

**Maintenance of Certification Part IV
Quality Improvement Project Credit Application**

**Section I: Design**

**Form Guidelines:** Project leader(s) must complete the Credit Application Section I for pre-review by the UK HealthCare CECentral MOC Part IV Review Committee for guidance and approval. This pre-review provides the QI project team with guidance to assure that their approach to the QI project is consistent with requirements for Multi-Specialty MOC Provider Approval Program Part IV credit approval.

Credit Application Section I is intended to describe a project that is in the development stages. If a project is ongoing, some questions may not apply. **If the project has already been completed and is eligible for MOC Part IV credit review, both Credit Application Sections I and II must be submitted.** Pre-review comments are typically sent to the QI project leader within 5 business days from Section I submission. The final credit review for completed projects following receipt of Sections I and II may take up to 4 weeks.

The project leader and co-leader can be a physician or other healthcare professional. Whether or not their role is project leadership, physicians and other healthcare professionals actively participating in the QI project are responsible for assuring that Credit Application Sections I and II and his/her online QI Project Participation Attestation Form are completed online and submitted for MOC Part IV credit approval. Access to the online UK HealthCare CECentral attestation form will be provided upon approval of Credit Application Sections I and II.

**Form Instructions:** One complete Credit Application (Sections I and II) is required per QI project, despite the number of participating physicians and other health care professionals or ABMS boards participating in the Multi-Specialty MOC Provider Approval Program.

Text responses are open-ended. To mark a checkbox, double click the checkbox and choose “checked” and “OK”.

Submit questions or a completed Credit Application Section I to:

**Chris Dennison**

Accreditation Manager

UK HealthCare CECentral

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**MOC Part IV Credit Application Section I: Design**

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| --- |
|  **QI PROJECT**  |
| Title |  |
| Clinical Site or Service Initiator |  |
| **PROJECT LEADERSHIP** |
| **Project Leader** |
| Name/Credentials/Title |  |
| Department/Specialty |  |
| Address |  |
| City/State/Zip |  |
| Phone with Area Code |  |
| Primary Email |  |
| **Project Co-leader** (if applicable) |
| Name/Credentials/Title |  |
| Department/Specialty |  |
| Address |  |
| City/State/Zip |  |
| Phone with Area Code |  |
| Primary Email |  |

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| **PROJECT DETAILS** |
| **QI Project Methodology**[ ]  A3 [ ]  Model for Improvement (PDSA/PDCA) [ ]  Continuous Quality Improvement (CQI) [ ]  Six Sigma (DMAIC) [ ]  IHI Collaborative Model [ ]  Total Quality Management (TQM) [ ]  LEAN [ ]  Other (please indicate)        |
| **Stage of Project** | [ ]  Beginning [ ]  Completed[ ]  Continuous[ ]  Ongoing with no planned end |
| **Beginning/Ending Dates** | (estimated) |
| What is the approximate number of physicians participating or anticipated to participate in this QI project?[ ]  1-10 [ ]  51-100 [ ]  More than 1000[ ]  11-50 [ ]  101-1000  |
| Select one or more relevant topics for this QI project:[ ]  Access to Care [ ]  Medical home [ ]  Asthma [ ]  Obesity[ ]  Burnout/Clinical Wellbeing [ ]  Opioid Use [ ]  Cancer [ ]  Patient Centered Care [ ]  Cardiovascular [ ]  Patient Safety/Harm Reduction[ ]  Career Sustainability [ ]  Prescriptions [ ]  CLABSI [ ]  Preventive Care [ ]  Communication (Patient-Clinician) [ ]  Procedural Skills [ ]  Compliance (Regulatory) [ ]  Professionalism [ ]  Diabetes [ ]  Readmissions [ ]  Documentation [ ]  Resource Stewardship/Utilization/Value-Based Care [ ]  Efficiency/Timeliness of Care [ ]  Sepsis[ ]  Hand hygiene [ ]  Surgical Site Infections [ ]  Health Literacy [ ]  Teamwork/Team-Based Care[ ]  HIV [ ]  Transitions of Care[ ]  Hypertension [ ]  Other (please indicate) [ ]  Immunizations/Vaccinations       [ ]  Length of Stay  |
| Select all medical specialties addressed as part of this QI project, and list subspecialties represented for each board, if appropriate. Click [here](http://www.abms.org/) for a list of subspecialties.[ ]  Anesthesiology, Subspecialties:       [ ]  Dermatology, Subspecialties:       [ ]  Emergency Medicine, Subspecialties:       [ ]  Family Medicine, Subspecialties:       [ ]  Internal Medicine, Subspecialties:       [ ]  Medical Genetics, Subspecialties:       [ ]  Obstetrics and Gynecology, Subspecialties:      [ ]  Ophthalmology (no subspecialties)[ ]  Orthopaedic Surgery, Subspecialties:      [ ]  Otolaryngology, Subspecialties:      [ ]  Pathology, Subspecialties:       [ ]  Pediatrics, Subspecialties:      [ ]  Physical Medicine and Rehabilitation, Subspecialties:      [ ]  Plastic Surgery, Subspecialties:      [ ]  Preventive Medicine, Subspecialties:      [ ]  Psychiatry and Neurology, Subspecialties:      [ ]  Radiology, Subspecialties:      [ ]  Surgery, Subspecialties:      [ ]  Thoracic Surgery, Subspecialties:      [ ]  Urology, Subspecialties:       |
| Are you willing to share QI Effort-level descriptive information about this QI effort with other Portfolio Sponsors (Aim Statement, Metrics, Interventions, etc)? [ ]  Yes [ ]  No |
| **Funding Resources**(check all that apply) | [ ]  Grant (state, federal, or foundation)[ ]  Internal [ ]  None[ ]  Industry (Pharma or device funding) \* [ ]  Subscription[ ]  Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **\*NOTE ABOUT FUNDING RESOURCES**: If you chose pharma or device funding:* Describe how the pharma or device funding is used and identify the organization providing this funding.
* Describe the source of this funding

