

**North Carolina Maintenance of Certification Program
Improving Transitions of Care & Preventing Readmissions
Participation Requirements Attestation Form**

Complete this form if you seek credit under Maintenance of Certification for Performance in Practice (Part IV) through the North Carolina Maintenance of Certification (NC MOC) Program. To be eligible for credit, you must satisfy all requirements for meaningful participation in an improvement project approved by the NC MOC program during your current MOC cycle.

Submit the completed form to your improvement project's manager for review and approval by the project leadership. The NC MOC Program Office will forward completion documentation to the Multi-specialty MOC Portfolio Approval Program (Portfolio Program) at the American Board of Medical Specialties. The Portfolio Program Office will notify your specialty Board that you have met requirements for MOC Part IV. Submit completed form by November 21 of the year you wish to accrue the MOC credit.

Participant Information

1. Physician Name: _____
2. DOB (MM/DD/YYYY): _____
3. Email Address: _____
4. Specialty Board Identification Number (not certificate number): _____
5. NPI Number: _____
6. MOC Cycle Start Date: _____ End Date: _____

Participation Requirements (check boxes to indicate agreement)

- I satisfied the participation requirements during my current MOC cycle. (Complete either the Inpatient or Outpatient section.)

Inpatient

- I actively participated in Transitions for at least 6 months
Start Date: _____ End Date: _____
- I reviewed at least 10 cases of 30-day readmissions on my service and conducted root cause analysis using the 5 Whys
- I developed an action plan to address the root causes, including measurement of both process and outcome
- I conducted at least 4 PDSA cycles focusing on warm handoff to primary care provider at discharge and/or communication and planning specific to the hospital follow-up visit with primary care provider
- I reviewed monthly reports reflecting adherence to the transitions process and described any noted variations or causes of sub-optimal adherence

**North Carolina Maintenance of Certification Program
Improving Transitions of Care & Preventing Readmissions
Participation Requirements Attestation Form**

Outpatient

- I actively participated in Transitions for at least 6 months
Start Date: _____ End Date: _____
- I reviewed at least 10 cases of 30-day readmissions in my clinic and conducted root cause analysis using the 5 Whys
- I developed an action plan to address the root causes, including measurement of both process and outcome
- I conducted at least 4 PDSA cycles focusing on hospital follow-up and readmission prevention
- I reviewed monthly reports reflecting readmission and hospital follow-up rates and described any noted variations or causes of sub-optimal adherence

Reflection (check box to indicate agreement)

- I presented findings, results, and lessons learned to the Transitions leadership team

Signatures

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

Signature of Participant Physician

Date

I have reviewed this attestation and affirm that _____ actively participated in this project and met all requirements. I am designated by NC MOC to review and approve attestations of participation.

Signature of Project Leader

Date

Name and Title of Project Leader