



INNOVATIONS AND IMPROVEMENTS IN MAINTENANCE OF CERTIFICATION

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Objectives

Areas of improvement in MOC

- Part 2: Lifelong Learning and Self Assessment
- Part 3: Cognitive Expertise
- Part 4: Improvement In Practice
- Fees

Listen for your ideas!



Part 2

Lifelong Learning and Self Assessment

“I already keep up.....

Why can't CME count for Part 2?”



Part 2 Changes

MOC points for CME!

ACCME Collaboration

AAP Chapter meetings, Grand Rounds, etc

First 6 months results:

489 MOC Part 2 activities registered (now over 2300)

31,200 MOC points awarded



Part 2 Changes

New Self Assessments:

- Professionalism in Global Health
- Care of a Transgender Child
- Immigration Health Care
- Updating Patient Safety
- A Journey of Improvement: The Basics of QI

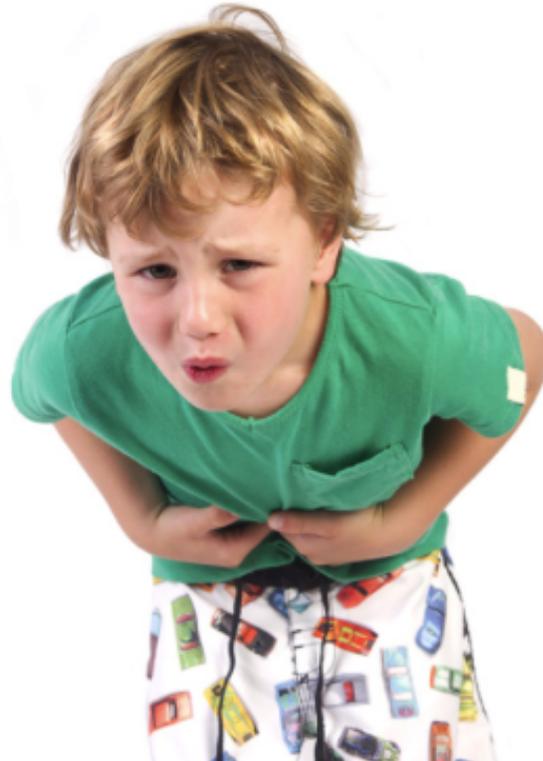
Question of the Week Enhancements



Question of the Week

Painless and Fun

How good is the power of suggestion to manage a child with functional abdominal pain?





Question of the Week

Painless and Fun

To use or not to use ibuprofen post tonsillectomy:
That is the question





Question of the Week

Painless and Fun

What's the best way to fight off a recurrent case of the "runs" after a bout of c. diff.?





Part 3

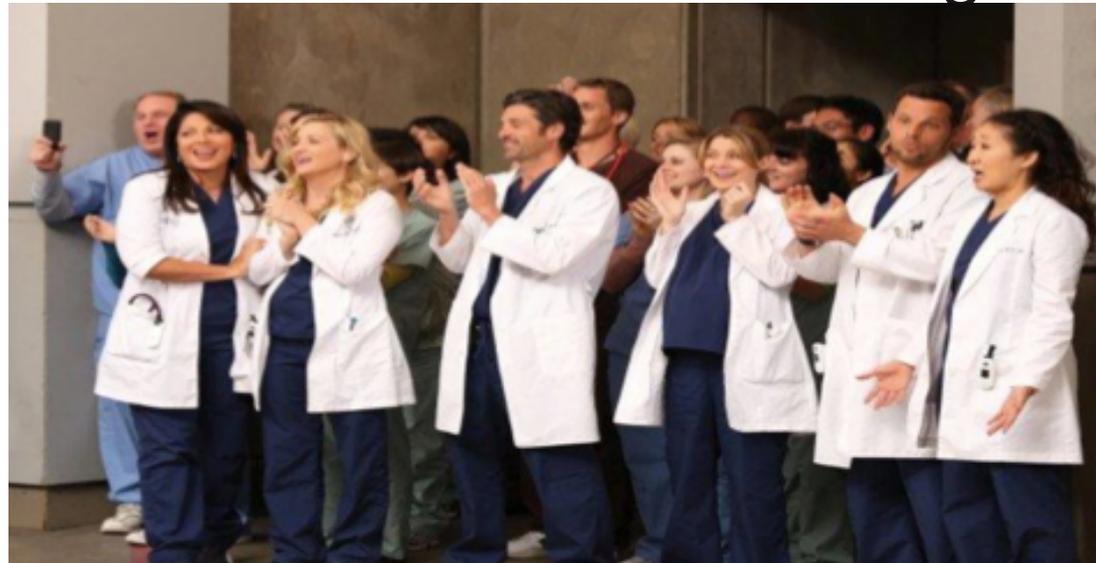
Cognitive expertise

“That exam every 10 years is not a learning experience.....

