



Quality Improvement Project Standards

(More Than 10 Physicians)

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.

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:

- An aim statement, as discussed above.
- Collect performance measures over time. 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.
- Compare project performance to a recognized benchmark if available.
- **Sampling strategy:** The QI project must use a systematic sampling strategy appropriate to the measures and project aims, including an appropriate sample size.
- **Systematic implementation of changes:** The QI project must define specific changes (interventions) seeking improvement, and apply changes systematically.
- **Use of data for improvement:** The 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.
- 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.
- Encourage teamwork.

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.

- **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.
- **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.
- **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.

TRAINING OF QUALITY IMPROVEMENT SCIENCE:

The ABP requires physicians to demonstrate competency in quality improvement to receive credit under the Performance in Practice component of MOC. Such training can take many forms, such seminars by QI experts, coaching by QI consultants, web-based curriculum, or other approaches.

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.

The QI project must also demonstrate that it has adequate financial resources and staff to complete the project, documentation of policies and procedures for management and administration of the project, and a plan for tracking physician participation for purposes of approving attestations for MOC credit.

HISTORY AND RESULTS OF PROJECT'S SPONSOR ORGANIZATION:

The ABP will consider QI projects that are in progress, projects that have ended, or projects that have been designed but have not yet begun. QI projects that are in progress or have ended at the time of application to ABP must have results showing impact on care. New projects (those which have been designed but not launched at time of application) are expected to show improvements in care by the time of their first progress report to ABP.

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.
 - Multiple Completion Credit

The American Board of Pediatrics (ABP) recognizes the value of diplomates participating in on-going activities approved for Maintenance of Certification (MOC) Part 4 credit. As such, some activities may offer multiple completion credit points for on-going, prospectively approved QI project(s).

In order to offer multiple completion credit, participating physicians must continue to meaningfully participate in the project, implement new interventions and meet project completion requirements.

- **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.

ATTESTATIONS:

Diplomate credit for MOC rests on formal attestation of the diplomate's meaningful participation in an approved QI project.

- The diplomate attests that ABP meaningful participation requirements have been met, using the attestation form available for downloading from www.abp.org within the Physician Portfolio.
- The diplomate sends the attestation to the QI Project Leader or Local Leader, depending on the project's structure. The Leader reviews the attestation and signs off, if appropriate.
- The signed attestation is retained by the Project Leader as part of the project's documentation.
- The Project Leader forwards notice of completion to the designated completion reporter at the organization.

DISPUTE RESOLUTION:

In the event a QI project's leaders reject a diplomate's attestation because the diplomate has not met certain requirements, any dispute must be resolved by the QI project's Local Leaders or Project Leader. The ABP will not resolve disputes between diplomates and QI project leadership regarding credit for MOC.

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.

APPLYING FOR RENEWED APPROVAL:

QI projects are approved for the term of the project or two years, whichever is shorter. Approval can be renewed for ongoing projects (i.e. continuing beyond two years) assuming the project has demonstrated improvements in care. Renewal is based on evidence of success in the Progress report. There is a \$250 fee for renewal¹.

HIPAA COMPLIANCE:

Project must be HIPAA compliant.

For more information, visit our [QI Resource Guide](#).