address a quality gap that is important to them in their particular practice or setting. The ABP provides a guide and multiple resources to help walk you through creating your own project with appropriate measures and parameters. Posters, articles, or platform presentations reflecting a QI project may be submitted as well in the application.

Helpful Hint: [Reviewing this Checklist](#) will help you gather all the necessary information you will need to easily and quickly complete your application!

For approval, the project will need the following elements:

- What aim(s) were you and your team trying to accomplish?
- What did you measure so that you could tell that a change was an improvement? You will need at least baseline and two follow-up measurements.
- What changes did you make to try to accomplish your improvement aim?

If you are uncertain about what information is being requested for a given question, please contact us at mocampeds@abpeds.org or click [here](#) for basic explanations of relevant QI topics. For the educational QI project crosswalk, click [here](#).

A processing fee of \$75 will be required by credit card payment upon application submission.

The application review process can take up to 12 weeks. If your MOC point cycle ends this year, you must submit the online application and fee by October 15 in order for the application to be reviewed and a decision to be made in time for the end of your cycle. Submission of this application does not guarantee credit will be awarded.

Please [login](#) to the MOC Activity Manager to create and submit this application. Please note that first time users must [register](#).



My MOCAM

Significant/Recent Applications

The applications shown below are prioritized based on the following criteria:

- Due date
- Those marked as urgent by an administrator
- In progress/editable applications
- Date the application was created (most recent first)

["Improving resident opportunities for scholarly activities"](#)

Wright State University/Dayton Children's Hospital

...

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Create

American Board of Pediatrics

INDIVIDUALS

For individuals interested in applying for MOC Credit to the American Board of Pediatrics.

[+ QI Program Development](#)

[+ Small Group QI Project \(1–10\) physicians–Completed project](#)

PORTFOLIO SPONSOR GROUPS

For organizations interested in applying or approved as Pediatric Portfolio Sponsors.

[+ Portfolio Sponsor Readiness Checklist](#)

SPONSOR GROUPS: QI PROJECTS

For organizations who originate and manage specific individual activities that meet the requirements for MOC Part 4 Quality Improvement Projects.

[+ Part 4 Quality Improvement Project Application \(more than 10 physicians\)](#)

SPONSOR GROUPS: WEB-BASED ACTIVITIES

[+ Part 2 Self-assessment Application](#)

[+ Part 4 Web-based Activity Application](#)

Small Group QI Project (1–10) physicians–Completed project

Version: 2.0

Discuss this Application

Form Instructions:

Helpful Hint: [Reviewing this Checklist](#) will help you gather all the necessary information you will need to easily and quickly complete your application!

This application saves your entries as you go. A green checkmark will be displayed to verify that your data has been saved.

Please note: An application processing fee of \$75 will be required via credit/debit card payment upon submission. Allow up to 10 business days for initial review of your project's compliance with the ABP's quality improvement standards for MOC credit approval. You may receive an email request for clarifications or additional project information by the review team. Approved small group QI projects are awarded 25 MOC Part 4 points.

*Fees are subject to change.

Discuss this Page

 [PRINT THE CURRENT PAGE](#)

* Denotes a required field.

* **QI Project Title (a brief title for your project)** *e.g., Better Otitis Management at 123 Pediatrics*

* **Where do you work?**

Small Group QI Project (1–10) physicians–Completed project

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. Approved small group QI projects are awarded 25 MOC Part 4 points.

* QI Project Title (a brief title for your project) e.g., *Better Otitis Management at 123 Pediatrics*

* Where do you work?

Requirements

* The project sought to improve a known gap in quality, not acquire new knowledge.

☐ Yes

☐ No

* Applicant Name:

This is the person requesting credit.

* ABP ID:

* Email:

* Phone number:

Phone numbers should be provided in 111-111-1111 format.



* When did the project begin?

Dates should be provided in mm/dd/yyyy format.



* When was the project completed?

Dates should be provided in mm/dd/yyyy format.



Quality Improvement Project Description

1. * What problem (gap in quality) did the project address?

e.g. Influenza vaccination rates in our practice were consistently lower than the national standard, resulting in an increased

Model for Improvement

3 Key Questions for Improvement

What are we trying to accomplish?

AIM



How will we know that a change is an improvement?

MEASURES



What changes can we make
to make that will result in an
improvement?

IDEAS



Test Ideas and Changes
in Cycles for Learning &
Improvement

Aim Statements

[Overview](#) | [Aim Statements](#) | [Choosing Measures](#) | [Generate/Test Ideas](#) | [Teamwork/Tools](#) | [Resources](#)



[DOWNLOAD CONTENT AS PDF](#)

Introduction

In order to being any quality improvement project, you need to establish the scope of your activities. Often this begins by considering such questions as:

- What is the issue or concern at hand?
- Why is the status quo no longer good enough?
- Why should we change?
- What will happen if we don't change?
- What should the future look like?

As you begin to answer these questions and create the will for change (i.e. the sense of urgency that the care team must do something different), you will want to gather your team to draft an aim statement.

Aim Statement Defined

It can be helpful to think in very specific terms about the changes you want to make in your practice. You can do this with an **aim statement**. An aim statement is a written description of the accomplishments expected from the improvement effort. In other words, this statement articulates the results you hope to see because of the changes you implement.

Aim statements include:

- A general description of the purpose
- A description of the specific patient population that is the focus of the improvement efforts, and
- Some guidance for carrying out the work

This statement is based on the improvements you would like to see relevant to the performance gaps you identified through chart review or some other process of assessment of practice performance.

An Aim Statement is a Balance — not too easy, not too hard

An effective aim is not something that can be accomplished by making minor “tweaks” or adjustments to existing processes or systems of care — they need to be a stretch. Finding the balance between creating an aim statement that is neither too easy nor impossible to achieve can be challenging. This is often where senior leaders can help. They are well positioned to look at the larger systems of care and consider the impact of the improvement project.

Start Crafting with the Six Aims for all Health Care

In addition, many teams begin drafting their aim statements by considering the six aims outlined in the Institute of Medicine’s Crossing the Quality Chasm

A Really Easy Process

- MoCAM: Has seven questions
- Quality Improvement Guide
- 1-10 Physicians: \$75
- Participants need to attest to participation
- ABP numbers



A Really, Really Easy Process (No really....it is!!)

- MoCAM: Has seven questions
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Questions to Keep in Mind

1. a. Describe the quality gap or issue addressed by this QI project
b. What do you think Caused this gap?
2. Identify the specific aim of your project
3. What actions did you take to accomplish your aims?



Questions to Keep in Mind

4. Identify the specific measures evaluated in your project. (they have tools to help assist you with this!!)
5. a. Did you collect baseline data? (yes or no)
b. How many improvement cycles (follow-up measurements) were conducted? (need a minimum of two)
6. What were the results of your project?



Questions to Keep in Mind

7. Did you meet regularly with your improvement team?



Questions to Keep in Mind

7. Did you meet regularly with your improvement team?

See....really, really easy!



Attestation to Participation: “Active Role”

- Be intellectually engaged in planning and executing the project
- Implement the project’s interventions
- Review Data in keeping with the project’s measurement plan
- Collaborate actively by attending team meetings

Each participant gets 25 MOC part 4 points





