



Improvement in Professional Practice
MOC Part 4

Pediatric Portfolio Sponsor Standards[®]

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THE AMERICAN BOARD *of* PEDIATRICS

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Overview

The American Board of Pediatrics (ABP) certifies general pediatricians and pediatric subspecialists based on standards of excellence that lead to high quality health care during infancy, childhood, adolescence, and the transition into adulthood. ABP certification provides assurance to the public that a general pediatrician or pediatric subspecialist has successfully completed accredited training and fulfills the continuous evaluation requirements that encompass the six core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ABP's quest for excellence is evident in its rigorous evaluation process, and in new initiatives undertaken that not only continually improve the standards of its certification, but also advance the science, education, study, and practice of pediatrics.

Maintenance of Certification (MOC) is the process whereby diplomates of the ABP maintain their Board certification. MOC allows participants to engage in various knowledge self-assessments, practice assessments, and quality improvement activities designed to augment professional development throughout the duration of their careers.

Portfolio Sponsor Program for MOC Part 4

The American Board of Pediatrics (ABP) awards MOC Part 4 credit to physicians for quality improvement projects through our Quality Improvement Projects for Maintenance of Certification program. Organizations sponsoring QI projects – such as hospitals, professional societies, and improvement collaboratives – can apply to ABP to have a QI project approved as an MOC activity. Once approved, the applicant organization, known as a Project Sponsor Organization, is responsible for oversight of the QI project.

ABP has developed an approach for Project Sponsor Organizations that are managing many MOC-approved QI projects. This Portfolio Sponsor Program is designed to reduce the application burden and costs for organizations. As an approved Portfolio Sponsor, organizations evaluate their own QI projects against the ABP standards and approve QI projects internally for MOC credit.

Portfolio Sponsors agree to prepare a periodic Progress Report for each of the approved projects, which the ABP reviews to ensure alignment with ABP standards. The Portfolio Sponsor approach is appropriate for organizations with a well-developed infrastructure for the design, central oversight, and management of QI projects who would have 3 or more QI projects that meet ABP standards in a two-year period.

Section 1. Portfolio Sponsor Application Process

- Review [Portfolio Sponsor Standards](#)
- Log in to abp.mymocam.com to complete the Pediatric Portfolio Sponsor Application (first time MOCAM users must register).
- Submit Portfolio Sponsor Application: Complete and submit the portfolio sponsor application which includes an organizational profile and two project applications.
- Application Fee: A processing fee of \$500 will be required by credit card payment upon organizational submission. This fee includes unlimited projects within a two-year period. There are no individual application fees.
- Review Process: ABP staff and an external committee comprised of practicing pediatricians review and approve completed applications. During this review period, applicants may be asked to clarify information about the application.

Section 2. Pediatric Portfolio Sponsor Standards

Organizations that have made a serious commitment to quality and patient safety, to the use of quality improvement science, and that support physician development are eligible to participate in the Portfolio Program.

A. Commitment to Quality Improvement

A1. Demonstrate Experience and Success in Quality Improvement

A Portfolio Sponsor is able to demonstrate its past successes improving quality of care with (a) data showing improvement and (b) documentation showing that improvement was achieved through structured, systematic efforts based on accepted quality improvement methodologies.

A2. Leadership Attention to Quality Improvement

A Portfolio Sponsor invests meaningful, ongoing senior leadership attention to issues of quality and improvement in the organization. Members of senior management as well as Board Directors/Trustees have explicit roles and accountabilities for quality and improvement.

A3. Organizational Priorities and Infrastructure for Improvement

A Portfolio Sponsor sets organization-wide priorities and strategy for addressing quality and improvement. A Portfolio Sponsor has an established infrastructure for governance, oversight, and administrative management of quality improvement efforts.

A4. Physician Involvement in Quality Improvement

A Portfolio Sponsor has meaningful physician involvement in quality improvement efforts.

A5. Training, Education, and Professional Development in Quality Improvement

A Portfolio Sponsor has established mechanisms to train physicians and other staff in quality improvement methods, and offers avenues for professional development through quality improvement activities.

A6. Resources to Manage an ABP MOC Portfolio

A Portfolio Sponsor commits resources to managing the Portfolio in compliance with ABP requirements for approved MOC activities. These requirements are addressed in the Standards for QI Project Approval. The Portfolio Manager is a physician from your organization who oversees management of the ABP MOC portfolio and ensures that projects meet ABP standards. The Portfolio Manager accepts accountability for the integrity of approved projects vis-à-vis ABP standards and for meeting ABP requirements for processes and reporting.

B. Portfolio Sponsor Program Responsibilities

B1. Review Committee

A review committee (recommended 2 or more) must be formed to systematically review QI projects against the ABP standards and approve those projects that meet the standards for an MOC activity (see above). Projects can be added to the portfolio any time during your two-year approval period as a Portfolio Sponsor. The ABP suggests the use of the QI Project application for projects applying to be included in your Portfolio. Projects can be approved while ongoing, or prospectively (if the project design is completed), or retrospectively (if the project was completed within the past five year). In all cases, the project must meet ABP standards.

B2. Notify ABP of Approved Projects

The Portfolio Sponsor informs ABP of newly approved QI projects in a timely manner after approval. ABP needs current information about approved projects for its web site and to ensure physicians get credit for completing the MOC activity. We provide a template for providing information on newly approved projects.

