

# ABP Update for Subspecialty Program Directors

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FORUM FOR FELLOWSHIP DIRECTORS / PAS MEETING  
MAY 2017      SAN FRANCISCO, CA



# Update from the ABP

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1. Maintenance of Certification Assessment for Pediatrics (MOCA-Peds) Pilot
2. MOCA-Peds for Subspecialists
3. MOC for Trainees and Program Directors



# MOCA-Peds Pilot - 2017

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Shorter, more frequent physician assessment called  
**MOCA-Peds** (*Maintenance of Certification Assessment for Pediatrics*)

Test Questions to be delivered by computer and mobile device

- 20 multiple-choice questions quarterly based on 40 learning objectives from General Pediatrics Content Outline
- To be answered anytime during quarter at diplomate's convenience
- Immediate feedback with references, with brief explanation of correct answer to enhance learning



# MOCA-Peds Pilot - 2017

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- Questions focus on application of fundamental knowledge used in everyday practice
- Resources maybe used, excluding assistance from others, but questions must be answered in allotted five minutes

## Eligibility for Pilot:

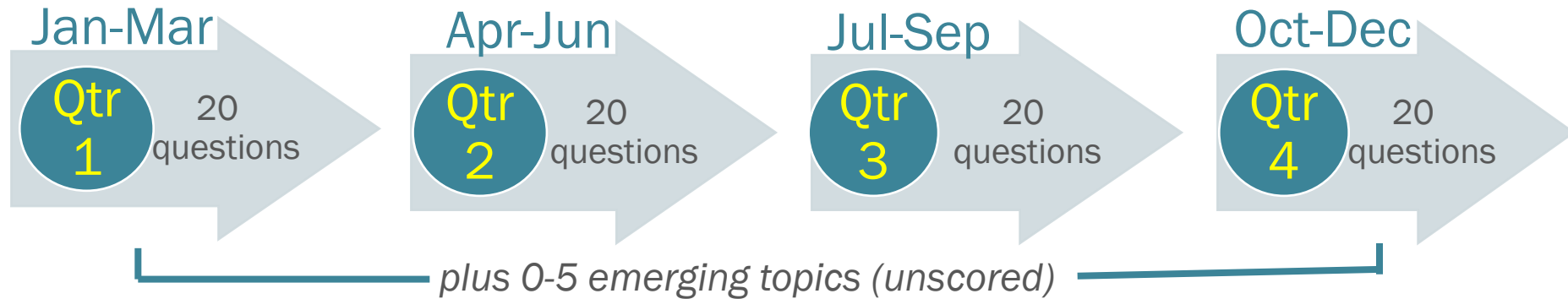
- Diplomates who have MOC Part 3 Exam in general pediatrics due in 2017
- Must be actively meeting MOC requirements

## If pilot is successful

- MOC-Peds will replace 10 year secure exam and align with diplomate's 5 year MOC cycle



# MOCA-Peds Overview



- 40 learning objectives available prior to each year
- 2 questions per learning objective per year
- Some customization (inpatient, outpatient, or combined)
- Flexibility to answer within quarter; one-at-a-time or in batches



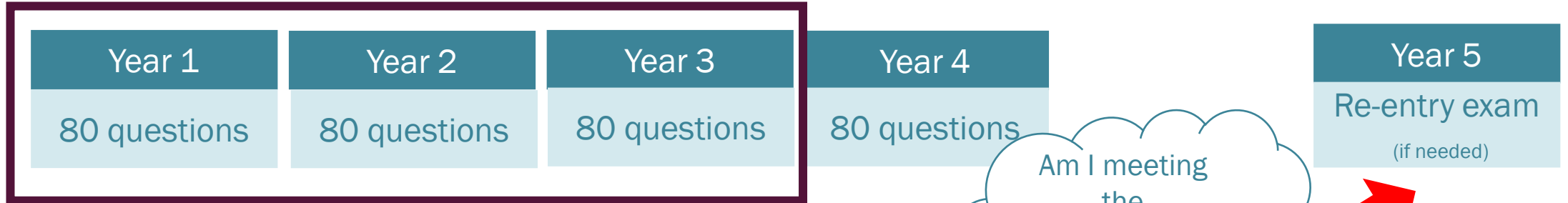
# General Rules

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- Will align with 5-year MOC cycle
- Questions only in Years 1-4 of 5-year cycle
- Drop the worst 4 quarters each 5-year cycle
- Final summative score/decision at end of Year 4
- Year 5 – remediation year so one does not lose certification



# Five-year MOC Cycle (once adopted - not pilot)



Because you can drop 4 quarters, TECHNICALLY you can drop all of year 4 and participate only Years 1-3.

