

# Newest MOC Phase Focuses on Quality Improvement

**A**S PART OF its ongoing implementation of the MOC process, the American Board of Radiology (ABR) has unveiled the newest phase of the maintenance of certification (MOC) requirements—practice quality improvement (PQI).

“We’re looking at the individual radiologist selecting an aspect of their practice that they can identify as related to patient care, clearly indicative of how they’re practicing and has measurable end points that relate to the accuracy or quality of that study,” said Larry E. Kun, M.D., an ABR assistant executive director for MOC who helped lead a task force of radiology-related organizations looking at PQI.

“For instance, in the case of CT pulmonary angiography, you can look at the percentage of diagnostic or non-diagnostic studies in an emergency room setting,” said Dr. Kun, chair of the Department of Radiological Sciences at St. Jude Children’s Research Hospital in Memphis, Tenn. “If an individual develops some metrics around that, then it might become their project.”

Further illustrating his example, Dr. Kun said the radiologist could go back to a finite number of studies, see what percentage lacked the information necessary to be fully diagnostic or involved technical issues creating difficulties in diagnosis, and then analyze the process. The radiologist could then develop a spreadsheet to chart improvement, in this case for processes that would reflect not only the individual radiologist but also the department or practice as a whole.

“This is systems-based medicine that explores competencies and becomes groundwork for a PQI project,” Dr. Kun said. “The key steps are identifying areas that could be improved, initiating improvement over time and documenting those improvements or indicating where further improvement should be made.”

## Loss of Confidence Spurred MOC Process

PQI joins professional standing, lifelong learning and self-assessment and cognitive expertise as parts of the MOC process launched five years ago. A decade ago, amidst extraordinary advances in the science and technology of medicine, the American public was losing confidence in patient care. Subsequent heightened expectations, as well as a series of critical reports on healthcare quality, set the stage for sharply increased government scrutiny of medical practice. Medicine has responded in turn with a new holistic approach to medical education, evidence-based patient care and physician-based quality improvement.

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Already discussing physician proficiency, the American Board of Medical Specialties (ABMS) formed a Task Force on Competence in 1998. The group ultimately prescribed an overarching MOC process by which radiology and the 23 other specialty boards might advance quality medical care by requiring regular physician self-assessment and improvement.

The task force was led by surgeon



**Larry E. Kun, M.D.**  
ABR Assistant Executive Director for MOC

David L. Nahrwold, M.D., later elected ABMS president and currently chair of The Joint Commission. Initially disbelieving a report that “40,000-98,000 patients died annually through preventable errors,” Dr. Nahrwold said he came to accept the Institute of Medicine’s startling numbers and now echoes that organization’s urgent recommendations—standardize procedures and validate physician competence regularly.

“We were in denial for years, but it was a wake-up call,” said Dr. Nahrwold. “If we didn’t do something, somebody else would, and board certification would become irrelevant. But the main reason to act was to make sure the public is well-served.”

## MOC is Gold Standard for Continuing Certification

The task force identified six competencies that all physicians should demonstrate and that would become prerequisites for certification: medical knowledge, effective patient care, interpersonal and communication skills, professional-

ism, practice-based learning and improvement and systems-based practice. To assess physician competency and as a model for recertification, the task force adopted a framework of four categories comprising the required activities that must be demonstrated by diagnostic radiologists on an ongoing basis:

**Part I: Professional standing**—Possession of valid, unrestricted medical license(s).

**Part II: Lifelong Learning and Self-Assessment**—Completion of CME and self-assessment tools that meet specialty-specific guidelines for patient care. Current requirements call for completion of 250 hours of CME and 20 self-assessment modules (SAMs) over the course of 10 years.

**Part III: Cognitive Expertise**—Successful performance on a structured examination, demonstrating mastery of fundamental, practice-related knowledge.

**Part IV: Practice Quality Improvement**—Comparison of the quality of care provided to that of their peers or against national benchmarks, through ongoing participation in continuous quality improvement projects.

