

**American Academy of Pediatrics  
Application for Maintenance of Certification  
Part 4**

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If you have questions about this application, please contact Tori Davis, Quality Improvement and Certification Program Specialist at the information provided below.

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| --- |
| **INSTRUCTIONS:**  Use this form to describe a quality improvement project seeking approval by the American Academy of Pediatrics as a Maintenance of Certification activity.   * Be sure you review Appendix B and related American Board of Pediatrics *Standards and Requirements for Quality Improvement Projects* before you complete this form. * This form should be completed by the Quality Improvement Project Leader. * To apply for MOC Part 4 Credit through the AAP, you must use this form and address all items. Incomplete forms will not be accepted. * Please be concise. * Submit your completed form to Tori Davis, Quality Improvement and Certification Program Specialist at tdavis@aap.org. * The initial review of your application will take place within 2-4 weeks of submission. |

**DESCRIPTION OF QUALITY IMPROVEMENT EFFORT**

1. Date of Application Click here to enter text.
2. Title of quality improvement effort: Click here to enter text.
3. Type of quality improvement efforts:

Continuous Quality Improvement (CQI)  
FADE  
IHI Collaborative Model  
LEAN  
Model for Improvement (PDSA/PDCA)  
Six Sigma (DMAIC)  
Total Quality Management (TQM)  
Other

1. Status of the quality improvement effort at the time of submission:

Beginning  
Completed  
Ongoing with a planned end date  
Ongoing with no planned end date

Start date of the quality improvement effort: Click here to enter text.

End date of the quality improvement effort: Click here to enter text.

1. Project Leader
   1. Name: Click here to enter text.
   2. Title: Click here to enter text.
   3. Institutional/Organizational Affiliation: Click here to enter text.
   4. AAP Group Providing Oversight to this Project: Click here to enter text.
   5. Phone: Click here to enter text.
   6. Email: Click here to enter text.

Attach or include a brief bio of the Quality Improvement Project Leader highlighting experience and expertise relevant to quality improvement.

Click here to enter text.

1. Project Staff
   * Name: Click here to enter text.
   * Email Address: Click here to enter text.
   * AAP Group: Click here to enter text.
2. Has the quality improvement effort been approved by one or more participating ABMS Boards?

Yes

No

Please list which Boards: Click here to enter text.

1. How is the quality improvement effort funded?

Grant

Internal

Pharma or device funding

Subscription

Other

If grant, pharma, or device funding, please state name of funder: Click here to enter text.

Is funding for quality improvement part of the organization’s annual budget?

Yes

No

**CLINICAL TOPIC**

1. Describe the gap in quality that is causing this quality improvement effort to be undertaken. This can be done by comparing the current state of care within your organization relative to this quality improvement effort with the state of care in other settings. Click here to enter text.
2. Is the quality improvement effort related to a national, regional, or local initiative?

Yes

No

What initiative? Click here to enter text.

**GOALS AND OBJECTIVES**

1. What is the specific aim of the quality improvement effort? *Note: an aim answers the questions how much improvement and by when. Your response should be a measureable goal within an identified timeframe.* Click here to enter text.
2. What is the specific patient population for this quality improvement effort? Click here to enter text.
3. Select the IOM Quality Dimensions addressed as part of this quality improvement effort:

Effectiveness

Efficiency

Equity

Patient-Centeredness

Safety

Timeliness

1. **Measure Table.**

Attach a table/spreadsheet that includes the following information for each measure used with the project. If the measures are not nationally endorsed, please explain how they were selected and developed. See Appendix A.

Click here to enter text.

* Measure Name and Type
* Measure Definition
* Source of Measure (eg, NQF, HEDIS, etc)
* Measure Calculation
* Measure Exclusion
* Data Source/Associated Data Collection Tool
* Measure Benchmark
* Measure Target/Goal (%)
* Collection Frequency
* Associated Questions

1. How are results captured and displayed over time?

Annotated run chart

Bar graph

Control chart

Data table

Narrative

Run chart

Other

Attach results for the quality improvement showing data over time. If project is in beginning stage, please provide examples of how results are displayed.

*Note: The attached file should contain the display format/s indicated above.*

Are results provided to participants in the format selected above?

Yes

No

1. Sampling strategy:

Consecutive cases

Convenience sample

Entire population

Random sample

Other

Describe the sampling strategy: Click here to enter text.

1. How often are data collected and submitted over the course of the quality improvement effort?

Continuous

Daily

Weekly

Monthly

Quarterly

Other

What is the frequency?

1. What is your system for data collection? Click here to enter text.
2. Explain methods used to assure data quality and completeness. Click here to enter text.
3. Attach a copy of a report to leadership for this quality improvement effort. Click here to enter text.
4. How are data used to drive improvement throughout the quality improvement effort? Click here to enter text.
5. How frequently is feedback provided to the participating physicians?

Daily

Weekly

Monthly

Other

1. Classify the types of interventions used in the quality improvement effort.

Note: This list is not exhaustive and other intervention types are allowed.

Education

Reminders (daily, weekly, etc)

Use of a checklist

Use of a registry

Other

1. Describe the interventions that were or are being implemented that directly relate to achieving the aim of the quality improvement effort.

*Note: This response may be supplemented by attaching a logic diagram or key driver diagram.*

Click here to enter text.

How are the interventions expected to improve patient care?

Click here to enter text.

1. How will improvements from the interventions be sustained and spread?

Click here to enter text.

1. What resources and/or tools are provided by the organization to assist with the implementation of the interventions?

Click here to enter text.

**PHYSICIAN PARTICIPATION**

1. What are, were, or will be the specific requirements for meaningful physician participation in the quality improvement effort?

*Note: Describe the requirements relative to the standards and guidelines of the ABP Standards for active participation.*

Active Role:

For MOC purposes, an “active role” means the pediatrician must (revised 5/2015):

* Be intellectually engaged in planning and executing the project.
* Implement the project’s intervention (the changes designed to improve care).
* Review data in keeping with the project’s measurement plan.
* Collaborate activity by attending team meetings

Click here to enter text.

1. How do physicians participate?

Individually

Team

Individually and Team

What is the unit of analysis?

Individual

Team/Practice/Unit

Aggregate

1. Describe how physician participation is monitored through this quality improvement effort (ie, how does your AAP group provide oversight to the project, including physician participation)? Note: AAP staff or the Project Leader should be involved in the tracking and monitoring of physician participation.

Click here to enter text.

1. Describe the process used to resolve disputes related to physician participation in this quality improvement effort.

Click here to enter text.

1. How many months does the project expect a physician to be actively involved in order to receive MOC Part 4 credit? *Please note: the ABP looks to Project Leaders to set requirements for length of participation based on the nature and needs of the project. Most MOC-approved projects to date have required 6-12 months participation.*

Click here to enter text.

1. What is the estimated number of pediatricians that will participate in this effort?

1-10

11-50

51-100

101-1,000

More than 1,000

If more than 100 participants, please explain how you plan to monitor physician participation: Click here to enter text.

1. In what form is quality improvement education offered?

Formal course

Lectures

Recommended reading

Other

Describe in what form education is offered. Click here to enter text.

1. Pediatricians seeking MOC credit must complete the ABP Attestation Form, which is co-signed by the Project Leader or by a “Local Leader,” depending on the project’s structure. This co-signing leader is responsible for adjudicating any disputes with physicians who wish to claim credit for MOC. Because this process could affect a physicians’ certification status, the co-signing Leaders should be active participants in approved projects who are in a position to determine participation of each physician. Physician attestations for this project will be co-signed by:

Project leader who is a physician

Project leader who is not a physician

Local leader who is a physician

Local leader who is not a physician

1. Indicate any roles supporting this project in addition to project leadership. Check all that apply.

QI expert

QI coaches

Data manager

Data analyst

Statistician

Program coordinator/project manager

Other

1. Is the project HIPAA compliant?

Yes

No

1. Check this box if you consider this project research:  *(Note: if you have any questions about determining whether your project is research, please contact Erin Kelly, IRB Administrator at 847/434-4075 or* [*ekelly@aap.org*](mailto:ekelly@aap.org)*)*

If yes to the above, does the project have IRB approval? (Check one)

We did not seek IRB approval.

