MOC:
Practice Quality Improvement

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Trustee, American Board of Radiology

Much of the content presented is adapted from other individuals’ efforts, including ABR Trustees, ABR Staff, and ABR volunteers

American Board of Radiology Mission

“To serve patients, the public, and the medical profession. . .”

“By certifying that its diplomates have acquired, demonstrated, and maintained a requisite standard of knowledge, skill, and understanding. . .”

Why MOC?

• Demonstrates commitment to lifelong learning and self-assessment
• Allows the diplomate to self-direct own continuing education
• Results in continuous quality improvement
• Provides a mechanism to reach goals related to patient quality and safety
### Continuous Certification Summary

<table>
<thead>
<tr>
<th>Element</th>
<th>Compliance Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure</td>
<td>At least one valid license or professional standing attestation in previous 5 years</td>
</tr>
<tr>
<td>CE</td>
<td>At least 50 Category 1 CE in previous 3 years, and</td>
</tr>
<tr>
<td>Self-Assessment CE</td>
<td>At least 25 Self-Assessment CE in previous 3 years</td>
</tr>
<tr>
<td>Exam</td>
<td>Passed MOC exam in previous 10 years</td>
</tr>
<tr>
<td>PQI</td>
<td>Completed at least 1 PQI project in previous 3 years</td>
</tr>
<tr>
<td>Fees</td>
<td>Current with MOC fees at any time during the past 3 years</td>
</tr>
</tbody>
</table>

### Practice Quality Improvement

A framework to facilitate improvement of medical care and/or its delivery as an individual, a group, or an institution

**Quality and safety** in medical care have become important national priorities

PQI part of MOC permits *medical physicists* to demonstrate both their commitment to quality and safety as well as their compliance with associated external requirements

### PDSA Cycle: intrinsic to PQI

**PLAN:** Identify an area in need of improvement and devise a measure to assess it. Develop a plan to implement the measure and obtain data. Set goal for the measure to be reached.

**DO:** Set your plan in motion and collect data.

**STUDY:** Determine how the measure compares to the goal. Explore root causes for lacking goal achievement.

**ACT:** Consider what can be done to address the root causes and develop an improvement plan to implement during the next PDSA cycle.
PQI Project requirements

PQI projects must:
• Be practice-relevant
• Include focus on patients – care & safety
• Use QI principles: Plan-Do-Study-Act
• Generate an improvement plan
• Implement the plan
• Measure the effectiveness over time
• Subsequently re-measure and re-assess

Opportunity for integrated, practical physics

PQI project initiatives

- ABR recognizes that there are many types of QI programs and encourages development of creative and novel PQI initiatives

- General categories of QI initiatives:
  1. Independent projects generated by individuals or groups
  2. Society-based projects or templates generated and managed by professional societies or other organizations
Independent PQI Projects

- Generated by practice *individuals or groups*
- Do not require submission of the plan to the ABR for advance review
- *Can reflect departmental QI programs*, adapted by the individual to include their personal assessment and improvement/action plan

Independent PQI Projects

- May be based on an ABR-endorsed, society-provided template, which fulfills the essential elements of a PQI project
- Templates are available through the societies' and ABR websites

Collaborative PQI

Many high-quality PQI projects are collaborations between medical physicists and physicians
Both must contribute to the process
Medical physicists bring special skills to the patient care process
  - familiarity with designing quantitative projects
  - ability to apply statistical techniques to data analysis
  - a knowledge of statistical quality control processes
Results can be institutionally useful in relating to the competency of Systems-Based Practice
Group PQI Projects

- Well-suited to address systems-based problems
- Tremendous potential as a multiplier of MOC’s power to advance healthcare quality and safety
- More convenient and manageable for administrative purposes

Group PQI Projects

- Must designate project leader
- Document project title, description, and timeline
- **Participants must attend 3+ meetings for credit**
- Each participant must fulfill *meaningful participation requirements* during the project
- Each participant must complete a short paragraph of self-reflection stating the ways in which the project positively impacted practice / patients


Group PQI Projects

Can link directly to departmental/institutional QI programs; Examples:

