Improving Maintenance of Certification

Council of Pediatric Subspecialties

Virginia A. Moyer, MD, MPH
Vice President, MOC & Quality
Objectives

• Understand the new ABP Maintenance of Certification (MOC) process and the role of ABP in improving children’s healthcare quality

• Understand the importance of collaboration for MOC

• Understand how this affects you personally if you are certified in pediatrics

I have no conflicts of interest to declare

Everything you ever wanted to know about MOC

And maybe more!
Why Certification?

• A service to the public that assures that a certified physician meets nationally recognized standards for education, knowledge, experience and skills to provide high quality care in a specific medical specialty.

• Certification was originated by, designed by, and is administered by physicians in each specialty.
Ongoing Certification

To maintain Board Certification, a physician must actively keep pace with the latest advances in his or her specialty and demonstrate best practices for patient safety, communications and ethics.
About the ABP

- Independent certifying board; Those certified are known as Diplomates of the Board.
- Sole mission is to the public.
- One of the 24 specialty boards of the American Board of Medical Specialties (ABMS)
- Created in 1933 by the pediatric community to certify physicians with specialized education and clinical expertise in the care of children
- Includes >250 pediatricians who volunteer their time to set the standards of certification
In the beginning...

• A written exam followed by an oral exam
• = Permanent certification
• Irrevocable
Reasons for Change in Certification

- IOM reports *Crossing the Quality Chasm* and *To Err is Human* documenting the need for changes leading to improvement

- Health care research that uncovered wide gaps in the quality and cost of care for conditions known to have a best practice

- The public awareness about the quality gaps

- The public’s demand for accountability from all involved in the profession

A system based simply on a single or periodic tests of knowledge needed improvement!

“Trust me, I am a physician.”

“Show me the Data”
• 4-part program that you begin once you have passed your initial certification examination;

• Evaluates the same 6 core competencies measured throughout training;

• Competencies are assessed in 5-year cycles
The Evolution of Board Certification

ABP certifications were issued without any end dates = permanent certificates

Beginning in 1988, diplomates were obligated to pass a test of knowledge every 7 years

Certificates issued 2003-2009 required diplomates to pass a test of knowledge every 10 years and to complete one Part 2 and one Part 4 activity

Certificates issued 2010 and forward, required diplomates to pass a test of knowledge every 10 years and to earn 100 points in Part 2 and Part 4 activities every 5 years

Over 150 different combinations of requirements!
MOC: The 6 Core Competencies

Part 1 – Professional Standing
Patient care, Interpersonal & communication skills, Professionalism

Part 2 – Knowledge Assessment
Patient care, Medical knowledge, Practice-based learning & improvement, Systems-based practice

Part 3 – Cognitive Expertise
Medical knowledge

Part 4 – Performance In Practice
Patient care, Practice-based learning & improvement, Interpersonal & communication skills, Professionalism, Systems-based practice
Part 1: Professionalism

Requirement for Part 1:

✓ All diplomates must hold a valid, unrestricted medical license.

Note: this is a low bar, and is likely to change!
Part 2: Knowledge Self Assessment

- Stay current with recent developments in pediatric medicine through knowledge self assessment activities.
- All Part 2 activities also earn CME credit
- ABP-developed Knowledge Self Assessments
- Other organizations also develop these
  - eg., Prep
- Some CME courses
  - Self assessment required
Part 2 Lifelong Learning and Self-assessment

- Internally developed activities (N = 50):
  - General Pediatrics Knowledge Self-assessment
  - Decision Skills
  - Specialty knowledge self-assessments
  - Question of the Week – NEW!
    - Note: no additional charge for ABP activities

- Externally developed activities (N = 146)
  - PREP (general and subspecialties)
  - Many other organizations
    - External organizations can charge for their activities

- Most Part 2 activities also earn CME credit
Part 3 MOC – Cognitive Expertise

Requirement for Part 3:

✓ Successfully pass a secure test of knowledge every 10 years in each area of certification.

Although the MOC cycle is 5 years, a secure test of knowledge is only required every 10 years.

