

# Achieving Improvement in Medical Practice Through Self Assessment

## ACOEM Program to Meet ABPM MOC Improvement in Medical Practice (Part 4) Requirements

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# Disclosure Statement

- I have no relevant financial disclosures

# Today's Topics

- The ABPM Maintenance of Certification Requirements
- Guidance to successfully complete the ACOEM MOC Part 4 Program
- Getting the answers you need:
  - Q and A throughout the presentation with:
    - ABPM Executive Director Christopher Ondrula, JD
    - ABPM Occupational Medicine Vice Chair Eric Wood, MD

# What is Maintenance of Certification (MOC)?

- Maintenance of Certification (MOC) = a continuous professional development process for the individual board certified physician
- Maintenance of Certification Standards were developed by the American Board of Medical Specialties (ABMS)
  - ABMS is composed of the 24 medical specialty boards, which includes ABPM
  - MOC continues to evolve within ABMS

# American Board of Preventive Medicine (ABPM)

- Preventive Medicine Specialties:
  - Occupational Medicine
  - Public Health/General Preventive Medicine
  - Aerospace Medicine
- Preventive Medicine SubSpecialties:
  - Addiction Medicine, Clinical Informatics, Undersea and Hyperbaric Medicine, and Medical Toxicology

# ABPM or ACOEM?

- American Board of Preventive Medicine (ABPM)
  - Grants physicians certificates in Preventive Medicine
- American College of Occupational and Environmental Medicine (ACOEM) = Specialty Society
  - Composed of practitioners of oem that promote the advancement of oem

# Who Completes ABPM Maintenance of Certification?

- All ABPM certified physicians with **time limited** board certificates must participate
  - Physicians who were certified starting in 1998 and beyond
  - Each certification cycle is good for 10 years
- Some ABPM certified physicians with **time unlimited** certificates may need to participate in MOC for their employer organization or state medical board
  - Time unlimited refers to those physicians who were board certified in 1997 and earlier

# The Parts of Maintenance of Certification

- Part One: Professionalism and Professional Standing
- Part Two: Lifelong Learning and Self-Assessment
- Part Three: Assessment of Knowledge, Judgment, and Skills
- Part Four: Improvement in Medical Practice



# ABPM MOC Part 1 = Professionalism and Professional Standing

- Evidence of professional standing = current, valid unrestricted licensure
  
  
  
  
  
  
  
  
  
  
- ACOEM has nothing to do with ABPM MOC Part 1

# ABPM MOC Part 2 = Lifelong Learning and Self- Assessment (LLSA)

- Requires completion of a total of 250 hours of Continuing Medical Education (CME) over the 10-year span of certification
- The total CME hours has two separate parts:
  1. 100 hours of ABPM-approved LLSA credits
  2. An additional 150 hours of any Category 1 ACCME approved CME
- ACOEM provides ABPM-approved LLSA credits. See AOHC information for details on obtaining MOC credit for this conference.

# ABPM MOC Part 3 = Assessment of Knowledge, Judgement, and Skill

- Evidence of cognitive expertise = written examination
  
  
  
  
  
  
  
  
  
  
- ACOEM has nothing to do with MOC Part 3

# ABPM MOC Part 4 = Improvement in Medical Practice (IMP)

- Evidence of practice performance assessment and improvement
- Two projects in IMP are to be completed for ABPM, one in each 5 years of the 10 year certificate
- The ACOEM program for completion of ABPM MOC Part 4 is the focus of our discussion today

