



Children's HealthSM Maintenance of Certification Portfolio Approval Program

Physician Attestation of Participation

This attestation must be completed by a board certified physician seeking MOC Part IV credit from one or more of the ABMS Member Boards participating in this program. The physician must have participated in an approved Quality Improvement (QI) effort and **have satisfied all of the participation requirements of that QI effort**. This attestation must also be cosigned by the project leader. In order to receive credit, all criteria below must be met.

The completed and signed attestation will be retained by the Portfolio Sponsor (Children's Health), who will notify the national Multi-Specialty MOC Portfolio Program of the physician's completion of the QI effort. Please note that participating **ABMS Member Board MOC fees, if applicable, must be current for the physician to receive MOC Part IV credit**. Please direct questions and/or completed forms to the MOC Program Department.

Meaningful Participation Criteria:

1. The QI effort must provide clear benefit to the physician's patients and/or be directly related to the physician's clinical practice (for leaders in non-caregiving roles).
2. The physician is actively involved in the QI effort, including participation in a **minimum of 3 of the 4 activities:**
 - a. The physician is actively involved in the initial project design, including but not limited to identifying the gap in quality, development of primary outcome measures and target improvement, and development of plans for intervention.
 - b. The physician is actively involved in the implementation of strategies and interventions.
 - c. The physician is actively involved in the data collection and/or analysis to assess the impact of the interventions, making appropriate course corrections in the improvement effort.
 - d. The physician actively participates in meetings to continue the process for improvement. Documentation of meeting attendance must be available upon request; meeting minutes are encouraged, but not required.
3. At a minimum, the activities must be of sufficient duration to allow for physician participation in **at least two full cycles** of data assessment and planning of an improvement intervention, the implementation of a change process and re-assessment of the results (e.g., PDSA cycle) for **at least six months duration**.
4. The physician is able to personally reflect on the activity, describing the change that was performed in their practice and how it affected the way care is delivered.

The timely submission of attestation forms is essential for physicians whose certification period will end in the year that the project ends. **Attestation forms must be submitted to the Children's Health MOC Program Department by November 15th in order for us to report credit to your ABMS specialty board and have your credit count for that year.**

Section 1: Participant Information

1. **Date of Submission:**

2. **Portfolio Sponsor:** What is the name of the sponsoring organization providing the QI effort?

3. **Title of Quality Improvement Effort:**

If participating in a larger umbrella project, please list both the main project title and the specific QI effort for which you are requesting credit (e.g., NCQA PCMH – Improving Depression Screening)

4. **Physician Name:**

5. **Email:**

6. **NPI Number:**

7. **Date of Birth:**

7. **Board Information:** Indicate your certifying Board(s) and your unique Board identification number (please note this is **not your certificate number**; it's your general ID number for the board).

Board Name:

Board ID Number:

8. **Participation:** Indicate the beginning and ending date (**month & year**) of your participation in the QI effort (**participation for at least six months is required**). You may note *ongoing* if project is not yet completed.

Start Date (mm/yy):

End Date (mm/yy):

9. **Improvement Cycles:** Indicate how many improvement cycles you participated in (**participation in at least two full cycles is required**).

1

2

3 or more

Section 2: Description of the Quality Improvement Efforts

Describe the QI effort and your individual contribution by providing the following details.

1. Aim: What is the specific aim of the QI effort?

2. Improvement: Was the QI effort successful in improving care for your patients? If not, explain why.

3. Measures: Did the measures used address important issues for your patients?

4. Role: What was your role in the QI effort?

5. Sustainability: Explain how you plan to sustain the changes you made to your practice as a result of this QI effort.

6. Meaningful Participation: Please select which activities describe your participation in the QI effort (**must participate in at least 3 of the 4 activities for approval**).

(a) Project Design

(b) Implementation of Interventions

(c) Data Collection / Analysis

(d) Meeting Participation

Section 3: Reflection

The purpose of this section is to describe each physician's individual reflection on the process of participating in the QI effort. Uniform group attestations are not acceptable.

1. Change: What change did you personally make in your practice?

2. Impact: What did this do in your practice?

3. Learning: What did you learn as part of participating in this QI effort?

Section 4: Signature

1. Physician Signature: I attest I participated in this QI effort as described above. I understand that submission of this application does not guarantee approval to receive MOC Part IV credit. I hereby grant Children's Health MOCPAP the authority to resolve disputes regarding meaningful participation regarding this project.

Signature:

Date:

2. Project Leader Signature: I have reviewed this attestation and affirm that the signed was an active participant in this QI effort and has met all the necessary requirements for MOC Part IV credit. Note: The physician lead's attestation should be co-signed by another physician involved in the QI effort.

Signature:

Date: