


**THE AMERICAN BOARD OF ANESTHESIOLOGY**

# MOCA 2.0 UPDATE

DANIEL J. COLE, M.D.

DEPT OF ANESTHESIOLOGY & PERIOPERATIVE MEDICINE  
 DAVID GEFEN SCHOOL OF MEDICINE  
 UNIVERSITY OF CALIFORNIA, LOS ANGELES  
 DJCOLE@MEDNET.UCLA.EDU

## DISCLOSURES

- Professional
  - Board of Directors, ABA
  - Board of Directors, ABMS
  - President, ASA
- Financial
  - None


 THE AMERICAN BOARD OF ANESTHESIOLOGY

## AGENDA

- Why MOC?
- What is MOC?
- What is MOCA 2.0?


 THE AMERICAN BOARD OF ANESTHESIOLOGY

## SOCIAL CONTRACT PUBLIC TRUST

- Patients' interests above our own
- **Assure competence through self-regulation**
- Demonstrate morality and integrity
- Address issues of societal concerns
- Be devoted to the public good

Cruess RL, et al. Perspectives in Biology and Medicine 51:579, 2008


 THE AMERICAN BOARD OF ANESTHESIOLOGY

## CLINICAL EXPERIENCE AND QUALITY

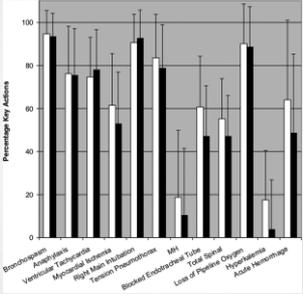
*"... decreasing performance with increasing years in practice"*  
 Choudhry NK, et al. Ann Intern Med 2005;142:260

*"Each additional year since graduation was associated with a 0.58% increase in the mortality of a physician's patients"*  
 Norcini JJ, et al. Health Affairs 2010;29:1461-1468


 THE AMERICAN BOARD OF ANESTHESIOLOGY

## ANESTHESIOLOGY

- 61 specialists each managed 8 of 12 randomly selected, scripted, intraoperative simulation exercises
- Participants were expected to recognize and initiate appropriate therapy for intraoperative events during a 5-minute period



Henrichs BM, et al. Anesth Analg 2009;108, 255


 THE AMERICAN BOARD OF ANESTHESIOLOGY

**Purpose**  
**Move the quality curve**  
 Discriminator

- Strategic Priorities
  - Physician engagement
  - Close individual and national practice gaps
- Development & Implementation Principles
  - Relevance to practice
  - Impact on quality
  - Physician burden

ABA THE AMERICAN BOARD OF ANESTHESIOLOGY 7

## MOCA PERCEPTION SURVEY

**INVITED 29,000**  
DELEGATES TO PRACTICES

**You spoke, we listened:**

- A majority of respondents said **Part 3 (Exam)** and **Part 4 (Improving Medical Practice)** were the most challenging

**You said you wanted:**

- A more relevant program

**28% responded**

ABA THE AMERICAN BOARD OF ANESTHESIOLOGY 8

	Traditional MOCA	MOCA 2.0
<b>Part 1</b>	Professional Standing	No change
<b>Part 2</b>	Lifelong Learning <ul style="list-style-type: none"> <li>250 Category 1 CME credits:               <ul style="list-style-type: none"> <li>90 Self-Assessment</li> <li>20 Patient Safety</li> </ul> </li> </ul>	250 Category 1 CME Credits (including 20 Patient Safety) <ul style="list-style-type: none"> <li><u>Self-Assessment CME no longer required</u></li> </ul>
<b>Part 3</b>	Assessment <ul style="list-style-type: none"> <li>200-question MOCA Exam</li> <li>Taken once every 10 years</li> </ul>	Assessment <ul style="list-style-type: none"> <li><u>MOCA Minute™ replaces the MOCA Exam</u></li> </ul>

ABA THE AMERICAN BOARD OF ANESTHESIOLOGY 9

	Traditional MOCA	MOCA 2.0
<b>Part 4</b>	Improvement in Medical Practice <ul style="list-style-type: none"> <li>Simulation</li> <li>Case Evaluation</li> </ul>	Improvement in Medical Practice <ul style="list-style-type: none"> <li><u>Variety</u> of options, <u>flexibility</u> to complete relevant activities</li> <li>Point System weights activities</li> <li>Simulation an option; ABA encourages participation</li> </ul>
<b>Fee:</b>	\$2,100 every 10 years	\$210 annually

ABA THE AMERICAN BOARD OF ANESTHESIOLOGY 10

## Results of MOCA Minute™ Pilot 2014

- Diplomate feedback has been very **positive**
- Diplomates who actively participated in the MOCA Minute™ Pilot **scored higher** on their subsequent MOCA exam than those who did not participate
- Beginning in **January 2016**, the **MOCA Minute™ will replace the MOCA exam**, expanding the MOCA Minute™ pilot to include all MOCA participants with certificates that expire in 2016 or later

ABA THE AMERICAN BOARD OF ANESTHESIOLOGY 11

## MOCA MINUTE™ FEEDBACK

Diplomates will get immediate feedback on questions, plus

- References/Links to educational resources
- A critique
- Opportunity to provide feedback on questions

**MOCA MINUTE™**  
100% 1 question available • 25 total available

**YOUR ANSWER IS INCORRECT.**

**Question:**  
 An otherwise healthy 22-year-old woman was rescued from a house fire and brought to the emergency department because of smoke inhalation. Which of the following findings is an indication for hyperbaric oxygen therapy in this patient?