# ABPM MOC Part 4 Requirements

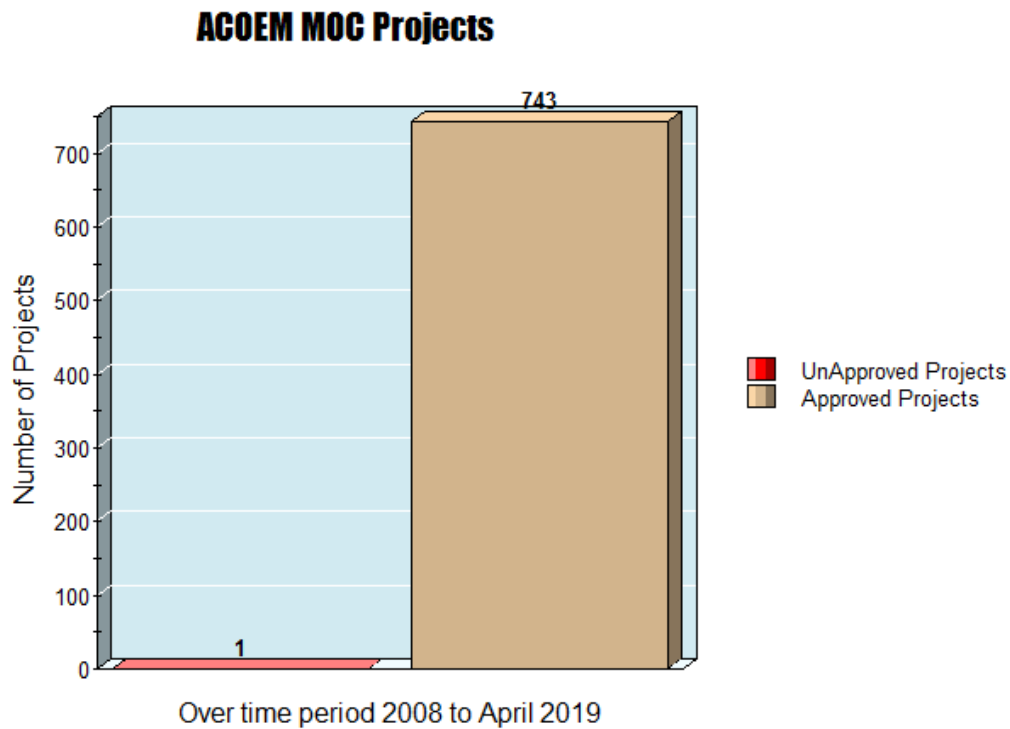
- ABPM MOC Part 4 requires that a certified physician
  - completes a review of their practice performance
  - identifies an area where improvement is indicated
  - puts into place a strategy for continuous improvement

# ACOEM Role in ABPM MOC

## Part 4

- An ABPM request to ACOEM to develop a tool for physicians to complete their MOC Part 4 requirements
- The ACOEM MOC program has been available to physicians since 2008
- Who can use the ACOEM MOC Part 4 program?
  - Anyone board certified by ABPM in any of the specialties or subspecialties

# Approved MOC Projects: 743+ Completed Successfully!



## Important CHANGES TO Requirements for MOC Part 4

New! Better! Best!

- **OLD REQUIREMENTS**
  - Only Direct Patient Care **OR** Teaching, Research or Administration/ Management could be used as the topic area
  - The **direct patient care** assessment had to be used if direct patient care constituted 10% of your work effort
  
- ▶ **NEW FLEXIBILITY!**
  - ▶ YOU select the area of your practice for your project
  - ▶ You can use a previously completed organizational QI project



# What if I have the old ACOEM module? What if I started my work in it?

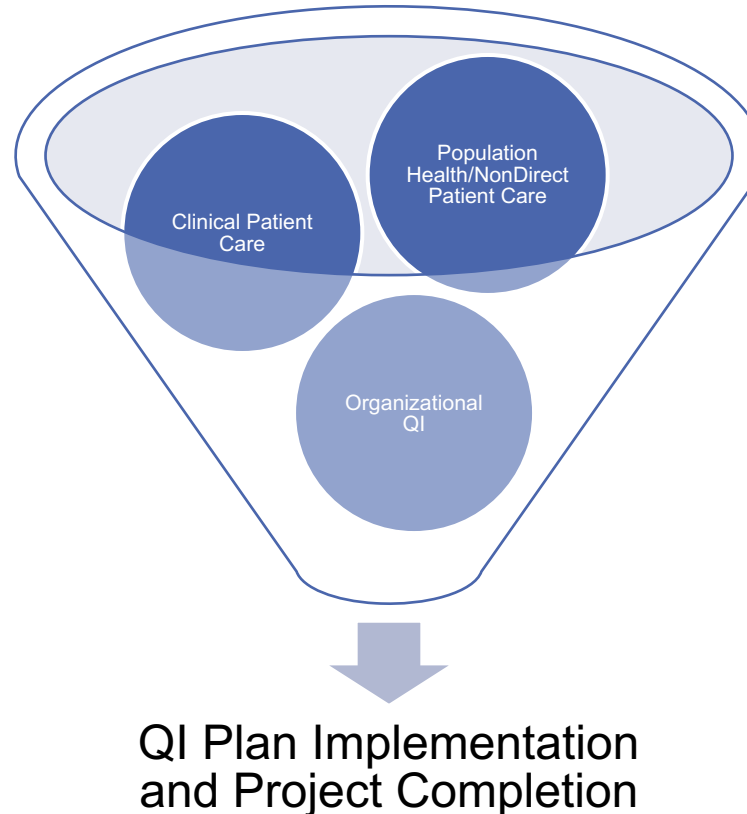
- ACOEM will provide you with the updated module version!
- You can use the old module!
  - Reviewers will use the new flexibility

# ACOEM MOC Part Four Program

“I’ve downloaded the module: Now  
what?”