IRB approval is pending. *Please submit a copy of the IRB approval letter/form when obtained.* What organization’s IRB is reviewing the project? Click here to enter text.

IRB approval is obtained. *Please submit a copy of the IRB approval letter/form.* Date of IRB approval: Click here to enter text. What organization’s IRB approved the project? Click here to enter text.

1. Attach any relevant files regarding the quality improvement effort that you wish to share with the reviewers. List attachments here: Click here to enter text.

**ABP PROFILE INFORMATION**

Please complete the following information that will be used to populate the ABP Web site.

1. Primary Project Contact

* Name: Click here to enter text.
* Email: Click here to enter text.
* Phone: Click here to enter text.
* Organization Mailing Address: Click here to enter text.

1. Description of the activity in 300 words or less to be listed on ABP website

Click here to enter text.

1. Completion Criteria to be listed on ABP website.

Click here to enter text.

1. Relevant Topics. Choose 3.

|  |  |  |
| --- | --- | --- |
| ADHD  Abuse and Neglect  Access to Care  Anticipatory Guidance  Asthma  Auditory Screening  Autism  Bloodstream Infection  Breastfeeding  Cancer  Care Coordination  Care Transitions  Chlamydia  Chronic Care Management  Chronic Disease  Communication  Congenital Heart Disease  Cystic Fibrosis  Depression  Developmental Screening  Diabetes  Exercise  Febrile Infant  Gastroesophageal Reflux  Gastroesophageal Reflux Disease | Genetics and Birth Defects  Handoffs  Health Promotion  Hypoplastic Left Heart Syndrome  Immunization  Improvement Methods  Inflammatory Bowel Disease  Influenza  Intubation in PICU  Juvenile Idiopathic Arthritis  Leadership  Learning Disabilities  Literacy  Low Birth Weight  Medical Home  Mental Health  Motivational Interviewing  Newborn Screening  Nurse Triage  Nutrition  Oral Health  Otitis Media/Otitis Media with Effusion  Overweight and Obesity  Parent Education  Patient Flow | Patient Safety  Patient-Centered Care  Practice Improvement  Practice Redesign  Practice Redesign-Documentation  Prematurity  Preventative Services  Quality Improvement  Referral  Reliability  School Health  Self-management Support  Sepsis  Sexuality  Sexually Transmitted Disease  Sleep  Spread  Teamwork  Tobacco Cessation  Univentricular Heart  Varicella-Zoster Virus  Very Low Birth Weight  Violence Prevention  Vision Screening |

1. Does your project offer CME?

Yes

No

1. Relevant Pediatric Subspecialties (choose all that apply):

|  |  |  |
| --- | --- | --- |
| All Specialties  Adolescent Medicine  Child Abuse Pediatrics  Developmental-Behavioral Pediatrics  General Pediatrics  Hospice and Palliative Medicine  Hospitalist  Medical Toxicology | Neonatal-Perinatal Medicine  Neurodevelopmental Disabilities  Pediatric Cardiology  Pediatric Critical Care Medicine  Pediatric Emergency Medicine  Pediatric Endocrinology  Pediatric Gastroenterology  Pediatric Hematology-Oncology | Pediatric Infectious Diseases  Pediatric Nephrology  Pediatric Neurology  Pediatric Pulmonology  Pediatric Rheumatology  Pediatric Transplant Hepatology  Sleep Medicine  Sports Medicine |

1. Participation in approved quality improvement efforts is limited to:

Physician members of the society/collaborative/association

Physicians employed or contracted by the organization

Physicians in the organization’s health system or network

Other, define: Click here to enter text.

