



MOC Part IV Credit for South Carolina AAP Chapter Members

are offered through a partnership between the South Carolina AAP Chapter and the SC Department of Health and Human Services with the QTIP Program

2013

Access:	page 3
Asthma:	page 4
Developmental Screening:	page 7
Family Centered Care:	page 8
Well Child Visits:	page 9
ADHD:	page 10
Behavioral Health Services:	page 11
Emergency Department Use:	page 12
Oral Health Disease:	page 13
Obesity:	page 14
Adolescent Health and Sexuality	page 16

Instructions from the American Board of Pediatrics

The ABP approves QI projects for MOC that are established, structured, and sustainable; have demonstrated improvements in care; and are based on accepted improvement science and methodology. Participating in an ABP-approved quality improvement project allows you to improve care for your patients, develop additional skills and knowledge, and earn credit for maintaining your certificate on the basis of your day-to-day work. If you are participating in the QTIP ADHD project module, here's how you earn MOC credit for Performance in Practice:

1. Fulfill the meaningful participation requirements described below.
2. Complete the ABP Physician Participation Attestation form.
3. Send your attestation to your project's designated leader, who will co-sign it.
 - a) The project leader notifies the ABP that you fulfilled the meaningful participation requirements and that your attestation is complete.
 - b) The ABP updates your record showing that you earned credit for the Part IV MOC.

Participation in Quality Improvement Projects

For a pediatrician to earn MOC credit by working on an approved QI project, the ABP requires "meaningful participation". Meaningful participation involves both an active role in the project and participation over an appropriate period of time.

Active Role

For MOC purposes, an "active role" means the pediatrician must:

- Provide direct or consultative care to patients as part of the QI project.
- Implement the project's interventions (the changes designed to improve care).
- Collect, submit and review data in keeping with the project's measurement plan.
- Collaborate actively by attending at least four project meetings.

MOC Activity Completion

When you have fulfilled the requirements for meaningful participation (i.e. you've met the project's requirements for length of participation plus the "active role" criteria), you have "completed" the activity for purposes of MOC credit (MOC activity completion). Note that your MOC activity completion date must be within the period that spans your current certificate period or MOC cycle. For example, if you hold a seven-year certificate, the completion date must be during the seven-year certificate period. If you are enrolled in a five-year MOC cycle, the completion date must be during the five-year MOC cycle.

Maintenance of Certification Credit for Design and Implementation of QI Projects

In some cases, pediatricians play a major role in designing and leading the implementation of QI projects but do not actually care for patients through the project. You may be eligible to receive credit for design and leadership work on an MOC-approved project. Contact Francis Rushton at frushton@aap.net for more information.

Documentation of Participation

After you fulfill all participation requirements, submit the ABP's Physician Participation Attestation form describing your involvement in the quality improvement project. Your attestation must also be co-signed by the physician project leader of the quality improvement project. The attestation form is located electronically at https://www.abp.org/abpwebsite/moc/performanceinpractice/approvedq1projects/approved/submitting_attestation.pdf. The physician project leader will subsequently forward notice of completion to the ABP, and you will receive credit for your participation in the QTIP project.

April 9, 2012

Provision of Optimal Access to the Pediatric Primary Care Office

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on access to care in the pediatric office. It supports improvements in the CHIPRA Quality Improvement measure “Children and Adolescent’s Access to Pediatric Primary Care Providers” to document that 95% of patients assigned to a medical home are seen each year. Participating in this QI project allows practitioners to improve patient’s timely access to services, promote patient satisfaction, develop office skills and knowledge, improve the medical home capabilities of their practices and earn up to 25 ABP Part IV MOC Credits upon completion. Currently there is no fee for eligible members of the SC AAP to participate in this project.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) and or surveys to measure and assess improvement in skills associated with 3 or more of the following practice quality criteria.

1. Perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month time span, including a baseline chart/ survey review and 2 subsequent PDSA cycles for performance improvement on at least 2 of the 5 following criteria. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
 - a. Audit of Open Access by measuring number of same day appointment available at the beginning of the day for 5 straight days.
 - b. Audit of Clinical Call Response Time for telephone queries for 1 week with a stated standard for the office for the response time.
 - c. Audit of charts to ensure that telephone advice is recorded both during and after office hours.
 - d. Audit of chart to ensure that a personal clinician is recorded and audit to measure percentage of visits in which patient sees their personal clinician
 - e. Achievement of level 2 NCQA PCMH status or higher using 2011 criteria.
 - f. Development and documentation of improved transfer of referrals/ information in the pediatric record between the office and other agencies such as Baby Net, Head Start, First Steps and Family Connection on mutual clients/ patients in a HIPPA observant fashion
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog log.
3. Agree to incorporate practice-side changes and participate in a minimum of 3 contacts with the office QI team.

To earn credit, you must play an active role in your practice’s Access to Care QI project (See instructions on reverse). If you play a major role in designing and leading the implementation of the QI project, but do not actually care for patients. You are also eligible to receive credit design and leadership work.

