

# THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.

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## EDUCATIONAL PRODUCTS FOR FULFILLMENT OF ABA MOCA PROGRAM REQUIREMENTS

### PART 4: PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT

The American Board of Anesthesiology (ABA) is pleased to announce that medical societies and other healthcare organizations offering quality educational products to enable physicians to fulfill the requirements of the ABA Maintenance of Certification in Anesthesiology Program (MOCA<sup>®</sup>) may submit a proposal for their educational products to be considered by the ABA for approval.

#### About the ABA MOCA Program

MOCA is a 10-year program designed to enable physicians to demonstrate their commitment to quality clinical outcomes and patient safety. MOCA offers ABA board certified anesthesiologists (i.e. diplomates) the opportunity to participate in a four-part process for continual learning, while advancing the standard of specialty medical care. The four-part MOCA program includes:

- Part 1: Assessments of Professional Standing (Medical Licensure)
- Part 2: Lifelong Learning and Self-Assessment (CME activities)
- Part 3: Cognitive Examination
- Part 4: Practice Performance Assessment and Improvement

These four components of the MOCA program are designed to provide assessments of six general competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

#### Products for Fulfillment of MOCA Requirements

The ABA is willing to collaborate with select medical societies and healthcare organizations to provide product modules designed to help ABA diplomates fulfill the following requirements of the MOCA program: Part 2: Lifelong Learning and Self-Assessment, and Part 4: Practice Performance Assessment and Improvement.

The ABA may approve **Part 4: Practice Performance Assessment and Improvement** products that:

1. Provide relevance to physician practice.
2. Allow physicians to assess the quality of their care relative to the chosen topic for a small consecutive sample of their daily work, and compare their performance to peers and to benchmark data.
3. Use standard quality improvement methods and inform physicians of the current best knowledge applicable to the topic and the current best knowledge of how other physicians have improved performance.
4. Help physicians develop an action plan based on their own assessment of their performance and lead them through a project to improve performance including a reassessment at a later date.

**Please review the full Guidelines for Assessment of Physician Practice Performance as set forth by the American Board of Medical Specialties in ATTACHMENT A of this document.**

**The fact that an Educational Sponsor's Product meets all the above stated requirements is not a guarantee by the ABA that a Product will be accepted, rather the decision to accept the Product is subject to the sole discretion of the ABA. All Product applications that are not selected will be returned in its entirety to the Educational Sponsor and no parts of the Product application will be used without the Educational Sponsor's written permission. Notwithstanding, it is possible that**

**Product applicants may present similar proposals and while one Product application may not be accepted, another Product application with similar features may be used. Thus, all Educational Sponsors must agree that they may not claim any proprietary rights or interests by virtue of similar submissions being made and the ABA selecting one such Product applicant over another. The ABA reserves the right to charge a fee for review of Products.**

### **Process for Product Submission**

To submit your organization's product to the ABA for approval:

1. Review the Product requirements and guidelines carefully.
2. Complete and submit the MOCA Product Application form.
3. Submit the application form along with the proposed product module via email to the ABA at [moca@theABA.org](mailto:moca@theABA.org). Acceptable file formats for product submission include: .doc, .docx, .pdf, .xls, .xlsx, .rtf

### **Decision Process and Timeline**

1. The ABA reviews MOCA Product applications on a first-come, first-serve basis.
2. The ABA review and approval process takes approximately 8-10 weeks, but can take longer. During this time, the ABA may request additional information.
3. Once a final decision is reached, the Educational Sponsor will be formally notified in writing.
4. If a Product application is approved, the Educational Sponsor will be required to sign a written agreement with the ABA. The agreement will specify the terms of the arrangement.
5. The Educational Sponsor is responsible for the cost of developing and administering the Product, and for submitting a final report to the ABA of diplomate completion of the Product.



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## **The ABMS MOC® Program Guidelines for the Assessment of Physician Practice Performance by ABMS Member Boards for Maintenance of Certification**

**March 21, 2002**

The goal of the subcommittee is to establish a framework for use by boards for assessing physician practice performance. The purpose of such assessment is to demonstrate to patients, the public and the profession that physicians provide safe, effective, patient-centered, timely, efficient and equitable health care.

