



Using PIP modules to Meet ACGME Practice Based Improvement Requirements and Milestones while Introducing Residents to MOC Requirements.

A Multisite Study and Model for Training

Sandra Sexson, MD	Georgia Health Sciences University
Jeffrey Hunt MD	Brown University
Saundra Stock MD	University of South Florida
Laurel Williams, DO	Baylor College of Medicine
John Nadyah MD	East Carolina University
Laine Young-Walker MD	University of Missouri
Arden Dingle	University of Texas, Rio Grande Valley
Dale Peeples	Georgia Health Sciences University
Justina Allen	Georgia Health Sciences University



Conflicts of Interest/Disclosures

Related to this Workshop

Sandra Sexson

- Co-Chair AACAP LLL Committee
- Chair ACPsych PIPE Commission

Laurel Williams - None to Report

Jeffrey Hunt

- Chair ABPN CAP MOC Committee
- Co-chair AACAP Training and Ed Committee
- Wiley Publishers

Saundra Stock

- AACAP LLL, CME and Quality Issues Committees

Nadyah John MD - None to report

Laine Young-Walker MD - None to report

Arden Dingle MD - None to report

Dale Peebles MD

- AACAP Media Committee

Justina Allen MD - None to report



ABPN Maintenance of Certification (MOC)

Jeffrey Hunt, MD
Chair ABPN CAP MOC Committee

Some slides adapted from
Sandra B. Sexson, M.D. and Andrew T. Russell, M.D.
AACAP Lifelong Learning Committee, Co-Chairs



Maintenance of Certification (MOC) Requirements

1. Evidence of professional standing (licensure).
2. Evidence of CME and self-assessment (AACAP MOC modules).
3. Evidence of cognitive expertise (proctored recertification exam).
4. Evidence of improvement of performance in practice (AACAP PIP tools).



Continuous ABPN MOC Program

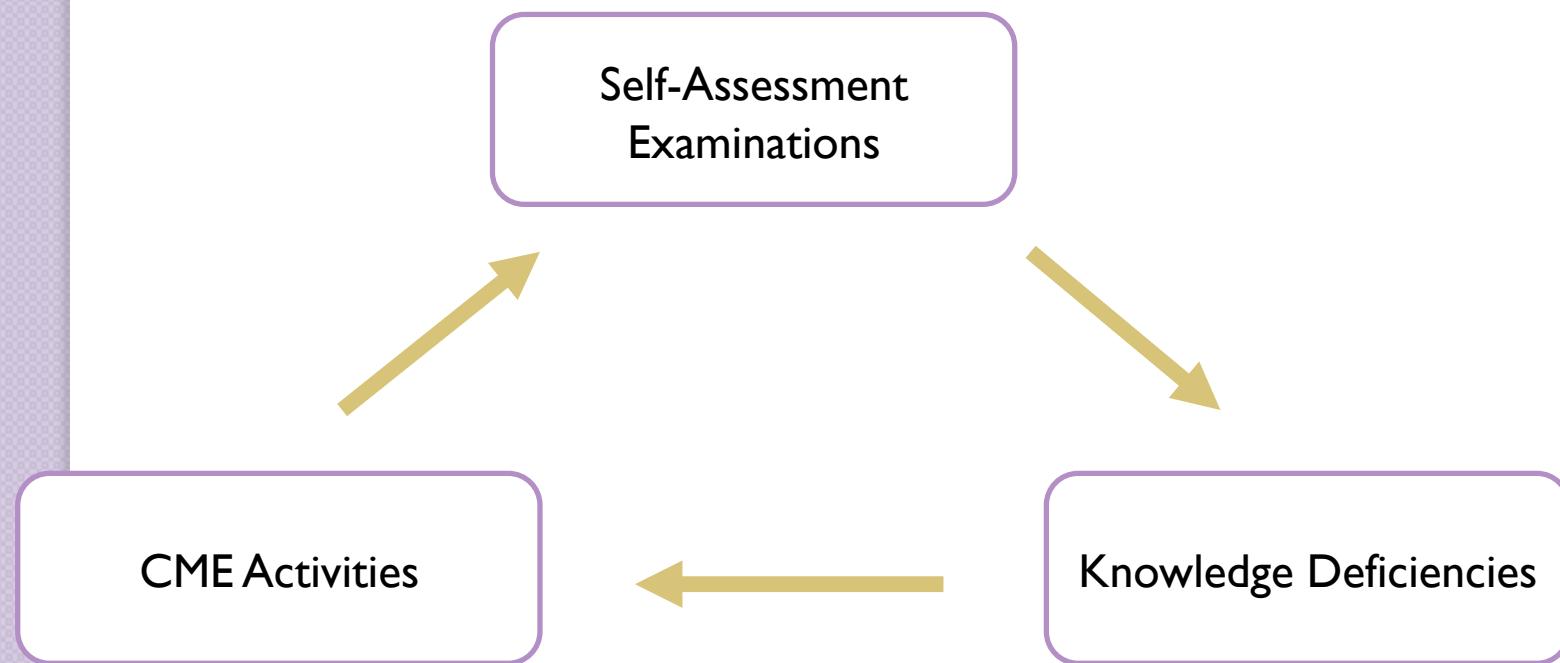
- Implemented for those certified 2012 and later
- Requirements
 - Unrestricted medical license
 - Cognitive exam every 10 years
 - Specific MOC activities every 3 years
 - 24 CME hours of SA activities
 - Total CME hours 90
 - 1 PIP Unit
- Annual registration on individual ABPN Folio
 - Annual MOC fee (\$175 in 2015)
 - No additional fee for the MOC cognitive exam



