Opportunities for Integrating MOC Part IV Requirements into PBRN Practices

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Foreword

This guide advances a broad theme: the potential for PBRNs to be partners with all clinicians—particularly physicians, physician assistants, and nurse practitioners—who have a professional expectation to engage in quality/practice improvement as a part of their commitment to patients. The principles, approaches and strategies described here for helping physicians in the MOC Part IV process can be used by any organization that strives to support clinicians in improving primary care quality and outcomes.

The guide was created to meet the needs of primary care Practice-Based Research Networks (PBRNs). AHRQ has assembled requirements and insights from the Primary Care Medical Boards and from PBRNs on how PBRNs can facilitate clinicians' pursuit of Maintenance of Certification (MOC) Part IV quality improvement projects. It is the individual clinician's responsibility to maintain Board certification. PBRNs, however, recognize the professional, personal and practice-based benefits that may accrue if requirements for individuals can be integrated into the quality improvement culture and activities of PBRN practices.

The leaders of the American Board of Medical Specialties (ABMS) and Primary Care Boards—the American Board of Family Medicine (ABFM), the American Board of Pediatrics (ABP), and the American Board of Internal Medicine (ABIM)—were extremely helpful in identifying the various ways by which their diplomates may meet these requirements. AHRQ appreciates the Boards' support of community learning about quality improvement and the importance of pursuing meaningful synergism of these activities within a broader culture of research and quality improvement.

This document features a snapshot of the Primary Care Board's MOC Part IV requirements as of Spring 2015. While we encourage review of the entire document, depending on your familiarity with requirements and your objectives, you may wish to focus initially on different sections of the document:

- Practical Guidance for MOC Part IV activity:
    - Section 1. Overview;
    - Section 5. How to Develop and Apply for an MOC Part IV Activity;
    - Section 6. Practical Tips and Advice for Getting MOC Part IV Activity Approval;
    - Appendix A: Crosswalk of Board Differences in Externally Sponsored Part IV Activities
- Ways in which PBRNs can foster MOC Part IV activities in their practices:
    - Section 2. Leveraging PBRN Capacity to Develop an MOC Part IV Infrastructure
    - Section 3. How PBRNS Can Help Members Meet MOC Part IV Requirements
    - Section 4. Integrating MOC Pat IV Credit within a PBRN Research Project
    - Section 7. The ABMS Multi-Specialty MOC Portfolio Program

AHRQ is grateful for the insights shared by Michael Parchman, MD, MPH; Chris Tachibana, PhD; the leaders of the Medical Boards, and the many PBRN innovators who assisted in the development of this resource. While some of the Board-specific requirements may evolve over time, we are hopeful that examples presented will inspire others to integrate MOC Part IV activities into group quality improvement exercises and research projects. Over time, such activities should become easier to pursue and more common place.

AHRQ hopes this document is helpful to PBRN leaders and staff and other communities seeking to empower clinicians to improve the quality of the care provided and the health of their patients.

Rebecca A. Roper
AHRQ PBRN Initiative Leader

Preamble

This document provides brief explanations and guidance about the Maintenance of Certification (MOC) processes that physicians go through to retain certification by primary care medical specialty boards. The information is current as of Spring 2015.

The aim is to help Practice-Based Research Networks (PBRNs) and other practice coalitions better align their infrastructure and activities to support primary care physicians in meeting MOC Part IV (quality/practice improvement) requirements.

What is Maintenance of Certification?

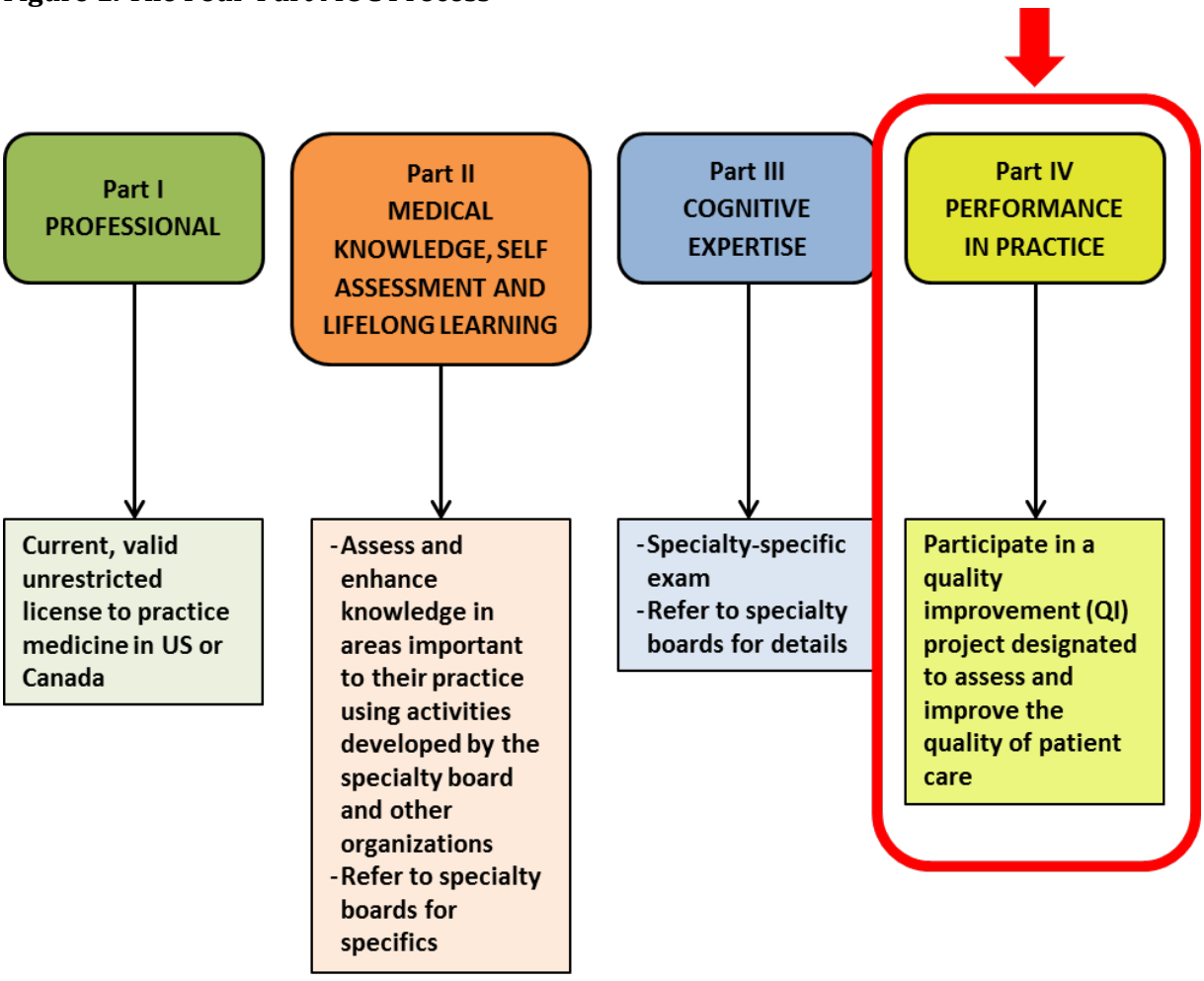
Most primary care physicians who participate in a PBRN are diplomates of a medical specialty board such as the American Board of Family Medicine (ABFM), the American Board of Pediatrics (ABP) or the American Board of Internal Medicine (ABIM). These and other specialty boards are members of the overarching American Board of Medical Specialties (ABMS). Individual physicians must periodically renew or maintain their board certification in a four-part MOC process (see Figure 1).

Part I is documenting professional standing, such as having a State medical license. Part II is demonstrating clinical knowledge by completing self-assessment modules. Part III is passing a periodic comprehensive examination. Part IV is participating in activities that demonstrate quality improvement (QI) in the physician's practice. This guide focuses on activities to meet the requirements of MOC Part IV.

