

ACHIEVING THE MULTIPLIER EFFECT USING PART IV MOC

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INTRODUCTION

ABMS PERFORMANCE IMPROVEMENT

- Health care systems and their physicians continuously strive to improve care to patients through QI/PI initiatives
- Family Medicine residents and faculty are required to complete a performance improvement activity for board (re) certification¹

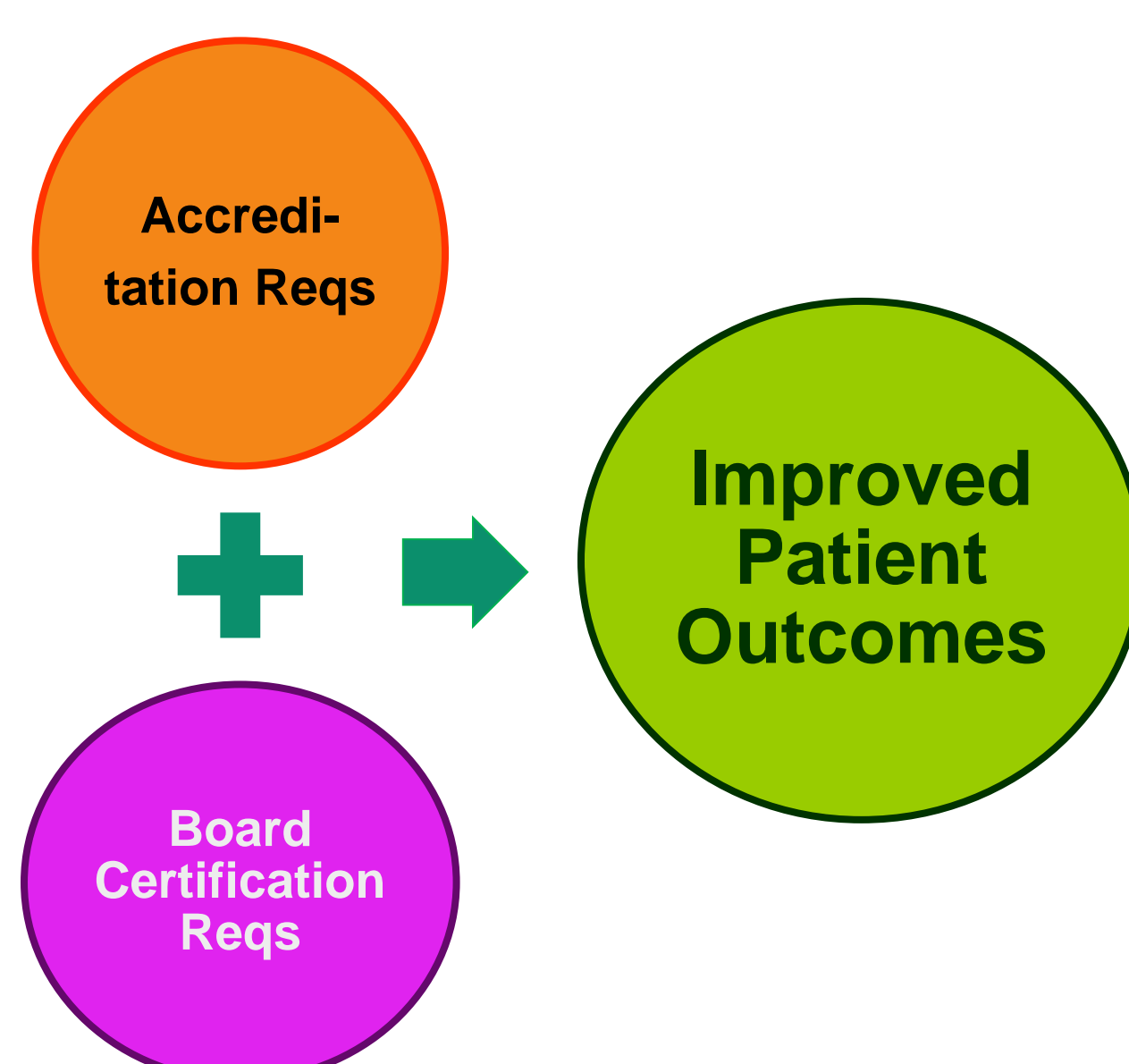
HEALTH CARE DISPARITIES – ACCREDITATION REQUIREMENTS

- Physicians across the continuum of medical education need to learn and incorporate an understanding of health care disparities into their care of patients
 - MEDICAL STUDENTS²
 - LCME Standard 7.6: Curricular Content/Cultural Competence and Health Care Disparities
 - RESIDENTS/FELLOWS³
 - CLER Pathway #5 Quality: Reducing Health Care Disparities
 - PRACTICING PHYSICIANS⁴
 - CME must be a strategic asset to QI/patient safety imperatives including health care disparities

PHYSICIAN WELL BEING & BURNOUT⁴⁻⁵

- PI, QI & Health Care Disparities initiatives can be perceived as just another requirement
- Studies on well-being and burnout plus medical education accreditation standards, highlight the importance of:
 - Engaging in team-based activities
