

# Impact of Restructuring MOC Component 4 in Dermatology: Physician-reported outcomes resulting from the ABD Focused Practice Improvement Modules

Elysia McGowan, Erik Stratman MD, Stanley Miller MD, Tammie Ferringier MD, Thomas Horn MD American Board of Dermatology

## Background

Board-certified specialists express concerns about maintenance of certification (MOC), including its relevance, time requirements, and expense. In response, the American Board of Medical Specialties modified MOC requirements, providing boards with greater flexibility in defining acceptable quality improvement activities. The American Board of Dermatology (ABD) sought to increase relevance of MOC activities, reduce their costs, and minimize the time they require by developing new activities called focused Practice Improvement (fPI) modules that meet these goals.

## Focused Practice Improvement (fPI) Design

Modules are written on various topics to appeal to medical dermatologists, pediatric dermatologists, dermatologic surgeons, and dermatopathologists. Each module contains a practice gap summary and suggestions for improvement. Dermatologists review 5 medical records or specific office processes and then answer 2 to 4 questions about each medical record or office process. Completion time varies by individual. Initial measurements require less than 1 hour once medical records have been identified. Participants who report ideal care following their assessment have completed the exercise, and those who identify improvement opportunities implement changes to their practice and then perform a second review of medical records of patients seen in the interval period 6 to 12 weeks later. Re-measurement intervals may vary. To conclude the module, participants answer an online survey to anonymously evaluate completed exercises.

## Methods

We reviewed responses to online surveys completed by ABD diplomates after they had concluded 1 or more of 48 online fPI activities from February 8, 2016 through May 22, 2018. The survey questions asked whether the participating dermatologist:

1. thought the fPI module was relevant (yes or no),
2. changed documentation or management (yes, no, or it reaffirmed what I was already doing),
3. improved care (yes, no, or it reaffirmed what I was already doing),
4. believed any patient experienced better outcomes (yes, no, or unknown/too early to tell), and
5. recommends the fPI module to others (yes or no).

Participants were informed that the survey was anonymous. This study was exempt from formal review by the Marshfield Clinic Health System Institutional Review Board.

## OBJECTIVES

1. To determine the relevance to practice of the fPI modules to dermatologists of all subspecialty types
2. To determine the utility of the fPI modules in identifying local practice gaps in dermatology
3. To determine the reported dermatologist practice changes resulting from the fPI modules
4. To determine physician-reported patient outcomes related to the fPI modules
5. To determine the distribution of participants and subspecialties participating in fPI modules

	2016	2017	2018	TOTAL
Number of exercises completed	1417	2415	1180	5012
Number of diplomates who completed an exercise	742	1158	540	2440
Number of diplomates who completed more than 2 exercises. (MOC requires 2 exercises in 10 years)	113	225	90	428

YEAR OF ACTIVITY	EXERCISES COMPLETED	SECOND CHART REVIEW PERFORMED	PERCENT
2016	1417	416	29.4%
2017	2415	850	35.2%
2018	1180	451	38.2%
Total	5012	1717	34.3%

FEEDBACK QUESTION	2016			2017			2018			TOTAL		
	YES	NO	RE-AFFIRM / UNKNOWN	YES	NO	RE-AFFIRM / UNKNOWN	YES	NO	RE-AFFIRM / UNKNOWN	YES	NO	RE-AFFIRM / UNKNOWN
Was the ABD MOC fPI activity relevant to your practice?	1387	29	1	2377	36	2	1159	21	0	4923	86	3
Did what you do to manage the particular patient population change as a result of the project?	159	59	1199	391	62	1962	204	42	934	754	163	4095
Did how you document the care of the particular patient population change as a result of the project?	191	82	1144	452	137	1826	223	82	875	866	301	3845
Do you think your care of the particular patient population has improved as a result of the project?	242	57	1117	538	87	1790	262	59	859	1042	203	3766
Did any patient experience a better outcome because of your participation in this project?	286	338	793	591	511	1313	232	257	691	1109	1106	2797
Would you recommend this project to other dermatologists participating in MOC?	182	182	6	182	182	6	6	6	6	182	182	6

## Results

During the study period, 5012 fPI activities were completed in 48 modules. The Table lists the fPI modules that were started and completed. Of those dermatologists completing the fPI activities, 1671 (34.3%) identified practice gaps and implemented an intervention and a remeasurement phase. Of the 4872 dermatologists, 4923 (98.2%) assessed the activities as relevant. Most dermatologists (4095 [81.7%]) reported that the modules reaffirmed their current management, whereas 754 (15.0%) reported that the modules helped change their practice. Eight hundred sixty-six (17.3%) changed their care documentation habits, 1042 (20.8%) believed care improved, and 1109 (22.1%) reported that at least 1 patient experienced better outcomes because they completed the fPI modules. Four thousand eight hundred fifty dermatologists (96.8%) would recommend the fPI modules to other dermatologists (range by module, 88.9%-100%)

