

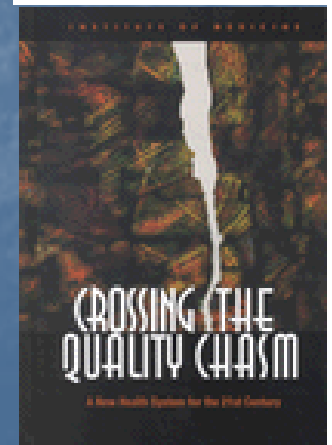
# ABR UPDATE: Core-competencies

- Parallelism between resident education and Maintenance of Certification
- Changes in ACGME, RRC and American Board of Medical Specialties (ABMS), ABR
- Competency Based Resident/ Radiologist
  - Definitions, measurement, outcomes
  - Improve safety, reduce errors, standardize practice to improve outcomes



# Public Concern

- 1999 – President’s Advisory Commission:  
“Quality First: Better Health Care for All Americans”
- 2000 – IOM:  
“To Err is Human: Building a Better Healthcare System”
- 2001 – IOM:  
“Crossing the Quality Chasm: A New Healthcare System for the 21<sup>st</sup> Century”
- Highest cost of care in the world—outcomes debated
- Systems integration is lacking
- Lack of outcomes data related to reimbursement (pay for performance)



# ACGME Outcome project

enhancing residency education through outcomes assessment



# Goals of the Outcome Project



# What does the ACGME expect ?

- Programs should document and demonstrate:
  - Learning opportunities in each competency domain
  - Evidence of multiple assessment methods
  - Outcomes of programs and individuals; use of aggregate data to improve the educational program/patient care

# Common Program Requirements RRC Meeting

- Added requirements for measurement of competencies and outcomes data
- Created a list with ideas for measurement with each competency

[http://www.acgme.org/acWebsite/navPages/nav\\_PDcoord.asp](http://www.acgme.org/acWebsite/navPages/nav_PDcoord.asp)

# American Board of Radiology Mission/Vision for MOC



- .....is to promote the quality of patient care delivered
- .... to provide a process of lifelong education, self-assessment, practice improvement, and continuous evaluation and learning.

# Paradigm Shift

Old

- Training
- Certification: Lifetime
- CME
- Reputation

New

- Training
- Certification: Time limited
- Maintenance of certification
- Life long learning and assessment



# Diversity of Practice: DR, RO, RP



# ABR's Components Maintenance of Certification (MOC)

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- Part I: Professional Standing
- Part II: Lifelong Learning and Periodic Self-assessment
- Part III: Cognitive exam
- Part IV: Practice Quality Improvement

# Part I: Professional Standing

- Valid unrestricted medical license(s)



Web Portal - Microsoft Internet Explorer

Documentation of Licensure  
*\*Items entered online today are pending approval.*

You must have an active State license to proceed.  
If you do not have an active State License at this time, please contact the ABR at (520) 790-2900.

State	Licensure ID Number	Initiation Date	Expiration Date	Renew
IL	[REDACTED]		6/30/2005	Renew Not Reviewed

\*Please note: You have until the end of the day to edit or delete any license you enter online. Please verify all information is accurate and complete before submitting.  
\*\*Licenses highlighted in yellow are Expired

Please add your State License below.

Add A License

State: NONE License ID Number: [REDACTED]  
Initiation Date: [REDACTED] Expiration Date: [REDACTED]  
Please enter format of mm/yy/yyyy Please enter format of mm/yy/yyyy

Conditions of License (if any):  
[REDACTED]

Add License

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# Part II: Lifelong Learning

