



The American Board of Pediatrics Quality Improvement Project for MOC Attestation Form (Practicing Physician)

QIPA Version 2.1

Complete this Attestation Form if you are an ABP-certified Practicing Physician seeking credit under Maintenance of Certification for Performance in Practice (Part 4). To be eligible for credit, you must have satisfied all requirements for meaningful participation. See the documents “ABP Standards for Physician Participation in a QI Project” and “ImproveCareNow Network MOC Attestation Process” for details.

After you complete this attestation form, submit it to your ImproveCareNow Center Physician Leader for signature. The Center Physician Leader will forward satisfactory completion documentation to ImproveCareNow (info@improvecarenow.org), which will officially notify the ABP. The ABP will then update your MOC credit status on its website. (The ABP receives only documentation of your successful completion of the project and identifying information to ensure your ABP record is accurately updated. No patient data, performance data, or project reports are sent to ABP, nor does ABP receive your attestation form or any attachments.)

Attestation of Meaningful Participation

1. Name of Participating Physician:
2. Participating Physician ABP Diplomate ID number:
(The ABP ID # is located within the physician portfolio section of the ABP website, www.abp.org. Upon log in, this number is visible on every page within the portfolio.) Project Leaders are required to have the ABP ID # number to submit individual completion data.
3. Participating Physician Date of Birth:
4. Quality Improvement Project Title: **ImproveCareNow Network**
5. Participated as a member of what organization? (practice, hospital, unit, network, etc):
6. Sponsor Organization: **ImproveCareNow Network, in partnership with the Center for Health Systems Excellence at Cincinnati Children’s Hospital.**
7. Did you meet the ABP meaningful participation requirements as a Participating Physician?
 - As a Physician in Practice, I registered in ImproveCareNow at least 75% of my patients who receive their IBD care primarily or exclusively at my practice, and submitted data on at least 75% of their outpatient visits.
 - As a Physician in Practice, I reviewed performance data at regular intervals.
 - As a Physician in Practice, I was involved in the process of performance improvement, as implemented at the center and required by the center Physician Leader, including attendance at 4 or more meetings and the application of new interventions.
 - As a Physician in Practice, I received a periodic newsletter for physicians from ImproveCareNow.
 - I satisfied all of the above meaningful participation criteria under my current ABP certificate (within my current MOC cycle).

Project Description

8. Target Population: **Children being seen for Inflammatory Bowel Disease (IBD) patient visits**
9. Project Aim: **To transform the health, care and costs for all children and adolescents with Crohn's disease and ulcerative colitis by building a sustainable collaborative chronic care network, enabling patients, families, clinicians and researchers to work together in a learning health care system to accelerate innovation, discovery and the application of new knowledge.**

ImproveCareNow teams will achieve the following targets:

- Patients in remission >80%
- Patients not taking prednisone >92%
- Patients with complete classification bundle >90%
- Patients on appropriate drug dosage >85%

10. Did you improve care for your patients through this project? Yes No
11. What are the Project's Performance Measures? **The Center for Health Systems Excellence will keep the monthly run charts and performance measures on file.**
12. Describe the source(s) of data and methods of data collection that you used for this project.

Data for this project are collected by each of the participating centers, both through chart review and through direct collection from enrolled patients. These data are entered into the ImproveCareNow patient registry. Data are also collected about the performance of practice teams through narrative monthly progress reports submitted by each team. Information collected in this manner includes the number of times that the center improvement team met in the past month, the new changes tested during the month, and barriers and challenges faced by the team.

13. What was the Comparison Group in your project? *(E.g. a regional or national benchmark)*
The baseline data of the 2007 cohort.

14. Did the interventions address important issues for your patients? Yes No

15. Describe your role in this project.

16. Who else was involved in this project from your care team?

17. How did you change your practice as a result of this project?

18. What do you plan to do next to improve your quality of care?

19. Attach an example of an annotated run chart based on data from your patients.
The Center for Health Systems Excellence will keep on file a copy of run charts and monthly progress reports to document progress.

Signatures

I attest that I participated in this project as described above.

Signature of Practicing Physician

Date

I have reviewed this attestation and affirm that _____ was an active participant in this project and met all requirements. I am designated by this QI project to review and approve attestations of participation.

Signature of Center Physician Leader

Date

Name and Title of Center Physician Leader