Utilizing Lean Tools to Facilitate Faculty and Administrative Support for MOC

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ABSTRACT
In today's highly competitive environment of medical education and health services delivery, making a case for why leaders at an institution should support a given project is an increasingly critical priority. In securing funding support and beginning the process of stakeholder development for a structured approach to addressing Quality Improvement (QI) and Patient Safety (PS) initiatives, institutions must be prepared to make a strong case that the return on investment (ROI) for providing such resources will be worth the effort.

BACKGROUND
The University of Arkansas for Medical Sciences is the state's only academic health sciences university. It is the state's largest public employer with more than 10,000 employees and over 3,000 students. More than 600 faculty physicians have privileges at the hospital, and the importance of strategically aligning academic and clinical credentialing requirements for physicians is a priority across the institution.

RESULTS
To determine whether becoming part of the ABMS MOC Portfolio Program was right for UAMS, an analysis of the multiple institutional priorities was conducted that had potential to be enhanced by such a program (Fig. 1). A partnership was established between academics (the Office of Continuing Education) and clinical QI/Patient Safety leadership (the Chief Medical Quality Officer) to assess the potential benefit to the institution versus the cost of not instituting such a program.

Securing funding and recruiting faculty members to participate in the development, launch, and regular workflow to support MOC Part IV and MOC Part II was successful. UAMS was approved as an ABMS MOC Part IV Portfolio Sponsor spring, 2016. The committee that governs approval of MOC projects has been granted the authority to use those same criteria to approve QI/PS work within both the academics (promotion and tenure for faculty) and clinical services (service line incentives).

CONCLUSIONS
Lean tools were used to analyze the current environment at the institution and to strategize the approach for securing administrative support for providing MOC support services to our faculty.

(Fig. 1) An Ishikawa (fishbone) diagram identifies the multiple institutional drivers that could be enhanced through providing resources for an office that provides ABMS MOC Part IV Portfolio Program support services.

(Fig. 2) A CTQ (critical-to-quality) tree that provides measurable strategies by which the MOC Services Office will address each of the four components of the Quadruple Aim. We chose to use the newer model of the Quadruple Aim rather than the more familiar Triple Aim, as we believe that the inclusion of Provider Satisfaction is a critical component of advancing a culture of safety at our institution and throughout the U.S. system of health services delivery.

Lean tools provide an effective method for proposing and managing change around securing resources for MOC support services. At UAMS, instituting the infrastructure and operationalizing the process to meet all the reporting criteria for the ABMS MOC Part IV Portfolio Program has provided a framework to recognize high-quality QI and patient safety projects that will be incentivized by leadership through existing programs.

Future research in this area could include multi-institutional testing of standard Lean tools like the ones created to support the value proposition for MOC. Additionally, validating and disseminating such tools for potential ABMS Portfolio Sponsors, or others interested in supporting faculty efforts connected with MOC requirements, is a potential next step.

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