Maintenance of Certification Portfolio Program

MOC Part IV Credit Application Form

Applications may be submitted for Ongoing or Completed Initiatives only. Initiatives still in the Planning or Baseline Data Collection stages can request feedback from the MOC Portfolio Program to ensure Standards and Guidelines are being met with an Initiative.

Instructions

Please complete the application form and return to the MOC Program Manager at mocprogram@childrens.com. For additional information, refer to:

Appendix A (page 7): comprehensive Application Instructions
Appendix B (page 9): Portfolio Program Standards and Guidelines [Applicable Standards noted throughout the application]

Section 1: General Information

1. **Project Title:**

    _____

2. **Project Lead [Standard B1]:**

    Name: _____   Phone: _____
    Email: _____

3. **Additional or Administrative Contact, if applicable:**

    Name: _____   Phone: _____
    Email: _____

4. **Select one or more Medical Board specialties addressed as part of this Project [Standard C1, C3]:**

Anesthesiology	Dermatology	Emergency Medicine
Family Medicine	Internal Medicine	Medical Genetics and Genomics
Obstetrics and Gynecology	Ophthalmology	Otolaryngology
Pathology	Pediatrics	Physical Medicine & Rehabilitation
Preventive Medicine	Psychiatry and Neurology	Radiology
Surgery	Thoracic Surgery	Urology

5. **List any relevant Subspecialties, if applicable:**
    NOTE: For a full list, visit http://www.abms.org/member-boards/specialty-subspecialty-certificates/.

    _____

6. **How is this Project funded [Standard B8]?**
   NOTE: CHST Department/Division funding is considered Internal.

   Grant   Internal

   Subscriptions   Other: _____

Section 2: Project Details

1. **Project Dates [Standard B6]:**
   NOTE: For Ongoing projects, list the anticipated End Date. Dates should be inclusive of at least 2 full data cycles.

   Start Date: _____   End Date: _____   Cycle Length (in months): _____

2. **Select the location(s) where Physicians will participate in this Project:**

   Children's Medical Center Dallas   Children's Medical Center Plano

   Our Children's House   Children's Health Specialty Centers

   Other: _____

3. **Participants:**
   Please provide an estimated number of Health Care Providers who are or will be participating in this Project.

Practicing Physicians	Residents/Fellows	Physician Assistants	Nurses	Other Allied Health

4. **Provide a concise summary of this Project and the quality gap being addressed.**
   NOTE: The summary should include the overall goal of the project.

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5. **Select 2 (two) of the six Institute of Medicine quality dimensions this Project addresses [Standard B2]:**

Safety	Timeliness	Efficiency
Effectiveness	Equity	Patient-Centeredness

6. **Select 2 (two) of the following ACGME/ABMS competencies this Project addresses [Standard B2]?**

Communication/Interpersonal Skills	Medical Knowledge
Patient Care and Procedural Skills	Professionalism

7. **Select up to 5 (five) relevant topics for this Project [Standard C1]:**

Access to care	Asthma	Burnout / clinician wellbeing
Cancer	Cardiovascular	Career Sustainability
Choosing Wisely / High Value Care / Cost of care	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
Professionalism	Provider Resilience	Readmissions
Resource stewardship / utilization / value and/or cost of care	Satisfaction	Sepsis
Surgical site infections	Teamwork / team-based care	Transitions of care

Other: _____

8. **Select the QI methodology that most closely represents the methodology being used in this Project [Standard A3, B5]:**

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

Section 3: Interventions, Measures and the Key Driver Diagram

1. **Interventions:**

    Please describe the types of Interventions and Tools that are or were used by participants during this Project [Standard B7]:

    NOTE: At least 1 Intervention is required.

Intervention / Tool Type and Description	How will this impact individual practice?	How will this impact patient care?

2. **Measures:**

    Please list each measure that will be used in this project [Standard B4, B6, C1]:

    NOTE: Measure Types include Outcome, Process or Balancing measure. At least 1 Outcome Measure is required.

Patient Population	Measure Title	Measure Type	Measure Source	Numerator Description	Denominator Description	Baseline Rate	Target Rate

*Data supporting the Baseline Rate should be submitted for review with the application.