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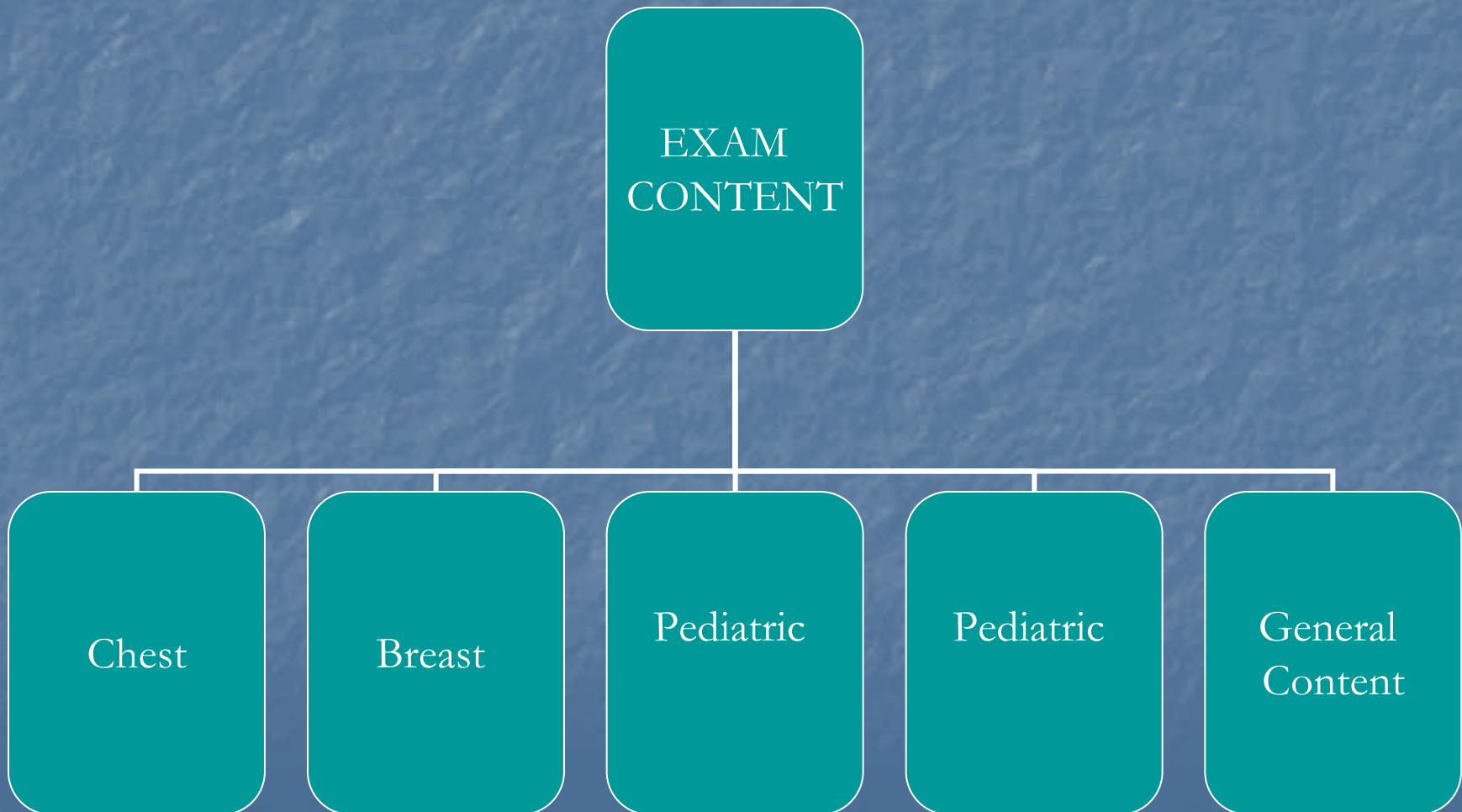
- 250 hours, Category 1 CME credit in 10 years
  - Twenty-five per year
- 20 Self Assessment Modules (2 per year)
  - Practice domains
  - General content .. At least four
- CME will be automatically reported to ABR through the CME Gateway for all who "opt in"  
([www.cmegateway.org](http://www.cmegateway.org))

