

# **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 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 UR Medicine 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)

II. *Contact Information*

<b>Submission Date</b>	
<b>Title of QI Effort</b>	
<b>QI Effort Lead</b> <b>(include name/title,</b> <b>Department/Specialty,</b> <b>Address, Phone #, and</b> <b>email)</b>	
<b>QI Effort Lead</b> <b>(include name/title,</b> <b>Department/Specialty,</b> <b>Address, Phone #, and</b> <b>email)</b>	

You are required to provide a SMARTaim as part of your effort. A SMART aim is a goal statement that includes the specific items outlined below. This aim statement is a concrete way to be clear about your objective and drive results. Including explicit inclusion and equity components, the goal should produce better outcomes for marginalized communities.

Specific	Measurable	Attainable	Relevant	Timely
<ul style="list-style-type: none"><li>• The goal is concrete and tangible.</li></ul>	<ul style="list-style-type: none"><li>• The goal has an objective measure of success.</li></ul>	<ul style="list-style-type: none"><li>• The goal is challenging but should be achievable with available resources.</li></ul>	<ul style="list-style-type: none"><li>• The goal contributes to the larger objectives of the organization.</li></ul>	<ul style="list-style-type: none"><li>• The goal has a deadline.</li></ul>

## II. *Project* Description

<b>Start Date</b>	
<b>End Date</b>	
<b>Funding Source- internal, external, other (please describe)</b>	
<b>Relevant Key (searchable) Words</b>	
<b>SMART AIM Statement(s)</b>  <b>Specific, Measurable, Achievable, Relevant, Time-Bound</b>	
<b>Is this effort associate with any larger UR Medicine or national initiatives?</b>	

III. MOC Project Effort Measures and Data

(1<sup>st</sup> row is example of type of information being sought)

Target Population	Measure Title	Measure Type (Outcome, Process, Balancing)	Measure Source	Numerator	Denominator	Baseline Rate	Target Rate	Benchmark and Source (if available)
Adults 18+ w/o documented hypertension	High blood pressure screening in adults	Process	HEDIS, eRecord	Pts with documented screening	Pts seen in the last 12 months	62%	80%	92.6% per Healthy People 2020

IV. MOC Project Planned Interventions

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

(1<sup>st</sup> row is example of type of information being sought)

Intervention/Tool Type and Description	How will this impact individual practice?	How will this impact patient care?
<i>We have a checklist that prints from our EMR for adult PCP visits; we had HTN added for every visit for every pt. 18+</i>	<i>Will lengthen individual visit time for every patient who screens high</i>	<i>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</i>

## V. MOC Project Participant Involvement

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

<b>Provide Patient Care</b>	
<b>Be involved in the design, implementation, and evaluation of the QI effort</b>	
<b>Supervise residents or fellows</b>	
<b>Identify further improvements, barriers, etc</b>	
<b>Verify and attest to their individual participation</b>	
<b>Meet with others involved in the QI Effort</b>	
<b>Review performance data no less than 3 times including baseline</b>	
<b>Develop and/or apply tools and interventions to individual/team practice</b>	
<b>Reflect on impact of the initiative on their practice or organizational role</b>	

## VI. MOC Project Reflection Statements

Each physician involved in the effort must submit a Physician Attestation Form. 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.



# Signatures

(electronic signatures are acceptable)

1. Effort Lead Signature (this can be electronic)	
(signature)	(date)

2. Effort Lead Signature (this can be electronic)	
(signature)	(date)