



QIAs demonstrate that ABO Diplomates are continually striving for excellence by applying new knowledge to improve the quality of their patient care and clinical practices. A QIA represents an activity or initiative that is implemented in a systematic manner that promotes improvement on an ongoing basis. The QIA description should include:

- 1) the specific action (implementation) that you took as a result of new knowledge or information you obtained from one of your MOC activities
- 2) a method or system for ensuring accountability (i.e. how will you ensure that the changes you've implemented are maintained over time?)

Below are 4 examples of QIAs that appropriately describe the specific change that was implemented and a method for ensuring accountability, and 2 examples that are missing keys parts of the description and do not adequately fulfill the QIA requirement.

Examples of QIAs with complete descriptions

Example #1

QIA Activity Type: ABO Webinar

Description: After completing the Avoiding Malpractice webinar I was concerned that the documentation in our patient records wasn't descriptive enough. I set up a chart review by pulling 20 records of patients seen for comprehensive exams over the past 2 weeks. I created a grading system (1-5) for the descriptiveness of slit lamp findings and determined that the average rating was 2.3. I challenged myself to improve my charting for the next month, then repeated the chart review on 20 new patients. My average rating had increased to 4.2. I intend to repeat this chart review every 6 months.

Example #2

QIA Activity Type: CAP Assessment References

After completing the Systemic Health CAP assessment, I developed a new template in our EHR to prompt questions for patients taking plaquenil.

Dose?

Duration?

Current weight?

Renal disease?
Tamoxifen use?
Macula disease?
Last VF test / date?
Last macula OCT date?

These prompts ensure that all plaquenil patients are properly assessed and serve as reminders to discuss risk factors with patients and recommend appropriate follow up intervals.

Example #3

QIA Activity Type: CE Course (other than ABO webinar)

After attending a CE lecture on coding and billing practices in relation to CMS audits, I requested a review of 30 patient encounters by our coding and billing department. The coding specialist in our medical facility pulled the charts and we reviewed them together, verifying that my clinic note documentation met the requirements for the level of billing. While we determined that the documentation was adequate, we also found that I underbilled the level of service for several medical visits, as the documentation would have supported a higher-level billing code. We now plan to do billing reviews every 3 months.

Example #4

QIA Activity Type: Performance in Practice Module (PPM)

Description: After completing the Pediatric PPM, I created a brochure on the visual benefits of children spending more time outdoors and less time on digital devices. Parents of children ages 2-15 are given the brochure at check-in for a comprehensive exam and I review the brochure with them after the exam. We developed a checklist system to ensure that parents receive the brochure and to remind me to discuss, and the checklist is reviewed at our monthly staff meetings.

Examples of incomplete or inadequate QIAs

Example #1

Description: I took several CE courses on dry eye and I'm better prepared to handle the dry eye patients in my practice.

This QIA does not describe the specific changes that the Diplomate initiated in his practice as a result of the new information he learned from these CE courses. He has also not described how he will ensure accountability for any changes he has made.

Example #2

Description: A week after completing the IIH SAM, I saw a patient with suspected IIH. I was able to manage this patient with confidence and worked closely with her PCP to initiate an appropriate treatment protocol.

While this Diplomate was able to successfully apply the knowledge from the IIH SAM to a patient in her office, she hasn't described the specific changes she implemented that will benefit future patients in her practice. Appropriate initiatives might be developing materials to educate her staff about IIH or creating a checklist that can be used in the management of future IIH patients.