

## Physician #2

### 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](mailto:scientific.sessions@hrsonline.org)).

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

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### Summary and Next Steps:

- 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:** *High energy, short duration ablation for atrial fibrillation appears to be a reasonable evolutionary step in AF treatment. The physics of more resistive than conductive heating support the logic behind it. Early data point to it being better. Large scale studies need to be done for scientific proof is final.*

**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.
- 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:** *The CABANA trial results are guideline altering and they spoke loud and clear. Dr. Calkins spoke even louder in his support of ablation being clearly superior to medical treatment for atrial fibrillation. I have been telling patients for years that we do not have data demonstrating superiority for ablation but that it appears to be reasonable based on small trials. The largest scale trial on this has finally come to a conclusion that is unequivocal. We now need to wait for guidelines amendment (Dr Calkins has been the head of the guideline writing committee and he left no doubt of how he saw the results).*

**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:** *Left atrial appendage isolation for AF treatment has been controversial and no large scale studies have addressed outcomes of this procedure. Left atrial appendage occlusion has been shown clearly to be superior to oral warfarin therapy (survival and major hemorrhagic events, not stroke rates). The initial data from Lariat occlusion from the aMAZE trial suggest that electrophysiology starts have to become facile with epicardial access if they are to treat patients with persistent atrial fibrillation successfully by AF 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:** *We are implementing a formal sleep apnea program for all of our atrial fibrillation patients. If they have AF, they will get a sleep apnea evaluation and, if required, sleep apnea treatment. We will be establishing this as a formal portion of our template for a note on AF ablation to ensure it is addressed in all patients. We are establishing an ordering mechanism that facilitates referral for the sleep apnea study as the initial portion of this approach.*

**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:** *Continuing with the sleep apnea theme from the question above, we will need to have a multidisciplinary discussion on each patient assessed for sleep apnea with our pulmonary colleagues and give them follow up as well as get follow up from them. This will hold true with our dietary team (for weight loss) and others such as our holistic care team (yoga for AF treatment).*

**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:** *A shared decision making approach has been mandated for defibrillator implantation in the US. We are implementing methods for implementation of a complete discussion of shared decision making and documentation of the process. We are also implementing it for other procedures that we suspect are going to eventually be required.*

**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>

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## 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**

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