**Maintenance of Certification Part 4
Approved Project Checklist**

 **Congratulations on your quality improvement project approved for MOC Part 4! Please thoroughly review the important information below, for you, as Project Leader.**

**Next Steps**

* You may now notify project participants that this project was approved for 25 points towards MOC Part 4. Project Leaders should share completion requirements with participants, including the meaningful participation requirements established for this project. You may update and utilize the Q&A document in Appendix A if desired.
* It is the responsibility of the Project Leader to track physician participation to ensure they meet meaningful participation requirements. From the ABP’s perspective, these meaningful participation requirements include the following, although your project may have included additional requirements:
	1. Demonstrate/document active participation as determined by the project completion requirements (length of participation)
	2. Be intellectually engaged in planning and executing the project
	3. Implement the project’s intervention (the changes designed to improve care)
	4. Review data in keeping with the project’s measurement plan
	5. Collaborate actively by attending team meetings
	6. Participate during current certificate period or MOC cycle
* A diplomate who continues to participate in long term, substantial QI projects is eligible for Part 4 credit each time he or she meets participation requirements, as long as new interventions are being used.
* Project Leaders should establish a system to track physician participation and continually monitor participation over the course of the project, and implement a system for continued oversight by the designated AAP group, as indicated in your application.
* If your project is using Local Leaders (for multi-site projects), obtain signed copies of the Local Leader Acknowledgement Form (Appendix B) from each designated Local Leader. Keep these on file for 7 years post project.
* Project Leaders should ensure there is a system in place to provide feedback data reports to participants on a regular basis.

**Attestation Process**

* You may consider periodically reminding physicians to complete attestation forms when they meet the meaningful participation requirements for the project.
	+ It is the responsibility of the physician participant to initiate the attestation process and submit Attestation Forms for their project participation.
	+ The physician participant will attest that ABP meaningful participation requirements have been met, using the Attestation Form available for download from the ABP Web site within the Physician Portfolio. Instructions for submitting Attestation Forms are included in Appendix C.
	+ Once signed, the physician participant should submit the Attestation Form to the Project Leader or Local Leader, depending on the project’s structure.
* It is the responsibility of the Project Leader or designated Local Leaders to review the attestation and sign Attestation Forms for physicians who are interested in receiving credit.
	+ The Project Leader must ensure physicians who submit Attestation Forms have met the project’s meaningful participation requirements prior to signing their forms.
	+ It is the responsibility of the Local and/or Project Leader to resolve any disputes that occur in the Attestation process.
	+ The Project Leader will sign Attestation Forms for Local Leaders interested in receiving credit (Local Leaders cannot attest for themselves)
* The Project Leader is responsible for completing the AAP Completion Data Tracking spreadsheet (Appendix D) using the data from the submitted Attestation Forms. This spreadsheet must be sent to the QI and Certification Program Specialist, Tori Davis, tdavis@aap.org.
* Within 1-2 weeks of receiving the Completion Data Tracking spreadsheet, the MOC Manager will submit physician attestation information to the ABP via the Completion Data Portal.
	+ For projects conducted through the Quality Improvement Innovation Networks or Chapter Quality Network, a designated AAP staff person from those initiatives will be identified to enter Completion Data through the ABP Completion Data Portal. This staff person should submit the Completion Data Tracking spreadsheet to the MOC Manager once all completion data has been submitted to the ABP.
* Once completion data is submitted to the ABP, the ABP will update the participating physicians’ ABP Portfolio at [www.abp.org](http://www.abp.org) indicating that points have been earned toward MOC.
* Project Leaders will be required to submit an electronic file of all signed Attestation Forms to the MOC Manager with the project’s final report.

**Reporting Requirements**

* Project Leaders will be required to submit a brief **semi-annual report** to the Quality Cabinet, via the MOC Manager. The MOC Manager will provide 30 days’ notice to the Project Leader and staff of the semi-annual report deadline.
	+ Your semi-annual review dates are: **Insert Date**
* Within 3 months of project completion, Project Leaders will be required to submit a **final progress report at project completion** to include final data and improvements in care, **and submit an electronic file of all signed Attestation Forms and Local Leader Acknowledgement Forms (if Local Leaders were used)**. The AAP Progress Report Template will be used for the final report (Appendix E).
	+ Your project completion date is listed as: **Insert Date**
* Each year, the ABP selects a number of projects to review. If your project is selected for this review, it is the responsibility of the Project Leader to provide an annual report using the ABP Progress Report Template, which will be similar to the final report template included in Appendix E. The MOC Manager will give Project Leaders at least 30 days’ notice.
	+ These reports will be due to the ABP in October of each year, so projects will be notified in approximately August.
* If any changes are made to your project, or you experience any issues or challenges, you should notify the Quality Cabinet, via the MOC Manager.

**Project Documentation**

* Project Leaders are required to maintain up-to-date documentation related to the QI project. Documentation of project results and methods, physician participation, and attestations are especially important.
* **Results:** charts and other analytic reports based on project measures demonstrate the project’s performance and progress toward improvement. There should be aggregate progress reports for the project overall, as well as specific feedback to participants (individual physicians or sites, as appropriate)
* **Methods:** documentation of project design and methods demonstrates adherence to the ABP standards for QI projects for MOC.
* **Participation:** MOC credit rests upon physician attestation of meaningful participation, co-signed by project leadership. This means the project must track who is participating, their dates of participation, and their role with respect to the ABP definition of meaningful participation.
* **Leadership:** for QI projects structured around Local Leaders, the project must maintain documentation on each participating organization and the Local Leaders who will attest to individual physician participation. The project must obtain signed agreements with Local Leaders (Local Leader Acknowledgement Forms) acknowledging their responsibilities to co-sign attestations and to resolve any disputes locally.
* Documentation Retention: The above documentation must be retained for 7 years after the project’s completion. Documentation can be maintained electronically or hard copy.

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| **Quality Improvement Project Leader Credits*** Pediatricians who play a major role in designing and leading the implementation of QI projects may be eligible to receive credit for MOC Part 4.
* All of the following requirements must be met in order for Project Leaders to receive leadership credit once in a 5 year cycle:
* Physician was materially involved in the design of the project
* Physician was materially involved in the implementation of the project
* The project leader will attest that the physician understands the principles of quality improvement
* Physician was involved in the project for a minimum of one year
* Project Leaders can receive credits either for their role as a Project Leader or for participation in the project, but not for both.
* Project Leaders will complete a Project Leader Attestation Form via a Word document (not available on the ABP Web site) to be signed by the affiliated AAP Group leadership (eg, Section Chair) and submitted to the MOC Manager.
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 **Appendices Questions? Contact:**

* Appendix A. Sample MOC Part 4 Q&A

Tori Davis, QI and Certification Program Specialist
Division of Quality
Phone: 800/433-9016, ext 7806; Email: tdavis@aap.org

* Appendix B. ABP Local Leader Acknowledgement Form
* Appendix C. ABP Instructions for Submitting Attestation Forms
and ABP Sample Attestation Form
* Appendix D. Completion Data Tracking Spreadsheet
* Appendix E. AAP Final Progress Report Template

**Project Monitoring, Attestation, and Reporting Flowchart**

*Note: the affiliated AAP Group’s leadership (eg, Section Chair) will be responsible for signing attestation forms for Project Leaders. This information should also be included in the Completion Data Tracking spreadsheet.*