MOC Part-IV as a Driver to Engage ACO Physician Participation in Improving MSSP Measure Sets in Cancer Screening

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**Background**

MOC Part IV was integrated into an overall ACO initiative to more effectively engage physicians in Quality Improvement

- South East Regional Physician Alliance Network (SERPA) ACO comprises 14 independent practices across southeast Nebraska
- ACO leadership identified gaps in colon and breast cancer screening
- To engage physician in the improvement effort, MOC Part IV was added as an additional benefit for doing quality improvement work. Practice benefits include:
  1. Systematic Quality Improvement for Healthier Patients
  2. Help Us Succeed as PCMHs/ACOs
  3. CME Credit and CE Hours for all team members – NEW 2015
  4. ABFM/ABIM Part IV Maintenance of Certification – NEW 2015
- As a result, an interprofessional group of 108 health care professionals engaged in the QI effort.

**Current State**

National measures, NQF 0034, Colorectal Cancer Screening (ECS) and NQF 2372, Breast Cancer Screening (BCS) were used for alignment with the ACO’s reporting. Baseline performance rate for both measures were below the target screening rate of 70% for MSSP ACOs.

**Aims**

Each clinic reviewed their baseline performance rate at the beginning of the project and entered it into the following specific aim templates:

1. We will increase the percentage of patients aged 50-75 who have recommended colorectal cancer screening from _______ to 70% by 12/31/2015 (NQF 0034)
2. We will increase the percentage of patients aged 50-74 who have recommended breast cancer screening from _______ to 70% by 12/31/2015 (NQF 2372)

**Methodology**

Team leaders at each practice facilitate team engagement through IPMA’s on-line module.

**Interventions**

Over 20 localized test of changes were carried out by the fourteen clinics. The top five interventions (as identified on the PDSA worksheets) fell into the following categories:

- implement pre-visit planning/daily huddles
- screen at all visits
- standardize process for following up with lab results
- standardized documentation in the EHR
- clean and run exception reports

**Results**

Cancer screening rates improved during the MOC Part IV QI activity, clinics have continued to sustain the gains and variation in performance rates among clinics is narrowing.

**Results Cont.**

LEARNER QUALITATIVE RESPONSES – also reflected the perceived value of how having a clear understanding of process can foster teamwork and communication.

LEARNER SATISFACTION with the MOC PROCESS – at the end of the activity learners responded they plan on enrolling in another activity.

**Lessons Learned**

- MOC Part IV can be successfully integrated into an overall ACO initiative to engage physicians in quality improvement initiatives.
- Enrolling learners in the QI education as one cohort helped track team progress and identify issues early in the process.
- MOC provided the practices with a framework for improvement
- Communication to participants from ACO leadership was a vital component to the overall success.