1969
ABMS introduces Recertification

1980-1991
Closed Book (voluntary)

1993-2002
Open Book Exam (every 7 years)

2003-present
Secure Exam (every 7 years)

2010+
Secure Exam (every 10 years)
Because examinations are only required every 10 years, it’s important to note that the exam does not necessarily coincide with the beginning or end of your 5-year MOC cycle.
Part 4: Performance in Practice

1. Web-based Activities
   1. ABP PIMS
   2. Outside organizations (e.g., AAP EQIPP modules)

2. Workplace-based Quality Improvement Projects (see www.mocactivitymanager.org for standards and application)

3. Credit for Published Quality Improvement (QI) article (see www.mocactivitymanager.org for standards and application)
Part 4 Performance in Practice

- 46 Web based activities have been approved including 16 ABP PIMs
- Over 500 QI projects have been approved from 136 organizations
  - 24 Pediatric portfolio sponsors
  - 22 Multispecialty portfolio sponsors
- Over 160 diplomates have received MOC credit for approved QI articles
All PIMs are based on an existing, successful QI effort, written by people who have done it.
ABP Performance Improvement Modules (PIMS)

- ADHD (initial and follow up)
- Adolescent Depression Screening
- Asthma
- Breast Milk Use
- Chlamydia Screening
- Critical Congenital Heart Disease Newborn Screening
- Developmental Screening
- Hand Hygiene (includes simulated data)
- Health Literacy
- Influenza Immunization
- Obesity Assessment and Management
- Preschool Vision Screening
- Preterm Admission Temperature
- Safe Prescription and Medication Order Writing

(in development: Motivational Interviewing, Medication Adherence, NICU Blood Stream Infections, new Simulated Data PIM)
PIMS and Quality Measures

The new ADHD PIMs (initial and follow up care) and the refreshed Developmental Screening PIM incorporate nationally approved quality measures developed through the AHRQ funded CHIPRA Centers of Excellence grant.

Some centers are already able to extract data from EHRs
QI Project Approval Program

• Part 4 credit for meaningful involvement in QI projects in the workplace
• If you are already engaged in QI, you probably can receive credit for the work that you are already doing.
Does your project meet ABP MOC Standards for approval?

• Has a defined aim
• Addresses one or more of the Institute of Medicine quality dimensions
• Requires meaningful participation by pediatricians
• Structured project using accepted QI methodology
• Collects measurement data over time and uses it for routine feedback to participants to see if improvement occurs
• Systematically test changes to improve care
• Is HIPAA compliant
Fees

- $500 per new application
- $500 to renew project approval after 2 years
- HOWEVER:
  - $500 for a Pediatric Portfolio
    - Good for 2 years
    - Can approve *any number* of projects within the institution
- Multi-specialty institutions can become multi-specialty portfolio sponsors
  - Large, meaningful projects across specialties
Examples: Approved Activities

– Approved Pediatric Subspecialty projects include:
  • Documentation of After Hours Telephone Communication
  • Eliminating Central Line Associated Blood Stream Infections (CLABSI) in Pediatric Intensive Care Unit (PICU)
  • ImproveCareNow Collaborative
  • Improving Breast Milk Utilization
  • Improving the Timeliness of Hospitalist-PCP Discharge Communication
  • Improving the Quality of Physician-to-Physician Handoffs
  • Pediatric Overweight Quality Improvement Program
  • Reducing Retinopathy of Prematurity
  • National Pediatric Cardiology QI Collaborative
The aim is for more diplomates to receive MOC Part4 credit for workplace quality improvement.
Part 4 credit for approved quality improvement projects

• The majority of ABP approved MOC Part 4 QI efforts have demonstrated >20% improvement over baseline performance by the end of the activity*

• The ABP has approved over 500 QI efforts from >136 organizations

• There are 24 “Pediatric Portfolio” sponsor organizations and 22 “Multi Specialty Portfolio” sponsors (involving 16 ABMS boards)

*Many of the approved projects have been approved in the past year and have yet to submit annual reports
Credit for published QI work

- Must tell the story of a QI project, must present data over time
- Published in a peer-reviewed journal
- Adhere to SQUIRE reporting guidelines
- Be published during the Diplomate's current MOC cycle
- Be approved by the ABP
Commitments to Diplomates

- A single, all-inclusive fee to maintain your certificate:
  - Includes one “ticket” for an exam every 10 years
  - No additional fee for ABP-developed MOC activities

- Whatever the process is when you enroll for a given cycle will not change for you during that cycle
  - Any changes will apply to the next cycle
No Duplication of Effort!

- MOC points earned apply to ALL of a diplomate’s certificates - each person has just one MOC cycle, even if they are George Lister and have 4 ABP certificates.