# Remaining Discussions

- First Discussion: How to select the target for improvement through practice assessment
  - Will go through all 3 choices
- Second Discussion: How to put into place and finish an improvement plan
- Third Discussion: Applying the ABMS Competencies
- Fourth Discussion: Wrap up



# Basic steps for completion of the MOC Part 4 project

- **Identify** an area for improvement
- **Assess** your practice as it relates to that area
- **Design and then implement** a quality improvement plan that allows you to implement solutions
- **Complete** a second practice assessment
- **Apply** the ABMS core competencies to your project

# First Discussion: Selecting Your Target for Improvement



# Select a Target Area for Practice Improvement

- Three Choices:
  1. Direct Clinical Patient Care
  2. Population Health or Non-Direct Patient Care Activities
  3. Previously Completed Organizational Quality Improvement Project

# Contemplate These Questions in Making Your Selection\*

- ▶ *What would result in meaningful improvement in my medical practice?*
- ▶ *How can I provide better patient care, administration, consultation, or population health management?*
- ▶ *How can I best address the important priorities in the programs I manage or consult on, the teaching I do, the research I complete, or programs that I oversee?*

Use your OWN conclusions in answering on what part of your practice to evaluate for your practice performance assessment.

**There is no right answer, just aim for a significant project.**

\*This is all in the module....

# Choice # One: Direct Clinical Patient Care





# Direct Clinical Patient Care

- Essentially a medical record review
- Do this section if you want to improve in your clinical patient care through reviewing your documentation!

# Direct Clinical Patient Care Assessment

Select one categories in which to complete the medical record assessment:

1. **Musculoskeletal Disorders**
2. **Work Ability**
  - includes RTW, pre-placement, IME
3. **Environmental Health/Toxicology**
  - includes chemical exposure, IAQ evaluation, air pollution
4. **Clinical Preventive Medicine**
  - Includes tobacco use, vaccine use, seat belt use

# Direct Patient Care Assessment Method

- Review 10 patient charts in the selected category
- Compare your own documentation to a **template** of core items
- The patient chart review templates are divided into items labeled “essential” and “recommended” documentation
  - Example: date of injury is considered essential for musculoskeletal disorders
- Identify if each area of medical record documentation is present, absent, or not applicable in your own chart

# Direct Clinical Patient Care Assessment

- Example excerpt from the musculoskeletal patient chart review template:

Please identify if documentation pertaining to numbers 1-17 below are present in your medical chart entries using the appropriate column.	Number of charts where requested documentation is present (P)	Number of charts where requested documentation is absent (A)	Number of charts where documentation is not applicable (N/A)**	RESULTS: Percent of charts with appropriate documentation P/(P+A)
I. REASON FOR ASSESSMENT: HPI				
ESSENTIAL:				
1. Date of injury (or disease onset)	10	0		100%
2. Mechanism of injury (or symptom onset)	9	0	1	100%
RECOMMENDED:				
3. Treatment prior to arrival	7	3		70%

*Medical record chart reviews work for  
assessing medical practice in direct  
CLINICAL patient care....*

*But how do I assess my practice if I  
don't do direct clinical patient care  
or don't choose to assess it?*



# Choice # Two: Population Health and Non-Direct Patient Care Activities (PH/NDPC)

# Population Health and Non-Direct Patient Care Activities Include...

- Public Health
- Employee Health
- Promotion and Wellness Programs
- Teaching
- Research
- Management/Administration
- Corporate or Legal Consultation

# PH/NDPC Assessment Method: Compile Data and Self-Assess

- Assemble your **CV** AND at least two of the following:
  - The most recent annual work place evaluation
  - A completed letter of opinion from a supervisor (a form letter is provided)
  - Feedback from one grant submission
  - Feedback from one publication submission
  - Feedback from one provided educational session
  - A letter of opinion from a customer, learner, or someone under your supervision (a form letter is provided) or previously obtained feedback from such a source



# PH/NDPC Assessment Method

- Review the compiled data and identify an area where improvement could occur
- At this point, **Two Options** are possible in selecting the area for improvement
  - Option A: When an area to target for improvement is readily identified from the information that was just reviewed
  - Option B: When a self improvement target area is **not** readily identified by the review that was just completed

# PH/NDPC Option A

- Create a plan to improve in that readily identified area

## Examples:

- Grant feedback reveals improvement in writing grant objectives would help your career
- Student evaluations indicate your presentations could be more robust
- From your annual performance evaluation, it is obvious that knowing how to create a budget would be useful

# PH/NDPC Option B

- Select a skill which is associated with the ACOEM OEM Competencies in which improvement would help your practice
- Example: From the “Hazard Recognition, Evaluation, and Control” competency is the skill: “Communicate concerns related to health hazards to appropriate employer health and safety professionals; participate in mitigation efforts”
- The possibilities are almost endless.....