The MOC process is constantly evolving. PBRNs interested in supporting physicians in the MOC process should have a point person who regularly checks the medical specialty board Web sites for updates (ABFM, ABP, ABIM, ABMS). PBRNs interested in supporting physician assistants and nurse practitioners should check for developments at the American Academy of Physician Assistants and the American Academy of Nurse Practitioners.

Figure 1 shows the overall process by which physicians maintain board certification. This document focuses on how to support Part IV, Performance in Practice. Although there is much continuity in the elements of the Maintenance of Certification activities across specialty boards, each board has its own terminology and specific requirements. The Boards recognize that not all certified clinicians are currently seeing patients and make appropriate allowance. In this document, all Performance in Practice work is referred to as MOC Part IV activities. Learn more about board differences in Appendix A: *Crosswalk of Board Differences in Externally Sponsored MOC Part IV Activities* and Section 5.2, *Board similarities and differences in developing and sponsoring MOC Part IV activities.*

Figure 1. The Four-Part MOC Process



How Do Physicians Complete an MOC Part IV Requirement?

Physicians can meet MOC Part IV requirements in many ways, as illustrated in Figure 2. They can participate in individual or group learning activities, and they can design QI activities themselves or do activities offered by their medical specialty board or an approved external source.

MOC Part IV activities offer many opportunities for PBRNs to support their physicians. We also note that there are numerous opportunities within the MOC process, particularly in Part II, for PBRNs to support physician learning. PBRNs may wish to determine what additional work is needed for a project to address both Part II and Part IV requirements.

Figure 2. Types of Activities Pursued to meet MOC Part IV Requirements

*Figure 2 shows activity types as of Spring 2015. Requirements may change.

What is the purpose of this guide?

This guide will help PBRNs and other practice coalitions understand the potential synergy between their infrastructure and activities that support their members in meeting MOC Part IV requirements of primary care medical specialty boards. This is not a "what to do" manual, but rather a tool to provide guidance and strategies about how PBRNs might align their work to facilitate a clinician's completion of ABFM, ABIM, or ABP MOC Part IV requirements. Part IV activities can take many forms, and PBRN support can occur at different levels. See Section 3, *How PBRNs Can Help Members Meet MOC Part IV Requirements* and Section 4, *Integrating MOC Part IV Credit within a PBRN Research Project*.

Who is this guide for?

The intended audience for this guide is primary care PBRN administrators, directors, assistant directors, managers, coordinators, and other staff such as practice facilitators. The content is intended to help PBRN administrators and support staff become familiar with options for developing projects that support MOC Part IV activities while enhancing their organization. The information applies to all primary care specialty boards, unless otherwise noted.

How to use this guide

Section 1 is an overview of board recertification; the section is applicable to all PBRN staff and especially those new to the MOC Part IV process.

Section 2 explains how PBRNs can align their infrastructure to support their members in MOC Part IV activities; the section is especially for PBRN directors, administrators, and clinician leaders.

Section 3 provides a quick overview, with **case examples**, of different levels of support a PBRN might provide for MOC Part IV activities; the section is especially for PBRN administrators, coordinators, and clinician leaders.

Section 4 has an overview and two **case examples** of developing or adapting a research study to meet MOC Part IV requirements; the section is especially useful for PBRN researchers and practice facilitators.

Section 5 describes how to apply to a medical specialty board to have a QI activity be considered for MOC Part IV credit; the section is designed for PBRN administrators and coordinators leading MOC Part IV activity development.

Section 6 contains practical tips and advice for the application process; the section also is intended for PBRN administrators and coordinators leading MOC Part IV development.

Section 7 introduces the ABMS Portfolio Program, an option for PBRNs that are willing and able to assume authority and responsibility for an ongoing program of QI projects for members of multiple specialty boards; the section is intended for PBRN directors and coordinators who already have experience conducting MOC Part IV activities.

The Table in Appendix A, *Crosswalk of Board Differences in Externally Sponsored MOC Part IV Activities*, compares MOC Part IV terminology, requirements, and components across the three primary care boards.

Definitions and Abbreviations

ABFM: American Board of Family Medicine
ABP: American Board of Pediatricians
ABIM: American Board of Internal Medicine
ABMS: American Board of Medical Specialties
CME: Continuing Medical Education
EHR: Electronic health record
IHI: Institute for Healthcare Improvement
MOC: Maintenance of Certification
PDSA: Plan-do-study-act
PFs: Practice facilitators
QI: Quality improvement

1. Overview

1.1 What is board certification and how is it different from licensure?

All physicians must maintain a State license to practice medicine. Licensed physicians have met the minimum competency requirements to diagnose and treat patients in the State in which they practice. In addition, most physicians are also board certified by a medical specialty board. For primary care physicians, these are the ABFM for family physicians, the ABIM for general internists, and the ABP for pediatricians—3 of the 24 medical specialty boards under the umbrella of the ABMS. All boards require members to participate in MOC to retain board certification (see Figure 1).

Physician MOC, licensure, and clinician certification are in flux. Although not enacted in any State as of 2014, the Federation of State Medical Boards has recommended that all States renew medical licenses by adopting a "Maintenance of Licensure" process similar to the MOC model. As an example, as of early 2015, 10 States allow physicians to use MOC requirements to fulfill continuing medical education (CME) requirements for medical license renewal. Other States are considering this model.

Requirements are also changing for other primary care clinicians. The National Commission on Certification of Physician Assistants now requires 20 credits of "Practice Improvement-CME" for their certification maintenance process; earning credits is similar to the MOC Part IV activities required by medical specialty boards. In addition, the American Academy of Nurse Practitioners recertification process is moving toward requiring Continuing Education hours in practice or QI activities.

1.2 Why do physicians maintain board certification?

Board certification is voluntary, but hospitals, medical groups, and health plans often employ only board-certified physicians. Why? These physicians have met additional professional qualifications beyond licensure. They must regularly update their knowledge about medical advances, technology, and best practices in their specialty through continuing education, and they must demonstrate active improvement in the quality of care they deliver. In addition, the Affordable Care Act now includes Medicare financial incentives tied to MOC activities.

1.3 How does a physician obtain and maintain board certification?

The environment for MOC is evolving, and specific MOC requirements vary by board. Nonetheless, the overarching guiding principles established by the ABMS and the Accreditation Council for Graduate Medical Education involve measuring six core competencies across all components of MOC activities: (1) practice-based learning and improvement, (2) patient care and procedural skills, (3) systems-based practice, (4) medical knowledge, (5) interpersonal and communication skills, and (6) professionalism. MOC Part IV requirements focus on addressing the first and third competencies in this list.

Maintaining board certification is the responsibility of the individual physician, who must complete all MOC Parts over a period of several years, known as a "stage" or "cycle." The three primary care

specialty boards vary in the time allowed to complete the requirements. For example, most ABFM physicians are now completing MOC requirements in 3-year stages based on when they last obtained board certification. Also note that the ABFM, ABIM, and ABP document and track participation in MOC activities differently (e.g., through a point system, checklist, or other method; see Appendix A, *Crosswalk of Board Differences in Externally Sponsored MOC Part IV Activities*).

The medical specialty boards continually evaluate MOC processes in response to feedback from members and other organizations. Therefore, as noted in the Preamble, PBRNs should monitor board Web sites for the most current MOC requirements. Activities are approved by the boards for MOC credit for a specific time; after that, activities must undergo reapplication and renewal of approval with updates about activity performance and content.

