**UR Medicine Maintenance of Certification Part IV Credit Quality Improvement Effort:**

**MOC Part IV Effort Application Form**

The Effort Lead(s) must complete the MOC Part IV Credit Application Form to submit their QI effort for review with the UR Medicine MOC Program. The UR Medicine MOC Quality Efforts Review Board will review the documentation in applications to determine that the effort has been carried out with appropriate QI methods and expected engagement of participating physicians. See the [MOC Part IV Effort Approval Criteria](http://sharepoint.mc.rochester.edu/sites/QS/MOC%20Site%20Documents/MOC%20Effort%20Approval%20criteria.V1.150413.pdf) for full details. The review process will take approximately 2-4 weeks.

Approval for MOC Part IV credit for participating physicians may be granted at the conclusion of the effort. For long-term efforts, please consult the URMedicine MOC Program manager to determine when an effort is eligible for MOC Part IV credit. **Only one application form per effort is necessary**, despite the number of participating physicians. **Please submit a Physician Attestation Form for each participating physician**, including effort lead(s). Questions and/or completed forms should be sent to the UR Medicine MOC Program manager, Pat Reagan Webster at [MOCURMedicine@URMC.Rochester.edu](mailto:MOCURMedicine@URMC.Rochester.edu)

**Date:**Click here to enter a date.

**Title of QI Effort:**

Click here to enter text.

**I. EFFORT PERSONNEL**

**A. QI Effort Lead(s):**

Name and Title: Click here to enter text.

Department/Specialty: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Name and Title: Click here to enter text.

Department/Specialty: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

**II. EFFORT DESCRIPTION**

**A. Duration of Effort:**

Effort Start Date: Click here to enter a date.

Effort End Date: Click here to enter a date.

(if complete)

Check if on-going

**B. Funding Resources:** [Check all that apply]

Internal Sources, please list:

Click here to enter text.

External Sources, please list:

Click here to enter text.

Other, please explain (if no funding, select this option):

Click here to enter text.

**NOTE: COMMERCIAL FUNDING SOURCES ARE NOT ACCEPTABLE FOR UR Medicine MOC PART IV CREDIT EFFORTS**

**C. Select up to five relevant topics for this QI Effort:**

Access to Care

Asthma

Burnout/Clinical Wellbeing

Cancer

Cardiovascular

Career Sustainability

CLABSI

Communication (Patient-Clinician)

Compliance (Regulatory)

COVID-19

Diabetes

Documentation

Efficiency/Timeliness of Care

Hand Hygiene

Health Literacy

HIV

Hypertension

Immunizations/Vaccinations

Length of Stay

Medical Home

Obesity

Opioid Use

Patient Centered Care

Patient Safety/ Harm Reduction

Prescriptions

Preventive Care

Procedural Skills

Professionalism

Provider Resilience

Readmissions

Resource

Stewardship/Utilization/Value- Based Care

Satisfaction

Sepsis

Surgical Site Infections

Teamwork/Team-Based Care

Transitions of Care

Other (Indicate the Topic Area):

Click or tap here to enter text.

**D. What is the effort aim(s) regarding the problem in quality?** (**For example, “we will increase hand hygiene compliance from a baseline of 75% in 2017 to 95% by December 2018).**

We will:  Increase  Decrease

What? Click or tap here to enter text.

From a baseline of Click or tap here to enter text. during Click or tap here to enter text.

To Click or tap here to enter text.

By Click or tap to enter a date.

**E. Is the effort associated with any larger UR Medicine initiatives or national initiatives?**

Click here to enter text.

**III. EFFORT MEASURES, DATA, AND PLANNED INTERVENTIONS**

**A. Measures of Performance:**

**Add a row for each measure used in the QI Effort:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Target Population** | **Measure Title** | **Measure Type** | **Measure Source** | **Numerator** | **Denominator** | **Baseline Rate** | **Target Rate** | **Benchmark and Source (as available)** |
| *Include all inclusionary and exclusionary criteria* |  | *Outcome, Process, Balancing* | *HEDIS, PCPI, Medicare 5\*, internal, USPSTF, etc.* |  |  | *Individual, clinic, practice, organization* | *Individual, clinic, practice, organization* | *This can be from the literature* |
| *E.G.; Adults 18+ without documented hypertension* | *E.G.; High blood pressure in adults: Screening* | *E.G.;*  *Process* | *E.G.; USPSTF* | *E.G.;*  *Patients with documented screening* | *E.G.; Patients seen in the last 12 months* | *E.G.; 62%* | *E.G.; 80%* | *E.G.; 92.6% per*  *Healthy People 2020* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**B. Planned Interventions:**

**Describe the types of interventions and tools used in the QI Effort and describe how each will impact individual practice and patient care.**

|  |  |  |
| --- | --- | --- |
| **Intervention/Tool Type and Description** | **How will this impact individual practice?** | **How will this impact patient care?** |
| *E.G.; We have a checklist that prints from our EMR for adult PCP visits; we had HTN added for every visit for every pt. 18+* | *E.G.; Will lengthen individual visit time for every patient who screens high* | *E.G.; This change ensures that every patient 18 and older who is seen at least annually is screened for hypertension regardless of the type of visit* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**IV: PARTICIPANT INVOLVEMENT**

**Each individual participant in this QI Effort will (check all that apply)**

Provide Patient Care

Be involved in the design, implementation, and evaluation of the QI effort

Supervise residents or fellows

Identify further improvements, barriers, etc.

Verify and Attest to their individual participation

Meet with others involved with the QI Effort

Review performance data no less than 3 times including baseline

Develop and or apply tools and interventions to individual/team practice.

Reflect on impact of the initiative on their practice or organizational role.

**V: REFLECTION STATEMENTS**

Each physician involved in the effort must submit a [Physician Attestation Form](https://umbracoadmin.mc.rochester.edu/media/2860365/moc-part-iv-physician-attestation-form.docx). This form will include a description of the QI effort detailing how it is directly related to the physician’s practice, and a reflection statement describing the change that was performed in his/her practice affecting the way care is delivered.

**Effort Lead Signature: Date:**

**Effort Lead Signature: Date:**

Please scan the completed form and email to [MOCURMedicine@URMC.Rochester.edu](mailto:MOCURMedicine@URMC.Rochester.edu) or send the completed form through intramural mail to Pat Reagan Webster, Box 612.