**North Carolina Maintenance of Certification (MOC) Program**

Project Application for MOC Part IV Credit for Physicians

and PI-CME Credit for Physician Assistants

***Part of the ABMS Portfolio Program for Continuing Certification***

***Administered by the Institute for Healthcare Quality Improvement (IHQI)***

NC MOC awards Physicians MOC Part IV Credit across 18 ABMS medical specialties and Physician Assistants PI-CME credit for meaningful participation in Practice Improvement Projects. The QI project should include a specific, measureable, relevant, and time-appropriate AIM for improvement and plans for appropriate, repetitive data collection and reporting of the data to support the assessment of the impact of the interventions. There must be the use of:

* Relevant quality measures where applicable (outcome, process, and balancing measures) to effectively assess the impact of the interventions
* Charting/reporting tools (ex. Annotated run charts, control charts, etc.)

The QI Project should address how the physician/physician assistant can influence one or more of the Institute of Medicine dimensions of quality patient care:

* Safe: Avoiding harm to patients from the care that is intended to help them.
* Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
* Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
* Timely: Reducing waits and sometimes harmful delays for those who receive and give care.
* Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
* Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

QI Projects should involve two or more PDSA Cycles (small tests of change). An improvement cycle should address: the identified problem, general goals within a measurable timeframe for achievement, the leading underlying root causes of the problem, interventions to address causes, and operational plans to implement the interventions.

This application will be reviewed by members of the internal NC MOC Review Committee. If approved, the application will be submitted to the American Board of Medical Specialties Portfolio Program.

Project applications must be completed and submitted to the NC MOC program by November 1st of the current year to allow adequate time for internal approval and submission to the ABMS.

Questions should be submitted to [ncmoc@med.unc.edu](mailto:ncmoc@med.unc.edu).

1. QI effort title Click or tap here to enter text.
2. QI effort leader name Click or tap here to enter text.
   1. Email Click or tap here to enter text.
   2. Phone number Click or tap here to enter text.
   3. Is the project leader a physician? Choose an item.
3. Quality Improvement Manager Name *(if applicable)* Click or tap here to enter text.
   1. Email Click or tap here to enter text.
   2. Phone number Click or tap here to enter text.
4. What Department/Program is this Quality Improvement Project most closely associated with?

Click or tap here to enter text.

1. Does this Department have Departmental Quality Goals? Choose an item. If yes, how does the QI Effort align with the Department’s Quality Goals?

Click or tap here to enter text.

1. QI Effort Start Date Click or tap to enter a date.
2. QI Effort Anticipated End Date (if applicable) Click or tap to enter a date. If the QI Effort is ‘continuous’ or ‘ongoing,’ the End Date should be listed as September 2027.
3. Provide an estimate of the number of healthcare providers who may participate in this QI Effort (regardless of claiming MOC Part IV credit through the Portfolio Program)

|  |  |  |
| --- | --- | --- |
| Healthcare Professional | Number | Specialty/Subspecialty (for Physicians only) |
| Practicing Physicians |  |  |
| Residents/Fellows |  |  |
| Physicians’ Assistants |  |
| Nurses (APNP, NP, RN, LPN) |  |
| Other Allied Health Professionals |  |

1. What is the specific patient population impacted?

Click or tap here to enter text.

1. Provide an estimate of the number of patients impacted

Click or tap here to enter text.

1. Select up to 5 relevant topics for this quality improvement effort

Access to Care

Asthma

Burnout/Clinical Wellbeing

Cancer

Cardiovascular

Career Sustainability

CLABSI

Communication (Patient-Clinician)

Compliance (Regulatory)

Diabetes

Documentation

Efficiency/Timeliness of Care

Hand Hygiene

Health Literacy

HIV

Hypertension

Immunizations/Vaccinations

Length of Stay

Medical Home

Obesity

Opioid Use

Patient-Centered Care

Patient Safety/Harm Reduction

Prescriptions

Preventive Care

Procedural Skills

Professionalism

Readmissions

Resource Stewardship/Utilization/Value-Based Care

Satisfaction

Sepsis

Surgical Site Infections

Teamwork/Team-Based Care

Transitions of Care

Other: Indicate the Topic Area

Indicate the topic

1. Select the one methodology that most closely resembles the methodology being used in this QI Effort

A3

LEAN Model for Improvement (PDSA/PDCA)

Six Sigma (DMAIC)

Other Click or tap here to enter text.

1. Select one or more medical specialties that are a part of this QI Effort.

Anesthesiology

How long does an individual participate? Click or tap here to enter text.

Dermatology

Emergency Medicine

Family Medicine

Is this QI Effort part of NCQA recognition? Select one

Internal Medicine (including subspecialties)

Medical Genetics and Genomics

Obstetrics and Gynecology

Ophthalmology

Orthopaedic Surgery

Otolaryngology

Pathology

Pediatrics

Physical Medicine and Rehabilitation

Plastic Surgery

Preventive Medicine

Psychiatry and Neurology

Radiology

Surgery

Does this QI Effort directly address a change to the clinical care a surgeon provides? ABS does not approve QI Efforts that do not address a change to the clinical care a surgeon provides. Select one

Thoracic Surgery

Urology

Does this QI Effort directly address a change to the clinical care a urologist provides? ABU does not approve QI Efforts that do not address a change to the clinical care a urologist provides. Select one

1. Are you willing to share QI Effort-level descriptive information about this QI Effort with other Portfolio Sponsors (AIM Statement, Metrics, Interventions, etc.)? Select one
2. How is this QI Effort funded?