2. Leveraging PBRN Capacity to Develop an MOC Part IV Infrastructure

2.1 Why consider supporting MOC activities for your PBRN members?

As noted in Figure 2, physicians can meet MOC Part IV requirements in several ways, including individual self-directed activities and group projects. PBRNs have a variety of options to support members in the MOC Part IV process. These options include such activities as helping members find out about current board guidelines, available activities, and required documentation; creating shared learning opportunities for physicians choosing the same or similar MOC Part IV projects; or sponsoring an approved MOC Part IV activity. Details about these options are included in the sections below. This section makes a case for PBRNs to create value for their members and serve member needs by supporting MOC Part IV work.

PBRN support of MOC Part IV activities can save time for practices by aligning research and QI activities. MOC Part IV support can enhance both recruitment and retention of members for a specific PBRN research study (see Section 4, *Integrating MOC Part IV Credit within a PBRN Research Project*, for examples). In addition, many PBRNs are searching for more sustainable business models to support their mission and infrastructure. Developing board-approved MOC Part IV activities might be one component in developing a sustainable business model.

2.2 What is the fit between MOC Part IV and current PBRN roles and infrastructure?

PBRNs are "collaboratives"; member practices are often affiliated only through geography, a shared electronic health record (EHR), or an affiliation with an umbrella organization. In this sense, MOC Part IV support is a good fit with the PBRN model because of similarities between PBRNs and QI collaboratives that participate in MOC Part IV activities. Examples include:

Quality Improvement Innovation Networks (QuIIN): QuIIN is home to multiple networks including an outpatient network (Practice Improvement Network) and inpatient network (Value in Inpatient Pediatrics Network). These international real-world pediatric labs test tools and strategies prior to national dissemination for clinical practice guideline implementation. QuIIN MOC Part IV collaboratives create multidisciplinary teams that can include primary care physicians, pediatric hospitals, allied health professionals and emergency departments to improve care across the care continuum.

Maine Quality Counts (MQC): MQC is a regional health improvement collaborative that brings together health plans, providers and patients to improve the quality of care in Maine. MQC designed an MOC Part IV activity approved by the ABFM to improve developmental and autism screening for primary care practices in Maine. The MOC activity gives practices an understanding of the model for improvement, helps them create an aims statement, and assists them with designing plan-do-study-act (PDSA) cycles to improve developmental and autism screening in their practice.

The California Perinatal Quality Care Collaboration (CPQCC): This statewide collaborative of more than 130 hospitals continually collects data and conducts QI activities across the State to improve perinatal outcomes. The CPQCC analyzes data and reviews current, relevant publications to define indicators and benchmarks, recommend QI objectives, provide models for performance improvement, and assist providers in a multistep transformation of data into improved patient care. The CPQCC Neonatal Intensive Care Unit Quality Improvement 2.0 program is offered at no charge for participants, unless physician credit for ABP MOC is desired, in which case the fee is $500.

Vermont Oxford Network (VON): The VON is a worldwide, voluntary network of neonatal care providers and hospitals. Among other activities, the network develops and leads statewide QI collaboratives. Many VON QI collaboratives are approved for MOC Part IV credit. Individual physicians and groups who meet the criteria established by the ABP can use these collaboratives for MOC Part IV credit.

2.3 Leveraging Existing PBRN Infrastructure for MOC Part IV

PBRNs can leverage existing resources or expand capacity to support their members' MOC Part IV pursuits in ways that are similar to the examples above. The underlying requirements for MOC Part IV activities align well with existing PBRN infrastructure and staff. Examples include:

Governance and member input. Many PBRNs have a robust method for garnering member input about their activities and strategic directions. This type of resource is invaluable for developing a QI project and applying to a medical specialty board to have it approved as an MOC Part IV activity (see Section 5, *How to Develop and Apply for an MOC Part IV Activity*) or at a more advanced level, applying for Portfolio Sponsorship (see Section 7, *The ABMS Multi-Specialty MOC Portfolio Program*).

PBRN Coordinator. This person is the point of contact for members and manages PBRN projects and activities. The PBRN Coordinator is well positioned to provide administrative assistance such as oversight of an MOC Part IV activity, data entry, and reporting to the medical board.

Practice Facilitation and External Practice Support. The ability of external practice facilitators (PFs) or "coaches" to improve both processes and outcomes of patient care is well documented.[1] As a QI expert, the PF can serve many roles in supporting an MOC Part IV activity including: engaging individual physicians in the improvement activity; assisting with data collection from medical records; facilitating the production of performance reports from EHRs; interpreting performance metrics; developing, tailoring, and implementing a QI activity; and reassessing performance.

> AHRQ has a Web site and handbook to help train new PFs in the knowledge and skills required to support meaningful improvement in primary care practices.

Shared Learning Opportunities. Although evidence on the effectiveness of Learning Collaboratives may be mixed, these groups are commonly combined with individualized practice support to improve quality and outcomes of care.[2] PBRNs have a long history of gathering their membership for annual meetings or summits on specific topics and often seek CME hours for these

shared learning activities. These activities could be incorporated into an MOC Part IV activity or be included as a component of an improvement activity for individual providers who are seeking MOC Part IV hours or credit.

Academic Detailing/Outreach Visits. Some PBRNs have conducted studies or included academic content experts in spreading best practices or evidenced-based guidelines to their members.[3,4] This type of support is effective in implementing a QI activity and could be included in MOC Part IV QI activities sponsored by a PBRN.

Organizational Environment. PBRNs based in academic health centers can often access educational specialists to assist with developing content for QI activities. In addition, many CME offices are interested in MOC Part IV and might be willing collaborators in project development.

Collaboration Across Multiple PBRNs. The network nature of PBRNs is an advantage in supporting members in achieving MOC Part IV requirements. For example, a PBRN that develops an MOC Part IV activity could share the activity with other PBRNs. PBRNs might also coordinate to conduct joint QI projects within their networks and apply together to have the projects approved for MOC Part IV credit for members.

2.4 Options for financial support of the development of MOC Part IV activities

2.4.1 External Sources of Funding

PBRNs might be able to find external funding for developing an MOC Part IV QI activity for a specific medical board. Foundations or advocacy groups are often interested in improving practice performance around a specific condition such as asthma or depression. For example, the National Asthma Education and Prevention Program, coordinated by the National Heart Lung and Blood Institute, collaborated with the University of Kentucky and the ABFM Foundation to develop an ABFM MOC activity for both Part II and Part IV requirements. Large health care systems are also often interested in developing MOC Part IV activities for their physicians on specific topics. Note that some boards will not accept activities for MOC Part IV credit if they were developed with industry (pharmaceutical/medical device) funding. In another example, AHRQ funded the development of a Health Literacy MOC Part VI Program Improvement Module (select Health Literacy from the dropdown menu. The content for this module was taken from the AHRQ Health Literacy Universal Precautions Toolkit.)

2.4.2 Internal Sources of Funding

Another possibility is charging a fee to participate in an MOC Part IV activity to generate revenue for the PBRN as an organization. Examples of MOC Part IV activities that include a fee are the Health Literacy Quality Improvement Program, sponsored by the Center for Health Policy at the University of Missouri, and the performance improvement program Aggressively Treating Cardiovascular Risk to Reduce Cardiovascular Events, sponsored by the Consortium for Southeastern Hypertension Control.

3. How PBRNs Can Help Members Meet MOC Part IV Requirements

PBRN involvement in quality and practice improvement research provides a range of opportunities to support participating physicians in meeting MOC Part IV requirements. The continuum of support includes helping an individual physician collect chart data for an MOC Part IV activity, developing and supporting patient-level interventions or practice-level changes, or even obtaining approval from the medical board to have a PBRN activity recognized as meeting MOC Part IV requirements. Examples of support include integrating MOC Part IV requirements into a PBRN research project. For the purposes of this Field Guide, we organized the continuum of support into four levels and provide descriptions and examples of each (see Table 1).

