



Part IV of MOC: What Is It?

Part IV of the new maintenance of certification (MOC) process is practice performance evaluation. Part IV is probably the most poorly understood part of MOC. The purpose of this article is to explain part IV and what it means to the physician trying to fulfill MOC requirements.

In the past, physicians were given a cognitive exam to determine the extent of their knowledge. The goal of Part IV of MOC is not only to “know it” but also to “do it” and to determine if it makes a difference in patient outcomes. MOC corresponds to the 3 o’clock position on the continuous quality improvement (CQI) cycle shown in Figure 1. Whether it makes a difference or not, it does provide new knowledge, and the CQI cycle starts again.

A widespread problem in medicine is that physicians do not get feedback on how their performance compares with that of their peers. All physicians want to provide the best care for their patients, but they often lack the necessary tools. With feedback, physicians can identify areas in which performance can be improved.

In some areas of medicine, national or regional registries have been developed that allow physicians to report outcomes on their patients so they can better understand how their patients fare compared with the patients of other

physicians. One example of a patient outcome registry is the Northern New England Cardiovascular Disease Study Group (Likosky DS, Nugent WC, Clough RA, et al. Comparison of three measurements of cardiac surgery mortality. *Ann Thorac Surg.* 2006;81:1393–1395.). This registry provides physician level information on complications of surgery. The feedback provided by this registry has led to improved patient outcomes. The success of registries and application of CQI techniques in other settings have generated a great amount of interest in expanding the use of CQI in medicine.

How will part IV be implemented in nuclear medicine? Most boards, including the American Board of Nuclear Medicine, recognize that it will take time to develop the infrastructure to develop regional or national CQI programs for physicians. In the mean time, physicians will be expected to participate in local quality improvement initiatives. Examples of such initiatives include tracking the time to sign reports, reviewing the accuracy of reporting, conducting patient satisfaction surveys, recording events that potentially affect patient safety, etc. The basic idea is to gather data about how we are doing, assess the data to identify what things we could be doing better, come up with an improvement plan, implement the improvement plan, and then remeasure to determine if we really improved. Most physicians are already participating in local quality improvement projects, so most physicians will only need to document that they are already participating in these activities. Next month’s MOC Update will describe how part IV is likely to evolve.



Henry D. Royal, MD

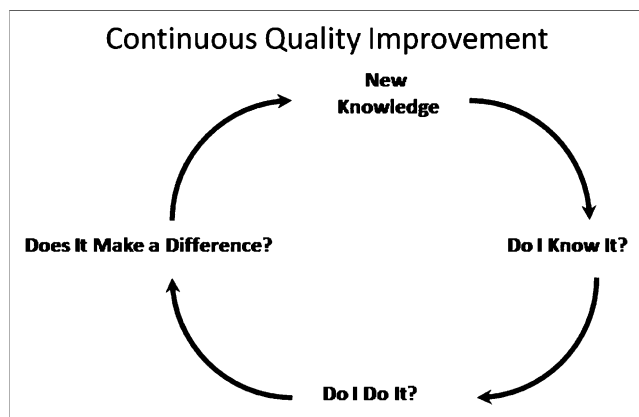


FIGURE 1. Continuous Quality Improvement Cycle

Henry D. Royal, MD
Mallinckrodt Institute of Radiology
St. Louis, MO