ABMS 2015: Implications for Partners in Quality

Forum on Organizational Quality Improvement

13 May 2015

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» Salaried employee, American Board of Medical Specialties
  • ABMS Board Certification and Maintenance of Certification are programs of the ABMS and its 24 Member Boards.

» Member, Council on Graduate Medical Education (COGME)
» Advisory Board - Sam’s Club Healthy Living Made Simple Magazine
» Advisory Board, National Center for Interprofessional Practices and Education
» Thank you
» Selected Innovations in MOC
» Improvement in Medical Practice
» Research and Education Foundation
» Consistency Project
» Your questions and comments
ABMS Maintenance of Certification

» Career-long process

» Based in the six ABMS/ACGME Competencies
  • Practice-based Learning and Improvement; Patient Care and Procedural Skills; Systems-based Practice; Medical Knowledge; Interpersonal and Communication Skills; and Professionalism

» Grounded in Assessment, Educational, and Quality Science Research
» Professionalism and Professional Standing
  • Programs for Re-entry

» Lifelong Learning and Self Assessment
  • Relevant to specialty and area of practice
  • Emphasis on Patient Safety
  • Emphasis on Accredited CME

» Assessment of Knowledge, Judgment and Skills

» Improvement in Medical Practice
  • At individual and/or system levels
Focusing change on the entire distribution
Rather than on the tails
Examination of diplomates’ knowledge of core content, judgment, and skills no less often than every ten years

- Assessments meeting standards for test design/development; administration; reliability (particularly reproducibility of pass/fail results); standard setting; scoring and score reporting
- Secure defined as identified person; no materials other than what is allowed by Board; no transmission of information by anyone
- Transparency about the above with diplomates

Provision of meaningful performance feedback aiding diplomates in identifying strengths and weaknesses

Encourage innovation in methods
Innovations in Assessment of Knowledge, Judgment and Skills

- Modular exams
- Remote proctoring
- Expanded blueprints and/or reference materials
- Longitudinal integrated assessment using MOCA Minute platform
ABA MOCA 2.0: Personalized Learning

My Profile

Practice Areas
- Ambulatory/Outpatient
- Cardiac Anesthesia
- Cardiovascular Anesthesia
- Critical Care Medicine
- General Hospital-based Anesthesia
- Hospice and Palliative Care Medicine
- Neuroanesthesia
- Obstetric Anesthesia
- Pain Medicine
- Pediatric Anesthesia
- Regional Anesthesia / Acute Pain
- Sleep Medicine
- Thoracic Anesthesia
- Transplants
- Trauma
- Vascular Anesthesia

Save
On the day of surgery, Mr. Davis arrives appropriately NPO and tells you that he took his blood pressure medication this morning. He admits to moderate CPAP compliance and is moved to the operating room.
You proceed with a femoral-sciatic block. Intraoperatively the patient requests sedation.

What sedation regimen will you administer?

- Midazolam
- Keep the Patient Awake
- IV Propofol Infusion
ABA MOCA 2.0: MOCA Minute Application

Here is this week's MOCA Minute Question. You'll have 1 minute to answer once you click on the "I'm ready" link below. This question will be available for 1 week.

I'm ready -- Ask me a MOCA question!

I'll skip the question this week.
A 47-year-old man is scheduled for a tonsillectomy. Which of the following factors will **INCREASE** his chance of postoperative bleeding?

- Obstructive sleep apnea
- Intraoperative dexamethasone
- Acute tonsillitis
- Vigorous intraoperative hydration
My MOCA: MOCA Minute Application

Sorry, your answer is incorrect.

Question:
A 47-year-old man is scheduled for a tonsillectomy. Which of the following factors will INCREASE his chance of postoperative bleeding?

- Obstructive sleep apnea
- Intraoperative dexamethasone
- Acute tonsillitis
- Vigorous intraoperative hydration

You answered: Intraoperative dexamethasone

The correct answer is: Acute tonsillitis

Key Point:
Patients with tonsillitis or abscessed tonsils are at an increased risk for postoperative hemorrhage.

Reference:


Educational Objective:
Anesthesia for tonsillectomy

Critique:
The most concerning complication after tonsillectomy is hemorrhage. Patient factors that may increase the chances of this occurring include increasing age, male gender, and patients with recurrent acute tonsillitis, previous peritonsillar abscess, or quasy tonsill when compared with patients with pharyngeal obstruction and obstructive sleep apnea. Use of a cold surgical technique with motor instruments has lower rates of postoperative bleeding than hot surgical techniques such as diathermy and coblation. NSAIDs and dexamethasone have not been shown to increase the rate of postoperative hemorrhage.

You’ll get an opportunity to answer another question in this content area in a subsequent MOCA Minute. Check your email for next week’s MOCA Minute!

If you’d like to provide feedback on this MOCA Minute question, click here.
Can demonstrated excellence in patient outcomes satisfactorily substitute for a high stakes exam?
Each ABMS Member Board will incorporate practice assessment and improvement activities into its Program for MOC requirements throughout diplomates’ careers.

- Specialty-relevant, performance-in-practice assessment followed by improvement activities when practice gaps are identified.