3. Key Driver Diagram:

A key driver diagram is a tool intended to help organize your ideas and discover various causes that contribute to the issue you are trying to improve. The diagram will incorporate the Interventions and Measures. Please complete the key driver diagram below or attach a previously completed diagram to the application [Standard B3, C1, C2].

Global Aim

Specific Aim	Primary Drivers	Secondary Drivers
	Primary Drivers are factors that directly influence the outcome of your QI project. List the broad issues impacting your ability to meet your Aim.	Secondary Drivers are the specific actions taken to affect the broad issues. List the interventions implemented to address your Primary Drivers.

Section 4: Meaningful Participation Criteria

1. **What is the relationship between participating physicians and this Project [Standard C1]?**

   Directly related to the physician's clinical practice

   Physician(s) are acting in an organization / leadership role

2. **Indicate the requirements for an individual to meaningfully participate in this Project [Standard B6, C2].**
   NOTE: Refer to Appendix A for general requirements of all participants in a Project.

   Provide patient care

   Be involved in the concept, design, oversight of implementation, or overall assessment/evaluation and evolution of this Project

   Supervise Residents or Fellows throughout this Project

   Reflect on further improvements and/or barriers

   Other: _____

3. **If there is a learning session required for participation in the Project, would you like to apply for CME credit [Standard A3]?**

   Yes   No   N/A

   If Yes, Hours of anticipated instruction: _____

By typing my name below, I acknowledge I have read the Standards and Guidelines for MOC Qualifying Initiatives and as the project lead, will review all attestation forms submitted by participating physicians.

Full Name: _____   Date: _____

Additional Comments:
   Please note any additional information about this Project you would like to provide that was not requested in the application.

Appendix A
Application Instructions

For additional questions regarding completion of the application, please contact the MOC Program Manager at mocprogram@childrens.com.

Section 1: General Information

2. Project Lead: If there is more than one Project Lead, the individual completing the application should be listed first.

3. Additional or Administrative Contact: A second Project Lead or additional point of contact for questions can be added here. If there are more than 2 contacts, please list the others in the Additional Comments section at the end of the application.

4. Medical Board specialties: Select all boards that participants would need MOC credit submitted to. Any Board not listed is not a member of the ABMS Multispecialty Portfolio Program, and we would not be able to submit participation on your behalf to an unlisted Board.

5. Subspecialties: Subspecialties listed should correspond to the Boards listed in Question 4.

6. Project Funding: All projects must meet the commercial interest guidelines established by the ACCME. The full guidelines can be found at http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest. Industry (Pharma or Medical Device manufacturers) funding is typically not allowed for MOC Initiatives. Please contact the MOC Program Manager to discuss restrictions if you are interested in using Industry funding for an Initiative.

Section 2: Project Details

1. Project Dates: If the project has already completed, the start date must be after November 2015. Projects prior to that date cannot be submitted as part of the Children's Health Portfolio Program. Project dates must be a minimum of 6 months.

2. Project Locations: For the Specialty Centers at the Dallas and Plano Campuses, please select the respective Main Campus as the location. The Specialty Centers location should be selected for all additional Children's Health Specialty and Imaging Center clinics. Community practices should select Other.

3. Participants: Projects for MOC Portfolio approval must be Physician-centered, however, Interdisciplinary collaboration is encouraged. Please provide the actual or estimated numbers of participants for each category.

4. Summary: Please provide enough information to properly relay the scope of your project.

5. Institute of Medicine Quality Dimensions: Select the 2 most applicable options for this Project.

6. ACGME/ABMS: Competencies: Select the 2 most applicable competencies addressed by this Project.

7. Project Topics: If your project addresses more than 5 of the listed topics, please select the 5 most relevant.

8. QI Methodology: Select the QI Methodology that best describes your project process, if you have utilized more than one.

Section 3: Interventions, Measures and the Key Driver Diagram

1. Interventions: Interventions listed should be precise, concrete steps taken to meet the goal of this Project by impacting individual practice and patient care. This section should also reference specifics how individual Physicians will receive credit for participation.

2. Measures: 1 Outcome Measure is required, but it is recommended to have 1 Process Measure and 1 Balancing Measure, as well. For more information about these types of Measures, refer to IHI's "Science of Improvement: Establishing Measures" resource found [here](#).