# ABR's Components Maintenance of Certification (MOC)

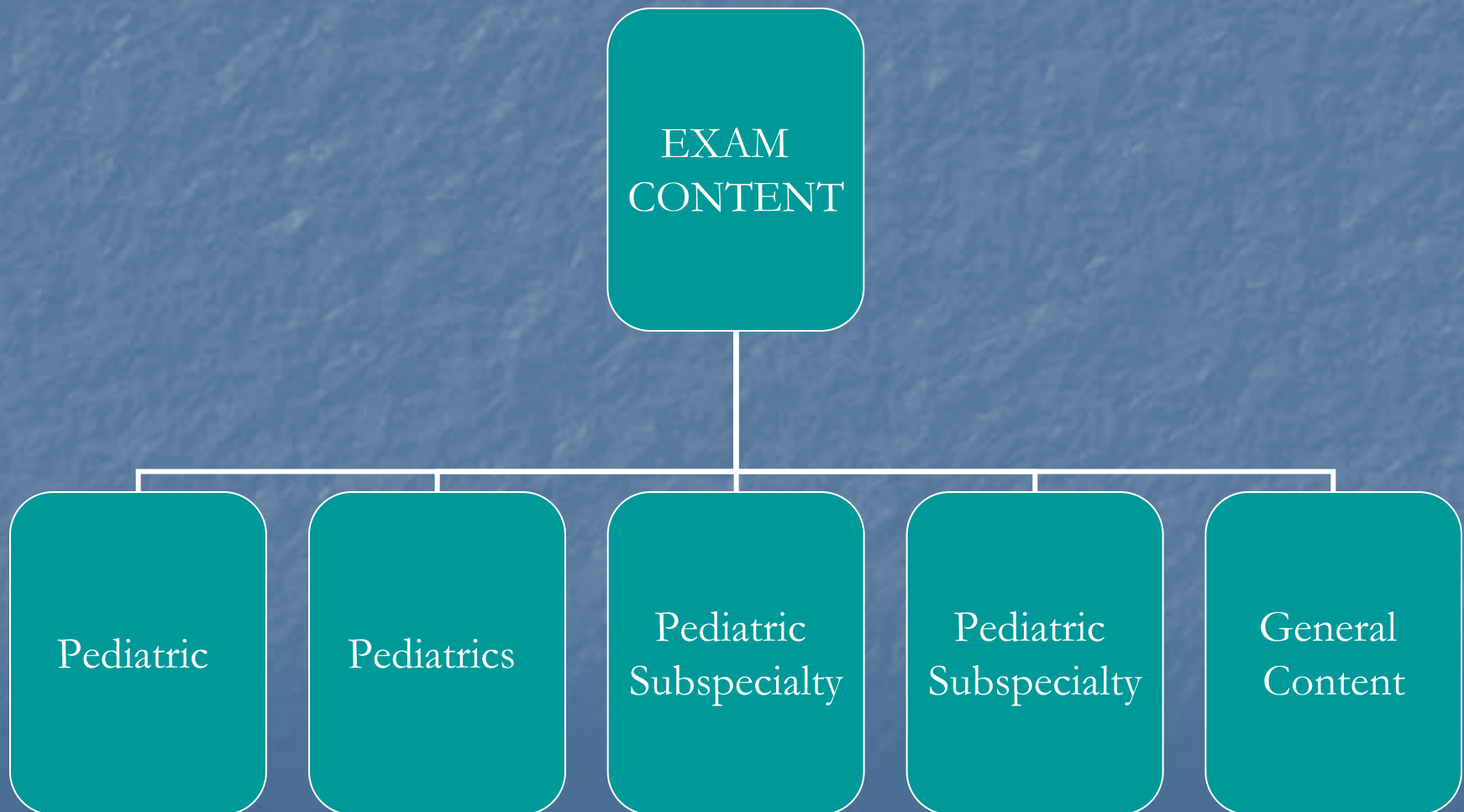
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- Part I: Professional Standing
- Part II: Lifelong Learning and Periodic Self-assessment
- Part III: Cognitive exam
- Part IV: Practice Quality Improvement