Table 1. Levels of PRBN Support to Meet MOC Part IV Requirements

	Develop Tools/Materials to Support QI Efforts	Collect Data	Develop Practice-level Change Activities Designed to Improve Care	Apply for Board Approval	Provide PBRN Approval and Oversight of Multiple MOC Part IV Projects	Provide Project Oversight		Track and Report Physician Participation	
						Physician or Physician Practice	PBRN	Physician Maintains Individual Responsibility	PBRN Tracks and Reports Physician Participation
Technical Assistance									
Level 1: Provide tools or resources	X					X		X	
Level 2: Support development of practice QI	X	X	X			X		X	
Requires Infrastructure & Board or ABMS Approval									
Level 3: Sponsor MOC Part IV project	X	X	X	X			X		X
Level 4: Become a Portfolio Sponsor	X	X	X	X	X		X		X

3.1 Level 1: Provide tools or resources

At one end of the continuum of support, a PBRN might provide a physician member with help or assistance collecting quality metric data and advice on how to develop a self-directed change intervention they perform independently. At this level, the PBRN might locate a patient survey or share data collected for other purposes to support improvement efforts. The individual physician is responsible for gaining approval for their activity with their medical specialty board by providing their performance metrics, detailing their improvement effort, reporting performance data, and reflecting on outcomes. The physician or physician practice is responsible for project oversight and tracking.

> **Case Example**: The American Academy of Family Physicians has METRIC modules that may be approved for CME and/or MOC Part IV. In a precursor study to an asthma shared decisionmaking project, a family physician in the North Carolina Network Consortium used her preliminary data and experience for the asthma METRIC module to successfully meet her MOC Part IV requirement and receive 20 CME credits.

3.2 Level 2: Support development of practice improvement

Further along the continuum, a PBRN might provide additional support by developing a detailed practice improvement project on a clinical topic such as improving delivery of a clinical preventive service or asthma care. This support could involve developing a detailed step-by-step change project and associated data collection resources such as a survey or chart abstraction tool and helping enrolled physicians collect the required data. At this level, although the change project is supported by the PBRN, documenting and reporting the MOC activity is still the responsibility of the individual physician as described above.

> **Case Example:** In a study to improve diabetes performance, a practice coach worked with physicians enrolled in a study to design a QI plan specific to their group practice. The study staff performed chart abstraction and provided pre- and post-improvement performance measures. The data were reviewed with the physician, who entered the data into the board's MOC Part IV activity Web site. In addition, the study team provided the physician with a step-by-step QI guide as part of a larger PBRN study and descriptions of the improvement efforts in their practice to enter as a self-directed activity to meet MOC Part IV requirements.

3.3 Level 3: Sponsor development and seek board approval for an MOC Part IV project

PBRNs can apply to one or more medical specialty boards to have an activity approved for MOC Part IV credit. Application could occur concurrently with the research study that contains the QI activity, with the activity including only sites that participate in the research. An MOC Part IV activity could also be developed based on findings, tools and resources from a completed study and include practices not involved in the study.

All three primary care specialty boards (ABFM, ABIM and ABP) have a mechanism for external organizations to gain approval for QI projects that may fulfill MOC Part IV requirements. Seeking MOC credit from a medical board is a higher level of burden and responsibility on the PBRN sponsoring the project, but also provides higher potential benefit for participating physicians. The sponsoring organization of a board-approved MOC Part VI project—in this case the PBRN—must

provide resources and infrastructure to support the project and track and report physician participation to the board. This shifts more responsibility to the PBRN. Some boards require that sponsoring organizations provide training in QI methods to participating diplomates. (ABFM and ABP require this; ABIM does not specify.) In any case, for all boards, knowledge of QI is important to show meaningful participation by the physician in the MOC Part IV activity. The types of projects that might qualify for MOC credit include observational studies, practice facilitation, and patient surveys. Sections 4 through 6 (*Integrating MOC Part IV Credit within a PBRN Research Project*, *How to Develop and Apply for an MOC Part IV Activity*, and *Practical Tips and Advice for Getting MOC Part IV Activity Approval*) and the Checklist in Section 4 contain additional information about this level of support.

> **Case Example**: Following a randomized trial on improving human papillomavirus vaccination,[5,6] investigators from the Pediatric Research Consortium at The Children's Hospital of Philadelphia adapted the intervention to create a QI project that qualified for MOC Part IV credit from the ABP. The MOC program includes the clinician-education program, measurement approach, and feedback reports used in the trial. A new group of clinicians from network practices enrolls annually and EHR data continues to be used to assess improvements in quality.

3.4 Level 4: Become a multispecialty Portfolio Sponsor (continuous investment)

PBRNs that anticipate ongoing development and support for multiple, physician-involved QI projects across several specialties might consider applying to become an ABMS Multi-Specialty MOC Portfolio Sponsor. In this arrangement, the ABMS delegates responsibility for developing and approving specific MOC Part IV activities to the Portfolio Sponsor. Portfolio Sponsors are typically large organizations with multiple physician specialties that routinely engage in QI activities several times each year. Examples of current Portfolio Sponsors include Kaiser Permanente, Mayo Clinic, and Better Health Cleveland. Portfolio sponsorship has many responsibilities that are described in Section 7, *The ABMS Multi-Specialty MOC Portfolio Program*. For example, to administer such programs, dedicated project management personnel, clinician effort to review applications and other resources are required to perform the administrative tasks.

> **Case Example:** The Pediatric Research Consortium (PeRC) Network partners with its academic health center, the Children's Hospital of Philadelphia, an ABP Portfolio Sponsor, to create quality improvement efforts that earn MOC Part IV credit.

3.5 Tracking and Feedback

PBRNs might also provide a service to their members by tracking their clinicians' professional specialties and stages in the MOC process. This knowledge could aid the PBRN Director in reflecting on the most appropriate activities for the PBRN to support.

PBRNs can support both their members and the medical specialty boards by tracking the specific MOC Part IV activities in which their members participate. PBRNs could collect evaluative information and share the results to guide other physicians who are seeking MOC Part IV activities. Evaluations might also provide constructive feedback to the boards about physicians' experience.

PBRNs are well positioned to use member feedback to identify gaps that could be future topics and focus areas for Part IV activities.

PBRNs or groups of PBRNs might notice several of their members are choosing the same MOC activities. Feedback by physicians to their respective boards suggests that they prefer shared learning communities when participating in MOC Part IV activities. Therefore, PBRNs could support their physicians and create efficiencies by hosting learning groups for common activities or topic-specific QI activities of interest to multiple clinicians that would augment and support a separate Part IV activity. For example, a PBRN might consider working with the ABMS to distribute topic-specific shared learning opportunities through their Web site that are relevant to a specific existing MOC Part IV activity. To find out about this opportunity for increased dissemination, which could lead to fee collections that help cover the cost of activity development, look for ABMS calls for MOC activities at their news and events page.

4. Integrating MOC Part IV Credit within a PBRN Research Project

Many PBRNs are engaged in research that appears to be QI. For this reason, PBRN researchers are often asked by physicians whose practice is participating in a study if the work "counts towards my MOC Part IV requirements." Although it is tempting to assume that the study will meet requirements, the goal of MOC Part IV activities is to create learning opportunities for improving the QI skills and competencies of individual physicians, not just improving a clinical outcome such as screening rates for chronic kidney disease.

Few research studies are designed specifically with the focus required of MOC Part IV activities. In addition to this focus, the boards demand adequate documentation of "meaningful participation" in the QI process by each physician. Agreeing to participate in the study is not sufficient. As a result, few research studies are designed to meet the meaningful participation requirement.

4.1 Examples of research studies modified to meet MOC requirements

Ideally, a research study would be designed from the beginning with MOC Part IV requirements in mind (see Section 5, *How to Develop and Apply for an MOC Part IV Activity*). Few studies are designed this way, and funding agencies might be reluctant to provide resources or support for MOC Part IV requirements as part of the study infrastructure, although funding might be considered if framed as an incentive for recruiting practice sites. Remember, some boards have restrictions on approving activities funded by pharmaceutical or medical device companies.