3. Key Driver Diagram: The Key Driver Diagram is the primary way to communicate the purpose of this Project. This can inform the data sources used as well as the length and scope of the Project.

Section 4: Meaningful Participation Criteria

1. Relationship Between Participating Physician and Project: Both options may be selected, as applicable.

2. Requirements for Participation: Initiatives completed through Community Practices may not include the supervision of Residents and Fellows as part of the Project.
   - Verify and Attest to their individual participation
   - Meet with others involved in the QI Effort
   - Review Performance data not less than 3 times, including a baseline, and prior to completion of activity for MOC purposes
   - Develop and/or apply tools and interventions to individual/team practice
   - Reflect on impact of the initiative on their practice or organizational role

3. CME Credit: If you are interested in providing/developing CME credit as part of this Project, a representative from the CME department will contact after submission and review of the Project.

Additional Comments

Please use this section to provide any additional information you would like to the Committee to consider when reviewing the application for this Project.

Appendix B
Standards and Guidelines for MOC Qualifying Initiatives

A complete copy of the American Board of Medical Specialties Portfolio Program Standards and Guidelines can be found [here](#).

A. Standards and Guidelines for Organizational Sponsors

Organizations that have made a serious commitment to quality and patient safety, to the use of quality improvement science, and that support physician development are eligible to participate in the Portfolio Program. To be considered, organizations must:

A1. Have the infrastructure and capability to support physician involvement in ABMS MOC.
A2. Demonstrate past success in improving quality of care.
A3. Make training and educational opportunities on quality and/or performance improvement available.
A4. Have the infrastructure to meet the standards, guidelines and processes of the Portfolio Program.
A5. Comply with all Federal, state, and local laws, rules and regulations, including without limitation, the Health Insurance Portability and Accountability Act of 1996, as amended (HIPPA), but only to the extent such laws, rules and regulations are applicable.

B. Standards and Guidelines for MOC Qualifying QI Initiatives

Competency in QI/PI methods and the ability to measure and improve care is required of each ABMS Member Board certified physician participating in ABMS MOC. Qualifying initiatives are those which:

B1. Have leadership and management at the initiative level that will ensure adherence to the participation criteria.
B2. Address care the physician can influence in one or more of the six Institute of Medicine quality dimensions (safety, effectiveness, timeliness, equity, efficiency, and/or patient-centeredness) and one or more of the ACGME/ABMS competencies (Practice-based Learning and Improvement; Patient Care and Procedural Skills; Systems-based Practice; Medical Knowledge; Interpersonal and Communication Skills; Professionalism).
B3. Have specific, measurable, relevant, and time-appropriate aims for improvement.
B4. Use appropriate, relevant, and evidence-based (when available) performance measures that include measurement at the appropriate unit of analysis (physician, clinic, care team, etc.) Use national measures when available.
B5. Use a recognized, valid, established quality or performance improvement methodology.
B6. Include appropriate prospective and repetitive data collection and reporting of performance data so that diplomates access, reflect on, and act upon the data at least three times (including at baseline and at the conclusion of the activity) during the course of their meaningful participation in a quality initiative designated for MOC Part IV.
B7. Attempt or plan to translate or implement an improvement into routine care, or disseminate or spread and sustain an existing improvement into practice.
B8. Possess sufficient and appropriate resources to develop, support and conclude the activity without real or perceived conflict of interest.

C. Standards and Guidelines for Meaningful Participation

Physician participation in an approved QI/PI initiative is considered meaningful when:

C1. The activities within initiatives are directly related to the physician's clinical practice or organizational/leadership role in improving care.

C2. The physician is actively involved throughout the entire specified activity in order to understand and experience basic QI/PI principles. Involvement MAY include 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 from conceptualization, design, implementation, overall assessment/evaluation and evolution of the QI/PI initiative.
   c.   Supervision of Residents and Fellows throughout the entire initiative.

C3. The physician is able to verify and will attest that they have participated throughout the entire specified QI/PI initiative, met with others involved in the improvement activities, reviewed their performance data, helped develop and/or implement changes to the activities, and personally reflected on the impact of the initiative on their practice or organizational role. Reflection on further improvements, barriers to improvement, and sustaining achieved improvement is strongly encouraged.