1. Is there a direct diplomate cost to participate?

Yes

No

Unknown

1. Web Site URL (if applicable) Click here to enter text.
2. As the Project Leader, I accept responsibility for managing this project in compliance with the standards and requirements of the American Board of Pediatrics on behalf of the American Academy of Pediatrics.
   1. Maintaining Standards: I will ensure that our QI Project maintains the ABP standards for QI projects for MOC.
   2. Attestations: I will attest to the participation of individual physicians and resolve disputes about attestations. Or, I will ensure that Local Leaders are designated to attest to the participation of individual physicians for MOC credit, and that they agree in writing to resolved any disputes about attestations.
   3. Meaningful Participation Criteria: I will ensure that our QI project’s requirements for length of physician participation is documented and communicated to physician participants, and that this and all requirements for meaningful participation are upheld.
   4. Progress Report: I will ensure that AAP receives project updates every 6 months and that a formal Progress Report is completed annually (if selected) and at project completion.
   5. AAP Group Oversight: I will ensure that the AAP group listed in this application is responsible for monitoring project progress and physician participation.

I accept

I do not accept

Project Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX A. MEASURE TABLE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure Name/Type** | **Measure Definition** | **Source of Measure** | **Measure Calculation (Numerator/Denominator)** | **Measure Exclusion** | **Data Source/**  **Associated Collection Tool** | **Measure Benchmark** | **Measure Target/**  **Goal (%)** | **Collection Frequency** | **Associated Questions** |
| *Age Appropriate Risk Assessment* | *% of patients who have*  *documentation in chart that age approp risk assessments were*  *performed at their 24 months visit* | *Bright Futures* | *Target Population: All patients age 24 months seen in practice for health supervision care*  *Numerator: # patients age 24 months with documentation in chart that age appropriate*  *risk assessments were performed*  *Denominator: All patients age 24 months seen in practice for health supervision care*  *whose charts are reviewed* | *N/A*  Example | *Patient charts/Chart Review Tool 1* | *N/A* | *95%* | *Monthly* | *Is there documentation in the medical record indicating that all age appropriate risk assessments were performed at the 24 month health supervision visit? (Note: answer “yes” if there is documentation that the patient was assessed for risks as outlined by Recommendations for Preventive Pediatric Health*  *Care and Bright Futures Guidelines.* |
|  |  |  |  |  |  |  |  |  |  |

Note: Several of the above categories are also required for projects utilizing the Quality Improvement Data Aggregator (QIDA) system. If your project is using QIDA, the final version of this grid will be used in your discussions with QIDA staff.

**APPENDIX B. American Board of Pediatrics Requirements for Maintenance of Certification (MOC) – Part 4 Portfolio Sponsor – American Academy of Pediatrics**

**The following project guidelines apply to projects with participating physicians who are board certified in General Pediatrics and/or in subspecialties certified by the American Board of Pediatrics:**

|  |  |  |  |
| --- | --- | --- | --- |
| Adolescent Med | Ped Emergency Med | Ped Infectious Dis | Ped Pulmonary Med |
| Ped Cardiology | Ped Endocrinology | Medical Toxicology | Ped Rheumatology |
| Child Abuse Peds | Ped Gastroenterology | Neo-Perinatal Med | Sleep Medicine |
| Ped Critical Care | Ped Hem/Onc | Ped Nephrology | Sports Med |
| Devel & Behav Peds | Hospice & Palliative Med | Neurodevelopmental Disabilities | Transplant Hepatology |