In this section, we present three examples of studies modified to meet MOC Part IV requirements for participating physicians. Study specifics are below, but the general lessons are:

- Studies in progress can be adjusted to provide MOC Part IV opportunities for participating physicians.
- Physicians will likely need to demonstrate their participation in accepted QI methods such as PDSA cycles (see Institute for Healthcare Improvement [IHI] "How to Improve").
- Physicians will need to document their meaningful participation in the QI activity, and the type of documentation required will depend on the specialty board.

Below the examples is a checklist of questions to determine if a study is likely to fit the MOC Part IV requirements of the primary care specialty boards. Review the checklist before beginning the work of developing and submitting an application to have an MOC Part IV activity approved by one of the three primary care specialty boards (see Section 5, *How to Develop and Apply for an MOC Part IV Activity*).

4.1.1 Example 1: Modification of a PBRN Study of Adolescent Tobacco Cessation Counseling for MOC Part IV

Julie Gorzkowski and colleagues describe how a PBRN improved study recruitment by obtaining approval as an MOC Part IV activity.[7] This example provides a strong rationale for supporting MOC

Part IV development as a recruitment tool within a PBRN grant proposal. This study is also an excellent example of a project that was modified to meet MOC Part IV requirements after it was fielded. The Pediatric Research in Office Settings network, the largest pediatric PBRN in the United States, had difficulty recruiting enough practices for a randomized controlled trial of adolescent tobacco cessation counseling, even though the protocol was approved by 30 Institutional Review Boards at participating practice sites across the country. Table 2 describes the required tasks for participation in the study and the additional tasks required for physicians who desired to use study participation to meet ABP MOC Part IV requirements.

Table 2: Required Tasks for Clinician Participants in the Adolescent Health In Pediatric Practice (AHIPP) Study.*

All Participants	Quality Improvement Participants Only
(1) Complete a baseline survey	-
(2) Study training: read binder, practice intervention with 3 patients, and complete a "teach-back" call to review the intervention with study staff	-
-	(3) Develop a plan for ensuring that all adolescent patients are screened for: a. Study eligibility b. Delivery of intervention
(4) Discuss plan for study implementation with AHIPP staff	-
(5) Screen all adolescent patients for study eligibility	-
(6) Enroll and submit data for 100 adolescent patients per practice	-
(7) Screen all adolescent patients and implement the intervention with all appropriate patients, regardless of study enrollment	-
-	(8) Review biweekly feedback reports from AHIPP staff that detail practice-level success with screening and enrolling adolescent patients
-	(9) Receive structured feedback, as appropriate, from AHIPP staff based on the results of the biweekly feedback reports mentioned previously
-	(10) Implement feedback in a Plan-Do-Study-Act cycle; repeat this step as appropriate over the course of adolescent enrollment
(11) Complete a followup survey	-
-	(12) Complete an MOC posttest survey
-	(13) Complete MOC Attestation Form
-	(14) Receive additional feedback, after the study has closed at all sites, detailing each clinician's individual rate of delivery of the intervention
-	(15) Complete a final MOC survey, after the feedback mentioned previously has been received and reviewed

Note two crucial activities in Table 2 that were added to the study as a requirement for physician participants who wanted to meet MOC Part IV requirements:

1) Physicians were required to receive structured feedback and participate in PDSA cycles afterwards (Tasks 9 and 10).

2) Physicians had to complete an MOC attestation form that vouched for their meaningful participation in the QI component and an MOC-specific survey that tested their QI knowledge and assessed their experience (Tasks 13 and 15). A word of caution about attestation: some medical specialty boards express strong reservations about using an

* Content reprinted with permission from Gorzkowski JA et al. Maintenance of Certification Part 4 Credit and recruitment for practice-based research. Pediatrics 2014;134:747.

attestation process to document meaningful participation. In fact, documentation of meaningful participation is one of the most common problems in applications to boards for approval of an activity for MOC Part IV credit (see Section 6, *Practical Tips and Advice for Getting MOC Part IV Activity Approval*, for more about documenting meaningful participation).

4.1.2 Example 2: Modification of a Study to Improve Chronic Kidney Disease Management in Family Physician Offices

Another example of a study that was in the field before an application was submitted for MOC Part IV approval was conducted in the American Academy of Family Physicians National Research Network. The research project, funded by the National Institute of Diabetes and Digestive and Kidney Diseases, was called Chronic Kidney Disease—Improving Evidence-based Primary Care.[8] The study compared two methods of supporting QI across 40 practices. The protocol included a QI educational component. A description of this component was used by the study team when applying to the ABFM for the activity to be approved for MOC Part IV credit, specifically to respond to the following question:

> "*Describe the self-evaluation component of the activity. Describe how this activity incorporates accepted quality improvement methods (e.g., PDSA, DMAIC, etc.) and systems-based practice concepts. In particular, describe the method or tools provided for the audit, quality improvement plan design and implementation, re-audit, and feedback components of this activity."*

The primary non-study-related activity required of the project team by the ABFM was to document meaningful participation by individual physicians in review of their performance data over time and engagement in a planned improvement activity.

4.1.3 Example 3: Improving Delivery of Bright Futures Preventive Services at the 9- and 24-Month Well-Child Visit

In 2005, the American Academy of Pediatrics developed QuIIN (see Section 2.2, *What is the fit between MOC Part IV and current PBRN roles and infrastructure?*) as a network of practices that would test tools, strategies, and "change packages" of new measures, guidelines, and care innovations prior to widespread implementation. In 2011, 21 practices participated in a Preventive Services Improvement Project. The primary intervention was a modified learning collaborative with support for office systems that was based on the IHI improvement model (see Section 4.1, *Examples of research studies modified to meet MOC requirements*) and designed to improve preventive service delivery through use of the Academy's Bright Futures initiative. The study was designed with MOC Part IV activity requirements in mind and practice recruitment stated that MOC Part IV approval had been applied for, but not yet approved. The ABP approved the project for 25 points toward MOC. To date, 67 pediatricians have received MOC Part IV credit for their participation in this project.[9]

4.2 How to determine if a research study is a good fit for meeting MOC requirements

A determination of "fit" is not always a straightforward process. A conversation with the staff at the primary care medical specialty boards who oversee the approving of QI activities as meeting MOC

Part IV requirements can help. Before this conversation, review the following list of questions you may need to answer.

Checklist of questions to determine if a study might meet MOC Part IV requirements for participating physicians

Does this project potentially lend itself toward the goal of improving physician QI competency?

Does the project address care in one or more of the Institute of Medicine quality dimensions (safety, effectiveness, timeliness, equity, efficiency, and/or patient-centeredness)?

Is the project aim specific, measurable, relevant, and intended to benefit patients?

Does this project use standard QI methods? The QI methods must:

- Be relevant to the intervention
- Use evidence-based performance measures
- Include pre- and repetitive post-collection of performance data
- Collect balancing measures to assess unintended consequences
- Be applied in a study of sufficient sample size
- Provide timely feedback to allow for frequent, rapid improvement cycles
- Include benchmarks or peer comparisons on quality indicators

Does the project include an **appropriate intervention** that helps the physician develop and implement an individualized intervention plan?

