NEXT STEPS FOR PROJECT LEADERS OF APPROVED MOC PART 4 PROJECTS

Part 2: Ongoing Monitoring and Attestation Process
Project Leader develops and implements a system to track physician participation.

Project Leader provides regular feedback/data reports to physicians.

Meaningful Participation Requirements Are Met

Project Leader reminds participants to submit Attestation Forms.

Participant submits signed Attestation Form to Local Leader.

YES

Project Leader submits Completion Data Tracking spreadsheet to MOC Manager.

1-2 wks

MOC Manager submits completion data to ABP via portal (except QuillN or CQN will submit their own).

ABP updates the diplomate portfolio with credits.

NO

Project Leader signs forms to Project Leader.

Local Leader submits signed forms to Project Leader.

Project or Local Leader reviews forms to ensure they meet meaningful participation requirements.

YES

Project or Local Leader resolves dispute.

NO

Are there disputes with any forms?

69x106 Project or Local Leader resolves dispute.

166x315 Participant submits signed Attestation Form to Local Leader.

62x29 Project or Local Leader reviews forms to ensure they meet meaningful participation requirements.

96x315 Does project utilize a Local Leader?

280x300 Participant submits signed Attestation Form to Project Leader.

274x39 Project Leader reminds participants to submit Attestation Forms.

Project Leader provides regular feedback/data reports to physicians.

Meaningful Participation Requirements Are Met

Project or Local Leader reviews forms to ensure they meet meaningful participation requirements.

If physician participant does not agree that the resolution was fairly made, the participant may seek approval from the affiliated AAP Group's leadership (eg, Section Chair) if they have appropriate documentation.

Notes on Attesting:

• The affiliated AAP Group's leadership (eg, Section Chair) will be responsible for signing attestation forms for Project Leaders.

• Project Leaders will be responsible for signing for Local Leaders’ participation.

• Local Leaders will be responsible for signing for participants within their institutions.

• All leadership information should also be included in the Completion Data Tracking spreadsheet.
This resource can be shared with participants along with instructions about the attestation process, including who should sign off on their form.
Complete this Attestation Form if you are an ABP-certified physician seeking credit under Maintenance of Certification for Performance in Practice (Part 4). To be eligible for credit, you must have satisfied all requirements for meaningful participation.

After you complete this attestation form, submit it to your project’s Local Leader or the GI Project Leader (depending on how your project is organized) signed and dated. The Leader will forward completion documentation to the ABP so that you can receive credit for MOC. The ABP receives only documentation of your successful completion of the project and identifying information to ensure your ABP record is accurately updated. No patient data, performance data, or project reports are sent to the ABP, nor does ABP receive your attestation form or any attachments.

**Attestation of Meaningful Participation**

1. Participating Physician: 
2. Participating Physician Email Address: 
3. ABP Diplomate ID: 
4. GI Quality Improvement Project Title: 
5. Sponsor Organization: (Organization sponsoring the Approved GI Project) 
6. Activity Contact: 
   - Phone Number: 
   - Email: 
7. I certified the ABP meaningful participation requirements during my current MOC cycle (date range): 
   - [ ] I was intellectually engaged in planning and executing the project. 
   - [ ] I participated in implementing the project’s intervention (the changes designed to improve care). 
   - [ ] I regularly reviewed data in keeping with the project’s measurement plan. 
   - [ ] I collaborated in the activity by attending team meetings. 
   - [ ] I met these requirements and signed the attestation form. 

8. Please write below a brief summary that describes how you participated in the project and summarizes the most important successes and difficulties encountered in the project.

**Project Feedback**

I attest that I participated in this project as described above.

Signature of Participant Physician: ___________________________ Date: ___________________________

I have reviewed this attestation and affirm that I was an active participant in this project and met all requirements. I am designated by this GI project to review and approve attestations of participation.

Signature of Project Leader: ___________________________ Date: ___________________________

Name and Title of Project Leader: ___________________________

Automatically populated from ABP web site

Participant should check all boxes

Participant should include completion date – should be the date they met requirements

Participant should complete brief reflection

Participant should sign and date the form

Project Leader and/or Local Leader sign and date form
### Completion Data Tracking Spreadsheet

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Project Leader Name:</th>
<th>Project Staff (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Physician ABP ID# | Physician First Name | Physician Last Name | Physician Completion Date | Designated Local Leader Name (if applicable) | Physician Met Meaningful Participation Requirements (Yes/No) | Form Signed by Project Leader or Local Leader | Date submitted to MOC Manager | Date Entered in ABP Completion Data Portal | Notes |
|-------------------|----------------------|----------------------|---------------------------|---------------------------------------------|---------------------------------------------------|----------------------------------|-----------------------------------------------|---------------------------------|
|                   |                      |                      |                           |                                             |                                                    |                                  |                                |                                  |       |

- This spreadsheet is completed and sent to the MOC Manager when Attestation Forms are submitted and signed.
  - MOC Manager submits completion data to ABP for processing.
  - Attestation Forms should be kept on file and submitted to MOC Manager.
Project Leader Credits

- Pediatricians who play a major role in designing and leading the implementation of QI projects may be eligible to receive credit for Part 4 MOC.
- All of the following requirements must be met:
  - Physician was materially involved in the design of the project
  - Physician was materially involved in the implementation of the project
  - Physician understands the principles of QI
  - Physician involved in project for minimum of 1 year
- Project Leaders can receive credit for project leadership OR project participation, but not both
- Project Leaders complete an Attestation Form via Word document (different than participant form)
  - Affiliated AAP Group Leadership sign off on Project Leader forms
  - MOC Manager submits project leader credits via Completion Data Portal and keeps signed forms on file.
Contact

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