- Reciprocity from other Boards:
  - Diplomates of another American Board of Medical Specialties (ABMS) board who have met MOC requirements in their second specialty.
  - Diplomates practicing in Canada who have met the Royal College of Physicians and Surgeons (RCPSC) MOC requirements.
  - Diplomates who have completed 12 months of training in an ACGME non-Pediatric residency or any fellowship program.
  - Diplomates who have completed 12 months of training in a residency or fellowship program approved by the RCPSC.
MOC is Not the Same for Everyone

You have a certification with an end date that has not yet expired. → Time-Limited Certification

You have submitted MOC enrollment OR you have become certified in a new specialty area OR you have gained the designation of meeting MOC requirements in a permanent certification area. → Continuous Certification: New MOC
So, until 2016, there are two different sets of requirements for MOC

If you currently hold a time-limited certificate (has an end-date 2013, 2014, 2015 or 2016)…

what are your requirements?
ABP Time-limited Certification:
Transitioning your time-limited certificate to continuous MOC

TO DO List:
BEFORE your current certificate expires

- Complete ONE Part 2 Self-assessment activity
- Complete ONE Part 4 Performance in Practice activity
- Complete your online Re Enrollment Application
Until 2016, there are two different sets of requirements for MOC

If you currently hold a certificate that has no end-date …

what are your requirements?
Continuous MOC

• Begins with certificates awarded in 2010
• Overlaps with initial version for 6 years
• Now based on 5-year cycle of MOC
  (Part 2 and 4 requirements must be completed during 5-year cycle)
• Approved activities are assigned a point value
• Need to earn total of 100 points in 5 years
  Part 2: 40 points
  Part 4: 40 points
  Plus: 20 points in either Part 2 or Part 4
ABP Continuous Certification:

To Do List

- Complete 40 points in Part 2 Self-assessment activities
- Complete 40 points in Part 4 QI activities
- Complete 20 points in either Part 2 or Part 4 activities
- Complete your online Re-enrollment Application
Everyone is unique!

Two overlapping versions with different requirements for MOC - from 2010 to 2016

As a result, there are over 150 different combinations of certification

So, each diplomate should check his or her personal abp.org portfolio for specific MOC requirements!!!
Submit Your Online MOC Enrollment Application

Once a Diplomate’s ABP portfolio indicates completion of Part 2 and Part 4 requirements, an online MOC enrollment application must be submitted to avoid any lapse in certification status.

DEADLINE in mid-December!
This year:
Enrollment, Fees and Tracking

If you do not currently have one, simply register online for your personal physician portfolio.

When you begin your MOC cycle, your portfolio will contain:

✓ A list of your completed requirements
✓ A list of outstanding requirements in your current MOC cycle
✓ The timeframe in which you must complete your next required MOC examination.
Why does this cost so much??

• Fees from exams and MOC must cover all core ABP operations:
  – Exam development, production and administration
    • 50 exams – more than any other Board
  – Staff to address eligibility requirements, resident tracking, in-training examinations, Milestones, examination psychometric analysis, CME fees (yours), quality improvement, standard setting, and RRC and ACGME activities... and much more
• Strategic initiatives (ABP Foundation) are funded from interest on required reserves
Why does this cost so much??

• The smaller the group examined, the greater the per-person cost; thus Gen Peds fees help to cover small subspecialties
  – We need them, so we help support them
• ABP fees lower than 21 other certifying boards
  – Few others have all-inclusive fees
• ~$250 per year per diplomate for a single cert
• ~$360 per year to maintain 2 certifications
  – less than many other organizational dues
  – The value of the CME alone offsets some of this
No Duplication of Effort!

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• Reciprocity from other Boards:
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  – Diplomates practicing in Canada who have met the Royal College of Physicians and Surgeons (RCPSC) MOC requirements.
  – Diplomates who have completed 12 months of training in an ACGME non-Pediatric residency or any fellowship program.
  – Diplomates who have completed 12 months of training in a residency or fellowship program approved by the RCPSC.
What have we been up to?

• Part 2 activities: Question of the Week
• Part 4 activities
  – PIMS
  – QIPA program/MSPP
• MOC credit for residents
• Building QI Capacity and Capability
• QI Networks
• Internal training program: Personal QI projects
• Paul V. Miles Fellowship
Future of Part 4

• Multi-Specialty Portfolio program
• Access to activities from other Boards through the HUB
• Leadership Points
• Other creative ideas?
MOC Going Forward

- Spread approved successful single site and multisite QI efforts (AAP Portfolio Status) (90% by 2020)
- Align MOC with incentive programs, meaningful use, hospital credentialing, Maintenance of Licensure, organizational QI
- Redesign Part 2
- Continue to evaluate Part 3
- Add patient focused feedback
- Add system focused activities (teamwork survey)
- MOC credit during residency
- Continue to assess and improve the process
Residents will be able to earn Part 4 MOC credit during residency for meaningful participation in QI activities.

