

IMPORTANT MESSAGE

from the ABR Board of Trustees

Maintenance of Certification Improvements

Milton J. Guiberteau, MD, ABR President

Dear Colleagues,

It has been almost a decade since the full implementation of all four parts of the ABR's Maintenance of Certification (MOC) Program. In general, the program has been well received by you, our diplomates. However, it has become increasingly apparent to our Trustees, all of whom are practicing radiology professionals who also participate in MOC, that portions of the program are in need of improvement to make MOC's requirements more relevant to our practices, as well as to reduce the dedicated cost and time required of participants. This is especially true given the ever-increasing external demands imposed on us all by institutions and healthcare systems, as well as by the government, regulators, and payors.

Thus, for the past year, the Board has undertaken a review of MOC program requirements to address needed revisions perceived by our diplomates. In addition to ABR Trustee committee initiatives, this reassessment has been further informed by input from our diplomate MOC Advisory Committees and by responses from diplomates to an April 2015 ABR survey regarding MOC. This feedback has been very helpful in focusing and prioritizing MOC program modifications to accommodate areas most in need of improvement.

As a result of these efforts, we have concentrated our initial MOC improvements in Part 4 of the program, Practice Quality Improvement (PQI). Thus, as a first step, the ABR is announcing appropriate improvements to Part 4, **taking effect immediately**. These include the following:

- **Expanded Options for Satisfying Part 4 Requirements**

The Board believes that in addition to the originally prescribed and now familiar PQI project methodology, radiology professionals may demonstrate commitment to quality and safety in patient care in numerous other ways. The new, expanded options focus on giving credit for activities that diplomates are already performing as part of their practices or voluntary professional efforts. The Board considers such engagement, especially in activities that increase our visibility in and commitment to quality improvement both within and external to our departments, as fulfilling the intent of MOC Part 4 requirements.

These 16 activities are summarized in tabular form in a dedicated article below and also are listed in detail on the ABR website at www.theabr.org/moc-part4-activities. This information includes details explaining the required diplomate documentation of

participation for each activity. The Board expects that these participatory QI opportunities will be further expanded over time as new activities become staples of radiological practice and are added to the list.

- **Expanded Options for PQI Project Methodology**

While traditional structured quality improvement projects are still considered the gold standard of PQI efforts and are encouraged by the Board, MOC participants will no longer be restricted to using the PDSA (Plan-Do-Study-Act) cycle methodology to perform PQI projects. Any methodology or algorithm for project design leading to improvement in diplomates' practices will be accepted.

In addition to Part 4, a second area of diplomate concern centering on time-consuming MOC data entry and detailed documentation on the myABR website is also being addressed as follows:

- **Simple Binary Attestation of Meeting MOC Requirements**

Beginning January 4, 2016, diplomates will only need to attest "yes" or "no" to meeting each of the four requirements of MOC. Detailed data entry will not be required. However, each participant should keep records of completion of MOC activities in case he or she is randomly selected for an audit. Specifics of this new attestation process are further explained in an article below.

Future Focus for ABR MOC Program Improvement: Part 3 (Knowledge Assessment)

The above improvements represent just the beginning of the Board's ongoing commitment to continuously improve diplomate satisfaction with and sense of accomplishment through ABR MOC participation. In this respect, the ABR is exploring alternatives to the current Part 3 requirement of a secure, proctored MOC examination every 10 years. In doing so, we will be working closely with ABMS and its member boards, radiology professional societies, and experts in the field. Our goal is to identify innovative knowledge-assessment tools that take advantage of new technological and communication norms to provide less intrusive, more relevant, and more cost-effective knowledge base sampling than past traditional methods. As progress is made in this area, the ABR will again reach out to you for input and feedback.

On behalf of our Trustees, I wish to offer our sincere thanks to you, our diplomates and diplomate volunteers, who continue to contribute to these initiatives through your feedback and ongoing support.



Milton J. (Mickey) Guiberteau, MD
ABR President

New Options for Fulfilling Requirements of MOC Part 4 - Practice Quality Improvement

Lane F. Donnelly, MD, Chair, Practice Quality Improvement Subcommittee

Improvements to MOC Part 4, Practice Quality Improvement (PQI)—recently adopted by the ABR Board—consist of providing considerably expanded options for meeting the requirement.

In addition to employing the traditional PQI project approach to Part 4 using the PDSA (Plan-Do-Study-Act) methodology, diplomates may now count personal participation in one of a variety of quality and safety activities to meet the criteria for Part 4. Participatory Quality Improvement Activities include documentation of individual active participation in any of the activities listed in the table found below.

