**NNE-PTN Physician Expectations and Memorandum of Understanding (MOU)**

**ABMS Maintenance of Certification (MOC) Project**

**Introduction:** As part of Northern New England – Practice Transformation Network’s (NNE-PTN) commitment to meaningfully engage patients and families in transforming care, it is incorporating Choosing Wisely®, an initiative developed by the American Board of Internal Medicine (ABIM) Foundation, into its work. It ties directly into the Transforming Clinical Practice Initiative’s (TCPi) Patient and Family Engagement (PFE) drivers to build patient-provider partnerships, and reduce unnecessary use of tests and treatments.

As the nation increasingly focuses on ways to provide safer, higher-quality care to patients, the overuse of health care resources is an issue of considerable concern. As much as 30 percent of care that is delivered to patients is considered duplicative or unnecessary with limited health benefits. Choosing Wisely is a campaign that aims to promote conversations between clinicians and patients to choose necessary care that is supported by evidence, not duplicative, and has the lowest possible risk for harm. This quality improvement opportunity will provide the tools to understand how to incorporate Choosing Wisely® into the practice in an effort to improve patient care. Physicians can also earn Maintenance of Certification (MOC) credit upon completion of the project that will count toward their board recertification.

**Overall Project Aim:** To engage patients and families in their care to reduce overuse, especially inappropriate use of tests and treatment in three areas: Advanced Imaging for Low Back Pain (LBP); reducing Emergency Department (ED) Use; and Depression Screening and Medication Decisions over a one year period from January 2017 to December 2017.

**Goal:** Implement Choosing Wisely® (CW) concepts into clinical practice to foster conversations to promote quality of care and improve safety by reducing overuse.

**Expectations of Participating Physicians:** Physicians interested in earning American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) credits for participation, must sign this application, complete pre and post assessments via Survey Monkey, attend at least four webinars/year and one in person presentation, submit and review practice data quarterly and use Choosing Wisely materials in your office. Credit is available for physicians certified by one of the 24 specialty boards by the American Board of Medical Specialties (ABMS). Currently only physicians with practice sites enrolled in the NNE-PTN are eligible to participate in the MOC project. This MOC cycle runs January 2017-December 2017. Physicians should sign up by February 8, 2017. CME credit is also available for the webinars.

1. **Sign up for MOC by completing this Memorandum of Understanding (MOU) by February 8, 2017.**

2. **Review On-line materials for Choosing Wisely®**
   
   [https://www.mainequalitycounts.org/page/2-882/maine-choosing-wisely](https://www.mainequalitycounts.org/page/2-882/maine-choosing-wisely)
3. Physicians who would like MOC credit will attend the below webinars and one on site/Zoom educational session:

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Presenters</th>
</tr>
</thead>
</table>
| February 8, 2017, 12N – 1PM | “How does Choosing Wisely Help Reduce Unnecessary Care in the Practice Setting?” Introduction of Choosing Wisely Initiative, through AMA’s STEPSforward™ online Module, “Advancing Choosing Wisely”, the Clinical evidence-based Guidelines and Focus areas | Bruce Bagley, MD, FAAFP  
Senior Advisor to the Professional Satisfaction and Practice Sustainability  
American Medical Association  
Amy Belisle, MD, Medical Director, Maine Quality Counts  
Kellie Slate Vitcavage, MS, Program Manager, Maine Quality Counts |
| May 25, 2017            | PTN Learning Community ½ day session (face to face/Zoom)               | TBD                                                                        |
| June 20, 2017, 12N - 1PM | “Cost of Care Conversations in the Clinical Practice”                  | Peter Ubel, MD, Duke University                                           |
| July 25, 2017, 12N - 1PM | Depression Screening                                                   | TBD                                                                        |
| August 15, 2017, 12N - 1PM | Reducing ED Use                                                        | TBD                                                                        |
| September 19, 2016, 12N – 1PM (OPTIONAL) | “Engaging the Patient in Overuse at the Point of Care” | Chris Moriates, MD, Dell Medical School at the University of Texas at Austin |

4. Physicians will complete Pre and Post Assessment Survey:  
https://www.surveymonkey.com/r/NNEPTNMOCPreSurvey. Physicians will be asked to complete the Pre-Assessment Survey by February 8, 2017 and Post Assessment by September 30, 2017.