Motivational Interviewing PIM (online module) is being designed to meet a number of Milestones in communication.

Will likely involve resident/faculty dyads, both of whom will obtain credit.

Resident MOC credit will be “in the bank” for when they become certified and enter their first MOC cycle.

- Residents will likely be able to access many other ABP MOC activities.
Need more information?

✓ Visit the ABP website at www.abp.org

✓ Contact the ABP:
  ✓ Initial Certification: gpcert@abpeds.org
  ✓ Subspecialty Certification: sscert@abpeds.org
  ✓ Maintenance of Certification: moc@abpeds.org
  ✓ By phone: (919) 929-0461

• Or just call me.
Question of the Week

• A scenario every week with a single question
• Answer the question
• See what everyone else has answered
• Read the resources (provided) – recent articles
• Answer the question again (this time it counts)
• Bonus clinical pearl
• Up to 20 points of Part 2 credit per year
Questions?
Specific issues

**MOC Part 4 Outcomes**

**Project Application Process**
MOC Part 4 Outcomes

Why this is important: Closing the gaps in quality of care
ABP Hand Hygiene PIM Results

% Appropriate Physician Hand Hygiene Outpatient

- Baseline: 71%
- Cycle #1: 84%
- Cycle #2: 90%

Based on 8673 users
ABP Hand Hygiene PIM Results

What impact has using the program had on improving hand hygiene rates in your practice?

- Negative impact: 0
- No impact: 76
- Positive impact: 184
- Very positive impact: 168
ABP Breast Milk PIM Results

% Premature Infants on Breast Milk at Discharge

Based on 719 users

Baseline: 66%
Cycle #1: 77%
Cycle #2: 83%
Pediatric Inflammatory Bowel Disease Collaborative

- 275 pediatric gastroenterologists
- Patients enrolled = >5000 (February 2011)
- Visits in the database = 17,460

ABP Foundation funded startup
Crohn’s Disease Remission Rate

ImproveCareNow Collaborative

National database now includes >3000 patients
I think my project qualifies — how do I apply?
MOC Activity Manager (MOCAM)

Part 4 QI Project Overview

The American Board of Pediatrics (ABP) approves for MOC credit, structured, well-designed quality improvement (QI) projects that have demonstrated improvements in care and are based on accepted improvement science and methodology. Newly developed QI projects from organizations with a history of successful quality improvement projects are also eligible for approval.

To have a QI activity approved for MOC credit:

1. Submit an Application
   - Submit an application for the MOC Part 4 QI Project by completing the QI Project Application. This application requires detailed information about the activity and the sponsor organization.

2. A Review of the application by the ABP
   - ABP staff and an external committee comprised of practicing pediatrics review and approve completed applications. During the review period, applicants may be asked to clarify information about their activity.

3. Submit a processing fee
   - There is a $500 review fee upon submission of an activity to the ABP for approval or re-approval. This fee is subject to change.

Projects that meet ABP standards will receive approval for two years or the length of the project, whichever is shorter, and must be submitted for re-approval by the ABP every two years.
Part 4 QI Project Standards

QI projects that qualify for MOC Part 4 credit must meet the following criteria:

**Impact one or more of the Institute of Medicine quality dimensions**
- A QI project must address one or more of the Institute of Medicine quality dimensions: safety, effectiveness, timeliness, equity, efficiency, and patient-centeredness.

**Have a defined project aim**
- A QI project must have an explicit aim for improvement that will benefit patients and the participating organization(s). The project aim should be expressed in an aim statement that describes the target population, the desired numerical improvement, and a timeframe for achieving improvement.