Please note that some activities may not apply to all disciplines. Submission of documentation of active participation in PQI Activities to the ABR is required ONLY if a diplomate is audited. Routine submission of such proof of participation to the ABR is neither required nor accepted.

PARTICIPATORY QUALITY IMPROVEMENT ACTIVITIES	ACCEPTABLE DOCUMENTATION OF ACTIVE INDIVIDUAL PARTICIPATION (retain for use if audited)
<p>Participation as a member of an institutional/departmental clinical quality and/or safety review committee</p> <p>Examples include meaningful participation as a member responsible for creating, reviewing, and/or implementing clinical quality-improvement safety activities; service as radiation safety officer (RSO).</p>	<p>One of the following bulleted options:</p> <ul style="list-style-type: none"> ➤ Institution/department documentation of attendance at committee meetings (such as minutes, if available), OR ➤ Submission of completed and signed MOC Part 4 Participatory Quality Improvement Activity: Participation Confirmation Form
<p>Active participation in a departmental or institutional peer-review process, including participation in data entry/evaluation and peer-review meeting process or Ongoing Professional Practice Evaluation (OPPE)</p>	<p>One of the following bulleted options:</p> <ul style="list-style-type: none"> ➤ Minutes, with peer-protected information redacted, showing attendance at peer-review meetings, or other forms of participant feedback, OR ➤ Logs showing active participation in submitting and reviewing cases, as well as having your own individual work reviewed in the course of daily workflow, OR ➤ Submission of completed and signed MOC Part 4 Participatory Quality Improvement Activity: Participation Confirmation Form

<p>Participation as a member of a root cause analysis (RCA) team evaluating a sentinel or other quality- or safety-related event</p>	<p>One of the following bulleted options:</p> <ul style="list-style-type: none"> ➤ Minutes or other institutional/ departmental documentation showing attendance at RCA meetings, OR ➤ Submission of completed and signed MOC Part 4 Participatory Quality Improvement Activity: Participation Confirmation Form
<p>Participation in at least 25 prospective chart rounds every year (peer review of the radiation delivery plans for new cases - radiation oncology only).</p>	<p>One of the following bulleted options:</p> <ul style="list-style-type: none"> ➤ Conference attendance sheets, OR ➤ CME credit logs (if appropriate), OR ➤ Submission of completed and signed MOC Part 4 Participatory Quality Improvement Activity: Participation Confirmation Form
<p>Active participation in submitting data to a national registry</p>	<p>One of the following bulleted options:</p> <ul style="list-style-type: none"> ➤ Log of cases/data submitted to organization, OR ➤ Letter from registry stating participation (including dates of participation)
<p>Publication of a peer-reviewed journal article related to quality improvement or improved safety of the diplomate's practice content area</p>	<ul style="list-style-type: none"> ➤ Copy of journal article
<p>Invited presentation or exhibition of a peer-reviewed poster at a national meeting related to quality improvement or improved safety of the diplomate's practice content area</p>	<ul style="list-style-type: none"> ➤ Copy of the meeting program showing that the poster was presented/exhibited and listing the diplomate as an author
<p>Regular participation (at least 10/year) in departmental or group conferences focused on patient safety</p> <p>Examples include regular attendance at tumor boards, M&M conferences, interprofessional conferences, surgical/pathology correlation conferences, etc.</p>	<p>One of the following bulleted options:</p> <ul style="list-style-type: none"> ➤ Conference attendance sheets, OR ➤ CME credit logs (if appropriate), OR ➤ Submission of completed and signed MOC Part 4 Participatory Quality Improvement Activity: Participation Confirmation Form
<p>Creation or active management of, or participation in, one of the elements of a quality or safety program</p>	<p>One of the following bulleted options:</p>