Registration and documentation of Participation for Part IV MOC Credit: Please contact Francis Rushton at frushton@aap.net at the beginning of your project to ensure it will meet requirements for credit. In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non-QTIP pediatricians, or lead clinicians, must contact Francis Rushton for certification.

Start date: 04/04/2011 End date: 03/31/2014 The Access to Care QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SC DHHS, the Institute for Families in Society, Care Evolution, USC School of Pharmacy and Truven Health. The QTIP program is federally funded with a CHIPRA QI Demonstration Grant.

Revised April 3, 2012

Management of Asthma in the Primary Care Office QI Project

Both CME and Part IV American Board of Pediatrics MOC Credit offered for participating SC AAP members

This PI CME focuses on effective management of pediatric asthma and supports the CHIPRA Quality Improvement (QI) measure for reduction in the annual number of asthma patients with more than 1 asthma-related emergency department (ED) visit. Participating in this PI CME allows practitioners to improve patient care, develop additional skills and knowledge, and earn up to 20 AMA/PRA Category 1 Credit(s)[™] and/ or 25 ABP Part IV MOC Credits upon completion of Stages A-C. Practitioners who complete only one or two stages will be awarded 5 AMA/PRA Category 1 Credit(s)[™] for each stage completed. There is no fee for SC AAP members to participate in this project.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) to measure and assess improvement in skills associated with one or more of the following practice quality criteria (refer to SCORxE packet):

1. Classification and documentation of asthma severity based on age-specific impairment and risk, including
 - a. Documentation of lung function measurement for patients 5 and older
2. Initiation of optimal drug therapy based on asthma severity and patient age
 - a. Prescriptions for daily controller medication and rescue inhalers for all children with persistent asthma
 - b. Provision for necessary devices (e.g., spacers, peak flow meters) and medications for different locations (e.g., rescue inhaler and spacer for home and school)
3. Classification of level of asthma control at follow-up based on age-specific impairment and risk criteria.
 - a. Use of validated patient questionnaires to assist with assessment of control
 - b. Documentation of oral corticosteroid bursts, ED/urgent care visits, hospitalizations (all suggestive of disease instability/deterioration)
4. Adjustments in drug therapy (step up/down) based on asthma follow-up control and age
5. Checks for non-adherence, improper inhalation technique, and/or lack of trigger control before stepping up drug therapy
 - a. Documentation of effective inhaler device teaching (each visit)
6. Selection of appropriate interval between visits based on level of control
7. Development of a written asthma action plan (AAP) with copies for home, school and daycare with review/modifications at follow-up based on level of control
 - a. Summary of therapy and recommended response to deteriorations (including numbers for contact with staff on call)
8. Promotion and documentation of smoking cessation advice for parents, caregivers and patients
 - a. Ask at every visit, advise smokers to quit and offer assistance (e.g., SC Tobacco Quit line or local smoking cessation clinics)
 - b. Motivational interviewing strategies for those unwilling to quit
9. Education to parents, caregivers and patients on avoiding or minimizing exposure to triggers
 - a. Include plan for exercise-induced bronchospasm and viral infections
10. Documentation of effective inhaler and asthma device teaching at each visit
11. Annual administration of inactivated flu vaccine to all asthmatics 6 months or older

(Asthma continued)

Partial or full credit will be awarded based on level of participation in the PI CME as follows:

<i>5 AMA PRA Category 1 Credit(s)TM</i>	Analysis of baseline chart audit (i.e., 1 chart audit), identification of performance improvement strategy and completion of Steps 3 and 4
<i>10 AMA PRA Category 1 Credit(s)TM</i>	Analysis of baseline chart audit (i.e., 1 chart audit), identification and implementation of performance improvement strategy, and completion of Steps 3 and 4
<i>20 AMA PRA Category 1 Credit(s)TM</i>	Completion of steps 1-4 below, which includes at least 2 Plan/Do/Study/Act (PDSA) cycles in addition to baseline PDSA cycle (i.e., 3 chart audits), with corresponding chart audits to assess performance improvement based on implemented strategies
<i>25 ABP MOC Part IV Credits</i>	As above for 20 AMA PRA Category 1 Credit(s) plus be a member of the South Carolina Chapter of the American Academy of Pediatrics