**+ Part 2 credit**



You do not have to participate in MOCA-Peds until your next MOC 5-year cycle.



## Part 3 Options (once MOCA-Peds adopted)

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### MOCA-Peds

- Default with enrollment
- No additional fees
- Earn Part 2 points

### Proctored Exam

- Every 5-years at proctored site
- Additional fee to cover cost of seat fee and processing
- No Part 2 credit





# General Phase-in Plan

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Diplomates will enter MOCA-Peds at the start of the 5-year MOC cycle during which **their next exam due date falls.**



# Maintaining Multiple Certificates

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Regardless of the number of certification held, diplomates will need to answer **the same number of questions for a given discipline/area** to maintain the certification for that area.



# Pilot Status

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\*\*\* Successfully launched January 2017 \*\*\*

- 5081 enrolled
- 27% are subspecialists
- Oldest participant – age 75

## Self-categorization

Outpatient:	62.5%
Inpatient:	17.2%
Combined:	20.3%

\*\*\* *Mobile app launched on April 1* \*\*\*



# Pilot Status – Q1 Results

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5,032 out of 5,081 have logged in (99%)

4,993 completed all 20 questions (98%)

49 never logged in (less than 1%)

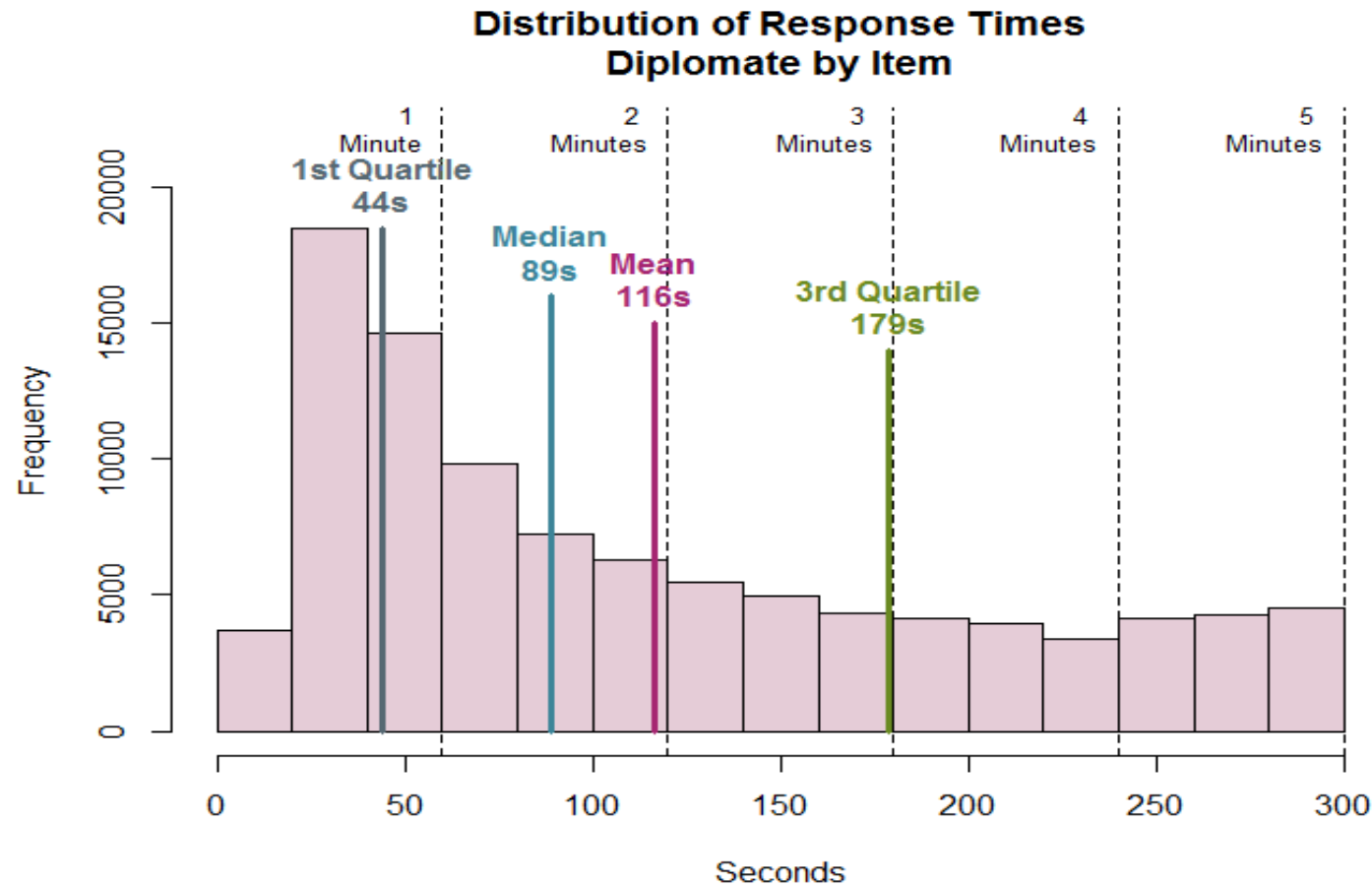
39 did not complete all 20 questions (less than 1%)