<p>Examples include a department dashboard or scorecard, a daily management system to ensure quality and safety, or a daily readiness assessment using a huddle system.</p>	<ul style="list-style-type: none"> ➤ Other documents describing and documenting work (i.e., copies of scorecards created, minutes from daily readiness huddles, etc.), OR ➤ Submission of completed and signed MOC Part 4 Participatory Quality Improvement Activity: Participation Confirmation Form
<p>Local or national leadership role in a national/international quality improvement program, such as Image Gently, Image Wisely, Choosing Wisely, or other similar campaign</p> <p>Local participation roles include implementation and/or maintenance of, or adherence to, program goals and/or requirements.</p>	<ul style="list-style-type: none"> ➤ Submission of completed and signed MOC Part 4 Participatory Quality Improvement Activity: Participation Confirmation Form
<p>Completion of a Peer Survey (quality or patient safety-focused) and resulting action plan. Survey should contain at least five quality or patient safety-related questions and have a minimum of five survey responses.</p>	<ul style="list-style-type: none"> ➤ Summary of process, including a copy of the survey administered, results, and action plans taken
<p>Completion of a Patient Experience-of-Care (PEC) survey with individual patient feedback. Survey should contain at least five quality/patient safety-related questions and have a minimum of 30 survey responses.</p>	<ul style="list-style-type: none"> ➤ Summary of process, including a copy of the survey administered and action plans taken
<p>Active participation in applying for or maintaining accreditation by specialty accreditation programs, such as those offered by ACR, ACRO, and ASTRO</p>	<ul style="list-style-type: none"> ➤ Submission of completed and signed MOC Part 4 Participatory Quality Improvement Activity: Participation Confirmation Form
<p>Annual participation in the required Mammography Quality Standards Act (MQSA) medical audit or ACR Mammography Accreditation Program (MAP)</p>	<ul style="list-style-type: none"> ➤ Submission of completed and signed MOC Part 4 Participatory Quality Improvement Activity: Participation Confirmation Form
<p>Completion of a Self-directed Educational Project (SDEP) on a quality or patient safety-related topic (medical physics only)</p>	<ul style="list-style-type: none"> ➤ Summary of process, including results and action plans taken

<p>Active participation in an NCI Simplified Attestation for ABR MOC cooperative group clinical trial (for diagnostic radiologists, radiation oncologists, and interventional radiologists, entry of five or more patients in a year; for medical physicists, active participation in the credentialing activities)</p>	<p>One of the following bulleted options:</p> <ul style="list-style-type: none"> ➤ Log of cases submitted, OR ➤ Letter from registry stating participation (including dates of participation), OR ➤ Other documents showing individual participation
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As long as participation in such activities is meaningful and ongoing, it is permissible for a PQI project or activity to be used repeatedly to meet PQI requirements. This new policy regarding criteria for MOC Part 4 is in place for diplomates to use for fulfilling the 2016 three-year look-back.

Expanded Options for PQI Project Methodology

The ABR continues to emphasize the importance of PQI projects as quality improvement tools. However, restrictions regarding methodology have been considerably relaxed. The new MOC Part 4 (PQI) policy greatly increases flexibility regarding choice of improvement methodology for PQI projects. Previously, PQI projects were required to use a prescribed three-phase Plan-Do-Study-Act (PDSA) process with inherently defined phases.

Diplomates who choose to do a PQI project now may use "any standard quality improvement methodology." Diplomates may employ Six Sigma, Lean, IHI's Model for Improvement, and other methods in addition to the familiar PDSA cycle. Thus, the ABR Part 4 policy has been expanded to accommodate these different approaches in recognition of the interval advancements in quality improvement science over the past decade.

Simplified Attestation for ABR MOC

Vincent P. Mathews, MD, Chair, ABR Continuous Certification Coordinating Committee

The ABR is committed to continuous improvement of the Maintenance of Certification (MOC) process. One way to enhance this experience is to reduce the burden of participation on the diplomate. Therefore, the ABR is developing a process of simplified attestation for the various components of MOC.

In the current state, diplomates are required to log in to myABR each year and attest to the data necessary to meet participation requirements for each of the four parts of MOC. This sometimes involves uploading documents such as medical licenses or entering PQI project

information. It also requires validating CME activity from the CME Gateway, as well as entering CME credits from organizations not contributing data to the CME Gateway.

With simplified attestation, diplomates will only need to attest to the fact that each of the requirements for Parts 1 through 4 of MOC has been met. Entering detailed data will not be required each year; however, diplomates will need to retain this information in the event of an audit, so they can document that they have indeed met the requirements of MOC.

If a diplomate is audited, he or she will be asked to provide the following documentation:

- For Part 1, valid state medical license
- For Part 2, records of completing 75 AMA Category 1 Continuing Medical Education credits, 25 of which are self-assessment CME, in the last three years
- For Part 3, no attestation will be required. The diplomate will be informed of his or her current MOC exam status for each certificate held and when the next exam will need to be passed.
- For Part 4, records of completing an appropriate PQI project or activity in the last three years

Diplomates will need to follow the simplified attestation process for all these requirements each year. The simplified attestation features will be available on myABR beginning Monday, January 4, 2016. We hope that this new process will reduce the burden of MOC documentation for our diplomates. This will also free up staff and development resources to permit the ABR to further improve not only MOC, but other areas of its diplomates' experience with the ABR as well.