# Practice-profiled Cognitive Exam: Diagnostic Radiology Certificate



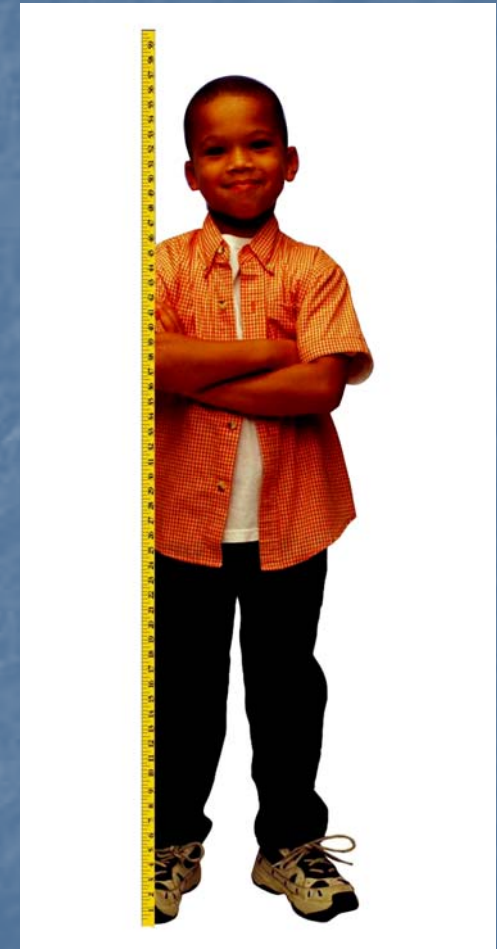
# Practice-profiled Cognitive Exam DR and Pediatric Subspecialty(CAQ)



# Maintenance of Certification


## - Part IV

- Highlights competencies in medical practice, delivery of care
- Practice Quality Improvement (PQI)
  - Practice-based focus
  - Measurement/metrics
  - Includes action plan for quality improvement



# Why do we need metric/database?

- Need to know our baseline at a national level
- Public disclosure of quality measurement data lead to improvements in quality of care



			Pct.	GB	Streak
<b>milwaukee</b>	55	63	.466	7½	Lost 2
<b>Chicago Cubs</b>	50	68	.424	12½	Won 2
<b>Pittsburgh</b>	46	73	.387	17	Won 4

No. Hitters	G	AB	R	H	2B	3B	HR	RBI	BB	SO	SBC	OBP	SLG	AVG
21	Scott	1043385	111	125	0	11	38	55	30	1	2	422	500	.328
	Hateberg (1B)													
62	Ray Olmedo (2B/SS)	15	16	1	5	2	0	0	2	2	2	1	0	.389
12	Edwin Encarnacion (3B)	7526540	77	24	1	11	55	27	49	1	3	391	533	.302
6	Ryan Freel (2B/OF)	10233553	98	25	2	7	24	43	70	27	7	386	442	.293
4	Brandon Phillips (2B)	10938855	113	22	1	11	57	28	57	21	2	342	438	.291
33	Rich Aurilia (3B/1B)	8429646	83	19	1	16	45	25	35	1	0	334	514	.280
26	David Ross (C)	5815424	43	10	1	14	35	22	44	0	0	370	630	.279
-	Royce Clayton (SS)	11238945	102	25	1	2	35	25	71	12	5	310	347	.282
9	Juan Castro (SS/2B)	7821416	54	10	2	3	22	9	29	1	2	281	360	.252
44	Adam Dunn (1B/LF)	11842280	106	19	0	35	81	83	139	5	0	377	545	.251
4	Brendan Harris (2B/3B)	17	32	3	8	2	0	0	2	3	3	0	.333	.312
3	Ken Griffey Jr. (CF)	8836048	87	15	0	23	64	28	66	0	0	298	475	.242
17	Javier Valentin (C)	6914518	35	4	1	5	21	12	23	0	0	296	386	.241