Is there adequate **opportunity for meaningful physician participation**? Factors relevant to this criterion include:

- A written set of standards for meaningful participation, including tracking and reporting of physician participation
- Opportunities for involved physicians to
  - Interpret data about clinical practice
  - Make a change to improve practices
  - Evaluate the effectiveness of changes made (data over time)
  - Personally reflect on the activity
- Adequate time to complete required activities
  - Note variation by boards:
    - *ABMS Portfolio Program: at least two full improvement cycles*
    - *ABFM: at least one month and up to 12 months*

- *ABIM: at least one QI cycle required, encourage multiple QI cycles*
- *ABP: based on the nature and needs of project but requires at least one baseline and two followup measurement cycles*

- And note that activity must be completed within each physician's current MOC cycle, which is dependent on the individual physician and board (see Section 1.3, *How does a physician obtain and maintain board certification?*)

Is the project structure sufficient, with appropriate resources to support the activity? This includes:

- Adequate oversight of all physician activities and participation
- A documented process to track and document meaningful physician participation
- Fulfillment of the reporting requirements of the respective board(s)
- A committed project leader, and defined start and end dates

5. How to Develop and Apply for an MOC Part IV Activity

5.1 Overview and general considerations

To support physicians in meeting MOC Part IV requirements, PBRNs can apply to have a QI study or project recognized as an approved MOC Part IV activity. To do this, a PBRN would work with one or more specialty boards to develop the project to meet their specifications and subsequently act as the activity's external sponsor. In this guide, developing and sponsoring an approved activity is Level 3 PBRN assistance (see Section 3, *How PBRNs Can Help Members Meet MOC Part IV Requirements*). When developing and applying to a board for a QI activity to be approved as an MOC Part IV activity, remember to check board Web sites for updates and consider the following points:

The range of potential activities is broad (see Figure 2).

Physicians must meet their board's requirements for MOC Part IV credit as an individual, but PBRNs can provide many forms of support (see Table 1).

Medical specialty boards are eager for other organizations to develop appropriate QI activities and apply for them to be approved for MOC Part IV credit. Board staff is available to support and provide feedback on applications.

Often, obtaining board approval is an iterative process, so an initial application that does not provide sufficient information or does not meet board requirements can be revised and resubmitted with guidance from the board.

If a PBRN has members from more than one specialty board, a project must be submitted to each board separately because, currently, boards do not have reciprocity for externally developed MOC Part IV activities. However, a PBRN may submit a single application to the ABMS Portfolio Program for approval from more than one board (see Section 7, *The ABMS Multi-Specialty MOC Portfolio Program*).

Check with the specific medical specialty board when considering the timing of an application for MOC Part IV activity approval. Applying early has some advantages.

Adapting QI proposal text for board application forms is easier when documents and participants are still readily accessible.

Approval can take many weeks, so starting early means the process can occur as the QI project proceeds. Remember, boards usually require these activities to be approved before physician participation for credit and will not grant credit to physicians who complete the activity before the activity is approved.

Promoting the QI or research as a potential MOC Part IV activity could motivate participation from practices and physicians.

PBRNs considering applying for board approval should consider the general common points above as well as the board similarities and differences listed below.

5.2 Board similarities and differences in developing and sponsoring MOC Part IV activities

Appendix A (*Crosswalk of Board Differences in Externally Sponsored MOC Part IV Activities*) outlines general differences among the primary care specialty boards in MOC Part IV terminology, options, and requirements. For example, boards have different names for externally developed activities:

In ABFM, they are externally developed "Approved Alternate Activities"

In ABIM, they are externally developed "Approved Quality Improvement Pathways"

In ABP, they are activities that receive "Quality Improvement Project Approval (QIPA)" or they are Web-based Activities or Modules

Each medical specialty board has its own list of requirements and options for externally sponsored MOC activities. Some requirements might be limited to a particular board; others might be required by other boards, but not specifically called out on their Web sites. All are subject to revision, so check board Web sites and ask staff for the most up-to-date information.

MOC Part IV activities for **all three primary care boards** must:

- Have a defined aim and address Institute of Medicine quality dimensions or "Aims for Improvement"
- Use standard QI methods and project structures and be relevant to the target population (such as pediatric measures for pediatric populations)
- Meet specific time requirements for participation (see Appendix A, *Crosswalk of Board Differences in Externally Sponsored MOC Part IV Activities*, item 13)
- Include self-evaluation, pre-intervention and post-intervention audits, feedback, and peer comparisons using evidence-based quality indicators
- Aid in developing and implementing tailored improvement plans
- Have at least one QI cycle completed to count toward MOC Part IV completion (ABP requires a minimum of two cycles)
- Have written standards and a system for tracking minimum meaningful physician participation

In addition, ABFM and ABP require a QI education component:

- ABFM requires QI education be provided to assist in the development of the physician's QI effort
- ABP requires education to enhance the QI competency of participating physicians

ABFM, ABIM and ABP requirements for externally sponsored MOC Part IV activities differ in several areas (see Appendix A, *Crosswalk of Board Differences in Externally Sponsored MOC Part IV Activities*, for details):

- Application materials and fee structure
- Value assigned to the approved activity
- Minimum number of required cycles of activity
- Sample size: the number of patients who must be included in a quality measure
- QI education requirement, as noted above
- Industry support (ABFM does not allow funding from pharmaceutical or medical device manufacturers, ABIM and ABP require following Accreditation Council for Continuing Medical Education Standards for Commercial Support)
- Specific mechanism for tracking and reporting participation to the board

5.3 Suggested application checklist and timeline

PBRNs developing a QI project that will offer MOC Part IV credit to participating physicians will follow these general steps. As noted above, check board Web sites for specific requirements.

Step 1: Review QI and research activities to find projects that might be a good fit for board MOC Part IV activities. See question checklist in Section 4.2, *How to determine if a research study is a good fit for meeting MOC requirements*.

Step 2: Explore options for external funding to develop the MOC Part IV activity. See Section 2.4, *Options for financial support of the development of MOC Part IV activities*. For example, the foundation of some boards will consider providing development funds since having a variety of MOC Part IV activities is in the interest of their members.

Step 3: Find up-to-date information about applying for MOC Part IV module sponsorship at specialty board Web sites: ABFM, ABIM, ABP, and ABMS.

Step 4: Check board requirements and restrictions. For example, physicians must have meaningful participation that involves reflection and improvement above simply collecting and reporting data (Section 4.1, *Examples of research studies modified to meet MOC requirements*). In addition, boards have different restrictions on projects funded by pharmaceutical companies or industry (see Section 5.2, *Board similarities and differences in developing and sponsoring MOC Part IV activities* and Appendix A, *Crosswalk of Board Differences in Externally Sponsored MOC Part IV Activities*).

Step 5: Select one or more boards to work with to get the activity approved for MOC Part IV credit. If you are member of an organization that is an ABMS Portfolio Sponsor (see Section 7, *The ABMS Multi-Specialty MOC Portfolio Program*) and wish to obtain approval from more than one board, consider working with the Portfolio Sponsor. If you are interested only in approval from ABP, one option is working directly with the American Academy of Pediatrics, as they are a designated Portfolio Sponsor for the ABP and approve their own projects internally for MOC credit.

Step 6: Complete applications and paperwork. Text from existing QI and funding proposals might be helpful in filling out forms (see Section 4, *Integrating MOC Part IV Credit within a PBRN Research Project*). Pay any required board submission fees.

Step 7: Work with the specialty board in an iterative process that includes peer review to develop and complete the application. Boards want to offer options for physicians to meet MOC Part IV requirements, so they will work with applicants on developing and approving activities. Potential components to develop might be minimum standards a physician must meet to be eligible for activity credit; standards and processes for measurements, data collection and reporting; and processes for tracking study activity and meaningful participation.

Step 8: After approval, complete required board and legal paperwork to make the activity available.

Step 9: Promote and disseminate the activity, for example through the AHRQ PBRN listserv and other outlets with lists of available external activities such as the primary care specialty board Web sites.