- Detailed departmental quality improvement programs related to the ACR standards / peer review
- Quality improvement programs related to patient safety, medical documentation, communication
- Multidisciplinary quality improvement programs related to patient care and management compared with accepted consensus or evidence-based practice
Documentation of PQI

- Generic templates available through the ABR and/or specialty-related organizations
  - **DO NOT need to be submitted to the ABR**
- Diplomates should keep individual records of their data and updated improvement plans
- Participation recorded in the ABR personal database by "attesting" to PQI participation and answering a few questions

**ABR Individual and Group PQI Templates**

*Templates include all essential elements needed to comply with ABR "meaningful participation" requirements*

**PQI Template for recording data**

*American Board of Radiology*

**MOC Part 4: Practice Quality Improvement (PQI) Individual Participant PDSA (Plan-Do-Study-Act) Checklist & Summary Record**

*NOTE: This optional form contains the structural elements for GROUP PQI group project report-keeping. Separate recording of the data elements at a project level must be attached to the form. Do not attach this form to the ABR or less requested to be submitted in any audit. The form is appropriate for GROUP PQI project reports.*

**BASELINE PDSA CYCLE (Cycle #1)**

(In Cycle #1, a topic is selected, and baseline data gathered to compare with project improvement plan data in Cycle #2.)

**Group members:**
- Tony Schertl, PhD (Chair)
- Jason Blanken, MD (member)
- [Additional names if applicable]
Maintain data and documentation
PQI Project Attestation

Practice Quality Improvement
CT Dose Reporting - Radiology, UC Davis

Project Abstract: Reporting CT Dose metrics in the interpretable report of the patient has been mandated by California since July 1, 2012. This prospective PQI project seeks to determine the rate of compliance by the radiology faculty in providing these views relative within feedback or training within a subsequent audit of CT records in September of 2012. During a faculty meeting on September 20, 2012, we presented findings. MDs and PQI Project (doctors) will discuss the requirements for ensuring that CT dose information and correct formatting are included on the report. They then plan to perform at least three subsequent audits to verify improvements in reporting compliance and formatting accuracy during the next year. Results will be used to demonstrate effects of feedback and intervention on the process.

Applied to MQC: Yes
Share this effect with... No
Start Date: 9/10/2012
Submitted Date: 1/21/2013

PQI Project Attestation

Baseline Plan

Step 1: Plan
1. How do you plan to complete your PQI project?
Group
2. Select the type of project you plan to complete:
- Improves existing PQI Project
- New improvement PQI Project
3. Which of the 10 Institute of Medicine Quality Aims describes your project? (select all that apply)
- Timely
- Efficient
- Effective
4. What measures will you use to gauge performance improvement in the quality/safety gap area you select?
- Audits of the process and statistical methods to demonstrate changes of any
5. Did you set a performance target?
Yes

PQI Project Attestation

Step 2: Do
6. Did you finish collecting your data points?
Yes
7. Did you analyze your results?
Yes

Step 3: Study
8. Did your baseline meet your target?
No

Step 4: Act
9. Did you design an improvement plan?
Yes
PQI Project Attestation

Improvement Plan

Step 1: Plan
1. Did you implement your improvement plan?
   Yes

Step 2: Do
2. Did you collect the data points?
   Yes
3. Did you analyze your results?
   Yes

Step 3: Study
4. Did you meet your performance target?
   Yes

Step 4: Act

Random Annual Audits

Each diplomate should maintain records (even if participating in an organizational project)

If audited, ABR requires submission of

Evidence of Part 1
Details of Part 2
Outline of elements of Part 4 PQI project: data collection, data analysis, improvement plan, creation and implementation, and re-measurement

http://www.theabr.org/moc-policy#audit
Where can I get examples of PQI projects?

- ABR website, specialty organizations
- AAPM on-line data of previous meetings

Summary

PQI is a learning experience

No need to cover long periods of time

Metrics are appropriate -- and might only be binary

The goal is to undertake a project to improve your practice – this is done all the time in common settings – just need to document and attest on myABR

Questions?

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- www.theabr.org