1. Perform and record a minimum of 3 periodic chart audits of 10 charts over a 6-month timespan, including a baseline chart review and 2 subsequent PDSA cycles for performance improvement. New and/or existing asthmatics seen in the office over the previous 30 days can be included in each 10-chart sample.
 1. Chart audits on NEW ASTHMATICS must check for documentation on any 3 of the following:
 - i. Classification of asthma severity, including objective measurement of lung function
 - ii. Medication(s) and device(s) prescribed
 - iii. Provision of written asthma action plans for home and school
 - iv. Plan for patient access to oral corticosteroids when needed (e.g., individual prescription, call policy)
 - v. Identification of individual triggers and plan for management/minimization of effects of individual triggers
 - vi. Demonstration of correct inhalation and measurement device use
 - vii. Promotion of smoking cessation
 - viii. Scheduled follow-up visit
 2. Chart audits on ASTHMATICS SEEN IN FOLLOW-UP must check for documentation on any 3 of the following:
 - i. Classification of severity, current level of asthma follow-up control, including objective measurement of lung function within the past x months
 - ii. Medication(s) and device(s) prescribed/medication adjustments
 - iii. Emergency Department (ED) visits and hospitalizations since previous visit
 - iv. Rescue medication and oral corticosteroid use since previous visit
 - v. Validated patient questionnaire (e.g., Asthma Control TestTM [ACT] reviewing previous month's level of control
 - vi. Provision and review of existing or modified written asthma action plan for home and school
 - vii. Plan for access to oral corticosteroids when needed (e.g., individual prescription, call policy)
 - viii. Checks for non-adherence (e.g., accurate medication refill history), improper inhaler technique, lack of trigger control
 - ix. Scheduled follow-up visit
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance in one or more of areas 1 – 11 on page 1.

(Asthma continued)

3. Agree to incorporate practice-side changes and participate in a minimum of 3 contacts with the office QI team.
4. Participate in two sessions with the SCORxE Academic detailing team and complete SCORxE CME review questions.

For more information contact your SCORxE consultant or Sarah Ball at BallS@SCCP.SC.edu or 803-767-6299.
For registration for ABP MOC Part IV Credit contact Francis Rushton at frushton@aap.net or 843 524 5437.

Release Date: 03/01/2012

Expiration date: 03/31/2015

Accreditation Statement

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through joint sponsorship of the Medical University of South Carolina and South Carolina College of Pharmacy. Medical University of South Carolina is accredited by the ACCME to provide continuing medical education for physicians.

SCORxE is a component of a statewide pediatric outpatient quality improvement project between the SC AAP, SCDHHS, and the Institute for Families in Society at USC, The South Carolina College of Pharmacy and Truven Health. The QTIP program is federally funded with a CHIPRA QI Demonstration Grant and Part IV MOC credit is offered through a joint arrangement with the South Carolina Chapter of the American Academy of Pediatrics.

To earn credit, you must play an active role in your practice QI Asthma project. If you play a major role in designing and leading the implementation of the QI project but do not actually care for patients you are also eligible to receive credit design and leadership work.

Active Role

An “active role” means the practitioner must:

- Provide direct or consultative care to patients as part of the QI project.
- Implement the project’s interventions (the changes designed to improve care).
- Collect, submit and review data in keeping with the project’s measurement plan.
- Collaborate actively by attending at least three project meetings.

Documentation of Participation

For CME Credit: After you fulfill all participation requirements, complete the PI CME form that will include the description of your involvement in the quality improvement project, the activity evaluation, and a copy of the applicable PDSA cycles as documented on the CHIPRA blog.

For Part IV MOC Credit: In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non QTIP pediatricians, or lead clinicians, must contact Francis Rushton (frushton@aap.net) for certification of their activities. For physicians involved in a QTIP practice, the data supporting completion of the project requirements must be entered in the QTIP Blog log.

Source

2007 Expert Panel Report 3 (EPR3): Guidelines for the diagnosis and management of asthma.
<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm> and additional review of primary literature, including literature published EPR3 was issued (see reference list)

April 9, 2012

Provision of Developmental Screening to Preschool Children in the Primary Care Office

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on developmental screening in the preschool period as recommended by the American Academy of Pediatrics and supports meeting a corresponding CHIPRA Quality Improvement (QI) measure for developmental screening. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, accomplish timely interventions and referrals for children with potential developmental delay and earn up to 25 ABP Part IV MOC Credits upon completion. Currently there is no fee for members of the SC AAP to participate in this project.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) to measure and assess improvement in skills associated with one or more of the following practice quality criteria.

1. Perform a minimum of 3 periodic chart audits of 10 charts over a 6-month time span, including a baseline chart review and 2 subsequent PDSA cycles for performance improvement on at least 1 of the 4 following criteria. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
 - a. Documentation of a PEDS or Ages and Stages developmental screening at 9 months of age, 18 months of age, and between 2 and 3 years of age at the time of a well-child visit (Goal: 70 percent of eligibles)
 - b. Documentation of a screen for autism such as the MCHAT at the time of well child visits between 15 months and 3 years of age.
 - c. Documentation of service provision, further evaluation or referral for those children who screen as "at risk"
 - d. Documentation of screening for maternal depression and or psychosocial risk and or substance abuse and or domestic violence during the newborn period.
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project requirements must be entered in the QTIP Blog log.
3. Agree to incorporate practice-side changes and participate in a minimum of 3 contacts with the office QI team.

To earn credit, you must play an active role in your practice's Developmental Screening QI project (See instructions on reverse). If you play a major role in designing and leading the implementation of the QI project, but do not actually care for patients. You are also eligible to receive credit design and leadership work.

Registration and documentation of Participation for Part IV MOC Credit: Please contact Francis Rushton at frushton@aap.net at the beginning of your project to ensure it will meet requirements for credit. In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non-QTIP pediatricians, or lead clinicians, must contact Francis Rushton for certification.