**Use standard quality improvement methods**
- A QI project must use accepted quality improvement methods. The ABP standard is not linked to a specific quality improvement program or approach such as Six Sigma or The Model for Improvement. However, the ABP standards do require projects to employ standard, proven QI methodologies, including these elements:
  - An aim statement, as discussed above.
  - Collect performance measures over time. Performance measures must be relevant to pediatrics. Nationally endorsed measures are preferred, but not required. However, if a QI project develops its own performance measures, the evidence base, measure specifications, and development process must be documented. Ideally, projects include a measure for each aim, measures of compliance with implementation of interventions, and measures of team
Application Process

Read Standards → Draft Application → Ask Us Questions → Submit Application (mail fee along with invoice)

Level 2 Review (if applicable) → Clarification Requests (if applicable) → Level 1 Review → Approval Decision

You → ABP
Writing a Strong Application

• Use the application in MOCAM
  – www.mocactivitymanager.org
• Review the standards
• Be concise
• Respond to all items
• Include all requested exhibits/examples.
• Email Kristi Johnson with questions
  (kjohnson@abpeds.org)
Tips for ABP application

- Specific Aims (improve X by y% over Z period of time)
- Measures (process; outcomes; and balancing) tied directly to the aim. Recommend use of nationally approved measures where available.
- All participants agree to the same aims and measures.
- General Quality Improvement education should be part of the project; not just education on the project itself.
- Results are reported using run or control charts to show the data over time. If project hasn’t started or just beginning, provide examples of charts to be used.
Sample Run Chart

% Asthma Patients with Flu Shots

- Dr. McKenna
- Goal
- Benchmark

Sign at Front Desk
Previsit Planning

March April May June

- n=10
- n=20
- n=18
- n=22
Sample Control Chart

Percent of IBD Patients whose Disease Status is "Inactive" control chart

- Percent Inactive
- CL (Center Line)
- Control Limits
- Special Cause

Month:
- April 2007
- June 2007
- August 2007
- October 2007
- December 2007
- February 2008
- April 2008
- June 2008
- August 2008
- October 2008
- December 2008
- February 2009
- April 2009
- June 2009
- August 2009
- June 2010
- August 2010
- November 2010
- January 2011
- March 2011
- May 2011
- July 2011
- September 2011
- November 2011
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- November 2017
- January 2018
- March 2018
- May 2018
- July 2018
- September 2018
- November 2018
- January 2019
- March 2019
- May 2019
- July 2019
- September 2019

Percent of IBD Patients:
- 45%
- 50%
- 55%
- 60%
- 65%
- 70%
Objectives

• Understand the new ABP Maintenance of Certification (MOC) process and the role of ABP in improving children’s healthcare quality

• Understand the importance of collaboration for MOC

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I have no conflicts of interest to declare

Project Approved

What happens now?
Example: 9 Month Project, 20 MDs

1. You design & launch project
2. Month 3: Decide to apply for MOC approval
3. Month 6: ABP approves project
4. Inform participants about meaningful participation definition
5. Review attestations and co-sign
6. Distribute attestation form instructions to participants
7. Month 9: project concludes SUCCESSFUL IMPROVEMENT!!
8. Document participation for each physician to date & thru end
9. Submit MOC activity completion data to ABP
10. Submit “progress” report to ABP
Objectives

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MOC Credit & Attestations
Meaningful Participation

Active Role

• Provide direct or consultative care to patients
• Implement the project’s interventions
• Collect, submit and review data
• Collaborate actively by attending at least 4 meetings

Length of Participation

• Project leader defines this based on project design
• Typically 6 -12 months but not always.
**SAMPLE: Physician Participation Tracking Tool**

- **Project Name**: Immunizations Improvement Initiative
- **Physician Name**: Mary Jones
- **ABP ID** (supplied by the physician): 9325270578023

**Confirmed eligible for MOC Credit**: Yes

**Participating Site**: All Children's Primary Care

**Leader Who Will Co-sign Attestation**: Barbara Rogers

**This physician is**: Site Leader ___ Participating on team _X_ Other _________________

**Start date on the project**: January 2009

**End date on the project**: September 2009

**Met minimum duration for project?**: Yes

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*Project leaders set minimum ABP requires at least four meetings (from either category)*

**Has provided direct care to patients?**: Yes

**Has provided consultative care to patients?**: No

**Active in implementing one or more interventions through tests of changes?**: Yes

**Reviews data from own patients?**: Yes
The Physician Portfolio contains:

- A list of your completed requirements
- A list of outstanding requirements in your current MOC cycle
- The timeframe in which you must complete your next required MOC examination.
- Your ABP ID number
**Activity Profile**

