NEXT STEPS FOR PROJECT LEADERS OF APPROVED MOC PART 4 PROJECTS

Part 1: Getting Started
Next Steps

1. Ensure project follows ABP standards for Part 4 Established QI projects
   • Available for review here: [https://www.mocactivitymanager.org/](https://www.mocactivitymanager.org/)

2. Develop and implement a system for oversight from National AAP, through your designated AAP group (Section, Council, QuIN, etc)
   • The AAP group associated with the project should have meaningful involvement in the project during the planning and implementation period (can include monthly updates, conference calls, etc)

3. Notify project participants of MOC approval
   • Include meaningful participation requirements for your project in the notification (ABP’s definition of this is below, but your project may have expanded on this)
     • Demonstrate/document active participation as determined by the project completion requirements (length of participation)
     • Provide direct or consultative care to patients as part of the QI project
     • Implement the project’s interventions (changes designed to improve care)
     • Collect, submit, and review data in keeping with the project’s measurement plan
     • Collaborate actively by attending at least 4 project meetings
     • Participate during current certificate period or MOC cycle
Next Steps Continued

4. Develop and implement a system to track physician participation against the meaningful participation requirements (e.g., how will you track their meeting attendance, how will you track their data submissions, etc).

5. If your project uses Local Leaders, notify Local Leaders of their responsibilities and obtained signed copies of the Local Leader Acknowledgement Form.
   - Important that Local Leaders understand their role in the attestation process
   - You will submit these forms with your final report to the AAP

6. Ensure you have a system to provide ongoing feedback reports (run charts, etc) to project participants

7. Maintain up-to-date documentation for your project, specifically around project results, methods, physician participation, and attestations (for 7 years)
Project Oversight: Leadership Structure

AAP Project staff work closely with the Project Leader and/or designated AAP group.
The life of an MOC project

- Project Design
- Application Phase
- Recruitment/Enrollment
- Implementation and Monitoring
- Attestation Phase (once meaningful participation is met)
- Final Reporting
RESOURCES FOR INITIAL NEXT STEPS
Congratulations on your quality improvement project approved for NICP Part 4! Please thoroughly review the important information below for your Project Leader.

**Next Steps**
- You may now notify project participants that this project was approved for 25 points towards NICP Part 5. Project Leaders should share completion requirements with participants, including the meaningful participation requirements established for this project.
- You may update the OUQA document in Appendix B if needed.
- It is the responsibility of the project leader to track physicians' participation to ensure they meet meaningful participation requirements. From the AHP's perspective, these meaningful participation requirements include the following, although your project may have included additional requirements:
  1. Demonstrate active participation as determined by the project completion requirements (length of participation).
  2. Obtain signed copies of the physician's acknowledgment form in Appendix D. Each designated local leader will keep these on file for future use.
  3. Project leaders should establish a system to track physician participation and continually monitor participation over the course of the project.
- If your project is using multiple projects, attach signed copies of the local leader's acknowledgment form (Appendix D) from each designated local leader to be kept on file for 7 years post-project.
- Project leaders should ensure there is a system in place to provide feedback about 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 retain the attestation form and submit attestation forms for their project participation.
- The physician participant will attest that AHP meaningful participation requirements have been met, using the attestation form available for download from the AHP website, with instructions for submitting attestation forms included in Appendix D.
- 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 forms and sign AHP 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 AHP Completion Data Tracking spreadsheet (Appendix E) using the data from the submitted attestation forms. This spreadsheet must be sent to the NICP Manager at NICP@h-net.org.**

Within 3 weeks of receiving the Completion Data Spreadsheet, the NICP Manager will submit physician attestation information to the AHP via the completion data portal.

- For projects conducted through the Quality Improvement Innovation Network (QIN) Liaison, a designated AHP staff person will be designated to enter completion data through the AHP completion data portal. This staff person should submit the completion data spreadsheet to the NICP Manager once all completion data has been submitted to the AHP.
- Once completion data is submitted to the AHP, the NICP will update the participating physician's AHP Profile at www.ahp.org, indicating that points have been earned toward NICP.
- Project leaders will be required to submit an electronic file of all signed attestation forms to the NICP Manager with the project's final report.

**Project Overview**
- Project Leaders will be required to submit a brief financial report to the Quality CoP, via the NICP Manager. The NICP Manager will provide a report to the Project Leader and advisor, including a financial report template.
- AHP financial reports are due in April and August. NICP will submit an electronic file of all signed attestation forms.
- Within 12 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. The AHP financial report template will be used for the final report (Appendix E).
- Project Leaders will submit project completion data to the NICP.
- Each year, the AHP 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 all relevant data regarding the project. The NICP Manager will provide you with project completion forms.
- If any changes are made to your project, or you experience any issues or challenges, you should notify the NICP Manager.