Start date: 04/04/2011 End date: 03/31/2014 The Developmental Screening QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SC DHHS, the Institute for Families in Society, Care Evolution, USC School of Pharmacy and Truven Health. The QTIP program is federally funded with a CHIPRA QI Demonstration Grant.

April 9, 2012

Provision of Family Centered Care in the Pediatric Primary Care Office

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on effective provision of family centered care and consumer satisfaction with the care they receive in pediatric offices and supports improvements in the CHIPRA Quality Improvement (QI) measure “Consumer Assessment of Providers and Systems”. Participating in this QI project allows practitioners to improve patient care and satisfaction, develop additional skills and knowledge, improve the medical home capabilities of their practices and earn up to 25 ABP Part IV MOC Credits upon completion. Currently there is no fee for SC chapter members of the AAP to participate in this project.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) and or surveys to measure and assess improvement in skills associated with one or more of the following practice quality criteria.

1. Perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month time span, including a baseline chart/ survey review and 2 subsequent PDSA cycles for performance improvement on at least 2 of the 5 following criteria. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
 - a. Review of a practice’s or practice’s managed care CAPHS (Consumer Assessment of Healthcare Providers and Systems: Child version) data and development of a plan to address deficiencies so that practices score greater than 80%. Follow-up surveys must be performed at least twice to document improvement.
 - b. Office review of parent to parent support policies, including a patient survey, with consultation with Family Connection and documented improvement over time of parent to parent support
 - c. Achievement of level 2 NCQA PCMH status or higher using 2011 criteria.
 - d. Development and documentation of improved transfer of referrals/ information in the pediatric record between the office and other agencies such as Baby Net, Head Start, First Steps and Family Connection on mutual clients/ patients in a HIPPA observant fashion
 - e. Periodic survey of families focused on satisfaction of health care services including rating of personal doctor, ability to get needed care, shared decision making, doctor communication and care coordination
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project requirements must be entered in the QTIP Blog log.
3. Agree to incorporate practice-side changes and participate in a minimum of 3 contacts with the office QI team.

To earn credit, you must play an active role in your practice’s Family Centered Care QI project (See instructions on reverse). If you play a major role in designing and leading the implementation of the QI project, but do not actually care for patients. You are also eligible to receive credit design and leadership work.

Registration and documentation of Participation for Part IV MOC Credit: Please contact Francis Rushton at frushton@aap.net at the beginning of your project to ensure it will meet requirements for credit. In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non-QTIP pediatricians, or lead clinicians, must contact Francis Rushton for certification.

Start date: 04/04/2011 End date: 03/31/2014 The Family Centered Care QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SC DHHS, the Institute for Families in Society, Care Evolution, USC School of Pharmacy and Truven Health. The QTIP program is federally funded with a CHIPRA QI Demonstration Grant.

April 9, 2012

Provision of All Well Child Visits in the Pediatric Primary Care Office

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on preventive care in the pediatric office. It supports improvements in the 3 CHIPRA Quality Improvement measures dealing with well child visit completion. Our goal is for 80 % of patients to receive 5 or more well child visits during the first 15 months, for 50% of children to receive 3 well visits between 3 and 6 years, and for 50% of eligible adolescent well visits to be completed. Participating in this QI project allows practitioners to promote preventive care services, to refine skills and routines, promote patient satisfaction, improve the medical home capabilities of their practices and earn up to 25 ABP Part IV MOC Credits upon completion. Currently there is no fee for SC AAP members to participate in this project.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) and or surveys to measure and assess improvement in skills associated with 3 or more of the following practice quality criteria.

1. Perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month time span, including a baseline chart/ survey review and 2 subsequent PDSA cycles for performance improvement on at least 1 of measures a, b or c and at least 1 of measures d, e f and g below. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
 - a. Audit of completion rate of first 6 well child visits at 2 months, 4 months, 6 months, 9 months, 12 months and 15 months of age.
 - b. Audit of completion rate of well child visits at 3, 4, 5 and 6 years of age.
 - c. Audit of completion rate of adolescent well child visits.
 - d. Develop and audit the use of reminder systems such as card systems and phone calls,
 - e. Develop and audit the use of tracking systems to determine those who need well child visits,
 - f. Encourage and measure whether sick visits were converted to well child visits when time permits and a patient is behind and
 - g. Chart audits to identify patients who need to be contacted for well child visits.
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog log.
3. Agree to incorporate practice-side changes and participate in a minimum of 3 contacts with the office QI team.

To earn credit, you must play an active role in your practice's Well Child Visit QI project (See instructions on reverse). If you play a major role in designing and leading the implementation of the QI project, but do not actually care for patients. You are also eligible to receive credit design and leadership work.

Registration and documentation of Participation for Part IV MOC Credit: Please contact Francis Rushton at frushton@aap.net at the beginning of your project to ensure it will meet requirements for credit. In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non-QTIP pediatricians, or lead clinicians, must contact Francis Rushton for certification.