ABPN Physician folios

- www.abpn.com

Medical Knowledge Quality Improvement Cycle



Larry Faulkner, M.D., ABPN Sept. 2011



CME requirements

- 30 specialty and/or subspecialty CME credits/year averaged over three years.
 - CME credits must be relevant to the specialty and/or subspecialty
 - The CME activities **do not** need to come from ABPN Approved MOC Products list.
- At least 8 CME per year, averaged over three years, must involve self-assessment.



Self Assessment (SA) CME

- At least 8 CME per year
 - Beginning in 2014, must come from ABPN-approved SA activities.
 - www.abpn.com/moc_products.asp
- Each SA activity must:
 - cover new knowledge and/or current best practices
 - guide focused CME, lifelong learning
 - And include
 - the correct answer, recommended literature resources for each question, and comparative performance to peers.



Waiver of SA for non-CME activities

- The ABPN will waive eight CME credits for the completion of a non-CME SA activity.
 - Maximum of 16 SA CME credits for two different non-CME SA activities in one three-year MOC block.
 - completed the approved non-CME SA activity during the block for which they are earning non-CME Self-Assessment credit.



Eight SA-CME waived for one of the following

- Passing an ABPN cognitive cert or recert examination
- Approved scientific grant application
- Academic/Scientific Journal article accepted for publication
 - with documented peer review/feedback.
- Patient safety courses
 - ABPN approved
- 4 hours of peer supervision or Peer review
 - with written feedback about the diplomate's clinical performance, medical knowledge and patient care.



CME, cont.

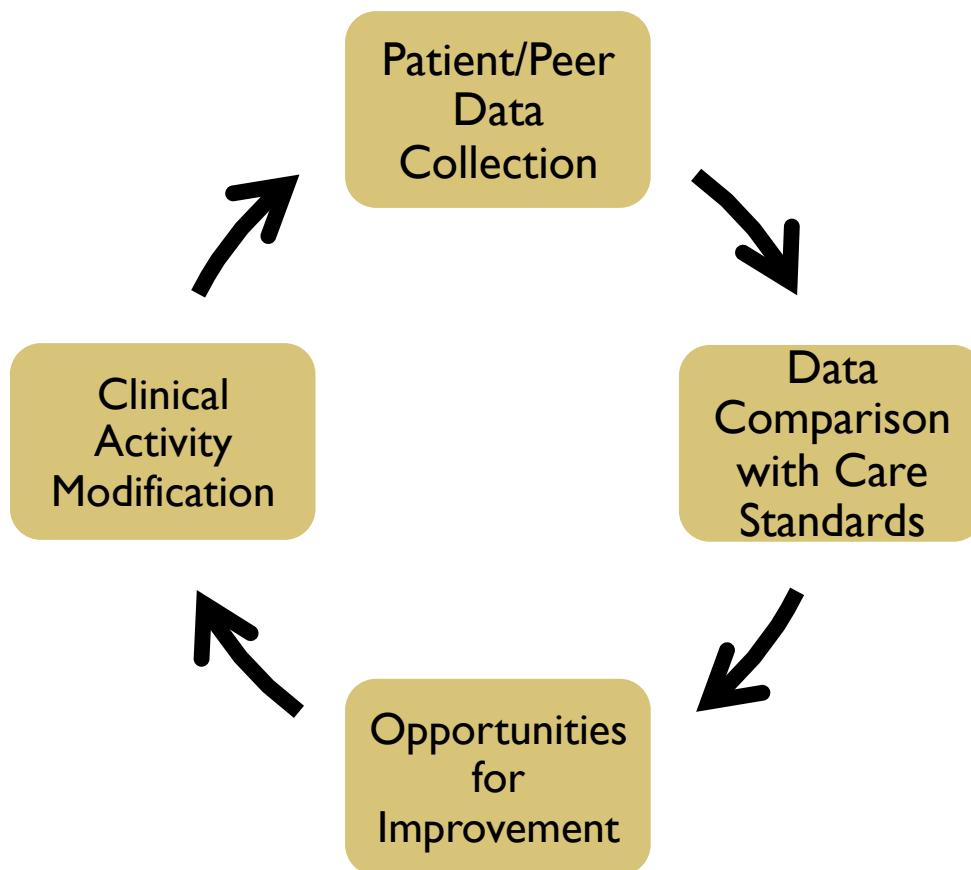
- Diplomates certified in more than one area may accrue CME credits that count for all certifications.
- Diplomates are required to maintain a record of their CME activities.



