

Physician #1

Subject: Approval of Submission for HRS MOC Points

Thank you for submitting responses to the MOC questions from the HRS 2018 Scientific Sessions, held in Boston from May 9-12, 2018.

The HRS reviewers found that your essay responses illustrated that you were engaged in accomplishing the activity objectives, reflected upon the content, and satisfactorily completed the required questions; therefore, **you have been awarded MOC credit equal to the amount of CME credit claimed.**

Your points will be submitted to your board (ABIM or ABP) within the next 30 days, and you should receive a notification when the points have been accepted by them.

Your responses and recommended next steps appear below. Aggregate data from all responses will be used to assist in the planning of future Scientific Sessions and other educational programming. If you have any questions, please contact Almaz Araia (scientific.sessions@hrsonline.org).

Again, thank you for your participation in the HRS 2018 Scientific Sessions and the MOC credit program.

Summary and Next Steps:

1. **Question:** Identify a new scientific advancement or innovation discussed during the conference and explain how it could impact the care and outcomes of your patients with heart rhythm disorders.

Your Response: *AF ablation has been relatively ignored except within our community as a legitimate method to mitigate the disease burden. Recent trials will allow us to demonstrate clinical data that supports the pursuit of an ablation. The recent results from the castle AF trial need to be propagated to the general physician population. Additionally the very nature of this question is so impractical and unnecessary.*

Recommended Next Steps: To learn how new scientific advancements and innovations could impact your practice, access the [Heart Rhythm Journal](#) and/or [Heart Rhythm on Demand](#) and search on the advancement you identified, as well as others that could impact your practice.

2. **Question:** Describe how you will change your management of patients to better follow clinical guidelines / recommendations, and explain why you are willing to make this change.

Your Response: *EP physicians have always demonstrated an ability to*

remain academically flexible with our recommendations. I think this question is rather troubling and moderately insulting. Under no circumstance has the community of EP physicians been unable to criticize our own pitfalls and deficiencies. Science has always dictated what we do and we have the ability to edit our fiscal behavior. Unfortunately the same cannot be said for the American Board of Internal medicine. It is my hope that we resolve the MOC issues peacefully, but that requires a dialogue and not a monologue.

Recommended Next Steps: Authored and endorsed clinical documents provide three main components vital to advancements in the heart rhythm field: analysis, discussion of current issues, and suggestions for clinical application. For recommendations to improve guideline adherence and for the most up-to-date cardiovascular clinical documents, explore the following sites:

- Improving Guideline Adherence: [Get With The Guidelines: Lessons for National Healthcare Improvement Programs](#)(scroll down to access webinar)
- HRS Clinical Documents (including Appropriate Use, Consensus Statements, Policy Statements): <http://www.hrsonline.org/Policy-Payment/Clinical-Guidelines-Documents>
- ACC Guidelines: <http://www.acc.org/education-and-meetings/products-and-resources/guideline-education>

3. **Question:** For your patients for whom management protocols remain controversial, explain how you may alter your management approach based upon what you have learned at the conference.

Your Response: *Anticoagulation before during and after certain procedures has been difficult to manage. Recent data would suggest that the practical use of medications for this purpose has been less than consistent. Recent trial data at the scientific session was instrumental in guiding what to do for anticoagulation in preparation for an Ablation.*

Recommended Next Steps: In the field of EP, some management topics are controversial, unsettled, clinically or technically challenging or still undergoing an evolution in thinking. In addition to expert opinion on a variety of topics available through [Heart Rhythm on Demand](#), HRS members may participate in the [HRS Communities](#) forums to seek wisdom and advice from colleagues and senior staff. When appropriate, HRS also encourages shared decision-making (SDM) to involve patients in decisions. SDM resources include the following:

- [Agency for Healthcare Research and Quality: The SHARE Approach](#)
- [Colorado Program for Patient-Centered Decisions](#)

- [Massachusetts General Hospital: Health Decision Sciences Center](#)
- [Ottawa Hospital Research Institute: Patient Decision Aids](#)

4. **Question:** Describe at least one quality improvement measure, method or tool that you intend to implement in the coming year and explain what you hope to achieve.

