



## **Mayo Clinic Sharing Provider Experience in the MOC Multispecialty Portfolio Approval Program**



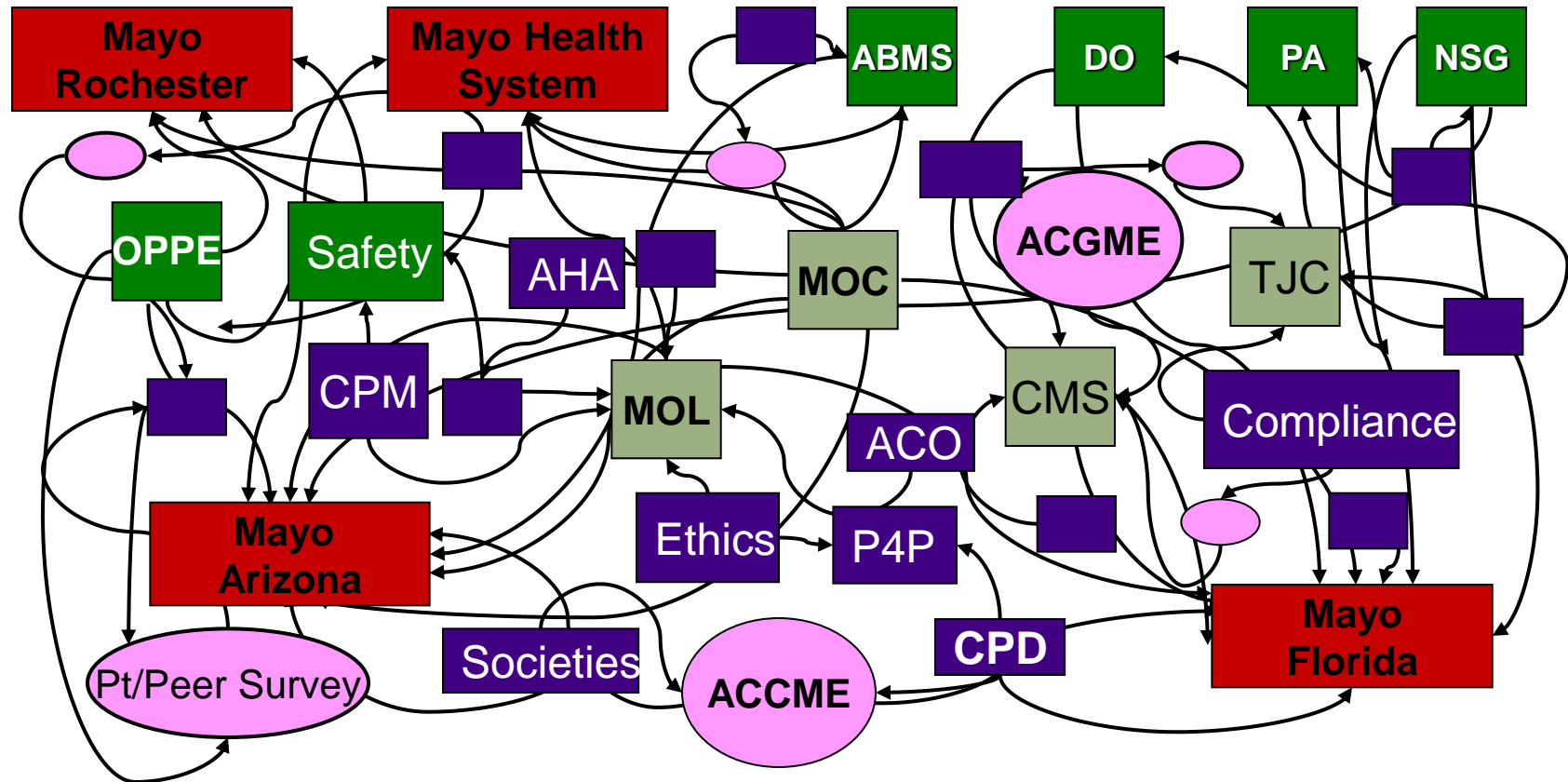
*Hope  
and  
Healing*

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2014 Society for Academic Continuing Medical Education

# Mayo Clinic



# Complex World of Maintenance of Certification



# Pilot Project 2009

- American Board of Internal Medicine
- American Board of Family Medicine
- American Board of Pediatrics
  - American Board of Medical Specialties
  - Accreditation Council for Continuing Medical Education