Cognitive Expertise

- Must pass a cognitive (recertification) exam prior to the expiration date of their certificates.
- Must satisfy all of the other MOC requirements before they are eligible to complete the cognitive exam.
- The ABPN will audit 5% of the applications for the exam to ensure that appropriate self assessment, CME, and performance in practice activities have been completed.

Clinical Activity Quality Improvement Cycle



Larry Faulkner, M.D., ABPN Sept. 2011



Performance in Practice (PIP)

- A quality improvement program designed to evaluate whether a physician has shown practice improvement over the 10-year MOC cycle by chart review and second-party external review.
- Three PIP Units (over 10 years) required
 - 1st PIP – years 1-3
 - 2nd PIP – years 4-6
 - 3rd PIP – years 7-9
- ABPN approved products in 2014
- Consists of both Clinical Module and Feedback Module
- Must maintain a record of PIP activities



Three ways to satisfy PIP

- **ABPN Approved MOC Products List**
- **ABMS Portfolio Program:**
 - If institute QI program participates in the ABMS Portfolio Program, then that activity will satisfy the Clinical Module component.
- **Individual Preapproval:**
 - Should submit an Individual Part IV Improvement in Medical Practice (PIP) Approval Request Form.



Other pathways to satisfy feedback module

- Resident evaluations from five respondents,
- 360 Degree evaluation from five respondents
- Institutional peer review from five respondents
- One supervisor evaluation from one supervisor.



PIP - Clinical Modules

- Obtain data from at least 5 cases in a specific category (e.g., diagnosis, type of treatment, treatment setting) from diplomates' own clinical practice over the previous 3 years.
 - Diplomates select their own cases.
 - Compare data to best practices, practice guidelines published in the literature.
 - Must have a minimum of 4 quality measures per PIP activity.



PIP - Clinical Modules, cont.

- Must provide performance feedback to diplomates concerning improvements in the effectiveness and/or efficiency in their practices, as related to the core competencies.
- Must require the development of plans by diplomates to improve their performance.
- Must reassess data from a review of 5 additional cases in the same category within up to 24 months and must provide feedback similar to that in the original assessments.



AACAP Performance in Practice Tools - Now Available

- Chart review tools based on Practice Parameters
 - ADHD
 - Anxiety
 - Bipolar Disorder
 - Depression
- Second party external review
 - Two patient forms – parent/guardian form and adolescent form
 - Peer form
- Download PIP tools from the *Members Only* section of the website (www.aacap.org).

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

W W W . A A C A P . O R G

Performance in Practice Tool for Retrospective Chart Review of Initial Evaluation of Pediatric Patients Diagnosed with ADHD

Instructions: Choose 5 patients seen within the last three years with a primary diagnosis of ADHD. Answer each of the following questions. If there is documentation in the chart and the answer to the question is yes, place a check mark in the box. If there is no documentation in the chart and/or the answer is no, leave the box blank. After reviewing the 5 charts, complete the final column to determine the proportion of patients for whom the recommendation was followed and documented. Any rows for which the total is 3 or less may be a useful focus for a quality improvement program. This checklist is not meant to be comprehensive.

