

## Enroll for MOC credit for Participating in QI Project

### **Title of Project**

If you would like to document your participation in this QI project for Maintenance of Certification (MOC: ABMS IHHC (formerly Part IV) for physicians, NCCPA PI-CME for physician assistant(s) when the project is completed in Month year):

- Review the information below concerning the relevant certifying organization, the project problem and goal, the project lead with whom to communicate, and participation requirements.
- Then fill in your name and other identifying information at the bottom of this form

If you have questions about:

- the QI project, contact the project lead, [lead name, email, phone]
- MOC through the UMHS QI MOC Program, contact Ellen Patrick, ellpat@umich.edu, 936-9771.

**MOC.** The certifying organizations recognizing participation in the project through the UMHS QI MOC Program include:

- [Organization, type/amount of credit]

**Problem.** Problem statement entered from report

**Goal:** Goal statement from report

**Participation Requirements.** Participate in each of this sequence of activities.

Meaningful Participation Requirements

A physician/PA can receive continuing certification credit by fulfilling these requirements for meaningful participation:

1. Identify and/or acknowledge a gap(s) in outcomes or in care delivery.
2. Identify and/or review data related to the gap(s).
3. Identify or acknowledge appropriate intervention(s) designed to improve the gap(s), OR participate in the planning and selection of intervention(s) designed to improve the gap(s).
4. Implement intervention(s) for a timeframe appropriate to addressing the gap(s), OR monitor and manage implementation of intervention(s) for a timeframe appropriate to addressing the gap(s).
5. Review post-intervention data related to the gap(s).
6. Reflect on outcomes to determine whether the intervention(s) resulted in improvement. If no improvement occurs after an intervention, participants must reflect on why no improvement occurred.

**To enroll.** To have your participation documented for MOC, fill in and submit the following information.

First Name

Last Name

Email Address

Profession:  Physician  Physician Assistant

For Physicians:

a. Stage of training:  Practicing  Fellow  Resident

b. Primary specialty [e.g., Pediatrics]: \_\_\_\_\_