Grant

Internally Funded or In-Kind Funding

Industry (Pharma or Medical Device manufacturer) funding

Describe how the pharma or device funding is used and identify the organizations providing the funding. Click or tap here to enter text.

Other

Describe the source of the funding. Click or tap here to enter text.

1. Provide a one-sentence AIM statement for this QI Effort.

What is the specific aim of this Quality Improvement Effort? What is the project trying to accomplish? Describe the quality gap or issue to be addressed by this QI project. The statement should include:

•Specific/measurable improvement goal

•Specific target population

•Specific dates/time period

**Example AIM Statement:** We will **[**improve, increase, decrease**]**, the **[**number, amount, percent**]** of **[**the process/outcome**]** from **[**baseline, measure**]** to **[**goal, measure**]** by **[**date**]**.

Click or tap here to enter text.

1. What is the impetus for this improvement project?

Click or tap here to enter text.

1. Describe the types of interventions and tools used in the QI Effort and describe how each is expected to impact individual practice and patient care. Note: We recognize that interventions may be added, removed, or modified to meet the needs of the individual practice as QI Efforts progress.

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| --- | --- | --- |
| Intervention/Tool Type and Description | How will this impact individual practice? | How will this impact patient care? |
| 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 years of age and older | E.G., Will lengthen individual visit time for every patient who screens high | E.G., This change ensures that every patient 18 years of age and older who is seen at least annually is screened for hypertension regardless of the type of visit. |
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1. Will participants complete the following to earn credit? Choose all that apply.

Provide Patient Care

Be involved in the concept, design, oversight of implementation, overall assessment/ evaluation, and evolution of QI Effort

Supervise residents or fellows

Reflect on further improvements, barriers, etc.

1. Each participant in this QI Effort will … Check 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 at baseline and prior to the completion of the activity for MOC purposes (post-PDSA1, Post PDSA 2)

Develop and/or apply tools and interventions to individual/team practice

Reflect on the impact of the initiative on their practice or organizational role.

1. Describe the Improvement Team.

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| --- | --- | --- |
| Name | Title (MD, PA, NP, RN, CMA, etc.) | Certifying Board - for MDs only (ABFM, ABIM, ABP, etc) |
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1. Project timeline: Please attach your timeline or use the 500 characters space below to describe the project timeline.

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| **PHYSICIAN PARTICIPATION**  Physician or Physician Assistant Participation should be meaningful for participants to receive credit.  Meaningful participation is when:   1. The QI effort is directly related to the physician’s or physician’s assistant’s clinical practice or organizational/leadership role in improving care. 2. The physician **or physician’s assistant** is actively involved for an appropriate amount of time in order to understand and experience basic QI principles. “Involvement” includes at least one of the following: 3. Provide direct/consultative patient care 4. Oversee clinical delivery activities that provide opportunities for improvement 5. Serve as a QI/PS lead, coach, or a resident/student advisor, or other leadership role 6. The physician **or physician’s assistant** is able to verify and will attest that they have: 7. Identified and/or acknowledged a gap(s) in outcomes or in care delivery 8. Identified and/or reviewed data related to the gap(s) 9. Identified or acknowledged appropriate intervention(s) designed to improve the gap(s), OR participated in the planning and selection of intervention(s) designed to improve the gap(s) 10. Implemented intervention(s) for a timeframe appropriate to addressing the gap(s), OR monitor and manage implementation of intervention(s) for a timeframe appropriate to addressing the gap(s). 11. Reviewed data related to the gap(s). 12. Reflected on outcomes to determine whether the intervention(s) resulted in improvement. If no improvement occurs after an intervention, diplomates must reflect on why no improvement occurred. 13. Attested to meeting the above requirements and obtain the attesting signature of the project leader or person in a position of authority. |

The physician project leader is responsible for adjudicating any disputes with physicians claiming MOC credit. Because this process could affect a physician's certification status, the physician project leader who signs the attestation form must be a physician actively participating in the project.

1. Describe the specific requirements for meaningful clinician participation in the QI effort. The answers should address the guidelines stated above for Meaningful Participation

Complete the following

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.

|  |
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| In addition, the participating physicians or physician’s assistants will be asked to reflect on the following questions:   1. Change. What change did you personally make in your practice? 2. Impact. How did this change impact patient care in your practice? 3. Learning. What did you learn as part of participating in this QI effort? 4. Sustainability. Explain how you plan to sustain the changes you made to your practice because of this QI effort. |

1. Describe how physician participation is tracked through this quality improvement effort.

Click or tap here to enter text.

Additional attachments: Please email any supplemental documentation (PDSA Diagram, Logic Model, A3, Driver Diagram, Run Charts, etc.) to [ncmoc@med.unc.edu](mailto:ncmoc@med.unc.edu)