 - Aligning/integrating education to meet multiple needs

PROJECT AIM: MAKE IT COUNT 3X



Utilize a single QI initiative to meet and seamlessly complete multiple requirements using a disparities focused learning/PI activity in a family medicine residency program:

1. Accreditation
2. Board Certification
3. ↑ Patient Outcomes

METHODS

IDENTIFIED CURRENT PROJECT / ACTIVITY THAT COULD COUNT 3X

Family Medicine Resident Program was an **Alliance of Independent Medical Center (AIAMC) National Initiative V** participant required:

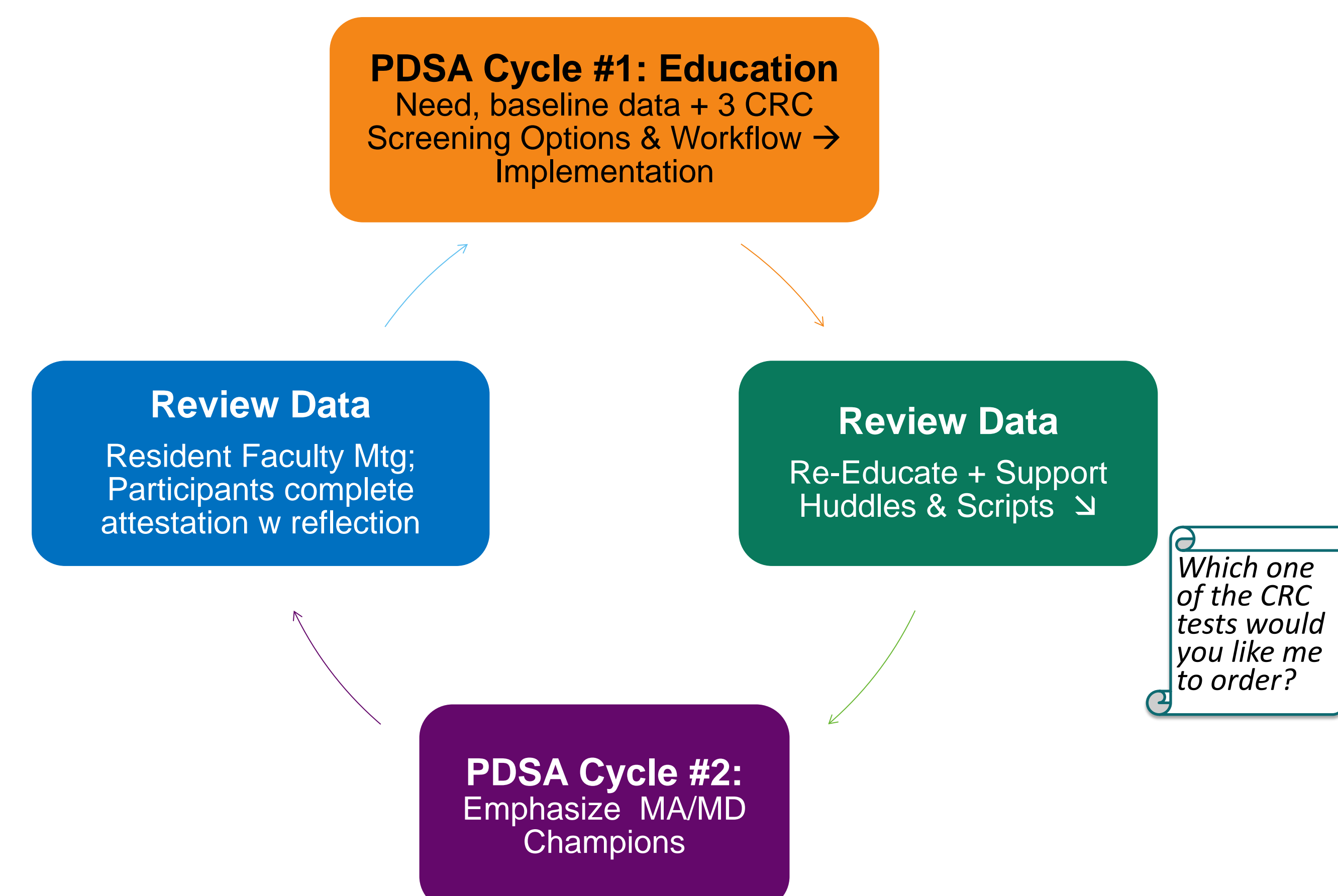
- **Project focused on health care disparities** from identification of actionable clinical disparity gap in patients' care then education and subsequent PDSA cycles to address the gap:
 - **COLORECTAL CANCER SCREENING (CRC)** is clinical quality metric
 - CRC screening population records sampled for eligible patients \geq age 50
 - Age = largest disparity gap for CRC
 - 13-15% screening gaps between populations aged 50-54 and \geq 65 vs age
- **Project met ACGME CLER + Common Program Requirements** for:
 - Health Care Disparities
 - Quality Improvement
 - Scholarly Activities
- **Board Certification**
 - Project participation = Performance Improvement