5. Quality Improvement Methodology: Physicians should use the Model for Improvement to Guide their work. They should set an Aim Statement with their practice team after reviewing their baseline data. Data for improvement should be submitted based on the schedule below in Table A.

Practice must work with IT and Practice Managers to submit data on the physicians’ behalf. See all measures to collect in Table B. Physicians should review data with their practice team and submit to NNE-PTN. The practice will need to pull the data directly from the EHR. If unable to pull data directly from the EHR, practices can submit chart review data. One provider should submit data from 10 charts or each practice should submit data on 20 charts for the reporting period. With their practice team, Physicians should also submit two Plan-Do-Study-Act cycles (PDSA) to NNE-PTN for review that documents their work over the time period.
### Table A.

<table>
<thead>
<tr>
<th>Practice Data Periods</th>
<th>Practice Data Submission Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017</td>
</tr>
<tr>
<td>NNE-PTN Data Submission</td>
<td></td>
</tr>
<tr>
<td>Mid-March</td>
<td>3/15/17</td>
</tr>
<tr>
<td>Mid-June</td>
<td>6/15/17</td>
</tr>
<tr>
<td>Mid-September</td>
<td>9/15/17</td>
</tr>
<tr>
<td>Mid-December</td>
<td>12/15/17</td>
</tr>
</tbody>
</table>

### Table B.

<table>
<thead>
<tr>
<th>Required Measures via Claims</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Target Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging for Low Back Pain (LBP)</td>
<td>Number of patients from the denominator with imaging study (plain X-ray, MRI or CT scan) within 28 days of index LBP dx</td>
<td>Total number of adults 18-50 years of age with a primary diagnosis of low back pain who did not have imaging study (plain X-ray, MRI or CT scan) within 28 days of index LBP dx</td>
<td>3% relative reduction from baseline in one year</td>
</tr>
<tr>
<td>Reducing ED Utilization</td>
<td># of all ED visits</td>
<td>All ED visits</td>
<td>3% relative reduction from baseline in one year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required Measures via EHR</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Target Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Screening Adolescents</td>
<td>Number of active patients aged &gt; 12 and &lt;18 years screened for clinical depression using an age appropriate standardized tool</td>
<td>Denominator: Total number of active patients aged &gt; 12 and &lt;18 years</td>
<td>3% relative improvement from baseline in one year</td>
</tr>
<tr>
<td>Depression Screening Adults</td>
<td>Number of active patients aged 18 years and older screened for clinical depression using an age appropriate standardized tool</td>
<td>Percentage of patients aged 18 years and older appropriate standardized tool</td>
<td>3% relative improvement from baseline in one year</td>
</tr>
</tbody>
</table>

8. **Complete an attestation form for MOC after completion of the project.** Physicians will be notified by email when all components are complete and sent an attestation form to complete. This MOC cycle will be completed once the data submission from December 2017 has been submitted to NNE-PTN and other participation requirements have been met.

