Disclosure Statement

I have no relevant financial relationships with manufacturers of any commercial products and or provider of commercial services discussed in the CME activity.
Objectives

- Identify requirements for MOC
- Describe AAP programs that help pediatricians meet Part 4: Performance in Practice
- Describe ways in which CAQI can assist chapters in supporting members to engage in QI work
Maintenance of Certification

Getting over the YUCK factor
Please Remember:

AAP ≠ ABP

AAP Provides Continuing Medical Education

ABP Independent Accrediting Organization
American Academy of Pediatrics
About the ABP

- Sole mission is to the public.
- Independent certifying board; Those certified are known as diplomates of the Board.
- One of the 24 specialty boards of the American Board of Medical Specialties (ABMS)
- Created in 1933 by the pediatric community to certify physicians with specialized education and clinical expertise in the care of children
- Includes 250 physicians who volunteer their time to set the standards of certification
Don’t shoot the messenger
What is Maintenance of Certification (MOC)?

- A 4-part program that you begin once you have passed your initial certification examination.
- Evaluates the same 6 ACGME core competencies measured throughout training.
- Competencies are assessed in 5-year cycles, as defined by Maintenance of Certification.
MOC - At-a-Glance

- All 24 ABMS specialties are using the same four-part model

- Meeting the requirements of MOC will be the new standard of certification

- The ABMS has a public information campaign

- Participation in MOC will be public information available at ABP.org
Why is MOC Important?

- Represents dedication to highest level of professionalism in patient care
- Provides a standard of excellence by which the public can select pediatricians
- Promotes excellence in pediatric patient care
Gap in Children’s Healthcare

- The current system doesn’t work for kids
  Only 42% of children receive appropriate care compared to 54% of adults*
- Gaps are widespread even across the best institutions
- Care is worse for poor, minority and uninsured kids

Measuring the 6 Core Competencies

Part 1 – Professional Standing
Patient care, Interpersonal & communication skills, Professionalism

Part 2 – Knowledge Assessment
Patient care, Medical knowledge, Practice-based learning & improvement, Systems-based practice

Part 3 – Cognitive Expertise
Medical knowledge

Part 4 – Performance In Practice
Patient care, Practice-based learning & improvement, Interpersonal & communication skills, Professionalism, Systems-based practice
Requirement for Part 1:

- All diplomates must hold a valid, unrestricted medical license.
Requirements for Part 2:

- All approved Part 2 activities are assigned a point value by the ABP.

- Diplomates must complete activities provided by either the ABP or approved outside providers.

- You must have at least 40 points of Part 2 activities per 5-year MOC cycle.

### Part 2 Menu of Options (Example)

<table>
<thead>
<tr>
<th>Activity</th>
<th>MOC Points*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Medicine</td>
<td>15</td>
</tr>
<tr>
<td>Allergy and Immunology</td>
<td>10</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>15</td>
</tr>
<tr>
<td>Critical Care Medicine</td>
<td>15</td>
</tr>
<tr>
<td>Development and Behavior</td>
<td>15</td>
</tr>
<tr>
<td>General Pediatric Decision Skills</td>
<td>10</td>
</tr>
<tr>
<td>General Pediatric Knowledge</td>
<td>10</td>
</tr>
<tr>
<td>Neonatology</td>
<td>15</td>
</tr>
<tr>
<td>Pediatric Cardiology</td>
<td>15</td>
</tr>
<tr>
<td>Pediatric Emergency Medicine</td>
<td>15</td>
</tr>
<tr>
<td>Pediatric Nephrology</td>
<td>15</td>
</tr>
<tr>
<td>Pediatric Sports Medicine</td>
<td>15</td>
</tr>
<tr>
<td>PREP Self-Assessment**</td>
<td>20</td>
</tr>
<tr>
<td>Principles of Quality Improvement</td>
<td>15</td>
</tr>
</tbody>
</table>

*Point values are for example purposes only. Actual point values are currently being developed.

**Developed and administered by the AAP; requires payment directly to the AAP for access.
AAP Resources Approved for MOC Part 2: Self-Assessments

- PREP Self-Assessment
- PREP The Curriculum
- NeoReviewsPlus
- PREP DBPeds
- PREP E-Med
- PREP Nephrology
- PREP ICU
PREP SA Online

Where is your pediatric knowledge the strongest? The weakest? What content areas need your attention in preparation for the American Board of Pediatrics (ABP) Program for Maintenance of Certification--Generalist (PMCP-G)?

PREP® SA online consists of a series of questions, answers, detailed critiques, and multimedia related to the Content Specifications of the ABP. Since it covers all areas of general pediatric medicine, regular use of PREP® SA helps to keep you updated and to create a needs-based learning plan as required by Part II of the PMCP-G.