2,914 comments on questions

Average score (for those completed): ~77% correct



# Time per Question



Average time per question

1 minute, 56 seconds

~39 minutes total  
for 20 questions



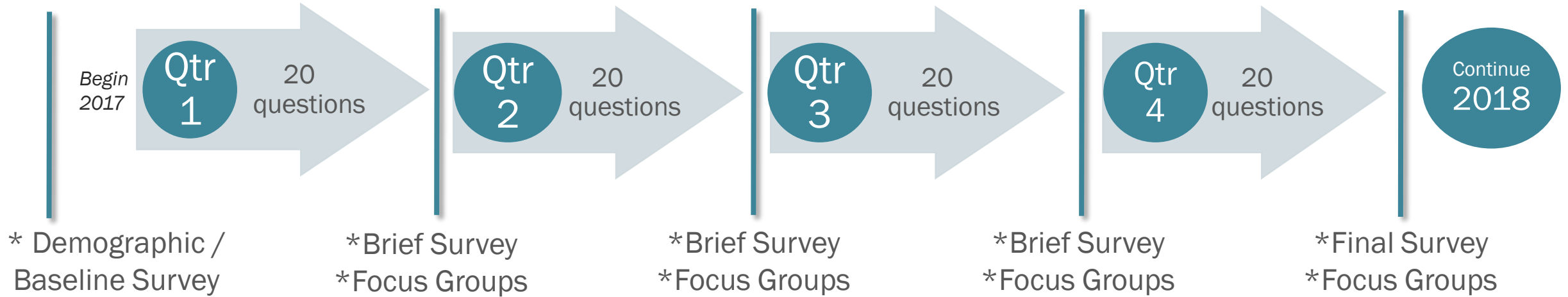
# Preliminary Data

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- Ratings (after answering each question)
  - 69% - moderately or very confident with selected answer
  - 66% - question moderately or very relevant to practice
- Performance
  - 77.6% average percent correct



