

## Appendix A: ABP Requirements for MOC

All projects within a Pediatrics Portfolio must be compliant with the Quality Improvement Project Standards.

### A. Defined Project Aim

A QI project must have an explicit aim for improvement that will benefit patients and the participating organization(s). The project aim should be expressed in an aim statement that describes the target population, the desired numerical improvement, and a timeframe for achieving improvement.

### B. Use Standard Quality Improvement Methods

A QI project must use accepted quality improvement methods. The ABP standard is not linked to a specific quality improvement program or approach such as Six Sigma or The Model for Improvement. However, the ABP standards do require projects to employ standard, proven QI methodologies, including these elements:

Element	Expectation
Aim Statement	As Defined Above
Collection of Performance Measures	Performance measures must be relevant to pediatrics. Nationally endorsed measures are preferred, but not required. However, if a QI project develops its own performance measures, the evidence base, measure specifications, and development process must be documented. Ideally, projects include a measure for each aim, measures of compliance with implementation of interventions, and measures of team function.
Sampling strategy	The QI project must use a systematic sampling strategy appropriate to the measures and project aims, including an appropriate sample size.
Change Implementation	QI project must define specific changes (interventions) seeking improvement, and apply changes systematically.
Use of Data for Improvement	QI project must include analysis of measures over time to track performance and test for effects of changes. Data must be collected and reported on with sufficient frequency to inform and drive improvement. Monthly data collection is appropriate for most projects.
Analysis	Compare project performance to a recognized benchmark if available.
Performance Reporting	Reports on performance in the form of annotated run charts (minimum) or control charts (preferred) or other suitable alternative that plot the project's performance measures over time.
Teamwork	Encourages teamwork.

### C. Pediatrician Criteria for Meaningful Participation

Physician Meaningful Participation is defined by the ABP as involving both an active role in the project, and participation over an appropriate time period. The ABP approves QI projects in which pediatricians are active participants in implementing change.

- a. Active Role: for MOC purposes, means the pediatrician must:
  - Be intellectually engaged in planning and executing the project.
  - Participate in implementing the project's interventions (the changes designed to improve care).
  - Review data in keeping with the project's measurement plan.
  - Collaborate actively by attending team meetings, whether in person or virtually.
- b. Length of Participation: The ABP looks to the QI project leadership to set requirements for length of participation (minimum duration of participation) based on the nature and needs of the project. Most MOC approved projects to date have required 6 – 12 months of participation.
- c. MOC Activity Completion: When a pediatrician has fulfilled the requirements for meaningful participation, the pediatrician has "completed" the activity for purposes of MOC credit (MOC activity completion). Note that the pediatrician's MOC activity completion date must be within the cycle of the pediatrician's current certificate or MOC cycle.

**Pediatric Physician Sponsor should send attestations with Faculty name and ABP number to Paige Arndt @ paigearndt@wustl.edu**