Choice # Three: Previously Completed Organizational Quality Improvement Project

# Previously Completed Organizational QI Project

ABPM Requires That You Must Have:

- Completed the activity during your current 10 year certification cycle
- Completed the activity using a standard quality improvement process
  1. Evaluated your practice or organization
  2. Designed and implemented interventions based on the initial evaluation
  3. Repeated the evaluation

# Previously Completed Organizational QI Project

Step One: You provide information that identifies:

- Adherence to a recognized Quality Improvement tool (e.g. PDSA)
- Your meaningful participation in the evaluation, design, and implementation of the QI program
- An identified performance indicator and identification of an area for improvement
- The implementation of an improvement action plan
- Demonstrated relevance to your practice or organization as a preventive medicine specialist

# Previously Completed Organizational QI Project

- ▶ Second Step: Identify one ACOEM OEM Competency in which you improved by participation in the Organizational QI Project

# Second Discussion: Implementing the QI Plan

NOTE: Previously Completed Organizational QI Projects  
Do NOT Require Completion of a new QI Process.



# Next Step after the Practice Assessment....

- **Initiate a quality improvement process**
  - Actually, with the identification of the target, the QI process has started
- Any recognized Quality Improvement tool can be utilized
  - Information on Plan-Do-Study-Act is provided

# Develop a Plan of Action for Practice Improvement

- Simplified in the ACOEM module to a check off list of potential action items
- Excerpt of choices from the action item checklist:
  - *Institute a new form or database*
  - *Specify a helpful job duty for support staff personnel*
  - *Review evidence based guidelines*
  - *Other (an opportunity to add your own action items)*
- **TWO** action items are required in order to get credit

# Implement The Practice Improvement Plan

- Put into place your plan of action
- Complete a second self-assessment to determine the effectiveness of the quality improvement plan **at least 4 months** after implementation
  - Completed by repeating the components of the initial review
- Determine if improvement in your practice was demonstrated

# Third Discussion: Applying the ABMS Core Competencies

NOTE: Those who selected the Previously Completed Organizational QI Project are to complete this section as well.

# Final Step: Applying the ABMS Core Competencies

- Final step for all: Identify how one's practice was improved in at least two of the six core ABMS competencies through completion of this MOC Part 4 program
  1. Medical Knowledge
  2. Patient Care
  3. Systems-Based Practice
  4. Interpersonal Communication Skills
  5. Professionalism
  6. Practice-Based Learning and Improvement



## Fourth Discussion: Wrap Up

You Finished the Module!

# ACOEM Committee Review and Approval Process

- ACOEM will need to verify that the self improvement process was completed
  - MOC Committee members are the reviewers
- Allow **at least 2 months** for review

# Verification to ABPM

- ▶ ACOEM notifies ABPM that the physician successfully completed MOC Part 4
- ▶ No action is required by you





# Frequent answers given...

- Yes, you will find an area in which you could improve
- The assessment is to look at the way **you** as an individual physician practice and where **you** could improve---so demonstrate your active participation in improvement activities
- The ABMS Core Competency questions are directed at the project you just completed and not a different topic area
- If you move to a new job after completing your initial review, it is appropriate to use the information from your new job to do the second assessment

# Is your practice too unique to fit into any category?

- ▶ The ACOEM MOC Committee will work with you to ensure that you can complete an individualized self appraisal plan

Feedback is important so  
the program can be  
improved!

- ▶ Please complete the post-approval  
project evaluation survey!

# ACOEM MOC Committee

Current Members of the MOC Committee:

Denece Kesler (Chair), Beth Baker, Ron Stout, Phil Harber, Karl Auerbach, David Louis, Akbar Sharip, Tim Key, Barb Gibson, Jim Tacci, Kurt Hegmann, Eric Wood, John Meyer, Mike Bledsoe, Tim Mallon, Ed McVay, Tanisha Taylor, Natalie Hartenbaum, Juan Carlos Diaz, and Tifani Gleeson.

- i.e. Your Peers. Volunteers.

We are here  
to help!

Thank you!

