

MOCQI APPROVAL PROCESS AND REQUIREMENTS FOR QUALITY IMPROVEMENT PROJECTS

Maintenance of Certification (MOC) Part IV:

As an American Board of Medical Specialties (ABMS) MOC Part IV Portfolio Program Sponsor, Emory University School of Medicine (ESOM) works directly with ABMS Member Boards to grant MOC Part IV credit to Emory physicians who actively participate in approved quality improvement (QI) efforts. MOCQI recognizes that most projects will be inter-professional and/or interdepartmental, and will likely include trainees.

MOCQI can award MOC Part IV credit for projects with participating physicians who are board certified by the following multi-specialty boards:

- American Board of Allergy and Immunology
- American Board of Anesthesiology
- American Board of Dermatology
- American Board of Emergency Medicine
- American Board of Family Medicine
- American Board of Internal Medicine
- American Board of Medical Genetics and Genomics
- American Board of Obstetrics and Gynecology
- American Board of Ophthalmology
- American Board of Orthopaedic Surgery
- American Board of Otolaryngology
- American Board of Pathology
- American Board of Pediatrics
- American Board of Physical Medicine and Rehabilitation
- American Board of Plastic Surgery
- American Board of Preventive Medicine
- American Board of Psychiatry and Neurology
- American Board of Radiology
- American Board of Surgery
- American Board of Thoracic Surgery
- American Board of Urology

Boards not participating (October 2016)

- American Board of Colon and Rectal Surgery
- American Board of Neurological Surgery
- American Board of Nuclear Medicine

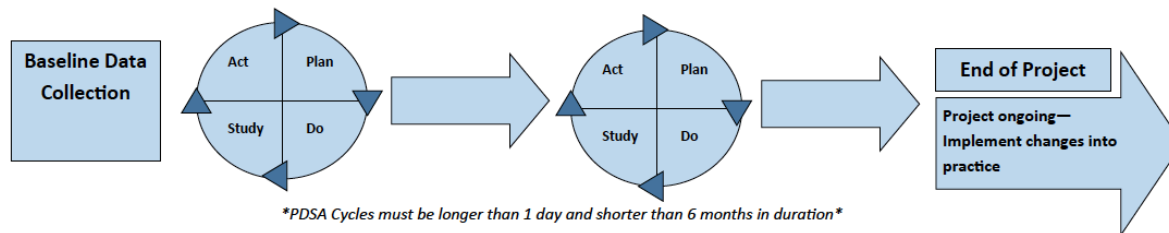
It is each physician's responsibility to verify that they are enrolled to participate in their ABMS Board's MOC program and are eligible to receive MOC Part IV credit from their certifying Board(s).

Emory University School of Medicine Office of Continuing Medical Education (OCME) will be responsible for the management and reporting of MOC Part IV credit to each ABMS Member Board.

The following project guidelines apply to projects seeking MOC credit through MOCQI:

1. New, current, and completed projects within the past 24 months are eligible to apply for MOC Part IV credit. The completed MOCQI Project Application should be submitted electronically to the MOCQI Office for review and approval.

- To be eligible for MOC Part IV credit, QI projects must utilize at least **two Plan-Do-Study-Act (PDSA) or other improvement cycles**.



PDSA Cycles must be longer than 1 day and shorter than 6 months in duration
Data must be collected a minimum of three times (at baseline, after each intervention, and at the conclusion of the project)

Data collection cycles must be shorter than six months in duration to enable and support rapid improvements in care. Data may be collected and reported as often as necessary, but we will expect that projects should be eligible for approval after **≥ 6 months of sequential rapid cycles of improvement and data collection**. Shorter cycles that can be days/weeks to a month or two generally are advisable to enable and support rapid improvements in care. **The use of one-time pre-and post-data collection does not meet the standards for MOCQI approval** and is not consistent with quality improvement principles of sequentially testing multiple interventions to improve care.

To be approved for MOC Part IV credit through MOCQI, a QI project must include the following components:

- Have leadership and management at the project level that will ensure adherence to the participation criteria.
- The project must address an area of high importance to patient care based upon:
 - Evidence from published literature.
 - Use of systemic analysis of systems or processes of care (e.g., a process map or root cause analysis to identify interventions, a logic diagram or key driver diagram to explain rationale for change).
- Address care the physician can influence in one or more of the six Institute of Medicine quality dimensions:
 - safety
 - effectiveness
 - timeliness
 - equity
 - efficiency
 - patient-centeredness

AND in one or more of the ACGME/ABMS competencies:

- communication/interpersonal skills
- medical knowledge
- patient care & procedural skills

- professionalism
 - practice based-learning and improvement
 - systems-based practice
4. Have specific, measurable, relevant, and time-appropriate aims for improvement.
 5. 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.
 6. Include plans for appropriate and repetitive data collection and reporting of data to support assessment of the impact of interventions. There must be:
 - a. **Sufficient sample size** to minimize the impact of random variability and permit reasonable decision-making regarding subsequent project steps.
 - b. Use of **relevant outcome, process, and/or balancing measures** to effectively assess the impact of interventions and potential unintended consequences.
 - c. Use of **appropriate charting or reporting tools to document performance over time** (e.g., annotated run charts, control charts, etc.).
 7. Use a recognized, valid, established quality or performance improvement methodology. Use of any or all of the following quality measures where applicable:
 - a. **Outcome Measures** - Evaluation of the results of an activity, plan, process or program and their comparison with the intended or projected results (e.g., % of diabetics with hemoglobin A1c less than 7mg/dl).
 - b. **Process Measures** – Evaluation of the performance of a process. Measuring the results of process changes will indicate if care is improving (e.g., % of diabetics who have hemoglobin A1c measured).
 - c. **Balancing Measures** – Evaluation of new problems that may occur as a result of the intervention (e.g., % of patients with hypoglycemia complications).
 8. Use appropriate prospective and repetitive data collection and reporting of performance data so that all physician participants access, reflect on, and act upon project data at least three times (**including at baseline and at the conclusion of the activity**) during the course of their meaningful participation in the approved QI project.
 9. QI efforts should be sustained, involving **no fewer than two linked cycles** of improvement efforts (e.g., Plan, Do, Study, Act (PDSA) cycles). Following baseline data, an improvement cycle should address the identified problem, general goals/aims within a measurable timeframe for achievement, the main underlying root causes of the problem, interventions or countermeasures to address causes, and operational plans to implement the interventions.
 - a. The **first improvement cycle** should consist of:
 - i. Appropriate data collection relevant to the identified problem.
 - ii. Analysis and review of data to identify underlying cause(s) of problem.
 - iii. Intervention likely to help address underlying cause(s) and improve system performance.
 - b. **Subsequent cycles** should consist of:
 - i. Post-intervention data collection to assess impact of intervention.

