

Report on a QI Project Eligible for MOC – ABMS Part IV and NCCPA PI-CME

Improving the Delivery of Confidential Care to Adolescent Patients - Wave 6

Instructions

Determine eligibility. Before starting to complete this report, go to the Michigan Medicine MOC website [<http://www.med.umich.edu/moc-gi/index.html>], click on "Part IV Credit Designation," and review sections 1 and 2. Complete and submit a "QI Project Preliminary Worksheet for Part IV Eligibility." Staff from the Michigan Medicine Part IV MOC Program will review the worksheet with you to explain any adjustments needed to be eligible. (The approved Worksheet provides an outline to complete this report.)

Completing the report. The report documents completion of each phase of the QI project. (See section 3 of the website.) Final confirmation of Part IV MOC for a project occurs when the full report is submitted and approved.

An option for preliminary review (strongly recommended) is to complete a description of activities through the intervention phase and submit the partially completed report. (Complete at least items 1-18.) Staff from the Michigan Medicine Part IV MOC Program will provide a preliminary review, checking that the information is sufficiently clear, but not overly detailed. This simplifies completion and review of descriptions of remaining activities.

Questions are in bold font. Answers should be in regular font (generally immediately below or beside the questions). To check boxes, hover pointer over the box and click (usual "left" click).

For further information and to submit completed applications, contact either:

Tasha Vokally, JD, Michigan Medicine Part IV Program Co-Lead, tcronenw@med.umich.edu

Ellen Patrick, MA, Michigan Medicine Part IV Program Administrator, partivmoc@umich.edu

Report Outline

Section	Items
A. Introduction	1-6. Current date, title, time frame, key individuals, participants, funding
B. Plan	7-8. Patient population, general goal 9-11. Measures, baseline performance, specific aims 12-15. Baseline data review, underlying (root) causes, interventions, who will implement
C. Do	16. Intervention implementation date
D. Check	17-18. Post-intervention performance
E. Adjust – Replan	19-22. Post-intervention data review, underlying causes, adjustments, who will implement
F. Redo	23. Adjustment implementation date
G. Recheck	24-26. Post-adjustment performance, summary of individual performance
H. Readjust plan	27-30. Post-adjustment data review, underlying causes, further adjustments, who will implement
I. Participation for MOC	31-33. Participation in key activities, other options, other requirements
J. Sharing results	34. Plans for report, presentation, publication
K. Organization affiliation	35. Part of UMHS, AAVA, other affiliation with UMHS

QI Project Report for Part IV MOC Eligibility

A. Introduction

1. **Date** (*this version of the report*): June 28, 2021

2. **Title of QI effort/project** (*also insert at top of front page*):

Improving the Delivery of Confidential Care to Adolescent Patients – Wave 6

3. **Time frame**

a. **MOC participation beginning date** – date that health care providers seeking MOC began participating in the documented QI project (*e.g. date of general review of baseline data, item #12c*):

June 1, 2020

b. **MOC participation end date** – date that health care providers seeking MOC completed participating in the documented QI project (*e.g., date of general review of post-adjustment data, item #27c*):

May 31, 2021

4. **Key individuals**

a. **QI project leader** [*also responsible for confirming individual's participation in the project*]

Name: Kaleigh Cornelison

Title: Lead Program Specialist

Organizational unit: Community Health Services

Phone number: 734-998-2034

Email address: kaleighc@med.umich.edu

Mailing address: 2025 Traverwood Dr, Suite A2, Ann Arbor, MI 48109

b. **Clinical leader who oversees project leader regarding the project** [*responsible for overseeing/"sponsoring" the project within the specific clinical setting*]

Name: Terrill Bravender, MD, MPH

Title: Division Director, Adolescent Medicine

Organizational unit: Division of Adolescent Medicine, Department of Pediatrics

Phone number: 734-936-9777

Email address: tdbrave@med.umich.edu

Mailing address: 1500 E. Medical Center Dr, D2103 Ann Arbor, MI 48109

5. **Participants. Approximately how many physicians (by specialty/subspecialty and by training level) and physicians' assistants participated for MOC?**

Participating for MOC	Primary Specialty	Subspecialty, if any	Number
Practicing physicians	Pediatrics	N/A	22
Residents/Fellows	N/A	N/A	N/A
Physicians' Assistants	N/A	N/A	2

6. **How was the QI effort funded?** (*Check all that apply.*)

- ☒ Internal institutional funds (e.g., regular pay/work, specially allocated)
- ☐ Grant/gift from pharmaceutical or medical device manufacturer
- ☐ Grant/gift from other source (e.g., government, insurance company)
- ☐ Subscription payments by participants
- ☐ Other source (*describe*):

The Multi-Specialty Part IV MOC Program requires that QI efforts include at least one complete cycle of data-guided improvement. Some projects may have only one cycle while others may have additional cycles – particularly those involving rapid cycle improvement. The items below provide some flexibility in describing project methods and activities. If the items do not allow you to reasonably describe the steps of your specific project, please contact the UMHS Part IV MOC Program Office.