**Sponsor(s):** Utah Pediatric Partnership to Improve Healthcare Quality

**Title:** Improving Clinician’s Implementation of Self-Care Plans with Patients and Families

**Description:**
The primary aim of this project is to improve processes related to development and implementation of Care/Self Care plans for patients with chronic conditions such as ADHD, asthma, and chronic headaches. Including: 1) Developing a self-care plan with the patient and family and 2) following through to monitor responses and adjust treatments as needed. The three chronic conditions listed above and/or others selected by the clinician will be targeted (a selection criteria will include sufficient collective prevalence in the practice to ensure the needed number of CQI monthly measures). Interventions will include: 1) Developing and implementing a process to develop a Care/Self Care Plan with the patient and family, using tools available within the practices electronic health records (EHR) software, that will include utilization of appropriate community resources and 2) implementing the plan and its monitoring and feedback components to enable early response to informal or undesirable results. By the end of the eight months, participants will have implemented processes that support development and implementation of Care/Self Care Plans for patients with targeted conditions and will have demonstrated their consistent use. Performance targets will be 60% for each measure tracked.

**Completion Criteria:** Once you meet the activity completion criteria set by the sponsor organization, complete the CQI Project Physician Attachment form and forward it to the sponsor organization (UPQC) for signature. The sponsor organization notifies the American Board of Pediatrics of your completion.

**MOC Credit Approval Period Begin Date:** 05/01/2012

**MOC Credit Approval Period End Date:** 03/31/2013

**Activities must be completed by this date in order to receive MOC credit. Activities completed after this date will not receive MOC credit.**

**MOC Part:** Part 4

**MSC Point Value:** 25

**CME Available:** Yes, Contact Sponsor

**Contact Information:**
- Jason Fox
- Phone Number: (801) 585-6466
- Email: jason.fox@utah.edu
Complete this Attestation Form if you are an ABP-certified physician seeking credit under Maintenance of Certification for Performance in Practice (Part 4). To be eligible for credit, you must have satisfied all requirements for meaningful participation. See the document "ABP Standards for Physician Participation in a QI Project" for details.

After you complete this attestation form, submit it to your project's Local Leader or the QI Project Leader (depending on how your project is organized) for signature. The Leader will forward completion documentation to the ABP so that you can receive credit for MOC. The ABP receives only documentation of your successful completion of the project and identifying information to ensure your ABP record is accurately updated. No patient data, performance data, or project reports are sent to ABP, nor does ABP receive your attestation form or any attachments.

Attestation of Meaningful Participation

1. Participating Physician: Dr. P. D. Africain
2. Participating Physician Email Address: pacrain@abpeds.org
3. ABP Diplomate ID#: 1004697
4. Quality Improvement Project Title: Improving Clinician's Implementation of Self-Care Plans With Patients and Families
5. Sponsor Organization: Organization sponsoring the Approved QI Project: Utah Pediatric Partnership to Improve Healthcare Quality
6. I satisfied the ABP meaningful participation requirements during my current MOC cycle (date range): May 3, 2005 through December 31, 2012
   - ☐ I provided direct or consultative patient care in this improvement project.
   - ☐ I completed one or more tests of change to improve care.
   - ☐ My data and/or my team’s data were collected and submitted in keeping with the project measurement plan, and I reviewed my own data during the project.
   - ☐ I attended four or more project meetings.
   - ☐ I was active in the project for the minimum duration required by the project.
   - ☐ I met these requirements on: August 1, 2012 (fill in the date [mm/dd/yyyy] on which you met the minimum duration requirement, even if you continued working on the project beyond that date. In order to receive credit this date must be within your current cycle listed above.)

Project Feedback

7. What was the impact of the project?
   a. Did you review and agree with the project aim? ☐ Yes ☐ No
   b. Did you improve care for your patients through this project? ☐ Yes ☐ No
   c. Did the interventions address important issues for your patients? ☐ Yes ☐ No
   d. Did you change your practice as a result of this project? ☐ Yes ☐ No

Signatures

I, Dr. P. D. Africain, attest that I participated in this project as described above.

Signature of Participant Physician ____________________________ Date _____________

I have reviewed this attestation and affirm that Dr. P. D. Africain was an active participant in this project and met all requirements. I am designated by this QI project to review and approve attestations of participation.

Signature of Project Leader ____________________________ Date _____________
Resources

• All standards and other documents available at www.mocactivitymanager.org

• Recommended reading:
  – SQUIRE Standards www.squire-statement.org
  – The Model for Improvement by Nolan et al.
  – www.ihi.org