6. Practical Tips and Advice for Getting MOC Part IV Activity Approval

6.1 Common challenges

ABIM, ABFM, and ABP staff responsible for assisting outside organizations in preparing an application for board approval of MOC Part IV activities noted several common, preventable flaws:

QI project aims are not defined or specific

Measures, process, and/or outcomes are not tied to aims

Requirement to use nationally endorsed measures when available is not met

Requirement that participating physicians see their data at more than one time point to track improvement is not met

QI education (for example, education on PDSA cycle, see Sections 4, 5 and 6.2, *Integrating MOC Part IV Credit within a PBRN Research Project*, *How to Develop and Apply for an MOC Part IV Activity*, and *Advice for MOC Part IV activity approval applicants*) is not included

Process to resolve disputes between the physician and the sponsor about meeting MOC requirements is missing (boards will not resolve such disputes)

6.2 Advice for MOC Part IV activity approval applicants

ABIM, ABFM, and ABP staff also had specific tips for applicants seeking approval of MOC Part IV activities:

Defining, describing, and documenting meaningful participation of physicians in the QI activity is often difficult. Boards often do not approve a simple attestation process in which the physician reports participation to the sponsoring organization. Boards recommend documenting attendance at meetings and phone calls, as meaningful participation. For examples look at the ABIM and ABMS Portfolio programs.

Some boards, especially ABP, are interested in descriptions of how the sponsoring organization will improve QI knowledge and skills of the physician, not just improvement in a clinical quality indicator such as colon cancer screening. They recommend specifying how the applicant organization will provide additional knowledge and skill in QI methods.

The requirement for "analysis of your system" is often overlooked in preparing an application. Boards want to know how participating physicians will analyze how systems of care currently work in their office and how these systems can be improved.

Conversations with board support staff are more productive when applicants are familiar with QI principles. Reading Section 4, *Integrating MOC Part IV Credit within a PBRN Research Project*, and

completing the Checklist in Section 4.2, *How to determine if a research study is a good fit for meeting MOC requirements*, is a good start, as is having a member of your team who has QI expertise.

Some organizations underestimate or do not anticipate the requirement to provide oversight for all phases of the proposed activity. In particular, applicant organizations should remember the requirement to document meaningful physician engagement in each phase of the activity, not just successful completion. This documentation requires an ongoing relationship with the physician.

All boards provide a pathway to meet MOC Part IV requirements through "completed projects." This pathway allows an individual physician to describe a recently completed QI project and reflect on learnings. In these cases, PBRNs might not need to prospectively apply for approval of an MOC Part IV activity, but could support members in reporting a completed activity.

If an MOC Part IV QI activity is complicated, requires completing multiple phases of work, and occurs for more than 1 year, applicant organizations often have trouble describing all program components in detail. Therefore, board staff recommends keeping applications short, without multiple complex layers of improvement.

7. The ABMS Multi-Specialty MOC Portfolio Program

7.1 Background and history

The ABMS Multi-Specialty MOC Portfolio Program provides a single process for health care organizations that oversee physician-involved QI efforts to provide MOC Part IV credit for participating physicians across multiple medical specialty boards. Participating in an MOC Part IV QI activity approved and offered by a Portfolio Sponsor is one of several pathways for physicians to obtain MOC Part IV credit; other mechanisms are available for organizations to submit QI efforts to individual boards for approval (see Sections 3, 5, and 6, *How PBRNs Can Help Members Meet MOC Part IV Requirements*, *How to Develop and Apply for an MOC Part IV Activity*, and *Practical Tips and Advice for Getting MOC Part IV Activity Approval*).

The Portfolio Sponsorship program streamlines the application process and provides a common set of standards for health care organizations seeking approval for MOC Part IV credit for their physicians involved in QI. The Mayo Clinic became the first Pilot Portfolio Sponsor in 2009. As of early 2015, the program covers 20 of the 24 ABMS member boards. Although 20 member boards are currently enrolled in the ABMS Portfolio Program, a PBRN could apply to be a limited Portfolio Sponsor for the three primary care boards only: ABFM, ABIM, and ABP.

7.2 Requirements and expectations

The MOC Activity Manager (MOCAM) is a Web-based system jointly developed by the ABIM, ABFM, and ABP to support organizations that are applying to sponsor MOC Part IV activities. MOCAM enables online submission of applications and shows application progress, history, electronic distribution of invoices, and other materials. In addition to serving as a submission and tracking portal for MOC Part IV applications, in the near future, this platform may also provide shared learning activities that PBRNs could design to support a specific MOC Part IV approved activity.

Becoming a Portfolio Sponsor begins with registering on the MOCAM site and completing an Organizational Readiness Checklist Form. PBRNs that are interested in becoming a Portfolio Sponsor need to show a track record of experience and expertise in QI benefiting patient care, a commitment to supporting physician meaningful involvement, and a business case for member practices to be involved in future QI projects. For example, the application asks for a description of three completed QI projects in more than one specialty area by the applicant organization. It also requires a detailed description of the organization's QI capabilities.

The organization's internal QI program drives its work as a Portfolio Sponsor. The work requires a commitment of time and resources, including from QI leadership; an entity to review projects and oversee the program; and a process to resolve disputes, for example about physician participation. Portfolio Sponsors must have adequate infrastructure to support review and oversight of projects approved for MOC Part IV credit because they are responsible for tracking and reporting physician completion data and submitting regular progress reports on approved projects.

In addition, Portfolio Sponsors have the authority to review and approve projects for MOC Part IV credit according to ABMS standards and policies, which they agree to uphold. Portfolio Sponsors

oversee approval for QI activities that are affiliated with their organization or under their umbrella. Portfolio Sponsors also help their members develop MOC Part IV activities and guide them in applying for credit, similar to how boards work with groups applying to have a single QI project approved for MOC Part IV credit. Portfolio Sponsors are approved or renewed for 2-year terms.

7.3 Factors in the decision to apply to be a Portfolio Sponsor

Organizational factors to consider

Is this a value-added proposition that supports the needs of your stakeholders?

Does your organization have a focus on and expertise with QI?

Are there adequate organizational resources and infrastructure to support multiple QI activities involving physicians across multiple specialty boards?

Benefits

Streamlines the process for participating physicians to earn MOC Part IV credit for involvement in QI efforts

Allows approval of the organization's own QI projects for MOC Part IV credit according to the standards and guidelines of the ABMS program

Provides a single mechanism for approval of a QI activity by multiple boards versus applying to each board individually

Creates a centralized location for MOC Part IV activities that are happening throughout the organization

Provides the opportunity to identify QI needs and themes and make connections across projects

For more information, see the ABMS Portfolio Sponsor Web site.

8. Conclusion

Many, if not most, PBRNs are well positioned to support ongoing quality/practice improvement activities by their members, including activities that meet the requirements for MOC Part IV credit from a primary care medical specialty board. PBRNs can pursue many avenues to provide this service to their members.

Any level of support is a service that increases the value of PBRN membership and strengthens the relationship between network members and the PBRN organization. Support in meeting MOC Part IV requirements can be as simple as helping physicians find and collect data for an individual QI project or as extensive as becoming a Portfolio Sponsor for many MOC Part IV activities. We hope PBRNs will explore this opportunity to provide their members with this valuable service.