50
The right time
for your first time.
National Colon Cancer Screening Day



PART IV BOARD CERTIFICATION

- Application submitted and approved through Aurora Health Care's Continuing Professional Development Portfolio Program
 - Maintenance of Certification (MOC) Part IV for ABFM
 - 2 PDSA cycles with 3 data points: baseline, midpoint, end



RESULTS X 3

#1: PART IV BOARD CERTIFICATION

- 23 Family Medicine participants
 - 11 residents
 - 12 faculty
- Key participant lessons learned:
 - I learned that patients are amenable to discussion of CRC screening
 - "Normalizing" the screening for the patient seems to make them more agreeable
 - I think the largest barrier our patients face is health literacy – in following the very complex instructions for the (at home) screening test...

#2: ACGME CLER – COMMON PROG REQUIREMENTS

- HEALTH CARE DISPARITIES & TEAMWORK
 - Application to patient care
- QUALITY IMPROVEMENT PARTICIPATION
- SCHOLARLY ACTIVITIES
 - 7 presentations at regional/national meetings
 - 1 published abstract

#3: IMPROVED PATIENT CARE – CRC SCREENING

- DECREASED AGE DISPARITY GAP by 5% for CRC screening in our family medicine residency clinics
- INCREASED CRC SCREENING in 50-54 yo patients by up to 6% depending on clinic

SUMMARY & NEXT STEPS

- We **CAN** meet ACGME reqs, ABMS board certification reqs AND improve patient care with one activity!
- Minimized check-box burdens (burnout) + supported well being (team, shared activity)³

References

1. [ABFM Certification Requirements](#). Accessed 9.5.2017. <https://www.theabfm.org/MOC/index.aspx>
2. LCME Functions and Structure of a Medical School. Sept 2017.
3. [ACGME – CLER Pathways to Excellence](#). 2014. Accessed 9.5.2017.
4. McMahon G. Creating an Educational home to Improve Resiliency Across the Continuum. AIAMC Annual Meeting, Amelia Island, FL. 4.1.2017
5. [ACCME Accreditation Requirements for CME Providers](#). Accessed 9.5.2017.