# 2017 Pilot Design/Research and Evaluation

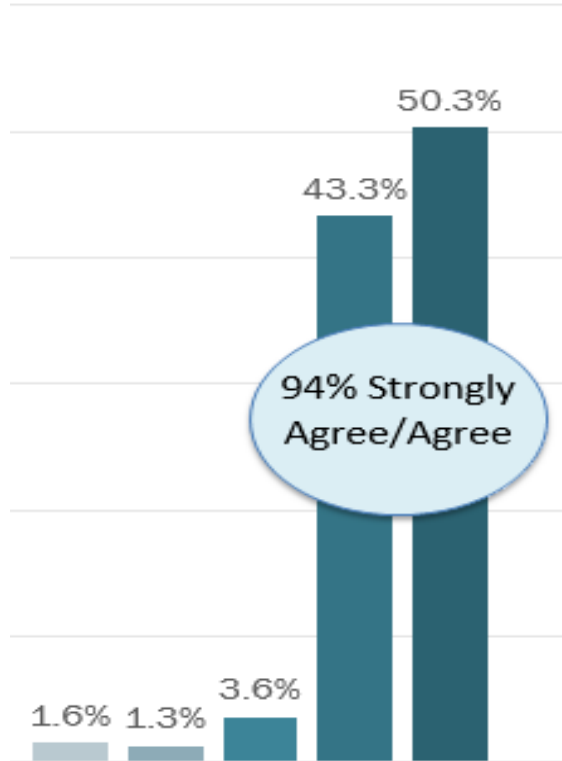


- Survey topics to vary every quarter.
- Using focus groups to ask how and why questions.



# Preliminary Survey Results (Qtr 1)

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Overall, I am  
satisfied with  
this system

Sample Size: n=1,149





# Incorporation of Guidelines

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- Beginning in 2018
- Available at beginning of year with learning objectives
- Learning objectives/questions will also cover guidelines
- Greater face validity - relevancy, currency
- Access not an issue



Cardiology

Hospital Medicine

Critical Care Medicine

Rheumatology

Neonatal-Perinatal Medicine

Hematology-Oncology

Infectious Diseases

Emergency Medicine

Pulmonology

Adolescent Medicine

Nephrology

Endocrinology

Developmental Behavioral Pediatrics

Child Abuse Pediatrics

Gastroenterology



# Subspecialty Model Current Plan

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- Hope to mirror General Pediatrics as much as possible
  - 40 learning objectives a year
  - 2 questions per learning objective
  - 80 questions
- First subspecialty model release date 2019.
- Straight to live - no pilot.
- Goal – complete rollout by 2022.



# Selection Subspecialties

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## Considerations in Selecting

- Number of diplomates rolling into MOCA-Peds
- Health of item pool
- Mix large/small subspecialty
- Maintaining General Pediatrics with sub
- Joint subboards
- Special considerations (eg, videos, niched exams)

2019  
*Child Abuse Peds*  
*Gastroenterology*  
*Infectious Diseases*



# Subspecialty User/Focus Group

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- Main User Group
  - March 5-6, 2017
  - 25 subspecialists
    - All subspecialties represented
    - Past MOCA-Peds user group members
    - Past subboard members
    - Current self-assessment writers
- Targeted Focus Groups
  - Subboard members participating in MOCA-Peds



# PAS 2017 Presentations

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Invited Science Session – Saturday, May 6 (3- 5pm)

*Development of a Continuous Assessment Model to Replace the American Board of Pediatrics' MOC Part 3 Exam*

Location: SFC-2004 (Moscone Center West)

Poster Session: QI - Ambulatory-Based Improvement Potpourri, Tuesday May 9 (7-10am)

*Using Qualitative and QI Methods to Inform the American Board of Pediatrics new MOC Part 3 Assessment Pilot*

Location: Poster & Exhibit Hall (Moscone Center West)



# More Information

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<http://www.abp.org/mocapeds>



# MOC for Residents

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- Residents will be able to **earn Part 4 MOC credit** during residency for meaningful participation in QI activities (just like a diplomate)
  - Practice Improvement Modules (PIMs)
  - Approved QI projects in institutions and organizations
- Resident MOC **credit** will be “**in the bank**” for when they become certified and enter their first MOC cycle
- Residents will be able to **access many other ABP Part 2** (self assessments and QOW) activities, but will not receive bankable credit





# MOC Credit During Fellowship

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- MOC credit depends on a fellow's certification status  
*(Have they passed the GP exam?)*
- Fellows who have not yet passed their general pediatrics examination may **earn MOC credit for ABP approved QI Projects** and apply credit to their first MOC cycle.
- Fellows already certified in general pediatrics get credit in **2 ways:**
  - 20 points of MOC credit automatically awarded per year for fellowship
  - ABP Approved QI activities earn additional MOC credit