I hate the Testing Center”



Maintenance of Certification Assessment for Pediatrics Assessment FOR Learning





MOCA-Peds Overview

- Continuous assessment tool
- 20 questions sent quarterly; flexibility in answering
- Delivered via web to laptop or mobile device at home or office
- Focuses on assessment and learning
- Designed to fulfill the MOC Part 3 requirement





Question Overview

Application of fundamental knowledge of everyday pediatrics

Short clinical vignettes that mimic real world situations

Multiple-choice, single-best answer

Five minutes per question, **may use resources**

Instant feedback, with a clinical rationale and references



General Phase-in Plan

Pilot 2017-18

Changes guided by diplomate input

Go live 2019

Subspecialties will phase in over time (2019-2022)

Diplomates enter MOCA-Peds at start of the 5-year MOC cycle during which their next exam due date falls



Subspecialty Rollout Schedule

Year	Subspecialties
2019	CHAB, GAST, IDIS
2020	PULM, DBEH, NEON, NEPH
2021	CARD, HMED, CRIT, ENDO
2022	ADOL, EMER, HEMO, RHEU



Pilot Participation

2017: 5,081 of 6,814 (74.6%)

2018: 6,025 of 7,562 (79.7%)

Subspecialists: 81.1% registered



Participant Experience: Using The Platform

Did you experience any technical issue(s) with the MOCA-Peds system?	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Yes	16.1%	10.8%	7.5%	8.6%
No	83.9%	89.2%	92.5%	91.4%
Total	100%	100%	100.0%	100%



Overall Acceptability: General Pediatrics

In the future, <u>which Part 3 method do you expect to use to maintain your General Pediatric (GP) certification?</u>	Frequency	Percent
MOCA-Peds GP (the new online format)	2,748	96.2%
The GP proctored exam (at the testing center)	40	1.4%
I plan to stop maintaining my GP certification (for any reason)	68	2.4%
Total	2,856	100.0%

*Question asked to both GPs and subspecialists maintaining their GP certification (all subspecialists in the pilot)



Overall Acceptability: Subspecialists

In the future, <u>which Part 3</u> method do you expect to use to maintain your Subspecialty certification(s)?	Frequency	Percent
MOCA-Peds (the new online format), once available for my subspecialty	686	95.3%
My subspecialty proctored exam (at the testing center)	15	2.1%
I plan to stop maintaining my subspecialty certification (for any reason)	19	2.6%
Total	720	100.0%

*Question only asked to subspecialists maintaining their GP certification (all subspecialists in the pilot)



Overall Satisfaction

Agreement with statements about the MOCA-Peds model.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Both SA/A
The requirement to complete 20 questions per quarter over the course of an MOC cycle will be feasible for my schedule	3.1%	6.7%	7.2%	49.9%	33.0%	82.9%
Participation...is a feasible method for subspecialists to keep up-to-date with general pediatric knowledge	2.0%	2.9%	22.3%	48.1%	24.6%	72.7%

Other Comments (Q3) and What one enhancement would you recommend that the ABP make to improve MOCA-Peds overall?(Q4)

“THANK YOU for listening to pediatricians. This program should NOT end. In this day, testing in a proctored setting is NOT helpful for learning, cost or setting up a continuing personal education program!”

“I think that the MOCA-Peds pilot is a great improvement over the secure exam! Thank you so much for creating this new form of evaluation for pediatricians. It is so much less stressful, I am learning a lot while I take the exam and I do find the exam useful for my daily pediatric practice.”



Overall Satisfaction

Agreement with statements about the MOCA-Peds model.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Both SA/A
I am overall satisfied with this new MOCA-Peds model as a replacement for the previous Part 3 testing model for MOC	2.1%	2.9%	6.8%	43.7%	44.5%	88.2%
I am less anxious about taking an exam using the online MOCA-Peds system as compared to taking a proctored exam at a secure testing center	0.9%	2.7%	7.0%	32.6%	56.9%	89.5%

What one enhancement would you recommend that the ABP make to improve MOCA-Peds?

“Should be questions without time limit, just to remark what we are doing in our daily practice.”

