

North Carolina Maintenance of Certification (MOC) Program

Project Application for MOC Part IV Credit for Physicians and PI-CME Credit for Physician Assistants

The NC MOC program was approved in 2015 as an MOC Part IV Multi-Specialty Portfolio Sponsor by the American Board of Medical Specialties (ABMS). Administered by the Institute for Healthcare Quality Improvement (IHQI) and the NC Area Health Education Centers (AHECs), NC MOC is able to award Physicians MOC Part IV Credit (across 20 ABMS medical specialties) and Physician Assistants PI-CME credit for meaningful participation in Practice Improvement Projects. NC MOC is structured to provide education and support to providers as they work to improve patient outcomes.

The QI Project Team should possess sufficient and appropriate resources to support the successful planning, implementation and sustainable conclusion of the project. The QI project should include a specific, measureable, relevant and time-appropriate AIM for improvement and plans for appropriate, repetitive data collection and reporting of the data to support the assessment of the impact of the interventions. There must be the use of:

- Relevant quality measures where applicable (outcome, process and/or balancing measures) to effectively assess the impact of the interventions
- Charting/reporting tools (ex. Annotated run charts, control charts, etc.)

The QI Project should address how the physician/physician assistant can influence one or more of the Institute of Medicine dimensions of quality patient care:

- **Safe:** Avoiding harm to patients from the care that is intended to help them.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

QI Projects should involve two or more PDSA Cycles (small tests of change). An improvement cycle should address: the identified problem, general goals within a measurable timeframe for achievement, the main underlying root causes of the problem, interventions to address causes, and operational plans to implement the interventions.

This application will be reviewed by members of the internal NC MOC Advisory Board and if approved, the application will be submitted to the American Board of Medical Specialties Multi-Specialty Portfolio Program.

Project applications must be completed and submitted to the NC MOC program by November 1st of the current year in order to allow adequate time for internal approval and submission to the ABMS.

Questions should be submitted to ncmoc@med.unc.edu.

1. QI Effort Title

2. QI Effort Leader Name
Email
Phone Number
Is the Project Leader a physician?
3. Quality Manager Name
Email
Phone Number

4. What Department/Program is this Quality Improvement Project most closely associated with?

5. Does this Department have Departmental Quality Goals? If yes, how does the QI Effort align with the Department's Quality Goals?

6. QI Effort-Start Date
7. QI Effort Anticipated End Date (if applicable) If the QI Effort is 'continuous' or 'ongoing', the End Dates should be listed as the sponsor's approval End Dates.

8. Provide the numbers, as available, of healthcare providers who are participating in this QI Effort (regardless of claiming MOC Part IV credit through the Portfolio Program)

Healthcare Professional	Number	Specialty/Subspecialty (for Physicians only)
Practicing Physicians		
Residents/Fellows		
Physicians' Assistants		
Nurses (APNP, NP, RN, LPN)		
Other Allied Health		

9. What is the specific patient population impacted? Indicate the anticipated number of patients impacted.

10. Select up to 5 relevant topics for this quality improvement effort

- Access to care
- Asthma
- Burnout/Clinical Wellbeing
- Cancer
- Cardiovascular
- Career Sustainability
- CLABSI
- Communication (Patient-Clinician)
- Compliance (Regulatory)
- Diabetes
- Documentation
- Efficiency/Timeliness of Care
- Hand Hygiene
- Health Literacy
- HIV
- Hypertension
- Immunizations/Vaccinations
- Length of Stay Medical Home
- Obesity
- Opioid Use
- Patient-Centered Care
- Patient Safety/Harm Reduction
- Prescriptions
- Preventive Care
- Procedural Skills
- Professionalism
- Readmissions
- Resource Stewardship/Utilization/Value-Based Care

Satisfaction
Sepsis
Surgical Site Infections
Teamwork/Team-Based Care
Transitions of Care
Other: Indicate the Topic Area

11. Select the one methodology that most closely resembles the methodology being used in this QI Effort:

A3
Continuous Quality Improvement (CQI)
IHI Collaborative Model
LEAN
Model for Improvement (PDSA/PDCA)
Six Sigma (DMAIC)
Total Quality Improvement (TQM)
Other

12. Select one or more medical specialties below as part of this QI Effort. For Special Requirements for Select Boards, see List on ABMS application. For list of Subspecialties, see List on ABMS application.

Anesthesiology
How long does an individual participate?

Dermatology
Emergency Medicine
Family Medicine
Is this QI Effort part of NCQA recognition?

Internal Medicine (including subspecialties)
Medical Genetics and Genomics
Obstetrics and Gynecology
Ophthalmology
Orthopaedic Surgery
Otolaryngology
Pathology
Pediatrics
Physical Medicine and Rehabilitation
Plastic Surgery
Preventive Medicine
Psychiatry and Neurology
Radiology

Surgery

Does this QI Effort directly address a change to the clinical care a surgeon provides? ABS does not approve QI Efforts that do not address a change to the clinical care a surgeon provides.