Appendices

Appendix A: Crosswalk of Board Differences in Externally Sponsored MOC Part IV Activities

Board and Names for Activities	*American Board of Family Medicine (ABFM)*	*American Board of Internal Medicine (ABIM)*	*American Board of Pediatrics (ABP)*
	Approved Alternative Activity	**Approved Quality Improvement (AQI) Pathway (QI Project or Web-based Activity)**	**Quality Improvement Project Approval (QIPA) or Web-based Activity or Module**[1]
1. Contact for more information	ABFM Web site: https://www.theabfm.org/moc/altact.aspx	ABIM Web site http://www.abim.org/quality-improvement-program-providers/default.aspx	ABP Maintenance of Certification Activity Manager Web site: https://www.mocactivitymanager.org/public/abp/sponsorOrg/
2. Value assigned to the activity	MOC credit for one MOC Part IV module, or up to 20 MOC Part IV points, as appropriate	20 practice assessment points for participating physicians	25 points for QIPA, 20 points for Web-based module
3. Application	Contact ABFM for details. Currently a paper application, anticipating transition to Web-based MOC Activity Manager (MOCAM) in 2015	Contact ABIM for details. Currently paper, anticipating moving to MOCAM in the next few years	Apply online through the Maintenance of Certification Application Manager, MOCAM
4. Application fees (as of Jan 2015)	$500 for the first new application from an organization in a calendar year, and $100 for subsequent applications in the same calendar year. Renewal application fee of $250 for 1 year	Fee waived in 2015, will be reinstated in 2016	$500 review fee per submission, $500 fee to renew

[1] ABP has QIPA pathways for large (>10) and small (10 or fewer) groups of physicians receiving credit. The Small Quality Improvement Project Application (SQUIPA) is relevant for PBRNs. SQUIPA costs less ($75 processing fee) and application questions will be addressed to the project leader, not the institutional sponsor. The PBRN sponsor must have a sufficiently close relationship with the PBRN diplomate to attest to their participation. The project leader submits data.

Also note: ABP encourages long-term projects. Physicians can receive credit for participation in an activity, and can get credit for additional years of participating in the same project as long as they meaningfully participate in implementing a new intervention.

Board and Names for Activities	*American Board of Family Medicine (ABFM)*	*American Board of Internal Medicine (ABIM)*	*American Board of Pediatrics (ABP)*
	Approved Alternative Activity	**Approved Quality Improvement (AQI) Pathway (QI Project or Web-based Activity)**	**Quality Improvement Project Approval (QIPA) or Web-based Activity or Module**[1]
5. Duration of approval if project is approved	2 years, or the length of the project, whichever is shorter	QI Projects: 2 years, or the length of the project, whichever is shorter. Web-based tools: up to 3 years. Some physicians may be eligible for retroactive MOC credit	QI Projects: 2 years, or the length of the project, whichever is shorter. Web-based activities: up to 3 years.
6. Project aim	- Must address care the physician can influence in one or more of the six Institute of Medicine Quality Dimensions. - Must be specific, measurable, time-appropriate, and benefit patients. - Must include appropriate interventions to be tested for improvement.		
7. Standard quality improvement method requirements	- Pre- and post-measurement of physician performance (two cycles of post required for ABP). - Physicians actively involved in developing/implementing QI plan. - Use of nationally endorsed measures if possible. Measures must be relevant to the intervention and appropriate to the population; for example, ABP requires pediatric measures.		
8. Number of required QI cycles	At least one QI cycle required, multiple QI cycles encouraged	At least one QI cycle required, multiple QI cycles encouraged	Baseline and at least two post-QI cycles required
9. Performance measures	At least 3 nationally endorsed, evidence-based measures for data collection recommended	Encourages, (not required) use of measures vetted in the public domain. Measures must be relevant to the quality gap. (See ABIM Measures library)	Performance measures must be relevant to pediatrics. Preferably at least one measure per aim.
10. Balancing measures (indicators of unintended consequences)	Not specified	Appropriate balancing measures required	Appropriate balancing measures required
11. Frequency of data collection	At least baseline and post-intervention (minimum of one QI cycle)	Appropriate to the measures and goal, repetitive, and frequent enough to assess the impact of the change and allow for rapid improvement cycles	Collected and reported frequently enough to guide improvement. Monthly is enough for most projects. At least at baseline and two QI cycles.

Board and Names for Activities	*American Board of Family Medicine (ABFM)*	*American Board of Internal Medicine (ABIM)*	*American Board of Pediatrics (ABP)*
	Approved Alternative Activity	**Approved Quality Improvement (AQI) Pathway (QI Project or Web-based Activity)**	**Quality Improvement Project Approval (QIPA) or Web-based Activity or Module**[1]
12. Sampling strategy	Must describe a sample strategy. A minimum of 10 records are required per measure for both pre- and post-evaluation.	Must have a minimum of 25 patients per measure for most situations. For groups larger than 3 providers, a sample size of at least 10 patients per provider is required. Will consider exceptions to minimum requirement for activities involving uncommon medical conditions or infrequent, but important, events.	Must be systematic and appropriate. No specific minimum sample size requirement but sample size must be adequate and appropriate to the project aims.
13. Use of data for improvement	- Project must include analysis of data measures over time (to track performance) - Performance feedback must be provided to individual physicians participating in the project, with an opportunity for self-reflection - Project must help the physician develop and implement an individualized intervention plan - Performance feedback must include comparison to peers or other recognized benchmarks		
14. Definition of meaningful participation or "active role"	- Project must have written standards regarding minimal participation - Meaningful physician participation must be defined, tracked and reported - Improvement plan must clearly benefit patients and be related to physician's clinical practice - Project must provide an opportunity to personally reflect on/analyze data about clinical practice and assess effectiveness of change. Data collection alone is not sufficient; data must be provided to physician participants for analysis. - Physician must be actively involved in developing and implementing the intervention		
15. Who can participate in an MOC Part IV improvement activity for credit	Physician provides direct or consultative care to patients	Physician provides direct or consultative care to patients	Physicians with a major role in designing and leading the QI project may be eligible for credit even if not seeing patients for the project
16. How to document meaningful participation	Project must have a process to track that participants are meeting the meaningful participation requirements as described in the activity's application	Tracking and documentation of participation by project leader is required	Project leader monitors "Active Participation," for instance, documenting physician attendance in at least 4 QI meetings over the project

Board and Names for Activities	*American Board of Family Medicine (ABFM)*	*American Board of Internal Medicine (ABIM)*	*American Board of Pediatrics (ABP)*
	Approved Alternative Activity	**Approved Quality Improvement (AQI) Pathway (QI Project or Web-based Activity)**	**Quality Improvement Project Approval (QIPA) or Web-based Activity or Module**[1]
17. Timeframe for activity completion	Minimum of 1 month, maximum 12 months, and must be completed during the physician's current MC-FP stage	Activity completion must be within the cycle of the physician's current MOC cycle	Based on the nature and needs of the project. Most MOC approved projects require 6-12 months. Physician must attend at least 4 project meetings.
18. QI education	ABFM requires sponsor to provide education to assist in the development of QI plan	Not specified	Requires education to enhance QI competency as part of the project. Training can be by seminar, coaching, Web-based curriculum, or other approaches.
19. Completed QI project/retroactive MOC credit available?	Yes, the QI effort needs to have been completed during their current MC-FP Stage to receive MOC-Part IV credit	Physicians can request retroactive credit within 24 months of completion; however, approval of the credit is not guaranteed	Yes
20. Industry support	Funding from pharmaceutical or medical device manufacturers not allowed. Adhere to the Accreditation Council for Continuing Medical Education (ACCME) standards for identification and resolution of potential conflicts of interest.	Must follow ACCME Standards for Commercial Support	Must follow ACCME Standards for Commercial Support

Board and Names for Activities	*American Board of Family Medicine (ABFM)*	*American Board of Internal Medicine (ABIM)*	*American Board of Pediatrics (ABP)*
	Approved Alternative Activity	**Approved Quality Improvement (AQI) Pathway (QI Project or Web-based Activity)**	**Quality Improvement Project Approval (QIPA) or Web-based Activity or Module**[1]
21. Reporting to the board	Multiple reporting options, including physician attestation, certificate of completion, and external sponsor reporting. External sponsors must provide date and time physician started and successfully completed the alternative activity. This notice must be provided within 30 days following completion and before 12/31 of the year in which the activity was completed.	Physician attests to their participation through ABIM AQI pathway, then the sponsoring organization submits verification of participation	Participant signs attestation form that they completed the work and the project leader signs off
22. Data collection and reporting requirements	No requirement for data collected during the course of the QI activity to be retained or reported		

Appendix B: References

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