- ii. Adjustment(s) / second intervention(s) to address underlying cause(s).
 - iii. Post-adjustment data collection to assess impact of intervention.
10. Must implement standardized processes to ensure the sustainability of the improvement and outcomes.
 11. Attempt or plan to translate or implement an improvement into routine care, or disseminate or spread and sustain an existing improvement into the physician's clinical practice.
 12. There must be sufficient and appropriate resources to develop, support, and conclude the activity without any real or perceived conflict of interest. (see below for Policies Regarding Project Funding and Conflict of Interest) To the extent that resources are needed they should be identified within the department or hospital division's budgets. Funding from industry may be used to support implementation of a QI initiative that has been developed independent of industry input. In instances where industry support (e.g., marketing, publicity, IT support, etc.) has been used to support the delivery of a project, the Project Leader must provide a statement on any materials that are used in association with or to promote the activity that clearly delineates what specifically has been supported and clearly states that no support has been provided for the development of content. (See below for additional information regarding funding and policies to prevent conflict of interest)

Physician Meaningful Participation Requirements for MOCQI Projects

Meaningful participation in an approved QI effort within MOCQI requires the following:

1. The QI effort is intended to **provide clear benefit to the physician's patients** and is directly related to the physician's clinical practice or organizational/leadership role in improving care.
2. The physician is actively involved throughout the entire QI effort in order to understand and experience basic QI/PI principles. Involvement **MUST** include at least one of the following:
 - Provision of direct patient care as an individual or a member of the care delivery team
 - Being involved from the conceptualization, design, oversight of implementation, overall assessment/evaluation and evolution of the QI/PI initiative.
 - Supervised residents or fellows throughout the entire initiative
3. 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.

Project Approval Requirements

The ESOM MOC Quality Improvement and Patient Safety Committee will review the documentation in applications to determine that the project has been carried out with appropriate QI methods and expected engagement of participating physicians. The committee review process will take **approximately 2-4 weeks**.

Project Application forms may be submitted at any time; however, for MOC credit to be granted in the current year, forms **must be submitted by November 1** in order for MOCQI to review your project and report the project to ABMS. Upon completion of the project, Physician Meaningful Participation Attestation Form **must be submitted by December 1** for participating physicians to get credit from their ABMS specialty board for the current calendar year.

Project Leader Responsibilities

1. Designing a project that meets MOCQI requirements.
2. Determining if the project is research and, if so, obtaining appropriate IRB approval.
3. Completing and submitting an MOCQI Application form to the ESOM CME Office.

Once the project has been approved, the Project Leader is responsible for:

1. Creating a system to track and monitor physician participation to ensure the meaningful participation standards are met.
2. Providing feedback data reports to the physician participants on a regular basis.
3. Upon completion of the project, attesting for physician participants by signing Meaningful Participation Attestation Forms and handling any disputes that arise in the attestation process.
4. Sending physician completion data to MOCQI.
5. Completing reports associated with project approval, including bi-annual reports that will be reviewed by MOCQI leadership, a final report at the close of a project, and an annual report (if requested by ABMS).
6. Providing project documentation to MOCQI, including methods, results, and physician participation

Policies Regarding Project Funding and Conflict of Interest

1. QI projects must possess sufficient and appropriate resources to develop, support and conclude the activity without real or perceived conflict of interest.
2. Industry funding, support, or input cannot be used to suggest, determine or support content or content development. Industry funding or support may not be used for MOCQI initiatives designed to increase the use of a single product produced by that industry entity.
3. MOCQI projects may not be advertised, disseminated on, or linked to industry websites or other industry promotional materials.
4. MOCQI project data (aggregate, de-identified, or diplomate level) must remain with Emory's OCME. Diplomate level data, even if de-identified, will not be shared with an industry entity.
5. If all of the above conditions are met, funding from industry may be used to support implementation of a MOCQI initiative that has been developed independent of industry input. In instances where industry

support (e.g., marketing, publicity, IT support, etc.) has been used to support the delivery of a project, there must be a disclosure statement covering any materials that are used in association with or to promote the activity that clearly delineates what specifically has been supported and clearly states that no support has been provided for the development of content. (Suggested statement: “[Name of Company] has provided support for the [the specific activity supported {e.g., marketing, publicity, IT support, etc.}] of this program. No support has been received for the development of the content.”) Additionally, the name and logo of the company that has sponsored the delivery of the activity may not be used on any materials related to the activity.

- a. Portfolio QI initiatives receiving industry support in accordance with the above must adhere to the [ACCME Standards for Commercial Support](#)[™] and [Emory University School of Medicine Policy on Industry and Other External Professional Relationships](#).