Physician's Name: _____ Date: _____

Did the initial evaluation include the following:	Patients					# Per Row
	#1	#2	#3	#4	#5	
Information from child, parents, and teachers	<input type="checkbox"/>					
Signs and symptoms of ADHD (Inattention and Hyperactivity/Impulsivity)	<input type="checkbox"/>					
Document of impairment at least in two settings	<input type="checkbox"/>					
Use of rating scales	<input type="checkbox"/>					
Evaluation of current and past comorbid psychiatric, medical and learning disorders	<input type="checkbox"/>					
Developmental history, including speech/language and motor skills	<input type="checkbox"/>					
Educational history	<input type="checkbox"/>					
Family psychiatric and medical history, specifically including cardiac history and sudden death	<input type="checkbox"/>					
Social history, including psychosocial stressors	<input type="checkbox"/>					
Presence/absence of medical problems, including history of palpitations, syncope, murmurs, congenital heart disease	<input type="checkbox"/>					



**AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY**

W W W . A A C A P . O R G

Parent Feedback Form

Parent Review of Dr.

Physician Specialty - Child and Adolescent Psychiatry

Please select a performance rating for your child's doctor for each of the following statements:

1 2 3 4 5
Never Rarely Occasionally Frequently Always NA

PERFORMANCE RATINGS

The following guidelines are to be used in selecting the appropriate rating:

Date	1 Never	2 Rarely	3 Occasionally	4 Frequently	5 Always	NA
	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
1) Physician listens carefully to your child's symptoms and concerns.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
2) Physician listens carefully to your concerns about your child.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
3) Physician asks questions regarding your child's health history.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
4) Physician explains tests that are ordered for your child.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
5) Physician discusses treatment options with you and your child, including the expected course of treatment, benefits, risks, and alternatives.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
6) Physician explains medications and other treatments selected (for example, psychotherapy), expected effects, and possible side effects.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
7) Physician encourages you and your child to ask questions.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
8) Physician answers you and your child's questions to your satisfaction.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
9) Physician gives you and your child guidance on what to do if symptoms persist or worsen.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
10) Physician collaborates with or refers your child to another specialist when indicated.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
11) Physician tells you when to schedule a return visit.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
12) Physician treats you and your child in a professional manner.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
Comments:						

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY
WWW.AACAP.ORG
Peer Feedback Form

PEER Feedback for:

Please print full name
of physician being
reviewed.

Date

Please rate the above-named physician on the six core competencies as identified by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS).

Physician Specialty - Child and Adolescent Psychiatry**PERFORMANCE RATINGS**

The following guidelines are to be used in selecting the appropriate rating:

1	2	3	4	5	6
Never	Rarely	Occasionally	Frequently	Always	Unknown

Patient Care

1 2 3 4 5 6

Provides effective treatment to patients in a timely fashion regardless of gender, ethnicity, location or socioeconomic status.

Medical Knowledge

1 2 3 4 5 6

Provides up to date patient care [consistent with current knowledge and evidenced based practice].

Interpersonal and Communication Skills

1 2 3 4 5 6

Communicates well with colleagues, patients, and family members.

Practice-based Learning and Improvement

1 2 3 4 5 6

Keeps up to date with best practices, implementing them effectively.

Professionalism

1 2 3 4 5 6

Conducts self professionally and with integrity.

Systems-based Practice

1 2 3 4 5 6

Knows community resources and advocates for patients' access to appropriate services.

Comments:



NEW

Patient safety course requirement

- **Beginning in 2016** Diplomates will be required to complete an approved Patient Safety Course
 - either prior to board certification or in the first C-MOC block (**2017-2019**)
- The Patient Safety Course must include didactic information, along with question and performance feedback.



Questions ?

- Then let's all try using a clinical module PIP form!!!!
- Select depression or anxiety charts and review first on your own then in small groups. Take 10-15minutes.



Using Maintenance of Certification Products in Training: A Prospective Study

Laurel L. Williams, DO

Associate Professor

Director of Residency Training, Child & Adolescent Psychiatry

Menninger Department of Psychiatry & Behavioral Sciences

Baylor College of Medicine

The presenter has no conflicts of interest to declare

The presenter wishes to thank all the training director involved in the study:
Sandra Sexson, MD, Arden Dingle, MD, Jeffrey Hunt, MD, Laine Young-Walker,
MD, Nadyah John, MD as well as Sandra Fritzsche, MD and Saundra Stock, MD



USE of MOC Products

- BCM IRB Approved Protocol
- 6 CAP Fellowships Programs involved
 - Baylor College of Medicine, Brown University, Emory University School of Medicine, Medical College of Georgia, and University of Missouri School of Medicine
 - Size ranged from 2 to 6 trainees per year



