Physician Attestation

This attestation must be completed by certified physician seeking MOC Part 4 credit from one or more of the ABMS Member Boards participating in this program. The physician must have participated in an approved QI effort and have satisfied all of the participation requirements of that QI effort. This attestation must also be cosigned by the program administrator or project leader, as determined by the Portfolio Sponsor.

*Physician Assistant Attestation*

This attestation must be completed by physician assistants (PA’s) seeking Category 1 PI-CME credit from the National Commission on Certification of PA’s (NCCPA). The PA must have participated in an approved QI effort and have satisfied all of the participation requirements of that QI effort. The attestation must be cosigned by the program administrator or project leader, as determined by the Portfolio Sponsor.

The completed and signed attestation will be retained by the Portfolio Sponsor, who will notify the Portfolio Program of the physician’s or PA’s completion of the QI effort.

Note that participating Member Board MOC fees, if applicable, must be current to receive MOC Part 4 credit or PI CME

Respond to each question in a clear and concise manner. This word document will expand with your answers and will be reviewed. Forms may be returned if responses are not robust and do not reflect active participation in the effort.

Section 1: Participant Information

Provide the following details:

1. **Title of Quality Improvement Effort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Participants Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Birthday (MMDDYYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **NPI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Certifying Board or Boards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Your Unique Certification identification number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. **Participation** Indicate the beginning and ending date of your participation in the QI effort (MMDDYYYY)

Start:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 2: Description of the Quality Improvement Effort

Describe the quality improvement effort by providing the following details:

* 1. **Aim** What is the specific aim of the QI effort?
	2. **Data Collection** What methods were used for data collection? (i.e. Epic, quality scores)

|  |  |  |  |
| --- | --- | --- | --- |
| **What metric did you try to improve** | **What was your baseline measure** | **What was your final measure** | **Did you meet your improvement goal?** |
|  |  |  |  |

* 1. **Improvement** Was the QI effort successful in improving care for your patients? If not, explain why.
	2. **Measures** Did the measures used address important issues for your patients?
	3. **Role** What was your role in the QI effort?
	4. **Activity** Describe your activity in the QI effort.
	5. **Team Involvement** Were other members of your care team involved in the QI effort? If so, explain how.

Section 3: Reflection

* 1. **Change** What change did you personally make in your practice?
	2. **Impact** What did this do in your practice?
	3. **Learning** What did you learn as part of participating in this QI effort?
	4. **Barriers** What barriers did you experience in trying to make your intended target?
	5. **Sustainability** Explain how you plan to sustain the changes you made to your practice as a result of this QI effort.
	6. What other steps do you plan on making as a result of this QI effort?

Section 4: Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **Physician Signature** I attest I participated in this QI effort as described above

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **Project Leader Signature** I have reviewed this attestation and affirm that the signed was an active participant in this QI effort and has met all the necessary requirements for MOC Part 4 credit. I am designated by the Portfolio Sponsor to review and approve attestations of participation for this QI effort.