Mandated by ABMS in March 2000 for all 24 specialty boards, the MOC process is now required for continuing certification of all new residency graduates. The process is intended to demonstrate physician commitment to continual practice improvement and maintain physician commitment to quality in the national healthcare debate.

“MOC should include a continuous quality improvement effort for all diplomates to show that they’re constantly striving to improve their practice,” said Stephen H. Miller, M.D., M.P.H., ABMS president and CEO. “MOC has to show the outcomes for patient care are better because of it.”

MOC Part II, lifelong learning and self-assessment, received early attention from an ABR task force. SAMs—typically CME content followed by a series of multiple-choice questions, ask physicians to reflect on the knowledge just reviewed and its impact on their practices. The key, said Dr. Kun, is

## RSNA Assists in MOC, Lifelong Learning Process

RSNA offers a variety of resources to help physicians involved in the maintenance of certification (MOC) process. Access these resources by going to [RSNA.org/education/moc.cfm](http://RSNA.org/education/moc.cfm).

**InteractED® (Internet-based CME)**—Access more than 300 peer-reviewed programs to earn *AMA PRA Category 1 Credits™*. Programs include:

- Refresher Courses (available free of charge; opportunity to earn CME credit available to members only)
- *RadioGraphics* CME Tests / Education Exhibits (free of charge to members; non-members charged \$15 to access CME tests)
- Cases of the Day (free of charge to members; non-members charged \$15)

**NEW!** Cases of the Day from RSNA 2006 are now available. Cases cover breast imaging, cardiac radiology, chest radiology, emergency radiology, gastrointestinal radiology, genitourinary radiology, musculoskeletal radiology, nuclear medicine, neuroradiology, obstetrics/gynecology, pediatric radiology and ultrasound.

**Self-Assessment Modules**—View nearly 50 online self-assessment modules (SAMs) based upon previously distributed, peer-reviewed materials in a variety of subspecialty content areas. All SAMs are “qualified by the American Board of Radiology in meeting the criteria for self-assessment toward the purpose of fulfilling requirements in the ABR Maintenance of Certification Program.” All SAMs are also available for AMA PRA Category 1 Credit.

**My Practice Profile**—Define your practice and target lifelong learning activities more appropriately. Information entered is confidential and used by RSNA only to determine what types of educational programming you may need to fulfill the ABR MOC requirements. Receiving e-mail notifications about RSNA MOC resources is a benefit of completing a profile.

**My CME Action Plan**—Print a template of a personal learning plan based on your completed practice profile and save it to your hard drive. Each physician participating in the ABR MOC process is encouraged to keep a personal education plan for continuing education.

**RSNA CME Credit Repository**—Verify and print your RSNA-awarded AMA PRA Category 1 Credits and self-enter credits for self-directed learning.

**MOC File**—Upload and store pertinent MOC information, such as your CME Action Plan.

A new quality assurance section in *RadioGraphics*, set to debut in January, will also address the tools and methodologies of practice quality improvement (PQI) projects to help members identify, initiate and complete projects.

feedback to physicians regarding their performance and a comparison to their peers. Already well accepted, SAMs are readily available from RSNA and other organizations on a regular basis.

Radiologists will find the same ease with Part IV as PQI is better understood, said Dr. Kun. “It will become clear that this is not extraordinary and can really be approached within the context of an individual physician’s practice commitment,” he said.

ABR hopes eventually to see two broad types of PQI projects, those initiated by individuals or practice groups and others sponsored by societies such as RSNA. Accomplishments will ultimately be entered into diplomates’ per-

sonal databases (PDBs) with ABR.

“MOC is no longer foreign or threatening,” said Dr. Kun. “It’s part of good medicine and of what’s required for quality improvement in most settings. What’s implicit here is taking it down to the individual physician level.” □

### Learn More

■ The American Board of Radiology will be at RSNA 2007 to discuss maintenance of certification. See Page 18 for more information. More information is also available at [www.theabr.org](http://www.theabr.org).

