MOC Part 4 and Practice-based Research: Adding Value in a Competitive Climate

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**OBJECTIVE**

We evaluated the process of adding a quality improvement (QI) curriculum meeting standards for American Board of Pediatrics Maintenance of Certification (MOC) Part 4 Credit to a practice-based research protocol from the American Academy of Pediatrics (AAP) Pediatric Research in Office Settings (PROS) network.

**BACKGROUND**

Competing priorities in pediatric practice have created challenges for primary care practice-based research studies. A number of factors, including daily practice concerns, implementation of electronic medical record (EMR) systems, administration requirements, and participation in activities for Board certification have placed significant restrictions on pediatricians’ time, leaving limited opportunities to take on “extra” tasks, such as research studies.

This study has created a challenge for investigators recruiting for practice-based research studies. One strategy to incentivize pediatricians is to include QI curriculum meeting the standards for American Board of Pediatrics MOC Part 4 Credit when designing practice-based research studies.

**METHODS**

**Recruitment: Pre-MOC Part 4 Credit**

Researchers from the PROS network began recruiting pediatric practices to the study in 2011, using multiple outreach methods:

- Practices that were members of the PROS network were recruited via a combination of fax, email, and direct contact from PROS.
- To expand the pool of eligible practices, researchers also recruited outside the PROS network, reaching physicians through a combination of networking, direct-email outreach, and in-person recruitment at national AAP meetings.

After one year of study recruitment, enrollment goals were not being met. Although many pediatricians expressed initial interest in the study, there were consistent difficulties in completing enrollment in many practices. A review of field notes from study recruitment revealed that many pediatricians who declined enrollment stated that they prioritized participation in MOC Part 4 Projects over research studies.

**Addition of QI Curriculum**

To address this issue, investigators created a QI curriculum designed to work in tandem with the existing study protocol:

- The QI curriculum aims to improve clinician ability to systematically screen patients for delivery of preventive services.
- Once the course of a QI Project is completed, clinicians design and modify a systematic method of screening patients for an intervention and incorporate this intervention into routine patient flow.
- Additional QI measures were added to study protocol for this curriculum.

The curriculum was reviewed by the AAP Quality Cabinet and approved for 25 points of MOC Part 4 Credit by the American Board of Pediatrics in April 2013.

**Recruitment: Post-MOC Part 4 Credit**

Study recruitment continued for 6 months after MOC Part 4 Credit was added as an enrollment incentive. Recruitments were updated to reflect this added benefit, and staff continued to recruit pediatricians via the methods described above.

We compared the relative success of outreach efforts to recruit pediatricians, before and after the addition of MOC Part 4 Credit. We also compared the cohorts enrolled before and after addition of MOC Part 4 Credit, to assess any impact on the type of practices or clinicians that joined the study.

**Tracking Study Progress**

In July 2014, one year after the implementation of the QI curriculum, we evaluated the study progress of all practices who were actively participating in the study during the implementation of the QI curriculum. Of the 35 total practices, 10 were excluded from analysis because they had completed the study prior to MOC Part 4 being added.

We categorized practices as “MOC” (meaning at least one clinician in the practice was seeking MOC Part 4 Credit) or “non-MOC” (no one in the practice seeking MOC Credit).

Practice progress was defined as “Completed” (all study protocol was completed), “In Progress” (practice was actively completing study tasks), or “Stalled” (practice had not completed any study tasks in at least 3 weeks.)

**RESULTS**

**Comparison of Clinician Enrollment, Pre- and Post-MOC**

9,534 clinicians were contacted before MOC Part 4 was added as an incentive. 152 (1.6%) enrolled: an average of 6.9 per month. 86% of enrolled clinicians were pediatricians.

8,511 clinicians were contacted after MOC Part 4 was added as an incentive. 200 (2.4%) enrolled: an average of 13.5 per month (p=0.50, p=0.01); 87% of enrolled clinicians were pediatricians.

**Comparison of Demographics, Pre- and Post-MOC**

We evaluated the process of adding a quality improvement (QI) curriculum meeting standards for American Board of Pediatrics Maintenance of Certification (MOC) Part 4 Credit to a practice-based research protocol from the American Academy of Pediatrics (AAP) Pediatric Research in Office Settings (PROS) network.

**LIMITATIONS**

We did not systematically assess all clinicians’ reasons for enrollment/non-enrollment, and recruitment field notes varied in whether there was adequate detail for analysis.

The MOC comparison was not planned as an empirical test, and thus may have created biases that did not adequately correct for.

The addition of a QI project meeting American Board of Pediatrics standards for MOC Part 4 Credit increased the value of this research study for pediatrics in two ways:

1. Training in a clinically valuable skill
2. Opportunity to earn credit hours toward Board certification

**CONCLUSIONS**

**MOC Adds Value to Practice-based Research Involvement**

Today’s primary care pediatricians have limited time and resources to participate in activities such as research studies. In order to successfully recruit in this environment, investigators should design studies that provide extra value to participants.

Pharmacists working in federally-designated MUs are also more likely to serve low-SES, rural, and minority populations, groups that are traditionally underrepresented in research. Thus, the addition of MOC Part 4 Credit may increase the overall representativeness of research results.

**Impact of MOC Part 4 on Recruitment**

Adding MOC Part 4 to a practice enrolled an additional 12.8% of practices (p<0.01) as compared to the pre-MOC phase. Recruitment increased from 6.9 per month pre-MOC to 33.1 per month post-MOC: an increase of 382%.

**Impact of MOC Part 4 on Practice Demographics**

Clinicians who enrolled in the study post-MOC were significantly more likely to practice in federally-designated MUs. Although individual physicians’ motivations for joining the study were not assessed, it is possible that these clinicians are particularly affected by time/resource constraints, and thus the offer of MOC Part 4 Credit was especially valuable.

**Impact of MOC Part 4 on Study Implementation**

Practices that had physicians seeking MOC Part 4 Credit for their study participation showed a significantly lower rate of stalls compared to practices with no physicians who were seeking MOC Part 4 Credit (23% vs. 72%, respectively).

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