**A. Carbon monoxide poisoning (20%)**

**B. Cerebral hypoxemia**

**C. Respiratory rate 22 breaths/min**

**D. SpO2 of 88%**

**You answered:**  
**A. Carbon monoxide poisoning (20%)**

**The correct answer is:**  
**B. Cerebral hypoxemia**

**Key point:**  
 Hyperbaric oxygen (HBO) significantly decreases the half-life of HbCO.

**Reference:**  
 Weisman CL. Clinical practice. Carbon monoxide poisoning. N Engl J Med. 2009 Mar 19; 360(12):1217-25. PMID: 19287974

Kaplan AD, Rippeee JB. Intra-aortic fluid and electrode physiology. In: Miller RD, ed. Miller's Anesthesia. 7th ed. Philadelphia, PA: Churchill Livingstone; 2010:2460.

**Comment:**  
 Outcomes following HBO therapy for carbon monoxide poisoning are still controversial. Common indications for HBO therapy are a history of smoke poisoning resulting in neurologic or cardiovascular abnormalities or very high levels of HbCO (>20%). SpO2 is not useful in determining the need for HBO.

You'll get an opportunity to answer another question in this content area in a subsequent MOCA Minute.

If you'd like to provide feedback on this MOCA Minute question, click here.

If you'd like to answer another MOCA Minute question, click here.

ABA THE AMERICAN BOARD OF ANESTHESIOLOGY 12

## MOCA MINUTE™ 2016

MOCA Minute™ represents an intensive **longitudinal** assessment:

- ABA diplomates will answer a minimum of **30** questions per **calendar quarter** over 10 years
- ABA diplomates will build and continually-update a profile of their content knowledge over the course of their career

## MOCA 2.0™ PRACTICE PROFILE FOR PERSONALIZED LEARNING

Practice Area and Location

\* Define a percentage for each practice area (must total 100%). Your selections will guide your MOCA Minute question content. MOCA Minute questions are not available for Hospice and Palliative Medicine and Sleep Medicine.

Ambulatory/Outpatient	0
Cardiac Anesthesia	0
Critical Care Medicine	0
General Operative Anesthesia	0
Neuro Anesthesia	0
Obstetric Anesthesia	0
Pain Medicine	0
Pediatric Anesthesia	0
Regional Anesthesia/Acute Pain	0
Thoracic Anesthesia	0
Trauma	0
Calculated Total...	0

Select a Practice Location: Choose your practice location [v]

\* Required Information

Submit Back to Home

## MOCA MINUTE™ QUESTION TOPICS

- General anesthesia** – the base of knowledge
- New knowledge areas** – topics diplomates need to learn quickly (e.g., Ebola)
- Subspecialty-related questions** – based on your practice profile

## MOCA 2.0, Part 4 Point System

25 Points per 5-year period

- You may choose from **several activities** which will provide flexibility and relevance to your practice

## MOCA 2.0, Part 4 Point System Requirement: 25 points every 5 years

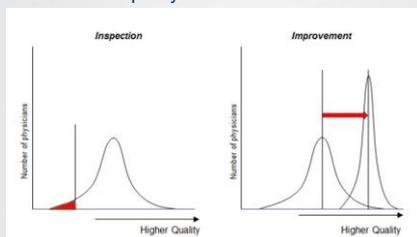
Activity	Points per hour	Maximum number of points per 5-yr
High fidelity simulation participation	3	20
High fidelity simulation follow-up	3	5
Institutional / departmental quality improvement project leader	1	25
Clinical pathway development leader	1	25
Clinical pathway development participant	1	15

Activity	Points per hour	Maximum number of pts
Part 4 Activities offered by other ABMS Boards	1	25
Completing an improvement plan based on feedback from FPPE, 360 reviews, PEC surveys, PQRS data, or quality data registries	1	15
Individual or Group ASA PPAI Modules	1	25
ABMS Multi-specialty Portfolio Program	1	15
Self-directed <b>case evaluation</b> , M&M, or Case Discussion (if presenting your case)	1	15
Point of care learning	1	15

## MOCA

### Purpose

- Move the quality curve



## QUESTIONS?

**Communications Center:**

Phone: (866) 999-7501

Fax: (866) 999-7503

Email: [coms@theABA.org](mailto:coms@theABA.org)

**MOCA Email:**

Email: [MOCA@theaba.org](mailto:MOCA@theaba.org)