USE of MOC Products

- Aim 1:“fellows would have some familiarity with MOC processes”
- Aim 2:“use of MOC products would be easy to execute and increase knowledge about MOC processes”
- N= 41 fellows completed the initial survey
- N= 35 completed the post-survey



USE of MOC Products

- First survey had 4 questions – inquiring about knowledge of MOC processes in general and whether or not the individual MOC elements were emphasized in CAP training
- Second survey had 5 questions- inquiring about the ease of use for the individual MOC elements and whether or not the trainee would make changes based on the feedback
- Likert scale 1= disagreed, 2= somewhat disagreed, 3= neutral, 4= somewhat agreed and 5= agreed



USE of MOC Products

- Study Protocol- surveys were anonymous
- Must have a year long outpatient clinic experience
- Complete initial survey
- Mid-point in year trainees agreed upon a specific AACAP MOC module to review charts using both the self and peer component of a PIP module.
- End of year trainees used same MOC modules to review new charts to assess for change/improvement
- Complete the post survey
- Calculation by PI of percentage of fellows who responded to the questions on the likert scale to look for trends in the data to support

USE of MOC Products: Results of Initial Survey

Table 1

Pre- MOC Survey Results 1st Year Fellows **

	Question 1	Question 2	Question 3	Question 4
1	31.58%	21.05%	15.79%	15.79%
2	15.79%	10.53%	5.26%	10.53%
3	26.32%	15.79%	31.58%	42.11%
4	26.32%	31.58%	31.58%	31.58%
5	0%	21%	15.79%	0%

Pre- MOC Survey Results 2nd Year Fellows ***

	Question 1	Question 2	Question 3	Question 4
1	9.09%	9.09%	4.55%	4.55%
2	9.09%	4.55%	13.64%	22.73%
3	22.73%	18.18%	9.09%	22.73%
4	31.82%	22.73%	31.82%	22.73%
5	27.27%	45.45%	40.91%	27.27%

* N= 41

** N= 19

*** N= 22

1: disagree, 2: somewhat disagree, 3: neutral, 4: somewhat agree,
5: agree

USE of MOC Products: Results of Post Survey

Table 2

Post- MOC Survey Results 1st Year Fellows **

	Question 1	Question 2	Question 3	Question 4
1	0%	0%	0%	0%
2	8.33%	8.33%	0%	0%
3	0%	0%	8.33%	8.33%
4	25.00%	16.67%	58.33%	25.00%
5	66.67%	75.00%	33.33%	66.67%

Post- MOC Survey Results 2nd Year Fellows ***

	Question 1	Question 2	Question 3	Question 4
1	0%	0%	0%	0%
2	0%	0%	0%	0%
3	4.76%	4.76%	9.52%	0%
4	14.29%	4.76%	19.05%	28.57%
5	80.95%	90.48%	71.43%	71.43%

* N= 35 decreased to N= 33 as 2 fellows did not indicate a level

** N= 12 *** N= 21

1: disagree, 2: somewhat disagree, 3: neutral, 4: somewhat agree,
5: agree



USE of MOC Products: Results

- A majority of 1st year fellows indicated a lack of awareness of MOC processes
- A small majority of 2nd year fellows indicate some awareness of MOC processes
- A majority of both 1st and 2nd year fellows found the MOC products easy to use, helpful, and changed their practice



USE of MOC Products: Results Initial Survey

- Selected comments:
- “It was nice to review charts with peers. It is something we don’t get to do a lot.”
- “I will request feedback from patients/parents/peers on a more frequent basis.”
- “[I will] be more mindful of the process itself and review parameters more often to ensure/promote the highest standard of care.”



Limitations

- N= 41 small
- Programs allowed for variability in selecting the specific AACAP MOC product to use
- The protocol did not use the patient feedback portion of a PIP module
- The protocol did not assess if use of the product translated into better patient care/ outcomes
- The protocol did not assess where, when or how fellows may have gotten knowledge about MOC processes (i.e. initial questions were not specific enough)



Strengths and Conclusions

- Despite small N there was a nice collaboration amongst training programs
- First data that authors are aware of in using MOC products in any type of residency/fellowship training
- Minimal prep time to complete the project (for the study) and in general, for programs
- May assist programs in dual ways- ACGME NAS milestones of self and peer assessment/quality improvement, teaching about “the real world” trainees will soon embark on, have new ways for faculty and trainees to view assessment processes for patient care outcomes