Start date: 04/04/2011 End date: 03/31/2014 The Well Child Visit QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SC DHHS, the Institute for Families in Society, Care Evolution, USC School of Pharmacy and Truven Health. The QTIP program is federally funded with a CHIPRA QI Demonstration Grant.



Revised April 3, 2012

ADHD follow-up care for Children Prescribed Medicine QI Project

Part IV American Board of Pediatrics MOC Credit offered for participating SC AAP members

Instructions from the QTIP (Quality through Technology and Innovation in Pediatrics) Project

This project is focused on the CHIPRA QI measure dealing with the diagnosis and follow-up of children begun on stimulant medication. Participating pediatricians will be required to work with their practice-based quality improvement team within a South Carolina QTIP or CATCH participating practice. Practitioners will perform and measure skills associated with the use of a standardized instrument for diagnosis of ADHD, the use of national recommendations for follow-up visits and the incorporation of safety, efficacy and cost effectiveness knowledge into prescribing habits. There is no fee for members of the SC AAP to participate in this project.

Project Minimum Requirements:

- A. At a minimum 3 chart audits at least a month apart of 10 charts each will be performed and recorded. Chart audits on new patients prescribed stimulants between 6 and 12 years of age must document 1.) If a follow-up visit was performed within 45 days of beginning a new stimulant, 2.) If a Vanderbilt or similar standardized instrument used, and 3.) What, if any, medications were prescribed.
- B. At least two PDSA cycles will have been designed and documented to improve performance.
- C. Practitioner must have agreed to practice side changes and participated in a minimum of 3 contacts with the office QI team.
- D. Practitioner must have participated in at least one session with the QTIP program Academic detailing team.
- E. For physicians involved in a QTIP practice, the data supporting completion of the project requirements must be entered in the QTIP Blog log.

Registration and documentation of Participation for Part IV MOC Credit: Please contact Francis Rushton at frushton@aap.net at the beginning of your project to ensure it will meet requirements for credit. In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non-QTIP pediatricians, or lead clinicians, must contact Francis Rushton for certification.

Part IV MOC Point Value: 25

Start date: 02/01/2011 End date: 02/28/2013

The ADHD QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SC DHHS, the Institute for Families in Society, Care Evolution, USC School of Pharmacy and Truven Health. The QTIP program is federally funded with a CHIPRA QI Demonstration Grant.

For more information contact Francis Rushton M.D. at frushton@aap.net or 843 524 5437

April 14, 2012

Provision of Behavioral Health Services to Children in the Primary Care Office

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on augmentation of behavioral health services in the primary care pediatric office and supports the activities of SCDHHS in improving mental health service delivery. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, accomplish timely interventions and referrals for children with potential behavioral health challenges and earn up to 25 ABP Part IV MOC Credits upon completion. Currently there is no fee for eligible members of the SC AAP in this project.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) to measure and assess improvement in skills associated with one or more of the following practice quality criteria:

1. Perform a minimum of 3 periodic chart audits of 10 charts over a 6-month time span, including one baseline chart review. The following two periodic chart audits need to follow PDSA cycles for performance improvement on at least 2 of the 7 following criteria. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
 - a. Completion of the AAP's Mental Health Practice Readiness Inventory with Kristine Hobbs and development of a plan to address weak areas in the practice. Participating practices may substitute repeat measurement of their mental health readiness using the Inventory in lieu of chart audits.
 - b. Documentation of expanded mental health screenings using one or more of the following: Pediatric Symptom Check List, screens available from TeenScreen.org, depression screens, CHADIS system or other screens as approved by QTIP.
 - c. Documentation of service provision, further evaluation, or referral for those children who screen "at risk"
 - d. Documentation of mental health referrals and correspondence back from the mental health provider in the chart that assists with management of the child in the pediatric medical home.
 - e. Documentation of screening for one or more of the following: maternal depression, psychosocial risk, substance abuse or domestic violence during the newborn period.
 - f. Referral and documentation of parent to parent support through Federation of Families (www.fedfamsc.org or diane.flashnick@fedfamsc.org)
 - g. Audit of all patients in a practice discharged from a mental health facility for evidence of appropriate follow up in the pediatric medical home including an initial visit within 30 days of discharge (As specified in the CHIPRA Core Measure: Follow-up After Hospitalization for Mental Illness)
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project requirements must be entered in the QTIP Blog log.
3. Agree to incorporate practice changes and participate in a minimum of 3 contacts with the office QI team.

Registration and documentation of Participation for Part IV MOC Credit: Please contact Francis Rushton at frushton@aap.net at the beginning of your project to ensure it will meet requirements for credit. In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non-QTIP pediatricians, or lead clinicians, must contact Francis Rushton for certification. For more information on QTIP behavioral health interventions contact Kristine Hobbs at Hobbs@scdhhs.gov or 803-898-2719. Start date: 04/04/2011 End date: 03/31/2014.