Your Response: *Data presented at this scientific session indicated that it is not entirely clear what if any quality measures will be used in the future. It is clear that the quality improvement measure industry is conflicted and rendering a confusing policy. The artificial use of a word count to inhibit our ability to educate EP physicians by the American Board of Internal Medicine is hugely insulting.*

Recommended Next Steps: Quality improvement (QI) focuses on changing systems and processes to improve safety, efficiency, care and outcomes. To facilitate your QI efforts, consider using tools available through the following organizations:

- [ACC/AHA 2016 ACC/AHA Clinical Performance and Quality Measures for Adults With Atrial Fibrillation and Atrial Flutter](#)
- [AHA Get with the Guidelines AFib](#)
- [AMA Steps Forward](#)
- [IHI QI Toolkit](#)
- [PCPI Recorded Webinars](#)
- [ACC Quality Initiatives](#)

5. **Question:** Explain how the outcomes of your patients could be improved through better communication with EP team members, other specialists and/or patients/caregivers.

Your Response: *There appears to be some traction for the use of personal electronic devices in the detection of some cardiac rhythm disorder's. It would appear that there is a push to incorporate these data into our clinical emr system. I find the use of a minimum word count very upsetting and unnecessary. I think the American Board of internal medicine needs to align their goals with the clinicians that make up it's constituency.*

Recommended Next Steps: Many EP labs are ahead of the quality curve in promoting team-based care; however, communication challenges can hinder efforts to achieve optimal outcomes. Review some of the references below to help assess how your team communicates and works together.

- IHI Teamwork and Communication
- AMA Implementing Team-based Care
- AMA Creating a Strong Team Culture
- AMA Team Documentation
- AMA Listening with Empathy
- 2013 HRS Expert Consensus Statement on Electrophysiology (EP) Lab Standards
- IAC Cardiac EP Lab Accreditation
- HRS Expert Consensus Statement on Mngmt of CIEDs in patients nearing end of life or requesting withdrawal

6. **Question:** Describe efforts you and/or your practice will make in the coming year to meet payment reform requirements, and provide your thoughts regarding how these changes will impact overall care, outcomes and value.

Your Response: *The policy session indicated that it is unclear what if any payment reform requirements will impact clinical medicine. If anything there appears to be a roll back of the current system. The very nature of this question is highly questionable and indicates a lack of comprehension of clinicians. I think the American Board of internal medicine needs to re-calibrate its relationship with clinicians. The clinicians consist of many intelligent hard-working ethical and proactive physicians. It would be wise for the American Board of internal medicine to respect and honor its constituents.*

Recommended Next Steps: Both CMS and the AMA provide a wealth of information and resources about the Quality Payment Program. To help you understand and navigate the regulations and move from fee-for-service to value-based care, we recommend that you investigate the following sites, including HRS comments on the ICD coverage policy:

- <https://qpp.cms.gov/>
- <https://ama-assn.org/topic/navigating-payment-process>
- <https://www.ama-assn.org/practice-management/quality-payment-program-qpp-specifics>
- <https://www.hrsonline.org/Policy-Payment/HRS-s-Comments-on-ICD-Coverage-Policy>

Background:

The American Board of Internal Medicine (ABIM) and the American Board of Pediatrics (ABP) require certified physicians participating in Maintenance of Certification (MOC) to earn points for “Lifelong Learning and Self-Assessment.” Accredited CME providers,

such as HRS, may designate CME activities as eligible for MOC points, as long as specific requirements are met.

For the 2018 Heart Rhythm Scientific Sessions, learners were required to answer 5 of 6 open-ended questions, with a minimum of 50 words and a maximum of 100 words, to demonstrate meaningful and active engagement in the education presented during the meeting. These questions were assessed to ensure that learners demonstrated that they were engaged in accomplishing the activity objectives, reflected upon the content, and satisfactorily completed the required questions.

Goals:

The goals of this MOC process are twofold:

1. To help HRS members and stakeholders meet their board certification requirements by participating fully in HRS education; and
2. To provide HRS leadership with physician feedback regarding how Scientific Session education impacts decision-making and perspectives regarding new opportunities and challenges in the field in order to assist with planning for future Scientific Sessions and other educational offerings.

Best Regards,

Almaz Araia

Associate, Education Programs & Services

Heart Rhythm Society

1325 G Street NW, Ste. 400

Washington, DC 20005

www.HRSONline.org