310 Carolinas Healthcare System Physicians were awarded MOC Part IV credit in 2015

Below is the outline of typical projects: The MOC projects are at least 3 months long and have a minimum of two documented (PDSA) cycles to implement small tests of change in their practices. Providers work with the QI trained MOC program facilitators to identify an area of opportunity and develop Plan, Do, Study, Act (PDSA) cycles to implement small tests of change in their practices.

Prevention—Colorectal Cancer

AIM: To increase colorectal cancer screening rates in patients age 50–75 years to 67.4% or greater.

Barriers Identified include the time it takes for the staff in 15 minute visits, to appropriately test the pediatric asthma patient’s. Although very important, it can be a time consuming process to correctly obtain a spirometry at point of care. Using a standardized pre-visit planning process assisted the clinical team with this barrier.

Lessons Learned

The use of the reports and the Health Maintenance Module, which is built into the EMR, are great ways for the staff and providers to identify what care gaps are present for patients. Being able to identify these care gaps prior to the visit by utilizing the reports, has proven to be successful in overall patient outcomes.

2015 MOC Projects

• 310 Carolinas Healthcare System Physicians were awarded MOC Part IV credit in 2015
• Physicians participated in meaningful Quality Improvement projects aligned with CHS system quality objectives. A sample of the projects are listed below.

Asthma

• AIM: To increase the utilization of spirometry from baseline to 19.5% or greater in the CHSMG pediatric asthma population (ages 5–18 years).

Diabetes

• AIM: To increase the % of diabetic patients with an A1C < 8.0% to 71.6% or greater of CHSMG diabetic population ages 18–75 years.

• AIM: To increase the % of diabetic patients with an LDL < 100 to 74.4% or greater of CHSMG diabetic population ages 18–75 years.

Prevention—Cervical Cancer

• AIM: To increase cervical cancer screening rates in the female population ages 21–69 years to 78.1% or greater.

Prevention—Colorectal Cancer

• AIM: To increase colorectal cancer screening rates in patients age 50–75 years to 67.4% or greater.