A team of pediatricians create approximately 250 peer-reviewed questions annually, with full coverage of the ABP content over a 5-year period. Each question’s answers are explained in detail, with current references provided. Questions can be taken in the order provided, or selected based on the topics you would like to review. This allows you to assess your learning needs in specific areas of pediatrics.

Find your strengths and areas for improvement today—sign up or log-on to PREP® SA Online today.
Requirement for Part 3:

- Successfully pass a secure test of knowledge every 10 years in each area of certification.

Although the MOC cycle is 5 years, a secure test of knowledge is only required every 10 years.
Part 4 MOC – Performance in Practice

40-point minimum per 5-year MOC cycle

Requirements for Part 4:

✓ **Option 1:** The Part 4 MOC requirement for Performance In Practice can be met by completing web-based Quality Improvement activities.

✓ **Option 2:** Participate in an ongoing ABP-approved collaborative Quality Improvement project.
## Part 4 MOC – Menu of Options

<table>
<thead>
<tr>
<th>Web Based Modules</th>
<th>MOC Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQIPP Modules from AAP* asthma, nutrition (Immun, GERD, Bright Futures, Medical Home in development)</td>
<td>20-35</td>
</tr>
<tr>
<td>Performance Improvement Modules (PIMs) from ABP (ADHD launched, asthma and influenza coming)</td>
<td>5-10</td>
</tr>
<tr>
<td>ABMS Patient Safety Module</td>
<td>15</td>
</tr>
<tr>
<td>Other ABMS board modules</td>
<td>5-10</td>
</tr>
<tr>
<td><strong>ABP Approved QI Projects</strong> <strong>- Examples</strong></td>
<td></td>
</tr>
<tr>
<td>Vermont Oxford Network (2 projects)</td>
<td>20</td>
</tr>
<tr>
<td>California Perinatal Quality Care Collaborative</td>
<td>20</td>
</tr>
<tr>
<td>NACHRI Blood Stream Infection Project</td>
<td>20</td>
</tr>
<tr>
<td>Iowa BCBS Asthma and Immunization</td>
<td>20</td>
</tr>
<tr>
<td>UPIQ (obesity and immunization projects in Utah)</td>
<td>20</td>
</tr>
<tr>
<td>Cystic Fibrosis Foundation</td>
<td>20</td>
</tr>
<tr>
<td>CHCA (2 projects on hospital codes and throughput)</td>
<td>20</td>
</tr>
</tbody>
</table>

2 options for completion
Part 4 MOC – Performance In Practice

Examples of Option 1
(Web-based QI Project)

AAP Web-based Modules

Patient Safety Improvement Program
Example of Option 2
(Collaborative QI Project)

29 children’s hospital PICUs are collaborating to reduce catheter-related bloodstream infections. This project has been approved by the ABP for Part 4 credit and points.
Another Example of Option 2  
(Collaborative QI Project)

160 practicing pediatricians decided to work together to improve care for their children with asthma. They set an ambitious goal – that all 44 participating practices would achieve “perfect care.” Together, the physicians created the infrastructure necessary to measure improvement, created data collection and patient tracking procedures and trained coaches to help. Within 2 years, the network moved from a 4 percent compliance rate in applying “perfect care” to an 88 percent rate.
A total of 100 points is required per 5-year MOC cycle.

- 40 points – Part 2 activities
- 40 points – Part 4 activities
- 20 points – Your choice (Part 2 or 4 activities)

100 required points per 5-year MOC cycle
Academy’s Quality Improvement Initiatives

EQIPP
Helping You Improve Care for Children

QuIIN
Quality Improvement Innovation Network
A program of the American Academy of Pediatrics

CAQL
CHAPTER ALLIANCE FOR QUALITY IMPROVEMENT
A program of the American Academy of Pediatrics
Education in Quality Improvement for Pediatric Practice

- Online Quality Improvement CME Program
- Launched in 2002
- Robust Quality Improvement educational program
  - Evidence-based
  - Translates research into practice
  - Weaves QI principles with clinical content
  - Interactive and action oriented
- Asthma, Nutrition courses available
- Immunizations, Bright Futures, and Medical Home under development
Quality Improvement Innovation Network (QuIIN)

QuIIN provides:

- A standard mechanism for testing tools and strategies to implement guidelines into practice
- A pediatric lab for testing new ideas before dissemination
- An opportunity for innovation and creativity in quality improvement
Chapter Alliance for Quality Improvement (CAQI)

- Monitors needs and progress of chapters
- Provides technical assistance to help chapters build QI infrastructure
- Shares tools to support QI project implementation
- Serves as a broker between chapters and state QI initiatives
- Develop targeted QI programs for chapter implementation through the Chapter Quality Network (CQN)
Chapters and QI

- Interest and momentum for QI is growing amongst chapters

- Chapters need help building infrastructure to support QI amongst member practices

- Chapters generally cannot undertake QI work by themselves
Dual Role of Chapters

National AAP

- Member Practices
- CHAPITERS
- State Players

Children and their Families
Environmental Forces (i.e. state regulations, schools, payers)
Chapter Alliance for Quality Improvement (CAQI)

Serves as a resource to chapter leadership as they advance and support QI initiatives within member practices.
Chapter Quality Network
Asthma Pilot Project

Aims to build a network of AAP chapters and enhance their ability to spread the NHLBI/NAEPP asthma guidelines.