“Make less frequent, life is non-stop and the studying quarterly is very hard with practice, family, and general life objectives”

“A continuous exam lasting for 4 out of 5 years is excessive.”

“Would eliminate the 5 minute limit per question or lengthen significantly”



Participant Experience: Time Spent

Reflecting on the *entire* MOCA-Peds pilot in 2017 about how much time did you spend answering questions (including time spent studying, looking at reference material, taking questions, and reviewing feedback)?

	Frequency	Percent
< 2 hours	144	5.0%
2 to < 5 hours	618	21.6%
5 to < 10 hours	756	26.5%
10 to < 20 hours	648	22.7%
20 to < 40 hours	450	15.8%
> 40 hours	240	8.4%
Total	2,856	100.0%

< 2 minutes/question
38 mins for 20 questions

Total time
3 hrs 50 mins



Participant Experience: Resource Use

How often did you use external resources while answering questions?	Quarter 1	Quarter 2	Quarter 3	Quarter 4
No Resource Use	19.2%	17.4%	15.8%	14.7%
With 1 to 5 questions	42.6%	41.3%	39.9%	39.2%
With 6 to 10 questions	22.2%	22.2%	25.0%	24.8%
With more than 10 questions	16.0%	19.0%	19.4%	21.4%
Total	100%	100%	100%	100%

Common resources used during questions:

- UpToDate (57.1% of those who used them)
- Government site (33.7%)
- PREP (8.3%)
- Search engines (58.6%)
- Professional Association sites (26.7%)
- Textbook (18.8%)



Did learning occur?

Did you learn, refresh, or enhance your medical knowledge based on using MOCA-Peds in the 2017 pilot?

Yes
97.6%

Were you able to apply any of what you learned to your clinical practice?

Yes, I have already	1,727	62.0%
No, but I plan to moving forward	468	16.8%
No, because my practice area is not general pediatrics focused	451	16.2%
No, for another reason (please explain)	141	5.0%
Total	2,787	100.0%



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Most significant practice change(s) you made as a result of participation in the 2017 pilot?

“More diligent with antibiotic mgx in otitis media. 2. In general am practicing more evidence based medical care with confidence”

“No big changes, just more informed discussions with parents.”

“The questions helped me to fill in gaps in my knowledge. This made me engage with learners differently, engage in teaching, and feel more confident that my general pediatrics knowledge was current “

“Follow up on High BP”

“Taking a better informed history”



What was the most significant practice change you made as a result of participation in the 2017 pilot?

“I'm a neonatologist with a follow up clinic for babies discharged from the NICU. In many areas I realized that some of my practice in the clinic might have been dated. I now have far more frequent discussions with both my general and subspecialty peds colleagues regarding the outpatient care of my former patients seen in their clinics.

Having to go read up on the topics I got wrong in my answers was also enlightening. I became more facile in this process as the year went by and in fact found myself reading far more general pediatrics than I had anticipated at the beginning of the year. I truly believe that this should be the way of the future to ensure practitioners keep up to date.”



“I have really enjoyed this, something I would never have thought I would say about the certification exam. I am both learning and meeting my requirement for certification, which is reflective of real practice!”

“It is AMAZING. I love it. Honestly, I am learning a lot by doing it, and it’s very easy to make time to learn from it. This is a far better learning tool than a proctored exam.”

“It is a great way for a subspecialist to keep up to date on general pediatrics. I would do it again. I think I will retain the general pediatrics information and actually be able to improve the clinical care I provide my subspecialty patients better...”



Scoring

4/5 years

Life happens.....

Drop lowest 4 quarters of performance at end of year 4

Diplomates will know at end of year 3 if they will meet performance standard

Based on 2017 pilot, passing rate will be over 95%



Part 3 Options

MOCA-Peds

- Default with enrollment
- No additional fees
- Earn Part 2 points

Proctored Exam

- Every 5-years at proctored site
- Additional fee to cover cost of seat fee and processing
- No Part 2 credit



Part 4

Improvement in practice

“There’s no evidence this stuff improves care...

It’s a waste of time”



Improvement in practice

The ABP is making every attempt to encourage people to engage in quality improvement activities which will give **credit for work already being done in their offices**

**How am I doing?
What might I do even better?
How might I do that?
Check it out.**





Expanded Part 4 Pathways

Significant increase in diplomates receiving MOC Part 4 credit for QI projects initiated by the individual, team, network, or institution (ie, not online modules)...