*By signing below, I acknowledge my understanding of the goals and expectations of the MOC project and commit to full participation in the collaborative as defined by agreement to fulfill the expectations noted above for NNE-PTN MOC.*
Practice Name: _____________________________________________

Practice Address (site): _____________________________________________

Practice Administrative Contact: ____________________________ Best phone number: ____________

Best Fax Number to send data reports if needed: ________________________________

Lead Physician: ________________________________________________

Signed: __________________________ Date: ______________________

Name: __________________________ E-mail: ______________________

Each Physician Seeking MOC Sign Up Below by February 8, 2017:

Physician: ______________________

Signed: __________________________ Date: ______________________

Name: __________________________ E-mail: ______________________

Physician: ______________________

Signed: __________________________ Date: ______________________

Name: __________________________ E-mail: ______________________

Physician: ______________________

Signed: __________________________ Date: ______________________

Name: __________________________ E-mail: ______________________

Physician: ______________________

Signed: __________________________ Date: ______________________

Name: __________________________ E-mail: ______________________

Please return to Kellie Slate Vitcavage, Project Manager: kslatevitcavage@mainequalitycounts.org
AIM STATEMENT WORKSHEET

The (name of your specific practice)

Intends to accomplish (This is a general overarching statement describing what you intend to accomplish during the time you work on this process – it answers the first question of the Model for Improvement. The process is identified in the statement, any specific or segmented area is mentioned and words like improve, reduce, and increase are often utilized)

by (time frame, i.e. month/year in which you intend to accomplish improvement)

for (what group are you doing this for – who is the customer)

because (the rational and reasons to work on this improvement project)

Our goals include: (your measures – it answers the second question of the Model for Improvement. Here they are stated as numeric goals)

➤
➤
➤
PDSA CYCLE WORKSHEET

We ask teams to submit information on the PDSA (Plan-Do-Study-Act) cycles that they completed to see if changes led to improvement and determine what changes are important to build into sustainable office systems when data is submitted. Below is a template to use for this purpose.

Recording Physician: ________________________________
Name of Practice: ____________________________________________________________________ Month: __

Use this form to track your team’s progress.

<table>
<thead>
<tr>
<th>General Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many team meetings (sit down meetings lasting at least 15 minutes) did your team have during the month? ____</td>
</tr>
<tr>
<td>2. How many huddles (stand-up meetings lasting a maximum of 5 minutes) did your team have during the month? ____</td>
</tr>
</tbody>
</table>
| 3. How well did you do this month? Rate your progress (go with your gut response, circle your team’s progress) 1 2 3 4 5  
  (1-being no action toward goals and 5- being substantial progress toward goals) |
| 4. What where the factors that contributed toward your team’s progress? |
| 5. What will you do to increase your score next month? |

<table>
<thead>
<tr>
<th>Plan-Do-Study-Act (PDSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P  Plan: Discussion Items: What system are you trying to improve? What specific change will you test? What do you predict will happen as a result of the test?</td>
</tr>
<tr>
<td>D  Do: Possible Actions: What happened? Did the test go as planned?</td>
</tr>
<tr>
<td>S  Study: Were there any unintended consequences- did they result in improvement? How did what happen compare with your prediction?</td>
</tr>
<tr>
<td>A  Act: Next Steps? Adapt, Adopt, Abandon?</td>
</tr>
</tbody>
</table>

| Barriers Identified: (Practice, Community, etc.) |
Webinar and In-person Educational Schedule:

February | May | June | July/August | September
---|---|---|---|---

Choosing Wisely Overview

- **How Does Choosing Wisely Help Reduce Unnecessary Care in the Practice Setting?**
  - 2/8/2017 - 12N-1pm
- **In person educational session 4 E-Model on Communication**
  - 5/25/2017
- **Alternative Pain Treatments for Low Back Pain**
  - 6/20/2017
  - 12N-1PM
- **Depression Screening**
  - 7/25/2017
  - 12N-1PM
- **Engaging the Patient in Overuse at the Point of Care**
  - 9/19/2017
  - 12N-1PM
- **Reducing Emergency Department (ED) Use**
  - 8/15/2017
  - 12N-1PM

Optional Webinar

**Reporting Expectations:**

**Assessment Surveys:**
- Pre-Assessment Survey: 2/8/17
- Post-Assessment Survey: 9/30/17

**Quarterly Data Collection Points:**
- 3/15/17
- 6/15/17
- 9/15/17
- 12/15/17