EXERCISE COMPLETED	Field Total # - Top 10 Exercise			TOTAL
	2016	2017	2018	
Foot cancer screening in adults with personal history of squamous cell carcinoma	42	23	65	130
Appropriate lab testing for psoriasis	166	147	347	660
Appropriate prescribing of steroids for psoriasis	164	55	141	360
Appropriate timing of histologic screening for melanoma in long-term melanocytocytic nevi	52	91	14	161
Assessing for oral disease and implementing counseling for patients with vesicolytic lesions	12	27	9	48
Assessing for oral disease and implementing counseling for patients with vesicolytic lesions	44	58	124	226
Blood Tumor Management in Dermatologic Surgery	137	194	75	406
Checking BMI and counseling weight reduction in overweight pediatric psoriasis patients	17	8	25	50
Confirming correct safety glasses before continuing laser procedure	33	34	67	134
Confidentiality education and counseling relative to melanoma in long-term melanocytocytic nevi	48	109	47	204
Early assessment and intervention for psoriasis lesions	28	27	15	62
Identification of dermatologic disease in dermatology patients undergoing cosmetic treatments	22	11	33	66
Importance of completing a delayed patch test result	55	79	34	168
Improved Melanoma Pathology Reporting	54	66	28	148
Improving Adherence to Mohs Appropriate Use Criteria in Lower Body Sites	72	90	38	200
Improving genital chlamydia screening in adult patients presenting with syphilis	11	16	6	33
Improving adherence to counseling and prevention for dermatology patients on chronic glucocorticoids	13	21	10	44
Improving pneumococcal vaccination counseling in dermatology patients prior to initiating biologic medication	21	21	6	48
Improving smoking cessation efforts in patients with cutaneous squamous cell carcinoma	27	28	12	67
Improving the Feasibility of Patient Information Materials	29	22	51	102
Increasing vaccination rates for Varicella-Zoster Virus in patients over 60 years of age	6	7	13	26
Influenza vaccination for patients treated with immunosuppressive medication for skin disease	10	10	20	40
Limiting oral antibiotic use to 3-6 months for treatment of acne	108	172	55	343
Limiting use of topical corticosteroids relative to dermatology patients	29	41	17	87
Maintaining a Complete Hematology (Med/Res/Chp/IGM) and Vascular Occlusion Protocol for Dermatologists Performing Filler Procedures	23	24	47	94
Managing Shingles Infection and Other Occupational Exposure to HIV/HSV and PCV/Vaccines in the Dermatology Office	15	16	31	62
Melanoma treatment in dermatology patients including melanoma with desmoplastic and nodular histology	9	11	5	25
Performing a skin biopsy in patients with suspected pyoderma gangrenosum	17	15	30	62
Pre-Shop patients to prevent postoperative neuropathic pain in patients over 50 with painful acute herpetic zoster	11	7	38	56
Reducing Psoriasis Monitoring in Healthy Young Women on Systemic Retinoids	90	146	42	278
Screening for latent TB and counseling on symptoms, a modifiable risk factor for melanoma in adolescent and adult women	12	14	25	51
Screening for Psoriatic Arthritis in Routine Patients	17	14	31	62
Skin Biopsy Pathway Step #02	179	127	33	339
Skin Biopsy Pathway Step #03	51	45	16	112
Skin Biopsy Pathway Step #04	25	20	10	55
Skin Biopsy Pathway Step #05	85	56	30	171
Skin Biopsy Pathway Step #06	46	41	13	100
Skin Biopsy Pathway Step #07	33	32	14	79
Skin Biopsy Pathway Step #08	27	31	11	69
Skin Biopsy Pathway Step #09	20	12	6	41
Skin Biopsy Pathway Step #11	28	21	9	58
Skin Biopsy Pathway Step #13	26	22	12	60
Smoking cessation counseling in psoriasis patients	29	36	15	80
Use of nontoxic gloves in ophthalmic ophthalmology procedures	64	60	124	248
Using Chemotherapy for Chemoprevention of Hematolymphoid Skin Cancers in Solid Organ Transplant Recipients	17	23	5	45
Using Retinoids for Chemoprevention of Hematolymphoid Skin Cancers in Solid Organ Transplant Recipients	20	28	8	54
Using Tissue Reaction Products in Cuticle Laser Treatment	12	12	24	48
Utilization of imaging in melanoma (F08E #23)	60	88	27	175

## Conclusion

The ABD's fPI pilot program has been successful and has led to practice-changing, relevant education at no additional cost for diplomates. Expanding and maintaining relevance and timeliness of the fPI modules for the field remains a priority for the ABD.