B3. Track Physician Participation and Attestations

The Portfolio Sponsor informs ABP of newly approved QI projects in a timely manner after approval. ABP needs current information about approved projects for its web site and to ensure physicians get credit for completing the MOC activity. We provide a template for providing information on newly approved projects.

Pediatricians participating in portfolio programs formally attest that they have fulfilled ABP requirements in order to earn MOC credit. The Portfolio Sponsor manages the attestation documents and approvals.

The attestation process is:

- The diplomate attests that ABP participation requirements have been met using the ABP Attestation Form located with their ABP Physician Portfolio. The diplomate sends the attestation to the QI Project Leader.
- The QI Project Leader reviews the attestation, signs off, if appropriate, and sends the approved attestation to the Portfolio Manager.
- The Portfolio Manager sends notice of MOC Activity Completion to the ABP.
- Note that only a notice of completion is sent to the ABP. The ABP does not receive or review the Attestation Forms but the process is subject to review on an annual basis.

In the event of a dispute regarding a diplomate's attestation, the dispute must be resolved by the Portfolio Sponsor Organization. The ABP will not resolve disputes between diplomates and QI project leaders or Portfolio Sponsors regarding credit for MOC.

B4. Notify ABP of MOC Activity Completion

The Portfolio Sponsor must notify ABP in a timely manner when a physician's attestation is approved, so that ABP can award MOC credit to the physician.

B5. Implement Auditable Processes

The Portfolio Sponsor must maintain up-to-date documentation on each approved QI project and on all required processes. Such documentation is necessary to manage a portfolio, and must be available to the ABP for audit purposes, if requested. QI Project documentation, including information sufficient to demonstrate that the project meets ABP standards, project leadership, participant start dates and completion dates. Performance reports: There should be routine performance reports for each QI project, as well as specific feedback to participants. Physician attestations are retained by the Sponsor Organization. They are important documents for the physician's certification status. Although the ABP does not review attestations, we reserve the right to audit attestations.

B6. Periodic Reports

The Portfolio Sponsor must submit Periodic Reports (usually every two years) that summarizes a sampling of approved projects (typically 3 projects). The ABP will notify the Portfolio Sponsor two months before the reports are due via MOCAM. The Report is reviewed by ABP to ensure alignment with ABP standards. Upon review ABP reserves the right to remove any ongoing project that does not meet its standards. If a project is removed by the ABP, the ABP will honor MOC credit previously granted to physicians involved in the removed project; however, further MOC credit will not be granted for the ongoing project going forward.

C. Portfolio Sponsor Program Offers

C1 Application Renewal

You can apply to renew your Portfolio Sponsor designation after two years.

C2 MOC Point Assignment

All approved quality improvement projects are assigned 25 MOC Points. A physician can earn credit each time that the physician meets meaningful participation requirements of the project.

Section 3. Quality Improvement Project Standards

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.

CI. Project Structure

The QI project must have a Sponsor Organization with a clearly defined role, responsibilities, and accountability. Documentation showing a defined and documented organizational structure is required as this affects QI design, measurement and data collection, reporting, and other dimensions.

The QI project must have a designated and acknowledged physician Project Leader. The Project Leader attests to fulfilling ABP requirements for this role:

- Maintaining Standards
- Responsible for submission of participating physician attestations for MOC credit
- Meaningful Participation Criteria
- Submits Progress Report to the ABP
- Completed and signed Project Leader Agreement form
- Project Leaders and Local Leaders are responsible for adjudicating any disputes with pediatricians regarding attestations and MOC credit.

CII. Documentation

The Project Sponsor Organization, Project Leader, and Local Leaders must agree to ABP policies and procedures for managing QI project as an MOC activity to receive MOC approval. The requirements include the attestations needed for physicians to receive credit for completion of the QI Project, dispute resolution, documentation of the QI project’s structure and progress, and the application process and fee. Documentation of project results and methods, physician participation, and attestations are especially important.

- Results Charts and other analytic reports based on project measures demonstrate the project’s performance and progress toward improvement. There should be aggregate progress reports for the QI project overall, as well as specific feedback to participants (individual physicians or sites, as appropriate) at least monthly. You must be able to provide a description how data will drive improvement. The ABP requires a minimum of baseline and two follow up cycles.
- Methods Documentation of project design and methods demonstrates adherence to the ABP standards for QI projects for MOC.

- Participation: MOC credit rests upon physician attestation of meaningful participation, co-signed by project leadership. This means that the project must track who is participating, their dates of participation, and their role with respect to the ABP definition of meaningful participation.
- Leadership: For QI projects structured around Local Leaders, the project must maintain documentation on each participating organization and the Local Leaders who will attest to individual physician participation.
- Document Retention: The above documentation must be retained for seven years after the project's completion or until all participants seeking MOC credit have completed attestations.

F. ABP'S Right of Approval Withdrawal

Upon review of the Progress Report, ABP reserves the right to withdraw approval of any ongoing project that does not meet its standards. If approval is withdrawn, the ABP will honor MOC credit previously granted to physicians involved in the project; however, MOC credit will not be granted for future participants, in cases where the project is ongoing.

G. HIPAA Compliance

Project must be HIPAA compliant.

Additional Information

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