Achieving Improvement in Medical Practice: The ACOEM Program for ABPM MOC Part 4

Your ACOEM at Work
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Disclosure Statement

Dr. Kesler has nothing to disclose.

Today’s Topics

- ABPM Maintenance of Certification Overview
- ACOEM MOC Part 4 Program

Definitions

- American Board of Medical Specialties (ABMS)
  - ABMS is composed of the 24 medical specialty boards and oversees the certification of physicians.
- American Board of Preventive Medicine (ABPM)
  - The ABMS Member Board that oversees physicians in the specialty of Preventive Medicine.
  - Diplomate: An individual physician certified by the specialty board.
- Specialty Societies
  - Organizations that are composed of practitioners of that specialty (ACOEM, ACPM, AsMA)

ABMS Maintenance of Certification

- Maintenance of Certification
  - Standards developed by ABMS
  - Maintenance of Certification = a continuous professional development process for the individual board certified physician
- All ABMS Member Boards were responsible for instituting a means of evaluating their own diplomates.
- The process continues to evolve within ABMS.
  - MOC Standards have been revised for 2015.

American Board of Preventive Medicine (ABPM)

- Mission:
  - To grant physicians certificates in the specialty areas of Preventive Medicine.
  - To advance the study and cause of Preventive Medicine.
- Specialty areas:
  - Occupational Medicine
  - Public Health/General Preventive Medicine
  - Aerospace Medicine
The American Board of Preventive Medicine (ABPM) MOC plan is ABMS approved.
All with time limited board certifications must participate.
These started in 1998 and are good for 10 years.
Remember: Board certifications expire January 31 of the year of expiration.
Those with time unlimited certification may need to participate in MOC for their organization or state license.
Those who were board certified in 1997 and earlier.

American Board of Preventive Medicine

Maintenance of Certification Parts

Part One: Evidence of Professional Standing (Professionalism and Professional Standing)
Part Two: Evidence of Lifelong Learning and Self-Assessment (Lifelong Learning and Self-Assessment)
Part Three: Evidence of Cognitive Expertise (Assessment of Knowledge, Judgment, and Skills)
Part Four: Evidence of Satisfactory Performance in Practice (Improvement in Medical Practice)

MOC 2014

Today’s discussion: MOC as it currently stands in 2014
Disclaimer: The ABPM MOC Program starting in 2015 may have changes within the Four Parts due to the ABMS MOC Standards; however, it is anticipated that there will be little to no changes that would impact the content of the ACOEM MOC Part 4 program.

MOC Part 1:
Evidence of professional standing = current, valid unrestricted licensure

*ACOEM has nothing to do with MOC Part 1.

MOC Part 2:
Evidence of lifelong learning and self-assessment (LLSA)
TWO separate but related components to PART 2:
• Completion of 100 hours of ABPM-approved LLSA/MOC credits over the 10 year cycle
• Available in multiple venues: see www.theabpm.org for listings
• Notice: Additional action steps above that for the CME credit is required. See AOHC information for more details.
• An additional 150 hours of other Category 1 ACCME approved CME is to be completed over the 10 year MOC cycle.

ABPM MOC Part 2

ABPM MOC Part 3:
Evidence of cognitive expertise = written examination

*ACOEM has nothing to do with MOC Part 3 except providing ABPM with space to administer the examination during the ACOEM conferences.
MOC Part 4 Defined

- Part 4 requires that a diplomate (You!):
  - completes a review of their practice performance
  - identifies areas where improvement is indicated
  - puts into place a strategy for continuous improvement.

ABPM MOC Part 4 Defined

- MOC Part 4:
  - Evidence of satisfactory performance in practice = practice performance assessment and improvement or Improvement in Medical Practice

- The ACOEM program for completion of Part 4 is the focus of our discussion today.

MOC Part 4 ABPM Requirements

- The diplomat will indicate the division of their practice into the following areas:
  1. Patient Care OR
  2. Teaching, Research OR Administration/Management.

- The diplomat will need to complete a performance assessment in at least one of the areas and must complete the patient care program if it constitutes more than 10% of their work effort.

ACOEM History

- The ABPM asked ACOEM to develop a tool for diplomates to complete MOC Part 4.
- The ACOEM MOC program has been available to diplomates since 2008.
- So far successfully completed by approximately 300 diplomates.
  - Positive feedback is the norm.
ACOEM MOC Committee Process

- Initial Steps: Reviewed what other board specialty organizations were doing.
- Issue: huge variety of practice types in occupational medicine
- Decided to require only one cycle of “assessment – improvement – assessment”, with the understanding that the diplomate will continue to work on continuous improvement independently.