Each ABMS Member Board should encourage diplomate involvement in performance improvement activities within the context of the health care team and system of practice, and in alignment with other care-related quality improvement programs.
Recent Events

» December – National Board of Physicians & Surgeons – proposes alternate form of MOC
» January – MOC 2015 Standards take effect
» February – ABIM suspends patient safety and improvement in medical practice requirements during co-creation process across the specialty/sub-specialties
  • Still engaged in and giving credit for these activities, but holding diplomates harmless if specific requirements are not met in these areas
» Three other Boards asked to end or suspend Part IV by their subspecialties
Greatest challenge where physicians perceive limited number of relevant “modules”

Exacerbated when physician is engaged in activities that are considered meaningful but are not recognized in the MOC system

One area of MOC where descriptors of like, love, meaningful, terrific, wonderful are common

Emphasis on performance
# Change Over the Past Year

<table>
<thead>
<tr>
<th></th>
<th>2014 QI Forum (Number)</th>
<th>2015 QI Forum (Number)</th>
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</thead>
<tbody>
<tr>
<td><strong>Portfolio Sponsors</strong></td>
<td>32</td>
<td>42</td>
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<tr>
<td><strong>Individual QI Efforts from Sponsors</strong></td>
<td>529</td>
<td>940</td>
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<tr>
<td><strong>Completed Efforts for Part IV Credit</strong></td>
<td>$\approx 3300$</td>
<td>6685 (as of 4/12)</td>
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Should We End/Suspend/Terminate MOC Improvement in Medical Practice?

» Physician engagement improves the quality of quality improvement projects
» Health systems want physicians engaged in quality improvement projects
» Potential benefits to physicians from engagement in quality improvement
MOC Reaction, Particularly to IMP, in a Complex Environment for Physicians

» While it is collective professional self-regulation, the profession is made up of individual physicians
» How are physicians doing?
» What enhances their lives and their ability to make these professional commitments?
» What detracts from their lives and their ability to make these professional commitments?
» How do we make Continuing Certification more meaningful and valuable for them?
The Complex Environment

» Speed of change
» Technology; How we communicate
» Greater diversity; Global experience
» Income and opportunity divide
» Lower trust in institutions and each other
» Disdain for traditional expertise
» War; terrorism as way of life
» Generational differences
Increasing Speed of Technology Innovation and Adoption

Technology adoption
Years until used by one-quarter of American population

- Electricity (46) 1873
- Telephone (35) 1876
- Radio (31) 1897
- Television (26) 1926
- PC (16) 1975
- Mobile phone (13) 1983
- The web (7) 1991

First commercially available year

Source: Singularity.com
Economist.com/graphicdetail
Substantial number of physicians disappointed with career choice
Concerns about early retirement
Concerns about burn-out
Concerns about physician suicide
AMA-Commissioned RAND Study on Physician Satisfiers and Dissatisfiers

» Key Conclusions

• If physicians believe that they are delivering high-quality care and/or their practice is facilitating the delivery of this care: high physician satisfaction

• If physicians find practice-based or external obstacles to delivering high quality care: physician dissatisfaction

» Consider physician satisfaction … a helpful “canary in the coal mine” indicator about the quality of patient care
AMA-Commissioned RAND Study
Determinants of Physician Satisfaction

» Electronic health records
» Autonomy and work control
» Practice leadership
» The nature of work
» Collegiality, fairness, and respect
» Payment, income, and practice finances
» Regulatory and Professional liability concerns
» Health reform

» Quality of care being provided
Improvement in Medical Practice
Keep or Not?

» Absolutely keep
  • Physician engagement improves the quality of the projects
  • Increases the impact of quality improvement activities
  • Contributes to the quality of health systems, care for patients
  • Improve physician satisfaction; resilience

» Absolutely continue to improve
  • Expand ABMS Multi-specialty Portfolio Program
  • Expand recognition of meaningful activities
  • Stimulate development of additional meaningful activities
Revitalization of the Research and Education Foundation
Executive Leadership – David Price, MD
Board identified and inaugural meeting
Strategic planning on-going
Successful Charter Class of Visiting Scholars
ABMS REF Board

» John R. Boulet, PhD
» Steven J. Durning, MD, PhD
» Larry A. Green, MD
» Eve M. Kurtin, PharmD, MBA
» Catherine A. Marco, MD
» Thomas E. Norris, MD
» Mary E. Post, MBA, CAE
» David Price, MD (SVP, REF)
» Carla M. Pugh, MD, PhD
» Liana Puscas, MD, MS
» Valerie M. Parisi, MD, MPH, MBA (ABMS Chair)
» Lois Margaret Nora, MD, JD, MBA (ABMS President/CEO)
Consistency Project
» Thoroughly understand our Member Boards
» Identify the consistencies and differences
» Identify where the differences make a positive difference and where they make a negative difference

» Where the differences are non-productive:
  • Prioritize and address

» Where the differences are productive:
  • Prioritize and maximize
Consistency Project — Identify, Expand, and Build Best Practices

» Identify and disseminate best practices
» Facilitate deployment of MOC activities across disciplines, including hospital and specialty society based activities
» Collaborative research
Your Questions and Comments