**To be approved for credit for MOC Part 4, a QI project must include the following components:**

* Impact on one or more of the Institute of Medicine quality dimensions: safety, effectiveness, timeliness, equity, efficiency, and patient-centeredness.
* Use of accepted quality improvement methods, including:
  + Aim statement (target population, desired numerical improvement, timeframe)
  + Performance measures, collected over time, preferably nationally endorsed; if not, must have documentation of the evidence base, measure specifications, and development process
  + At least one balancing measure, to indicate unintended consequences of changes
  + Comparison of performance to benchmarks
  + Use of a systematic sampling strategy and appropriate sample size
  + Include a minimum of 10 data points in each cycle (projects with larger samples [eg, hand hygiene] should use larger sample sizes)
  + Systematic implementation of changes
  + Use of data for improvement; analysis of measures over time
  + At minimum, 1 baseline and 2 follow-up data cycles
  + Reporting data in graphical display over time
  + Monitoring data quality – clear measure definitions and adequate data validation
* Regular reporting of project-wide and physician- or practice/unit-level data to all participants (typically, monthly) and executive leaders/sponsors and other key stakeholders (at least bi-annually and at project completion)
* Development of physicians’ demonstrated competency in quality improvement methods, by including training and educational resources on QI methods (e.g. seminars by QI experts, coaching by QI consultants, web-based curriculum)
* A documented organizational structure including a project leader, who is responsible for adjudicating any disputes regarding participation and MOC credit and use of Local Leaders, for multi-site collaboratives. Also to include institutional governance, specified start date, appropriate staffing and financial support, documented policies and procedures for management of project, system to track physician participation, and HIPAA compliance.
* A process for collecting, reviewing, and signing Attestation Forms, and resolving disputes
* A system to maintain up-to-date documentation and retain the documentation for 7 years after the project’s completion (to include project results; methods; participation monitoring, including completion data tracking; local leader acknowledgement forms if applicable)
* Demonstrate improvements in care– score of at least 3.0 (modest process improvements) on the ABP’s Improvement Progress Scale

**Physician Meaningful Participation Requirements for QI projects approved for MOC Part 4 include:**

* Demonstrate/document active participation as determined by the project completion requirements (length of participation)
* Be intellectually engaged in planning and executing the project.
* Implement the project’s intervention (the changes designed to improve care).
* Review data in keeping with the project’s measurement plan.
* Collaborate activity by attending team meetings
* Participate during current certificate period or MOC cycle

**Project Leader responsibilities include:**

* Designing a project that addresses the above components for MOC Part 4
* Determining if the project is research and obtaining appropriate IRB approval if it is
* Completing and submitting an AAP MOC Application form to the Quality Cabinet (via MOC Manager)
* Establishing a process to work with an associated AAP group to provide oversight to the project (eg, Section, QuIIN, QIDA, etc)

*Once the project is approved:*

* Creating a system to track and monitor physician participation; monitoring physician participation to ensure the above standards are met
* Providing feedback data reports to the physician participants on a regular basis
* Collecting and retaining Local Leader Acknowledgement Forms if appropriate
* Attesting for physician participants by signing their Attestation Forms; handling any disputes that arise in the attestation process
* Sending physician completion data to the MOC Manager using the Completion Data Tracking spreadsheet
* Completing reports associated with project approval including bi-annual reports that will be reviewed by the Quality Cabinet; a final report at the close of a project; and, if selected by the ABP for an annual review, an annual report.
* Maintaining all project documentation for 7 years (including methods, results, participation, and leadership)

**Affiliated AAP Group responsibilities include** (eg, Section, QuIIN, QIDA, etc)

* Ensuring projects follow ABP standards throughout the planning and project implementation period
* Reviewing projects to determine the strength of QI (ie, Does the project know what they are trying to improve [QI aim statement], do the measures provide information to participants about whether or not they are seeing an improvement, and do the measures relate back to the QI aim)? Work with project leaders to develop sound QI protocols.
* Serving as an appeal process for unresolved disputes with attestations.
* Signing Project Leader attestation forms, to attest that they met the project leader requirements set forth by the ABP (ie, materially involved in the design *and* implementation of the project, involved for minimum of 12 months, understands principles of QI).
* Note: *AAP Groups do not need to conduct the projects, but must be meaningfully involved in the design and ongoing implementation/monitoring of the project.*

*A project meeting the above criteria may be eligible for, and may request inclusion in, AAP’s MOC Project Portfolio by completing an AAP MOC Part 4 Application. Submit completed applications to Tori Davis, Quality Improvement and Certification Program Specialist at* [tdavis@aap.org](mailto:tdavis@aap.org) *or fax 847/434-8000.*