The Behavioral Health QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SC DHHS, the Institute for Families in Society, Care Evolution, USC School of Pharmacy and Truven Health. The QTIP program is federally funded with a CHIPRA QI demonstration Grant. Criteria for credit were reviewed with assistance from the SC ECCS coordinating committee

April 9, 2012

Decreasing Inappropriate ED Usage by Pediatric Medical Home Patients

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on Emergency Department (ED) Utilization by patients in pediatric medical homes. It supports improvements in the 2 CHIPRA Quality Improvement measures dealing with general ambulatory ED usage and usage by patients with asthma. Our goal is to reduce ED use to less than the national benchmark of 67.7 visits per 1000 patients. Participating in this QI project allows practitioners to diminish inappropriate ED usage, provide cost efficient care, promote patient satisfaction, improve the medical home capabilities of their practices and earn up to 25 ABP Part IV MOC Credits upon completion. This project is offered in partnership with the SC AAP and currently there is no fee for chapter members to participate.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) and/or surveys to measure and assess improvement in skills associated with 3 or more of the following practice quality criteria.

1. Perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month time span, including a baseline chart/ survey review and 2 subsequent PDSA cycles for performance improvement on measure a and at least 2 of measures b through h. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
 - a. Audit of number of ER visits from a particular practice's patient panel or subset of panel to the ER.
 - b. Audit of appropriateness of ER visits using practice developed criteria.
 - c. Monitor adequacy of office nurse advice line both during and after office hours, with an audit of response time and whether advice was documented in the chart.
 - d. Open Access determination in offices: by measuring number of same day appointment available at the beginning of the day for 5 straight days.
 - e. Evaluation and measurement of adherence to office walk in policy,
 - f. Improved case management including monitoring turnaround time for labs.
 - g. Extended hours and measurement of impact on ED use
 - h. Anticipatory guidance concerning appropriate ER utilization.
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog log.
3. Agree to incorporate practice-side changes and participate in a minimum of 3 contacts with the office QI team.

To earn credit, you must play an active role in your practice's Emergency Department Utilization QI project (See instructions on reverse). If you play a major role in designing and leading the implementation of the QI project, but do not actually care for patients. You are also eligible to receive credit design and leadership work.

Registration and documentation of Participation for Part IV MOC Credit: Please contact Francis Rushton at frushton@aap.net at the beginning of your project to ensure it will meet requirements for credit. In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non-QTIP pediatricians, or lead clinicians, must contact Francis Rushton for certification.

Start date: 04/04/2011 End date: 03/31/2014 The Emergency Department Utilization QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SC DHHS, the Institute for Families in Society, Care Evolution, USC School of Pharmacy and Truven Health. The QTIP program is federally funded with a CHIPRA QI Demonstration Grant.



April 9, 2012

Management of Oral Health Issues in the Primary Care Office

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on effective management of oral health issues. It supports the CHIPRA Quality Improvement (QI) measure to improve to 75% the number of children in SC receiving both preventive and acute care oral health services in the dental office. The project encourages the delivery of fluoride varnish in pediatric medical homes and improvements in oral health anticipatory guidance. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, and earn up to 25 ABP Part IV MOC Credits upon completion. Currently there is no fee for members of the SC Chapter of the AAP to participate in this project.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) to measure and assess improvement in skills associated with one or more of the following practice quality criteria.

1. Perform a minimum of 3 periodic chart audits of 10 charts over a 6-month time span, including a baseline chart review and 2 subsequent PDSA cycles for performance improvement on at least 2 of the 5 following criteria. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
 - a. Chart documentation of an oral health home or referral to such in practice well child visit notes.
 - b. Documentation of an Oral Exam at each well child visit
 - c. Risk Assessment documented for each child at the time of the well child visit to include: a. Presence of Medicaid insurance, family oral health status, prematurity and special health care need.
 - d. Provision of Fluoride varnish every 6 months between ages 6 months and 3 years of age in high risk children in the pediatrician's office
 - e. Documentation of anticipatory guidance around oral health issues including exposure to fluoride in the diet.
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project requirements must be entered in the QTIP Blog log.
3. Agree to incorporate practice-side changes and participate in a minimum of 3 contacts with the office QI team.

To earn credit, you must play an active role in your practice's Oral Health QI project (See instructions on reverse). If you play a major role in designing and leading the implementation of the QI project, but do not actually care for patients. You are also eligible to receive credit design and leadership work.

Registration and documentation of Participation for Part IV MOC Credit: Please contact Francis Rushton at frushton@aap.net at the beginning of your project to ensure it will meet requirements for credit. In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non-QTIP pediatricians, or lead clinicians, must contact Francis Rushton for certification.

Start date: 04/04/2011 End date: 03/31/2014 The Oral Health QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SC DHHS, the Institute for Families in Society, Care Evolution, USC School of Pharmacy and Truven Health. The QTIP program is federally funded with a CHIPRA QI Demonstration Grant.