Goals of the ACOEM MOC Part 4 Program:

- To be:
  - Simple and practical.
  - Effective in resulting in practice improvement
  - Not too burdensome to the diplomate, ACOEM, or ABPM.

ACOEM MOC Part 4: Patient Care

The Method for Assessment of Your Medical Practice in Patient Care Activities

ACOEM MOC Part 4 Patient Care Assessment

The diplomats may choose to complete their practice assessment in one of the following categories:

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

MOC Part 4 Patient Care Assessment Method

- The diplomat reviews 10 patient charts pertinent to the practice category they selected.
- The diplomat compares their documentation to a template of core items that are deemed important for that practice category.
Example: Musculoskeletal Chart Review excerpt:

**REASON FOR ASSESSMENT: HPI**

**ESSENTIAL Documentation:**
- Date of injury (or disease onset)
- Mechanism of injury (or symptom onset)

**RECOMMENDED Documentation:**
- Treatment prior to arrival
- Diplomate identifies if the medical record documentation is present, absent, or not applicable.

**ACOEM MOC Part 4: Teaching, Research, and Administration/Management**

The Method for Assessment of Your Medical Practice for Those Who Perform Primarily Non-Patient Care Activities

**Teaching, Research, and Administration Assessment Method**

- The diplomates will first verify that they do not spend greater than 10% of their time in patient care. If they do then they must complete the patient care self-assessment.

- The diplomat will compile the following documentation components:
  - An up-to-date Curriculum Vitae AND
  - At least one of the following:
    - The most recent annual evaluation.
    - A completed letter of opinion from a supervisor (a form letter will be 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 his or her supervision (a form letter is provided) or previously obtained feedback from such a source.

- The diplomat will review these items to complete a self-assessment of his or her work and identify an area where improvement could occur.
- Two Options are possible in selecting the area that one will target for improvement.
Teaching, Research, and Administration Assessment Options

- Option A: When an area to target for improvement is readily identified from the information that you just reviewed.
- Option B: When a self improvement target area is not readily identified by the review that you just completed.

Teaching, Research, and Administration Assessment Option B

When Option B is selected, the diplomate is to select skills which are associated with the ACOEM OEM Competencies that they would like to target for improvement.

- The ACOEM OEM Competencies are available online.
- An example: From the “Hazard Recognition, Evaluation, and Control” competency is the skill: “Evaluate and interpret the results of industrial hygiene surveys.”

Next Step for all after the Practice Assessment….

- Once an area of potential improvement is identified (whether by patient care chart review or the non-patient care review), a quality improvement plan is initiated by the diplomate (You again!)

MOC Part 4 Continuous Quality Improvement Plan

- Using the self assessment information (obtained from either the patient chart review or the non-patient care records reviewed), the diplomate develops a continuous quality improvement plan.
- Any recognized CQI plan can be utilized.
- Information on Plan-Do-Study-Act is available for the diplomate’s convenience

Your Plan of Action for Practice Improvement

- The diplomate puts into place a plan of action.
- Simplified in the ACOEM program to a check off list of potential action items.
- Examples of choices from the action item checklist in the ACOEM Module:
  - institute quality improvement forms/database in my practice
  - specify a helpful job duty for support staff personnel
  - Other (an opportunity to add your own action items)

Implementing Your Practice Improvement Plan

- At this point, the diplomate puts into place the selected quality improvement plan of action and continues to practice medicine.
- The diplomate completes 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.
- Improvement in your practice should be demonstrated.
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.
- These are the same core competencies that ACGME outlines in residency program accreditation.

ABMS Core Competencies

- ABMS Six Core Competencies:
  - Medical Knowledge
  - Patient Care
  - Systems-Based Practice
  - Interpersonal Communication Skills
  - Professionalism
  - Practice-Based Learning and Improvement

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.

Frequent answers given...

- The assessment is to look at the way you as an individual physician practice and where you could improve—so doing a QI project for your organization to improve isn’t appropriate.
- Yes, you will find an area in which you could improve.
- The ABMS Core Competency questions are directed at the project you just completed and not a different topic area.

Verification Time Needed

- ACOEM will need to verify that the self improvement process was completed.
- Your completed program module is reviewed by MOC Committee members.
- Allow at least 2 months for review prior to board certification expiration.
- Remember: Every one else is procrastinating until November to send in their completed program, so please try to send in before the last moment. Our Committee members are volunteers so the increased workload at the end of the year is rough!

Verification

- ACOEM notifies ABPM that the diplomate successfully completed Part 4.
- No action is required by you.
Future direction of the ACOEM MOC Part 4 Program

- Feedback collected from diplomates.
- Continuous evaluation and improvement is completed.
- Minor changes may occur in 2015 if needed for the ABMS MOC Standards change.
- This would come from ABPM, not ACOEM.

We are here to help!

Thank you.