For Portfolio Program Standards click [here](http://mocportfolioprogram.org/wp-content/uploads/2018/02/ABMS-Portfolio-Program-Standards-and-Guidelines-2017-12.pdf).For ACCME Standards for Commercial Support click [here](http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support). |
| Participation in this quality improvement effort is limited to:[ ]  Physician/other healthcare professional members of the society/collaborative/association[ ]  Physicians/other healthcare professionals employed or contracted by the organization[ ]  Physicians/other healthcare professionals in the organization’s health system or network[ ]  Physicians/other healthcare professionals affiliated with the organization (Define affiliation      ) |
| Will physicians do the following? Choose all that apply.[ ]  Provide Patient Care [ ]  Be involved in concept, design, oversight of implementation overall assess/eval and evolution of QI effort [ ]  Supervise residents or fellows [ ]  Reflect on further improvements, barriers, etc.Each individual participant in this QI Effort will… Choose 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-PDSA 1, 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  |
| List below information for all physicians and other healthcare professionals participating in this QI project (including leaders) who are eligible for Multi-Specialty MOC Part IV and/or PI CME. CECentral will use this email address for important communications.  **Indicate if MD, PA, Resident** **Name Nurse, Other ABMS Board Affiliations Primary Email**  |
| Which Institute of Medicine Quality Dimensions are addressed? (Check all that apply.)[ ]  Safety [ ]  Equity [ ]  Timeliness[ ]  Effectiveness [ ]  Efficiency [ ]  Patient-Centeredness |
| Which ACGME/ABMS competencies are addressed? (Practice-Based Learning and Improvement and Systems-Based Practice are both assumed for every QI Effort submitted through the Portfolio Program).[ ] Communication/Interpersonal Skills [ ]  Medical Knowledge [ ] Patient Care & Procedure Skills [ ] Professionalism  |
| Is the QI project associated with any larger UK HealthCare, state or national initiative?[ ]  No[ ]  Yes, please explain        |
| Does this project explicitly address:* Reduction of Harm (patient safety) [ ]  Yes [ ]  No
* Cost of Care [ ]  Yes [ ]  No
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| What is the identified problem in quality that resulted in the development of this project? What are the major causes of the problem?      |
| Provide a **one-sentence** AIM statement below. The AIM Statement should include: (1) a specific and measurable improvement goal, (2) a specific target population, and (3) a specific target date/time period. **EXAMPLE AIM STATEMENT:** We will (improve, increase, decrease) the (number, amount, percent) of (the process) from (baseline measure) to (goal measure) by (date).       |
| Briefly describe the operational plans to implement the interventions (countermeasures) addressing the major causes of the identified problem in quality and project aims.       |
| **PROJECT QUALITY MEASURES AND DATA** |
| What patient population does this project address? (Include age, gender, other parameters) ***E.G.; Adults 18+ without documented hypertension***      |
| What is the title of the measure?***E.G.; High Blood Pressure in Adults: Screening***      |
| What is the measure type? (Outcome, Process, or Balancing)      |
| Is the measure nationally endorsed?      What is the measure source? ***E.G.; HEDIS, PCPI, Medicare 5, Internal, USPSTF, etc***      |
| What is the measure calculation? (Indicate the denominator and numerator for the measure)Numerator***E.G.; Patients with Documented Screening***     Denominator ***E.G.; Patients seen in last 12 months***      |
| What data, if any, are excluded from the calculation?       |
| What are the data sources for the measures (e.g., chart review, electronic health records, prospective at point of care, or survey)? What methods will be/were used to collect the data (e.g., abstraction, data analysis)?       |
| What was the benchmark and source for the measure?***E.G.; 92.6% per Healthy People 2020***      |
| How are results captured and displayed over time? (Annotated run chart, data table, bar graph, narrative, control chart, run chart, other)? If other, please indicate. **You will be asked to attach the results containing the format you chose above. Data must include 3 data points; baseline, post PDSA-1 data and post PDSA-2 data. Continuous data collection is preferable when possible.**       |
| Classify the types of interventions and tools that are being, were, or will be used by participants in the quality improvement effort and describe how each is expected to impact patient care and physician practice. We recognize that interventions may be added, removed and/or modified to meet the needs of the individual practice as QI Efforts progress.Intervention/Tool Type:***E.G.; Checklist***     Intervention/Tool Description:***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+***     How will this impact patient care?***E.G.; This change ensures that every patient 18 + who is seen at least annually is screened for hypertension regardless of the type of visit***     How will this impact physician practice?***E.G.; Will lengthen physician visit time for every patient who screens high***      |
| **BASELINE PERFORMANCE OBJECTIVES** |
| What were the performance level(s) at baseline for each measure (number of observations, percentages, etc.)? This can be from the literature. Data table, bar graph, or run chart may be attached.***E.G.; 62%***      |
| What are the target performance level(s) for each measure and the timeframe for achieving the targets?***E.G.; 80%***      |
| How were the performance targets determined (e.g., regional or national benchmarks)?      |
| Submission Date | mm/dd/yyyy |
| Review Committee Approval Date | mm/dd/yyyy |

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