The process established by this framework will initially assess patient care using the most current data available. The assessment of physician practice will use scientifically valid and reliable data collection and methods of analysis but the specific content will vary for each specialty. The process will focus on improving the quality of patient care and will emphasize continuous improvement of practice performance. The evaluation process will address individual physician performance, patient factors, and practice site factors that influence performance. Assessment of performance will use a balanced set of measures including clinical processes and outcomes, patient satisfaction, and the efficient and appropriate use of resources.

1. A program of practice assessment should be phased in, periodically evaluated for its effectiveness, and systematically improved. Diplomates should be kept informed of the development of practice performance assessment.
2. The assessment process should reflect the activities of a diplomate related to patients or patient care.
3. Standards for measurement of clinical practice performance should be based on evidence-based guidelines, explicit expert consensus, or normative peer comparison.
4. The assessment process should compare the diplomate's practice performance to evidence-based guidelines or explicit expert consensus, where available, and to peers. After an initial baseline assessment, diplomates should be asked to develop an implementation plan for how they would improve performance. Diplomates should submit a follow-up assessment of the effect of the improvement plan. Each board should have a plan for what to do with diplomates whose performance does not meet acceptable expectations.<sup>a</sup>

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<sup>a</sup> The following is intended to be an example of how this might be carried out. Diplomates whose performance is below board expectations and who fail to show significant improvement could be subject to intensified practice review by the board. Eventually diplomates could face loss of certification, following due process, based on practice performance that is below board standards. In order for this to become a reality, each of the boards must have developed standards and measures for the assessment of physician practice performance that are reliable and valid.

The ABMS MOC<sup>®</sup> Program Guidelines for the Assessment of Physician Practice Performance by ABMS Member Boards for Maintenance of Certification

5. Initially each of the six general competencies<sup>b</sup> should be assessed at least once during a board's repeating maintenance of certification cycle. It is expected that by the end of the second cycle, this should be a continuous process.
6. Assessment of patient care initially should focus on a sampling of patients in a practice with a key disease or clinical process (such as asthma, diabetes, pregnancy, immunizations, surgical procedure<sup>c</sup> or processes central to that specialty<sup>d</sup>) at least once per cycle. By the end of the second cycle, each board should move to a more continuous sampling of patients that will enable diplomates to demonstrate, at any point in time, the quality of his/her care for a defined number of consecutive patients or specialty-related key activities.
7. An effective method for boards to consider for assessment and improvement of clinical performance is to be part of a collaborative effort with other practices using shared databases<sup>e</sup>.
8. The measurement of practice performance should use proven educational and assessment methodology.
9. Practice assessment should provide performance feedback, improve workflow, improve efficiency of practice, and should not duplicate other assessment efforts.
10. Practice assessment should include appropriate collaboration with specialty societies and other organizations with relevant education and assessment expertise.
11. Boards should develop a consistent approach regarding the status of Maintenance of Certification<sup>®</sup> for diplomates who are not involved in direct patient care.
12. The assessment of physician performance should begin during residency and continue throughout practice. The board's evaluation of physician performance during residency should be linked to the six general competencies described by the ABMS-ACGME.

Adopted by the ABMS Assembly  
March 21, 2002

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<sup>b</sup> ABMS-ACGME general competencies: Patient care, interpersonal and communication skills, professionalism, medical knowledge, practice-based learning and improvement, systems-based practice.

<sup>c</sup> Examples: Coronary bypass surgery, cholecystectomy, total hip replacement.

<sup>d</sup> Examples: Interpreting imaging for radiology, surgical pathology, preventive medicine.

<sup>e</sup> Examples: Bureau of Primary Health Care learning collaboratives, End Stage Renal Disease Database, Northern New England Cardiovascular Study Group, Pediatric Cancer Study Groups, Vermont Oxford Neonatal Network.