- PCMH, small or large group QI projects, portfolios, institutional QI leadership
- Streamlined application process



QI shown to be an effective tool...to bridge gaps in care.

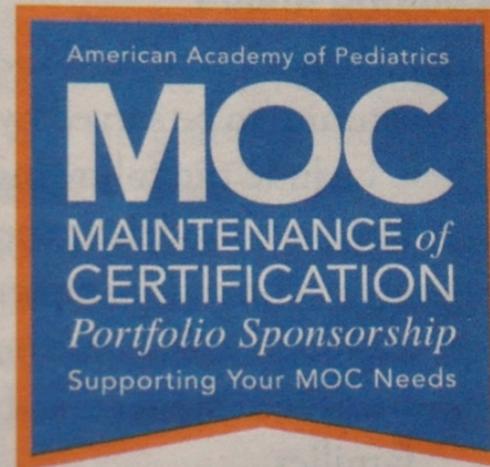
...ensure “every child gets the right care every time.”

Chapters Views and News

AAP helps pediatricians close gaps in care through MOC portfolio program

from the **AAP Department of Community and Chapter Affairs and Quality Improvement**

Quality improvement (QI) has been shown to be an effective tool to translate evidence into clinical practice and bridge gaps in care. The Academy supports pediatricians and their care teams in QI to ensure “every child gets the right care every time.”



relevant QI activities can be a challenge.

“Making and sustaining changes in practice is hard work, and the Academy can offer assistance,” she said.

“Whether it’s participating in one of our existing QI activities or cre-

ating a QI project from scratch, we

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AAP Making MOC Better

AAP has portfolio sponsorship status

- Allows Academy to evaluate QI activities and approve projects internally for MOC Part 4 credit



AAP Making MOC Better

- **Collaborative learning**
 - Multiple practices/sites work together (e.g., CQN, VIPN)
 - To view open projects, <http://bit.ly/2tovXc0>
 - *****AAP Chapter meetings*****
- **PediaLink QI**
 - Web-based tool for small groups
 - Projects proposed/led by volunteer pediatricians
 - <https://pedialink.aap.org/visitor/pedialinkqi>



AAP Making MOC Better

- **Education in QI for Pediatric Practices (EQIPP)**
 - Online courses for self-directed learning
 - <https://eqipp.aap.org/>
- **Poster/platform presentations at NCE**
- **Support Sessions on MOC at NCE**
 - Understanding MOC: Requirements/Resources
 - Pedialink QI



FEEES

\$1304 is way too much to pay...

What if I stop doing this in 2 years?



FEEES

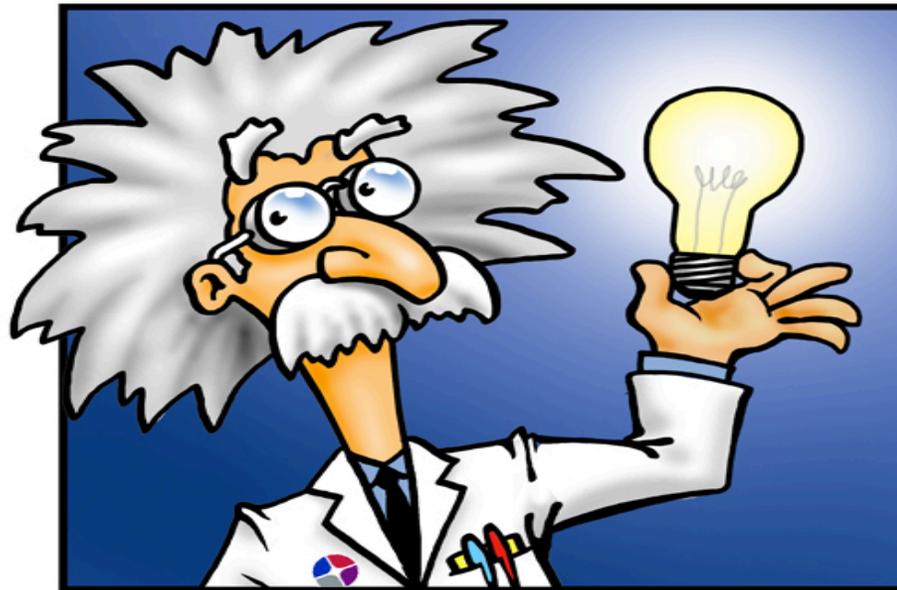
Annual payment option

\$1304 for 5 year cycle

\$275 annual fee



What are **YOUR** creative ideas?





Questions/Your ideas

ABP.org