**Project Documentation**
- Project leaders are required to maintain up-to-date documentation related to the project documentation. Documentation of project results and methods, physician participation, and results is especially important.
  - Results charts and other analytic reports 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 AHP standards for quality projects.
  - Participation: AHP credit is based upon physician attention and meaningful participation, as signed by project leadership. This means the project must track who is participating, their level of participation, and their role with respect to the AHP definition of meaningful participation.
  - Leadership: for all projects, project leaders are identified, and local leaders, along with the local leaders who are involved in the project. This document must include all signed agreements with local leaders (Local Leader Acknowledgement Forms) acknowledging their responsibilities to carry out the project and to ensure that the project is completed.

**Documentation Retention**
- All documentation must be retained for 7 years after the project is completed. Documentation can be maintained electronically or hard copy.

**Quality Improvement Project Leader Credits**
- Physicians who pay a major role in designing and leading the implementation of a quality improvement project are eligible to receive credit for that project.

All of the following requirements must be met in order for Project Leaders to receive credit:

- Physician was involved in the design of the project
- Physician was actively involved in the implementation of the project
- The project leader will attest that the physician understands the principles of quality improvement

Physicians involved in the project for a minimum of one year
- Project leaders can receive credit either for their role as a project leader or for participation in the project, but not both.
- Project leaders will complete a Project Leader Attestation form via a Word document not available on the NICP website.

**Appendixes**
- Appendix A: Sample NICP Part C Questions
- Appendix B: Local Leader Acknowledgement Form
- Appendix C: Case Instructions for Submitting Attestation Forms and Data Sample Attestation Form
- Appendix D: Completion Data Tracking Spreadsheet
- Appendix E: AHP Progress Report Template

**Questions or Concerns**
- Electronic Mail: Manager, Quality Improvement and Certification Initiatives
  - Department of Quality Improvement
  - Phone: 416-756-4660, ext. 5236; Email: qic@rateq.org
Maintenance of Certification (MOC) Part 4 Q&A

Purpose: Use this document to provide information about the requirements for MOC Part 4 to all project participants. This should be used in conjunction with the ABP's Standards for Physician Participation.

Q: Is this project approved as a project that fulfills Part 4 of Maintenance of Certification (MOC) requirements?
A: This project has been approved for 25 points toward MOC Part 4.

Q: What is Part 4 of MOC?
A: Part 4 (Performance in Practice) of MOC requires pediatricians to demonstrate competence in systematic measurement and improvement in patient care. Performance in Practice involves completing approved quality improvement (QI) projects and activities.

Established QI Projects are structured QI projects that involve physician teams collaborating across practice sites and/or institutions to implement strategies carefully designed to improve care. Experienced coaches guide these multi-practice improvement projects in clinical improvement.

Web-based improvement activities are self-paced, expert-developed QI activities that physicians complete within their own practice setting. ABP-approved web-based QI activities are ideal for pediatricians who do not have access to multi-practice improvement initiatives.

Q: How do physicians receive MOC Part 4 Credit? Who is eligible?
A: Physicians receive MOC Part 4 Credit if they meet the minimum criteria established by the American Academy of Pediatrics (AAP) for active involvement of pediatricians in all QI projects.

AAP Established Minimum Criteria for Participation

Q: What is a Local Leader?
A: Some projects involve a designated Local Leader from each institution. The Local Leader of a QI project that has been approved for MOC is responsible for attaining project leadership at their designated institution and for resolving disputes regarding MOC credit at those sites. Local leaders work with the Project Leader to track physician participation dates and activity so that attestations can be reviewed. Local Leaders attest that physicians in their practice meet the completion requirements by signing their attestation forms. Project Leaders are responsible for attaining for Local Leaders who seek MOC Part 4 credit. Local Leaders should sign a Local Leader Acknowledgement Form, stating that they understand their involvement in the attestation process.

Q: When and how can physicians claim MOC Part 4 credit?
A: If physicians meet the criteria above, they can claim credit for MOC Part 4. At the end of the project, when requirements have been met, they will need to complete and sign the Attestation Form. See the American Academy of Pediatrics

Local Leader Acknowledgement Form

The Local Leader of a QI project that has been approved for MOC is responsible for attesting to physician participation at designated project sites and for resolving disputes regarding MOC credit for those sites. Local Leaders work with the Project Leader(s) to track physician participation dates and activity, so that attestations can be reviewed.

Project Leaders must maintain basic information about participating sites and ensure that a Local Leader is designated and understands the responsibilities of attestation and dispute resolution. Local Leaders sign this statement acknowledging their role.

Submit the signed form to <INSERT PROJECT LEADER NAME AND EMAIL, AND/OR SUPPORT STAFF NAME AND EMAIL>.

Q: Quality Improvement Project Title: Click here to enter text.
Sponsoring Organization: American Academy of Pediatrics
Project Leader: Click here to enter text.
Local Leader: Click here to enter text.
Title: Click here to enter text.
Phone: Click here to enter text.
Email: Click here to enter text.
Mailing Address: Click here to enter text.
Site(s) the Local Leader is responsible for: Click here to enter text.

I understand that I will review physician attestations of meaningful participation in this QI project for Maintenance of Certification credit, and that by co-signing an attestation, I am declaring that the physician has met ABP requirements. I agree to resolve any disputes related to the validity of a physician's participation in the project for MOC credit with respect to ABP standards.

Signature of Local Leader

Date
Contact

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