# ABR MOC: Components & the 6 Competencies

	<b>Part I Professional Standing</b>	<b>Part II Lifelong Learning and Self-assessment</b>	<b>Part III Cognitive Expertise</b>	<b>Part IV Practice Performance</b>
<b>Medical Knowledge</b>	State board license requirements and actions	Documentation and completion of 250 CME credits.	Achieve a passing score on the ABR cognitive exam.	<ul style="list-style-type: none"> <li>•Patient Safety</li> <li>•Double Reading</li> <li>•Practice Guidelines</li> </ul>
<b>Patient Care</b>	State board license requirements and actions	Documentation: CME with review of new techniques and protocols.	Achieve a passing score on the ABR cognitive exam, which includes patient care content.	<ul style="list-style-type: none"> <li>•Patient Safety</li> <li>•Double Reading</li> <li>•Turnaround Time</li> <li>•Practice Guidelines</li> <li>•Referring Physician Survey</li> </ul>
<b>Interpersonal &amp; Communication Skills</b>		SAMs with emphasis on communications.		<ul style="list-style-type: none"> <li>•Patient Safety</li> <li>•Double Reading</li> <li>•Turnaround Time</li> <li>•Practice Guidelines</li> <li>•Referring Physician Survey</li> </ul>
<b>Professionalism</b>	State board license requirements and actions	SAMs content on professionalism.	General questions about ethics and charter on professionalism	<ul style="list-style-type: none"> <li>•Practice Guidelines</li> <li>•Referring Physician Survey</li> </ul>
<b>Practice-based Learning &amp; Improvement</b>		Specific CME and SAMs developed for practice-based learning and improvement.	General questions about essential core knowledge and practice improvement principles.	<ul style="list-style-type: none"> <li>•Patient Safety</li> <li>•Double Reading</li> <li>•Turnaround Time</li> <li>•Practice Guidelines</li> <li>•Referring Physician Survey</li> </ul>
<b>Systems-based Practice</b>		Specific CME and SAMs developed for systems-based practice.	General questions about CQI content.	<ul style="list-style-type: none"> <li>•Patient Safety</li> <li>•Double Reading</li> <li>•Turnaround Time</li> <li>•Practice Guidelines</li> <li>•Referring Physician Survey</li> </ul>

# IMPROVING QUALITY/SAFETY ERROR REDUCTION

## Measurement of Competencies Resident Outcomes in Diagnostic Radiology

The following are suggested means of measuring outcomes for the competencies in diagnostic radiology. They are not inclusive by any means. Compliance with one or more for each competency would be viewed by the RRC as meeting current program requirements. Programs are strongly encouraged to be innovative in developing their own outcomes measures.

### Simulations or Procedural competencies;

#### PATIENT CARE

- Documentation of reducing the discrepancy rate between preliminary interpretations rendered by residents during independent call and the final interpretations
- Documentation of demonstrated competency in performing procedures (e.g. step by step check off for performance of barium enema including patient safety/radiation exposure issues—see attached example)
- Documentation of adequacy of resident treatment of a simulated contrast reaction (e.g. hypotensive shock)
- Documentation of fluoroscopy time for image-guided procedures for each resident and remediation of any significant variations from AAPM benchmarks

#### MEDICAL KNOWLEDGE

- Objective evidence of satisfactory performance on:
  - Mock boards
  - ACR in-service examination

### **PRACTICE-BASED LEARNING**

- **Documentation of remediation of resident weak area(s) identified on:**
  - **ACR in-service exam**
  - **Annual resident self-assessment**
  - **Post rotation exam**
  - **Trends identified by review of missed cases (e.g. frequently misses cervical spine findings)**
- **Documentation of acquisition of new knowledge (to allow effective utilization of new modality or technique)**

### **INTERPERSONAL/COMMUNICATION SKILLS**

- **Documentation of review of specified number of dictated reports for each resident with improved results following remediation of any deficiencies**
- **Documentation of remediation of any resident communication deficiency identified on 360 or faculty evaluations**
- **Documentation of participation in formal institutional or inter/intra-departmental exercises on communication skills**

### **PROFESSIONALISM**

- **Documentation of remediation of deficiency related to professionalism identified on 360 or faculty evaluations**
- **Documentation of compliance with, or remediation of failure to comply with, departmental, institutional, and/or governmental regulations**
- **Documentation of remediation of deficiency in conference attendance**

### **SYSTEMS-BASED LEARNING**

- **Documentation of preparation and presentation of QA or systems-related project**
- **Documentation of resident participation in departmental QI or systems-related conferences**

“If you know where you are going,  
it is easier to get there”