November 24, 2012

Treatment and Prevention of Obesity in the Pediatric Primary Care Office

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on obesity efforts in the pediatric office. It supports improvements in the CHIPRA Quality Improvement measure related to the measurement of BMI in the pediatric primary care record. Participating in this QI project allows practitioners to improve documentation of BMI and BMI percentiles in their patient records, to document the inclusion of obesity in the patient's problem list when appropriate, and to document appropriate advice for children related to breast feeding, childhood activity, nutrition, media exposure and motivational interviewing focused on obesity issues. Participants can earn ABP Part IV MOC Credits upon completion. Currently there is no fee for eligible members of the SC AAP to participate in this project.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) and or surveys to measure and assess improvement in skills associated with 3 or more of the following practice quality criteria.

1. Perform a minimum of 3 periodic chart audits or surveys of at least 10 patients over a 6-month time span, including a baseline chart/ survey review and 2 subsequent PDSA cycles for performance improvement on at least 2 of the 5 following criteria. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
 - a. Audit of BMI and BMI percentiles recorded in the patient chart.
 - b. Audit of documentation of obesity in the problem list in the patient chart for those with a BMI greater than the 95th percentile.
 - c. Audit of breast feeding rates over time for that practitioner or practices patient populations.
 - d. Audit of chart to ensure that advice in regards to nutrition is recorded in the patients record
 - e. Audit of chart for evidence of advice re media exposure, physical activity or motivational interviewing for those patients with BMIs greater than the 95th percentile
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog log.
3. Agree to incorporate practice-side changes and participate in a minimum of 3 contacts with the office QI team.

To earn credit, you must play an active role in your practice's Access to Care QI project (See instructions on reverse). If you play a major role in designing and leading the implementation of the QI project, but do not actually care for patients. You are also eligible to receive credit design and leadership work.

Registration and documentation of Participation for Part IV MOC Credit: Please contact Francis Rushton at frushton@aap.net at the beginning of your project to ensure it will meet requirements for credit. In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non-QTIP pediatricians, or lead clinicians, must contact Francis Rushton for certification.

Start date: 06/30/2012 End date: 06/30/2014 The Obesity QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SC DHHS, the Institute for Families in Society, Care Evolution, USC School of Pharmacy and Truven. The QTIP program is federally funded with a CHIPRA QI Demonstration Grant.

(Obesity continued)

Instructions from the American Board of Pediatrics

The ABP approves QI projects for MOC that are established, structured, and sustainable; have demonstrated improvements in care; and are based on accepted improvement science and methodology. Participating in an ABP-approved quality improvement project allows you to improve care for your patients, develop additional skills and knowledge, and earn credit for maintaining your certificate on the basis of your day-to-day work. If you are participating in the QTIP ADHD project module, here's how you earn MOC credit for Performance in Practice:

1. Fulfill the meaningful participation requirements described below.
2. Complete the ABP Physician Participation Attestation form.
3. Send your attestation to your project's designated leader, who will co-sign it.
 - a. The project leader notifies the ABP that you fulfilled the meaningful participation requirements and that your attestation is complete.
 - b. The ABP updates your record showing that you earned credit for the Part IV MOC.

Participation in Quality Improvement Projects

For a pediatrician to earn MOC credit by working on an approved QI project, the ABP requires "meaningful participation". Meaningful participation involves both an active role in the project and participation over an appropriate period of time.

Active Role

For MOC purposes, an "active role" means the pediatrician must:

- Provide direct or consultative care to patients as part of the QI project.
- Implement the project's interventions (the changes designed to improve care).
- Collect, submit and review data in keeping with the project's measurement plan.
- Collaborate actively by attending at least four project meetings.

MOC Activity Completion

When you have fulfilled the requirements for meaningful participation (i.e. you've met the project's requirements for length of participation plus the "active role" criteria), you have "completed" the activity for purposes of MOC credit (MOC activity completion). Note that your MOC activity completion date must be within the period that spans your current certificate period or MOC cycle. For example, if you hold a seven-year certificate, the completion date must be during the seven-year certificate period. If you are enrolled in a five-year MOC cycle, the completion date must be during the five-year MOC cycle.

Maintenance of Certification Credit for Design and Implementation of QI Projects

In some cases, pediatricians play a major role in designing and leading the implementation of QI projects but do not actually care for patients through the project. You may be eligible to receive credit for design and leadership work on an MOC-approved project. Contact Francis Rushton at frushton@aap.net for more information.

Documentation of Participation

After you fulfill all participation requirements, submit the ABP's Physician Participation Attestation form describing your involvement in the quality improvement project. Your attestation must also be co-signed by the physician project leader of the quality improvement project. The attestation form is located electronically at https://www.abp.org/abpwebsite/moc/performanceinpractice/approvedq1projects/approved/submitting_attestation.pdf. The physician project leader will subsequently forward notice of completion to the ABP, and you will receive credit for your participation in the QTIP project.