Thoracic Surgery

Urology

Does this QI Effort directly address a change to the clinical care a urologist provides? ABU does not approve QI Efforts that do not address a change to the clinical care a urologist provides.

13. Are you willing to share QI Effort-level descriptive information about this QI Effort with other Portfolio Sponsors (AIM Statement, Metrics, Interventions, etc.)?

14. How is this QI Effort funded?

Grant

Internal

Industry (Pharma or Medical Device manufacturer) funding

Describe how the pharma or device funding is used and identify the organizations providing the funding.

Other

Describe the source of the funding.

15. Provide a one-sentence AIM statement for this QI Effort.

What is the specific aim of this Quality Improvement Effort? What is the project trying to accomplish? Describe the quality gap or issue to be addressed by this QI project.

Statement should include:

Specific/measurable improvement goal

Specific target population

Specific date/time period

Example AIM Statement: We will [improve, increase, decrease], the [number, amount, percent] of [the process/outcome] from [baseline, measure] to [goal, measure] by [date].

16. What is the impetus for this improvement project?

17. Describe the types of interventions and tools used in the QI Effort and describe how each is expected to impact individual practice and patient care. Note: We recognize that interventions may be added, removed and/or modified to meet the needs of the individual practice as QI Efforts progress.

<i>Intervention/Tool Type and Description</i>	<i>How will this impact individual practice?</i>	<i>How will this impact patient care?</i>
E.G., We have a checklist that prints from our EMR for adult PCP visits; we had HTN added for every visit for every patient 18 years of age and older	E.G., Will lengthen individual visit time for every patient who screens high	E.G., This change ensures that every patient 18 years of age and older who is seen at least annually is screened for hypertension regardless of the type of visit.

19. Will physicians do the following? Choose all that apply.

Provide Patient Care

Be involved in concept, design, oversight of implementation, overall assessment/evaluation and evolution of QI Effort

Supervise residents or fellows

Reflect on further improvements, barriers, etc.

20. Each individual participant in this QI Effort will... Check all that apply.

Verify and Attest to their individual participation

Meet with others involved with the QI Effort

Review performance data not less than 3 times including a baseline, and prior to completion of activity for MOC purposes (post-PDSA1, Post PDSA 2)

Develop and/or apply tools and interventions to individual/team practice

Reflect on impact of the initiative on their practice or organizational role.

21. Describe the Improvement Team.

Name	Title (MD, PA, NP, RN, CMA, etc.)	Certifying Board (for MDs only)

22. Project timeline:

Additional attachments: Feel free to email any supplemental documentation (i.e., PDSA Diagram, Logic Model, Key Driver Diagram, Run Charts, etc.) to ncmoc@med.unc.edu.

PHYSICIAN PARTICIPATION

ABMS Standards for Physician Participation

Physician participation in approved QI effort is considered meaningful when:

1. The QI effort is directly related to the physician's clinical practice or organizational/leadership role in improving care.
2. The physician is actively involved for an appropriate amount of time in order to understand and experience basic QI principles. "Involvement" includes at least one of the following:
 - a. Provision of direct patient care as an individual or a member of the care delivery team.
 - b. Being involved in the conceptualization, design, oversight of implementation, overall assessment/evaluation and evolution of the QI initiative.
 - c. Supervising residents or fellows throughout the entire QI effort
 3. The physician is able to verify and will attest that they have:
 - a. participated throughout the entire specified QI effort
 - b. met with others involved in the improvement effort
 - c. reviewed their performance data
 - d. helped develop and/or implement changes to the effort
 - e. personally reflected on the impact of the activity on their practice or organizational role
 - f. reflected on further improvements, barriers to improvement, and sustaining achieved improvement

The physician project leader is responsible for adjudicating any disputes with physicians claiming MOC credit. Because this process could affect a physician's certification status, the physician project leader who signs the attestation form must be a physician actively participating in the project.

1. **Describe the specific requirements for meaningful physician participation in the quality improvement effort. Answer should address the ABMS Standards and Guidelines for Meaningful Participation in Qualifying QI/PI Initiatives.**
 - a. Complete the following:
 - i.
 - ii.
 - iii.

iv.

v. Reflect upon the following areas:

1. Change. What change did you personally make in your practice?

2. Impact. How did this change impact patient care in your practice?

3. Learning. What did you learn as part of participating in this QI effort?

4. Sustainability. Explain how you plan to sustain the changes you made to your practice because of this QI effort.

b. Complete an Attestation Form.

c. Submit the completed Attestation Form to
no later than _____ of the year you wish to accrue MOC Credit.

2. **Describe how physician participation is tracked through this quality improvement effort.**