



# TRACERS

The American Board of Nuclear Medicine

2016 Issue 1




A Member Board of the American Board of Medical Specialties

4555 Forest Park Boulevard, Suite 119 • St. Louis, Missouri 63108-2173 • Telephone: (314) 367-2225 • E-mail: [abnm@abnm.org](mailto:abnm@abnm.org) • Website: [www.abnm.org](http://www.abnm.org)

## MOC Presentation at the SNMMI Mid-Winter Meeting


### Part IV MOC and PDSA

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### Maintenance of Certification

- ☞ Medicine is a rapidly evolving profession
- ☞ Patients deserve physicians who are up to date with current best practices
- ☞ Maintenance of Certification (MOC) programs aim to ensure that participating physicians are current
  - ☞ Should also facilitate that currency




### MOC focus areas

- ☞ Participating physicians must be competent in six areas:
  - ☞ Medical knowledge
  - ☞ Patient care
  - ☞ Interpersonal and communication skills
  - ☞ Professionalism
  - ☞ Practice-based learning and improvements
  - ☞ System-based practice




### MOC: Historical timeline

- ☞ Prior to 1992: board certified for life
- ☞ 1992-2007: regular (every 10 years for ABNM) recertification exam
- ☞ 2007-present: periodic recertification exam plus all other aspects of MOC
- ☞ Potential future: medical knowledge evolution from periodic exam to frequent testing/learning moments
  - ☞ Blurring of lifelong learning/self-assessment and formal assessment




### MOC components

- ☞ I. Professionalism and professional standing
- ☞ II. Lifelong learning and self-assessment
- ☞ III. Assessment of Knowledge, Judgment and Skills
- ☞ IV. Improvement in Medical Practice



### The MOCA minute

- ☞ Started as a pilot by the American Board of Anesthesiology
  - ☞ Weekly question
    - ☞ One minute from opening to answer
    - ☞ Immediate feedback (SAM-style with explanation)
  - ☞ Replacement for part 3 recertification exam
    - ☞ Functional adjunct to part 2 (lifelong learning)
- ☞ Very positive feedback
- ☞ Picked up by ABMS
  - ☞ Pilot preparing across multiple member boards





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## MOCA advantages

- ☞ Ongoing assessment that directly facilitates learning
  - ☞ Versus once every 10 years
  - ☞ Potential for early intervention
- ☞ More data points (520 questions over 10 years)
  - ☞ Versus 100-200 questions on exam
  - ☞ Psychometric advantages in question writing and selection
- ☞ Potential for adaptive testing and/or re-testing to promote learning



## MOCA disadvantages

- ☞ A lot of questions to write
  - ☞ Greater burden on small boards (like MOC)
  - ☞ Potential for creative question sources
- ☞ Radically different from current system
- ☞ Potential security issues



## ABNM MOCA?

- ☞ Considerable discussions with ABMS
- ☞ Platform under active development
- ☞ ABNM hopes to initiate a pilot
  - ☞ Stay tuned!



## Part IV: Improvement in Medical Practice

- ☞ PDSA: Plan, Do, Study, Act
- ☞ Purpose: be engaged in your practice and specifically in improving practice
  - ☞ Don't just coast through work on the status quo
- ☞ Broad definition of practice improvement
  - ☞ Anything with a reasonable justification
    - ☞ Must be relevant to the physician's practice
    - ☞ Can be physician- or practice-specific



## Plan: Decide on an area that could be improved

- ☞ Must be relevant to your practice
- ☞ Assess (quantify) the baseline situation
- ☞ Hypothesis for an intervention to improve situation
- ☞ Decide on a testing period and mechanism
- ☞ Obtain IRB approval if necessary
  - ☞ Not strictly necessary for QA/QI process
  - ☞ Prospectively required if publication may be considered
  - ☞ Many IRBs offer expedited process



## Do: carry out the intervention

- ☞ Make the practice change/intervention hypothesized in the planning stage
- ☞ Collect outcome data





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## Study: data analysis

- ☞ Analyze the post-intervention data
- ☞ Compare to the pre-intervention baseline
  
- ☞ Did the intervention improve the problem?
  - ☞ If yes, go to next slide
  - ☞ If no, go back two slides: plan



## Act: change prior practice

- ☞ If the intervention improved things, make it a permanent change
- ☞ If the intervention could have impact in other practices, publish it



## The steps another way

- ☞ 1) Select, and measure
  - ☞ Plan
- ☞ 2) Analyze, plan, and improve
  - ☞ Plan, Do
- ☞ 3) Re-measure, and analyze
  - ☞ Study, Act
  
- ☞ Same goals, annual organization



## Efficiency

- ☞ We are all busy
  - ☞ Greater efficiency = greater sanity
- ☞ Part IV goal is to facilitate practice improvement
  - ☞ Does not require a standalone project done solely for part IV
    - ☞ If you are already doing a QA project, submit it for Part IV!
    - ☞ Must be relevant to your nuclear medicine practice.



