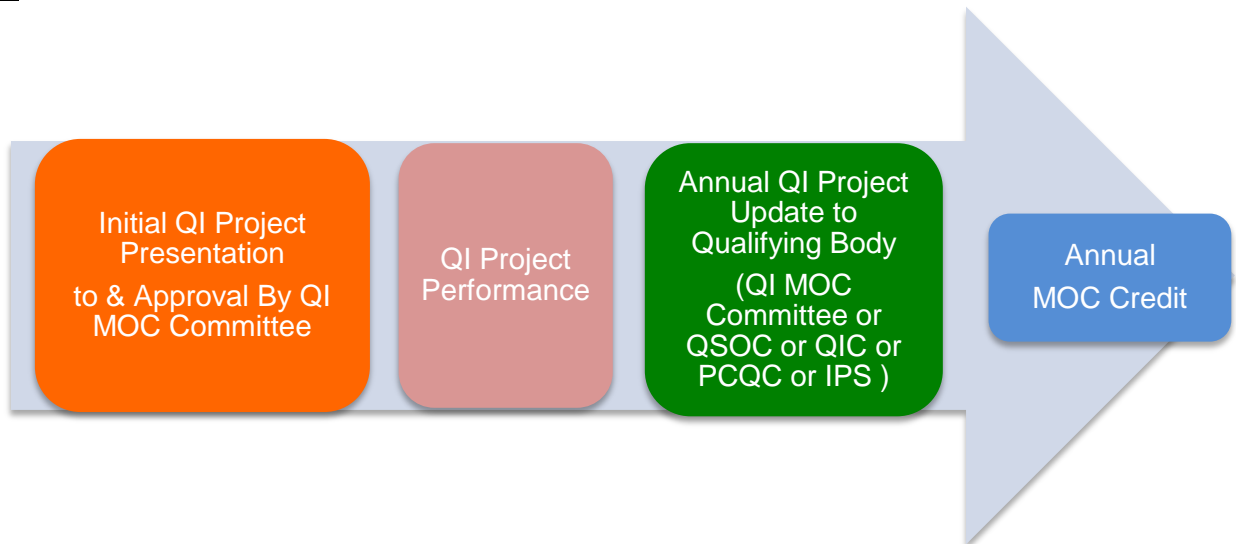


Rady Multi-Year QI Project Protocol for Obtaining MOC Part 4 Credit

QI Project Credit Requirements

- ✓ Seeks to improve a KNOWN gap in quality care, does NOT acquire new knowledge
- ✓ Has quantifiable annual and overall goals – These projects are expected to last a minimum of 2 years.
- ✓ Has identified measures used to track the project's success
- ✓ Has a well-designed intervention at first with then plans to modify as needed for improved implementation/outcomes
- ✓ Regularly gathers data over time (at least 4 points of de-identified aggregate data over a 1 year period) and presents how the intervention was modified after time points 2 and 3 to address lack of improvement, address implementation barriers, etc.
- ✓ Those projects that espouse team science (multidisciplinary) are encouraged.
- ✓ The physician(s) applying EACH participated in this project's planning, execution, data review, implementation of changes, and was/were present at 70% of team meetings.

Process



Initial QI Project Application Checklist:

The Initial Project Application requires ALL of the following, which should be submitted as a Word document using the following sections:

1. TITLE OF THE PROJECT, PROJECT LEAD, and LIST OF PHYSICIAN PARTICIPANTS
In order to receive credit, physician participants must be named as listed by the ABP along with their ABP ID and Date of birth. If any of these details is/are not provided, **credit cannot be assigned**.
2. AIM STATEMENT
States the overall KNOWN quality gap addressed by the project and explicitly states by how much you were aiming to improve it overall and specifically in the upcoming year(s) of the project.
3. MEASURES
States EXPLICITLY the measures used to track the success of the project. Each measure should be listed along with goals (how much that measure is to improve by (XX%) over the upcoming year) and how often

the measure will be measured, analyzed, shared across the group and intervention edits/plans made in response (at least every 3 months).

4. DATA

Submitters MUST present the baseline data for the selected measures in #3.

5. INITIAL INTERVENTION

Submitters MUST outline the intended initial intervention, including the target audience, what the intervention entails, where and how the intervention will occur, and whom the intervention will involve (staff, etc.). Submitters MUST identify at least 2 process measures to determine whether implementation of the intervention is successful or not, describe how and how frequently these will be measured, and describe how such data will be used to determine intervention modification/adaptation.

6. ATTESTATION

Each physician participant must:

- Demonstrate intellectual engagement in the planning of this project
- Agree to implement the project's interventions in his/her own practice
- Contribute and participate in regular review of analyzed data at each of the time points measured (at least quarterly but monthly data review strongly encouraged)
- Actively collaborate by attending 70% of team meetings.

Annual Report Checklist:

The Annual itself requires ALL of the following, which should be submitted as a Word document using the following sections:

1. TITLE OF THE PROJECT, PROJECT LEAD, and LIST OF PHYSICIAN PARTICIPANTS

In order to receive credit, physician participants must be named as listed by the ABP along with their ABP ID and Date of birth. If any of these details is/are not provided, **credit cannot be assigned**.

2. AIM STATEMENT

States the KNOWN quality gap addressed by the project and explicitly states by how much you were aiming to improve it and by when (over what time period)

3. MEASURES

States EXPLICITLY the measures used to track the success of the project. Each measure should be listed along with goals (how much that measure was to improve by (XX%) over the evaluated period and how often the measure was measured (e.g. every month).

4. DATA

Submitters MUST submit a graph displaying at least 4 points of data over time (e.g. Pre Intervention, Post Intervention, Post-Modified Intervention in response to data, and another time point to demonstrate ability or inability to sustain effect and/or as a follow-up of Modified Intervention)

5. INTERVENTION UPDATE

Submitters MUST outline the intervention, including the target audience, what the intervention entails, where and how the intervention will occur, and whom the intervention will involve (staff, etc.) and how this intervention was modified over the prior year if at all as well as how the outcome then was affected with such modification. Submitters MUST report on the 2 identified process measures re: successful or not successful implementation of the intervention, and how such data will be used to determine intervention modification/adaptation in the upcoming year.

6. PROOF OF PRESENTATION AT QI MEETINGS

Submitters MUST submit proof of annual presentation to the QI MOC Committee and/or Qualifying Body as appropriate. Submitters also should submit whether data from this project has been or will be presented at Rady's annual Interprofessional Symposium on QI and/or a national scientific meeting.

7. ATTESTATION

Each physician participant must demonstrate:

- Intellectual engagement in the planning and execution of this project
- Implementation of the project's interventions in his/her own practice
- Review of data at each of the time points measured
- Active collaboration by attending 70% team meetings.

To receive credit, EACH Physician participant must submit a Physician Attestation Form (click to form link here). AND, the Project Lead must submit team meeting attendance records and/or a letter/memo from the Project Lead listing physicians who participated and who met all criteria outlined by the physician attestation (not just physician signatures – physician name must be legible). Also proof of initial presentation to the MOC QI Committee must be documented and annual follow-up presentations at QIC, QSOC, IPS, or PSCS.

If any part of the above 4 parts listed are missing, the application will not be reviewed for credit.

The project review will take at least 2 months and may involve back-and-forth queries and responses between review team and project submitters. Only after all criteria have been met will credit be applied to participating physicians' accounts.

In order to receive credit in a given calendar year, **submissions must be completed by October 1** of the calendar year in question.