July 31, 2013

Treatment of Adolescent Health and Sexuality Issues in Pediatric Primary Care

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on adolescent sexuality counseling and treatment in the pediatric office. It supports improvements in the CHIPRA Quality Improvement measure related to

1. Adolescent immunization administration, including the HPV vaccine
2. Chlamydia screening in sexually active adolescents,
3. Referral of adolescent girls diagnosed as being pregnant for OB/GYN care in the first trimester,
4. Documentation of discussions of confidentiality and sexuality as part of the adolescent well child visit and
5. Adolescent well child visit completion rates. Participants can earn ABP Part IV MOC Credits upon completion. Currently there is no fee for eligible members of the SC AAP to participate in this project.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) and/or surveys to measure and assess improvement in skills associated with 3 or more of the following practice quality criteria.

1. Perform a minimum of 3 periodic chart audits or surveys of at least 10 patients over a 6-month time span, including a baseline chart/ survey review and 2 subsequent PDSA cycles for performance improvement on at least 2 of the following criteria. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
 - a. HPV immunization completion rates.
 - b. TDAP and Menatra immunization rate.
 - c. Varicella booster vaccine rates.
 - d. Audit of charts to ensure that advice in regards to teen health and sexuality issues is discussed.
 - e. Audit of charts to ascertain if adolescents are screened for exposure to chlamydia and if a chlamydia urine test was done for those sexually active.
 - f. Audit of charts to ascertain if a confidentiality discussion was held with the patient.
 - g. Audit of charts of patients diagnosed as pregnant to ascertain whether OB or GYN care was begun within the first trimester.
 - h. Audit of adolescent well child visits to ascertain percentage of visits completed
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog log. Other practitioners must provide their data to QTIP medical director Francis Rushton
3. Agree to incorporate practice-side changes and participate in a minimum of 4 contacts with the office QI team.

To earn credit, you must play an active role in your practice's Access to Care QI project (See instructions on reverse). If you play a major role in designing and leading the implementation of the QI project, but do not actually care for patients, you are also eligible to receive credit design and leadership work.

Registration and documentation of Participation for Part IV MOC Credit: Please contact Francis Rushton at frushton@aap.net at the beginning of your project to ensure it will meet requirements for credit. In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP number and be certified as having participated in the activity. The lead clinician is responsible for letting the QTIP office know of all individuals receiving credit. Non-QTIP pediatricians, or lead clinicians, must contact Francis Rushton for certification.

Start date: 06/30/2013 End date: 06/30/2015 The Adolescent Health and Sexuality Obesity QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SC DHHS, the Institute for Families in Society, Care Evolution, USC School of Pharmacy and Truven Health. The QTIP program is federally funded with a CHIPRA QI Demonstration Grant.

(Adolescent Health continued)

Instructions from the American Board of Pediatrics

The ABP approves QI projects for MOC that are established, structured, and sustainable; have demonstrated improvements in care; and are based on accepted improvement science and methodology. Participating in an ABP-approved quality improvement project allows you to improve care for your patients, develop additional skills and knowledge, and earn credit for maintaining your certificate on the basis of your day-to-day work. If you are participating in the QTIP ADHD project module, here's how you earn MOC credit for Performance in Practice:

1. Fulfill the meaningful participation requirements described below.
2. Complete the ABP Physician Participation Attestation form.
3. Send your attestation to your project's designated leader, who will co-sign it.
 - a. The project leader notifies the ABP that you fulfilled the meaningful participation requirements and that your attestation is complete.
 - b. The ABP updates your record showing that you earned credit for the Part IV MOC.

Participation in Quality Improvement Projects

For a pediatrician to earn MOC credit by working on an approved QI project, the ABP requires "meaningful participation". Meaningful participation involves both an active role in the project and participation over an appropriate period of time.

Active Role

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- Provide direct or consultative care to patients as part of the QI project.
- Implement the project's interventions (the changes designed to improve care).
- Collect, submit and review data in keeping with the project's measurement plan.
- Collaborate actively by attending at least four project meetings.

MOC Activity Completion

When you have fulfilled the requirements for meaningful participation (i.e. you've met the project's requirements for length of participation plus the "active role" criteria), you have "completed" the activity for purposes of MOC credit (MOC activity completion). Note that your MOC activity completion date must be within the period that spans your current certificate period or MOC cycle. For example, if you hold a seven-year certificate, the completion date must be during the seven-year certificate period. If you are enrolled in a five-year MOC cycle, the completion date must be during the five-year MOC cycle.

Maintenance of Certification Credit for Design and Implementation of QI Projects

In some cases, pediatricians play a major role in designing and leading the implementation of QI projects but do not actually care for patients through the project. You may be eligible to receive credit for design and leadership work on an MOC-approved project. Contact Francis Rushton at frushton@aap.net for more information.

Documentation of Participation

After you fulfill all participation requirements, submit the ABP's Physician Participation Attestation form describing your involvement in the quality improvement project. Your attestation must also be co-signed by the physician project leader of the quality improvement project. The attestation form is located electronically at https://www.abp.org/abpwebsite/moc/performanceinpractice/approvedq1projects/approved/submitting_attestation.pdf. The physician project leader will subsequently forward notice of completion to the ABP, and you will receive credit for your participation in the QTIP project.