## Types of projects

- ☞ Individual
  - ☞ Submit to ABNM, have documentation in case of audit
- ☞ Group/center
  - ☞ Submit to ABNM, have documentation in case of audit
- ☞ Society-based
  - ☞ Pre-approved by ABNM (and/or ABR), so no audits
  - ☞ Can be done individually or by a group



## SNMMI projects

- ☞ <http://interactive.snm.org/index.cfm?PageID=7742>
- ☞ Interpretive Accuracy and Diagnostic Certainty of Myocardial Perfusion Imaging
- ☞ Implementation of Practice Guidelines: Pediatric Radiopharmaceutical Administered Doses
- ☞ Diagnostic Accuracy of 18F-FDG PET/CT in Patients with Cancer
- ☞ Report Turn-Around Time Quality Improvement (PQI) Template
- ☞ Patient Experience of Care Survey





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## Example SNMMI project

### Interpretative Accuracy and Diagnostic Certainty of Myocardial Perfusion Imaging

#### I. OVERVIEW

This Performance Improvement Project (PIP) is designed to improve interpretative accuracy (higher sensitivity and specificity), and diagnostic certainty (fewer equivocal reports) of myocardial perfusion imaging. Completion of this project may be used for the Part IV requirement of the American Board of Nuclear Medicine and the American Board of Radiology for Maintenance of Certification.

This PIP is appropriate for physicians performing and interpreting myocardial perfusion studies performed with SPECT (single photon emission computed tomography).

#### II. OBJECTIVES

Physicians who complete this PIP should

- Improve diagnostic accuracy compared to coronary arteriography (abnormal studies) or normalcy rates (normal studies) so that overall accuracy is > 80% per patient
- Improve diagnostic certainty so that > 80% of reports will be reported as normal or abnormal (i.e. < 20% equivocal interpretations)



### Part IV Project Participation and Verification Form

#### AMA PRA Category 1 Credit™

The AMA has provided criteria to accredited providers for offering CME credit to MOC Part IV project participants. Three stages have been identified for credit-reporting purposes. In the attached participant form, you will be instructed on how to document your PPAP in order to receive CME credit:

- Stage A – learning from current practice performance assessment
  - Assess current practice using identified performance measures
  - Participating physicians are actively involved in data collection and analysis
  - 5 CMEs
- Stage B – learning from the application of performance improvement to patient care
  - Implement performance improvement interventions based on performance measures selected in Stage A, using suitable tracking tools
  - Participating physicians will receive guidance on appropriate parameters for applying the interventions and addressing performance change specific to the physician's patient base
  - 5 CMEs
- Stage C – learning from the evaluation of the performance improvement effort
  - Re-evaluate and reflect on performance in practice (Stage B) by comparing to the assessment done in Stage A
  - Summarize any practice, process and/or outcomes changes that resulted from conducting the project.
  - 5 CMEs

Credit is awarded for practice performance assessment activities as follows:

- Five credits for completion of each stage in which the physician actively participates
- Credit is not based on time
- Credit is issued even if there is no change in practice

Please fill out the following pages in order to receive credit for completing a Part IV Project and CME. Fax the forms to Lisa Lefebvre at 703-708-9013 or e-mail them to [Lefebvre@sam.org](mailto:Lefebvre@sam.org). For questions, call Lisa Lefebvre at 703-652-6783.



## Summary



- ☞ MOC process is meant to ensure and facilitate current patient care
- ☞ Evolving process
- ☞ Part IV designed to engage all physicians into relevant practice improvement
  - ☞ Very liberal definition of practice improvement
  - ☞ Many options for projects
    - ☞ Can use projects done for any purpose
    - ☞ Must be relevant to NM practice



## Thank you!

