



*Foundation for Anesthesia
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Is Participation in Maintenance of Certification in Anesthesiology Associated with Clinical Outcomes?

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We propose to utilize the ASPIRE database to evaluate whether MOCA participation has an association with ASPIRE anesthesiologist clinical measures. Maintenance of Certification in Anesthesia (MOCA) is designed to ensure diplomates are committed to providing high-quality clinical care and achieving optimal patient outcomes. Participating in this program requires significant time and financial commitment from diplomates and the ABA. However, the evidence base supporting improved patient care secondary to participation in MOCA is not well established.

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE) is the quality improvement arm of the Multicenter Perioperative Outcomes Group (MPOG) and focuses on measuring and improving patient care in the perioperative period. ASPIRE provides monthly individualized feedback on case by case performance against various performance measures.

We propose to use the ASPIRE database to evaluate the impact of MOCA on



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anesthesiologist clinical practice. We propose comparing MOCA participant anesthesiologists with non-MOCA participant anesthesiologists within the ASPIRE database to evaluate the impact of these programs on ASPIRE measures. We will evaluate all board-certified anesthesiologists practicing in the state of Michigan, with a particular focus on anesthesiologists certified between 1994 and 2005. We anticipate pairing these based on publicly available certification data.

Our first analysis will evaluate the subgroup of anesthesiologists utilizing individualized ASPIRE reports to complete their MOCA Part 4 requirements based on performance using contemporaneous and historical controls. Our second analysis will be to evaluate ASPIRE process measures comparing non-MOCA participant anesthesiologists with a focus on those who primarily certified between 1994 and 1999 and those who certified between 2000 and 2005, the initial subgroup of time-limited diplomates, a methodology previously used in other studies on the introduction of MOCA.

Collectively the current project will provide insight into the impact of MOCA participation on clinical practice. We believe this data may help fulfill the American Board of Anesthesiology's goal of providing relevant, personalized help to diplomates seeking to understand and address their knowledge gaps.