# QI Project Applications from Small Groups (25 points)

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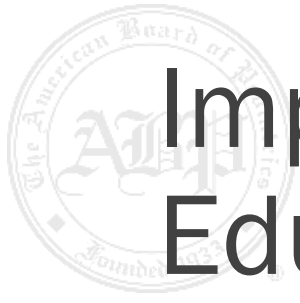
- Built for projects led by diplomates
- Up to 10 pediatricians can earn credit per project
- Simplified/streamlined QIPA application
  - 8 questions, directed to the physician project leader
- Application is for *completed* projects
  - Credit awarded immediately upon approval
- “Proposed project” pre-application also available
  - No credit, but will populate into the completed project application when finished



# MOC for Program Directors

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- Educational Research
  - ABP expanded MOC Part 4 credit to include QI projects that not only involve direct clinical care but clinical, basic and educational research
  - ABP will accept and approve projects that improve an educational intervention or improve a research process
- Program Improvement
  - ABP will approve documented QI done as part of the annual program evaluation required by the ACGME for MOC Part 4 credit
  - Application and example completed application available on-line



# Improvement in Research Processes Educational Research

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**Expanded rationale for credit:** If we improve learning and/or assessment we 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 Part 4 Credit for ACGME Program Evaluation and Improvement

## Questions to complete:

1. Describe the quality (educational) gap
2. What is the cause of the gap?
3. Identify the specific aim
4. What intervention did you make?
5. Identify the specific measures used
6. Did you collect baseline data? (Yes)
7. What were the results of the project?



### EARNING ABP MOC CREDIT FOR ACGME PROGRAM EVALUATION AND IMPROVEMENT

[HOME](#) » [NEWS](#) » [PRESS RELEASES](#) » EARNING ABP MOC CREDIT FOR ACGME PROGRAM EVALUATION AND IMPROVEMENT

Wednesday, February 3, 2016 - 13:15

#### Joint Communication from ABP and ACGME

The American Board of Pediatrics (ABP) is now offering Part 4 Maintenance of Certification (MOC) credit to program directors, faculty, residents and fellows who engage in quality improvement to address areas that were identified during the program's annual program evaluation or the self-study.

The [Accreditation Council for Graduate Medical Education](#) (ACGME) requires all programs to complete an annual program evaluation, and requires programs on continued accreditation to conduct a more comprehensive self-study every 10 years. The ACGME's [Next Accreditation System](#) (NAS) places greater emphasis on program self-evaluation with the goal of improvement, with both the annual program evaluation and the self-study intended to facilitate this improvement. The overall approach in the NAS is well aligned with ABP Part 4 MOC activities, which focus on physicians' activities to improve practice, with the goal of improving patient care.

The rationale for the expansion of MOC Part 4 activities from solely clinical practice improvement to educational practice improvement is based on a belief that improving trainee learning and assessment, will ultimately result in improved education, and, ultimately, improved care to patients served by the graduates of accredited programs. The idea for this specific activity emerged from leadership of the Association of Pediatric Program Directors (APPD) and this group has been instrumental in working with ABP on the development of a template to document a program's improvement work.

*The link to the template can be obtained below, along with instructions for completing the form and submitting it to ABP.*

[TEMPLATE](#)

In an effort to reduce burden and facilitate improvement, the ACGME will support the use of these

<b>NEWS</b>
<a href="#">PRESS RELEASES</a>
<a href="#">SUCCESS STORIES</a>
<a href="#">IN MEMORIAM</a>
<a href="#">NEWSLETTERS</a>
<a href="#">ABP BLOG</a>
<b>PRESS RELEASES</b>
DR. MOYER TO RECEIVE RICE UNIVERSITY'S 2016 DISTINGUISHED ALUMNI AWARD
DAVID K. STEVENSON, MD, 2016 ST. GEME AWARDEE
EARNING ABP MOC CREDIT FOR ACGME PROGRAM EVALUATION AND IMPROVEMENT
ABP ANNOUNCES 2016 PVM FELLOWSHIP AWARD WINNER
SEEKING PARTICIPANTS TO INFORM PLANS FOR THE MOC PART 3 GP EXAM PILOT
ABMS STATEMENT OF SHARED VALUES
INFO ON 2016 NEONATAL-PERINATAL MEDICINE, PEDIATRIC NEPHROLOGY & ADOLESCENT MEDICINE CERTIFYING