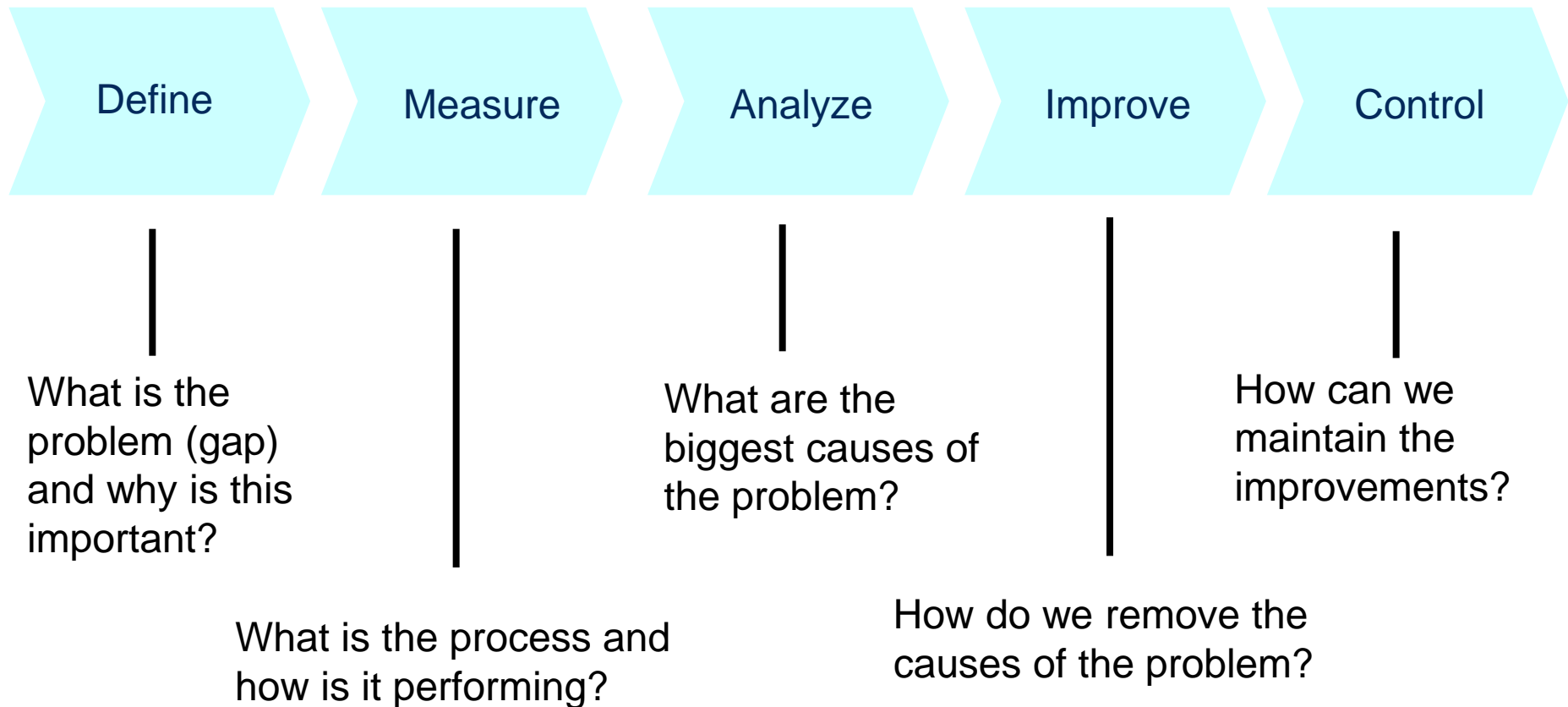
Application – Attestation – Meaningful Reflection

# At Mayo Clinic...

- Healthcare is delivered by clinicians and teams...who are ultimately accountable for improving healthcare quality
- Quality improvement is a team-sport, not an individual clinician activity
- Quality improvement includes systems of care and individual clinician performance
- Clinician efforts need to be aligned with institutional priorities for quality and safety
- Recognize current institutional and grass-roots QI projects for MOC

# DMAIC

## Framework to improve any existing process



# Quality Review Board

- Board comprised of 14 physicians (with 5% category 1 time), 1 engineer, and 5 administrative staff who meet every other week to review projects
- Each member was hand-picked for their interest and expertise in quality and education
- Every QI project for MOC is evaluated and scored by 2 reviewers (analogous to a journals editorial review board and IRB)
- Just-in-time coaching / Just-in-time education
- Platform for internal dissemination, searchable database of approved projects
- Opportunities for scholarship and external dissemination

# Successes

- Team members become resources for other individuals within their departments and teams
- Institutional culture shift
  - Quality is promoted throughout the institution
  - Physicians feel supported in efforts to improve care when MOC is achieved in the process
  - Opportunities for diffusion
  - Recognition from peers
- Pilot program with Affiliated Practice Network



# Outcomes (2009 – 2013)

Improvement in patient outcomes & satisfaction

- Hospital acquired infection rates from C. Difficile decreased by 85%
- In-hospital mortality rates from acute myocardial infarction decreased by 25%
- EMR Phase 1 Meaningful Use increased to 100%
- Patient falls and decubitus ulcers decreased by 50%
- Improvements in patient experience, access

# Lessons Learned

- Just-in-time support continues to be essential
  - Reporting and certification deadlines
  - Credit requirements
- Many continue to approach QI like hypothesis-driven research (intervention chosen before project starts)
- Alignment, alignment, alignment
  - Culture and teamwork
  - System and procedurally



## References

Ting HH, Nowicki KM, Starr SR, et al. Integrating maintenance of board certification and health system's quality improvement programs. *Harvard Business Review*. November 11, 2013. <http://blogs.hbr.org/2013/11/integrating-maintenance-of-board-certification-and-health-systems-quality-improvement-programs/>

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