Specific Objectives Include

- Develop chapter-led learning communities to support measurable improvements in asthma care
- Collaborate with AAP chapters to collect, report and analyze improvement data through EQIPP
- Build chapter capability to support member practice activities through partnerships and relationships at the state level
Chapter Led QI Activities

Chapter Quality Network
Asthma Pilot Project

Chapter Projects Approved for ABP MOC part IV

Improvement Partnership States
MOC At-A-Glance

Need 100 points total

 ✓ Part 1: Professional Standing
    Valid, unrestricted license

 ✓ Part 2: Knowledge Self-Assessment
    Earn at least 40 points from approved activities*

 ✓ Part 3: Cognitive Expertise
    Pass a secure exam every 10 years

 ✓ Part 4: Performance In Practice
    Earn at least 40 points from approved activities*

*Choose activities from either Part 2 or 4 to earn the additional 20 points you need to fulfill your 100 point requirement.
Ohio is Helping Members to Prepare for MOC

- Concerned about Development Collaborative
- CQN Asthma Project
- Improvement Partnership
- Collaboratives of other organizations

TAKE ADVANTAGE !!
Enrollment
Beginning in October 2009, diplomates can enroll in MOC via the ABP website.

Fees
The fee for MOC enrollment in 2009 is $990.

Tracking
If you do not currently have one, simply register online for your personal physician portfolio.

When you begin your MOC cycle in 2010, your portfolio will contain:

✓ A list of your completed requirements
✓ A list of outstanding requirements in your current MOC cycle
✓ The timeframe in which you must complete your next required MOC examination.
MOC and you: v1.2 new diplomates 2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Initial GP exam</td>
</tr>
<tr>
<td>2010</td>
<td>100 points, Parts 2 &amp; 4</td>
</tr>
<tr>
<td>2011</td>
<td>100 points, Parts 2 &amp; 4</td>
</tr>
<tr>
<td>2012</td>
<td>100 points, Parts 2 &amp; 4</td>
</tr>
<tr>
<td>2013</td>
<td>Begin 5 year cycle</td>
</tr>
<tr>
<td>2014</td>
<td>SS exam</td>
</tr>
<tr>
<td>2015</td>
<td>Register &amp; pay fee every 5 years</td>
</tr>
<tr>
<td>2016</td>
<td>SS exam</td>
</tr>
<tr>
<td>2017</td>
<td>Register &amp; pay fee every 5 years</td>
</tr>
<tr>
<td>2018</td>
<td>SS exam</td>
</tr>
<tr>
<td>2019</td>
<td>Maintain unrestricted medical license</td>
</tr>
<tr>
<td>2020</td>
<td>GP exam</td>
</tr>
<tr>
<td>2021</td>
<td>100 points, Parts 2 &amp; 4</td>
</tr>
<tr>
<td>2022</td>
<td>100 points, Parts 2 &amp; 4</td>
</tr>
<tr>
<td>2023</td>
<td>100 points, Parts 2 &amp; 4</td>
</tr>
</tbody>
</table>

General Pediatrician
Initially Certifying In 2010
Permanent Certificate Holders

- Can choose to enroll in MOC
- If enroll, must pass exam by Dec.31
- If decline to enroll, ABP Website says: “Not meeting the requirements of MOC”
- Maintenance of Licensure is coming
- Likely that MOC will be sufficient for licensure maintenance
Committed to Reducing Redundancy

- **Joint Commission** – MOC as a surrogate for quality requirements
- **Payers** – Working with 20+ payers to encourage pay-for-improvement
- **Medicaid/CMS** – Recognize MOC with financial incentives/reimbursement
- **Federation of State Medical Boards** – Remove duplicate requirements; demonstrate how MOC meets 6 core competencies
- **Malpractice Carriers** – Reduce malpractice premiums (the “Doctors Company” in CA)

**Goal:** Align to reduce redundancy and accelerate improvement
Maintenance of Certification

Moving from Yuck to Yummy???
AAP and your chapter can help you get there!
For Individual Questions?

Go to ABP.org

Click on the red “My ABP Portfolio Login”

My ABP Portfolio

Log In