B. Plan

7. Patient population. What patient population does this project address (e.g., age, medical condition, where seen/treated):

Patients ages 12-17 in participating Pediatrics, Family Medicine, OB/GYN, and Medicine-Pediatrics practices. The health centers that participated in the project are listed below:

- Cheyenne Children's Clinic
- Child Health Clinic (CO Children's Hospital)
- Clinica Tepeyac
- Kid's First Tiger Care Pediatrics
- Lafayette Pediatrics and Internal Medicine
- Marquette Pediatrics
- River Ridge Pediatrics
- Carousel Pediatrics

8. General purpose.

a. Problem with patient care ("gap" between desired state and current state)

(1) What should be occurring and why should it occur (benefits of doing this)?

Physicians should be providing confidential care to minor adolescents at annual well child visits by spending time alone with the patient, explaining confidentiality laws to the patient, and performing confidential risk screening. Minor adolescent patients are more likely to discuss their health openly and honestly when they are aware of what information can and cannot be shared without their permission.

(2) What is occurring now and why is this a concern (costs/harms)?

Adolescent patients frequently do not receive recommended confidential care resulting in missed opportunities for addressing health concerns specific to this age group. Physicians support confidential care for adolescent patients but have knowledge gaps around minor consent and parental notification laws. Confidential care may also be difficult to provide in a busy ambulatory care setting with parents present.

b. Project goal. What general outcome regarding the problem should result from this project? (State general goal here. Specific aims/performance targets are addressed in #11.)

Physicians will improve the provision of confidential care to minor adolescents by more frequently spending time alone with adolescents during an annual well child visit, explaining confidentiality laws to the patient, and performing confidential risk screening.

- 9. Describe the measure(s) of performance:** *(QI efforts must have at least one measure that is tracked across the two cycles for the three measurement periods: baseline, post-intervention, and post-adjustment. If more than two measures are tracked, copy and paste the section for a measure and describe the additional measures.)*

Measure 1

- **Name of measure** (e.g., *Percent of . . . , Mean of . . . , Frequency of . . .*):

Percent of adolescent patients that had confidential time with physician

- **Measure components** – *describe the:*

Denominator (e.g., *for percent, often the number of patients eligible for the measure*):

20 patient charts of adolescents seen for new patient (OB/GYN) or annual well exams (for peds, fam med, and med peds), (Or the total number seen in the past 3 months if less than 20).

Numerator (e.g., *for percent, often the number of those in the denominator who also meet the performance expectation*):

Number of patients who had alone time with the physician

- **The source of the measure is:**

☒ An external organization/agency, which is (*name the source, e.g., HEDIS*):

Best practice in adolescent health care as recommended by the Society for Adolescent Health and Medicine, and the American Academy of Pediatrics

☐ Internal to our organization

- **This is a measure of:**

☒ Process – activities of delivering health care to patients

☐ Outcome – health state of a patient resulting from health care

Measure 2

- **Name of measure** (e.g., *Percent of . . . , Mean of . . . , Frequency of . . .*):

Percent of adolescent patients to whom confidentiality laws/limits were explained.

- **Measure components** – *describe the:*

Denominator (e.g., *for percent, often the number of patients eligible for the measure*):

20 patient charts of adolescents seen for new patient (OB/GYN) or annual well exams (for peds, fam med, and med peds), (or the total number seen in the past 3 months if less than 20).

Numerator (e.g., *for percent, often the number of those in the denominator who also meet the performance expectation*):

Number of patients to whom the confidentiality laws/limits was explained.

- **The source of the measure is:**

☒ An external organization/agency, which is *(name the source)*:

Best practice in adolescent health care as recommended by the Society for Adolescent Health and Medicine, and the American Academy of Pediatrics

☐ Internal to our organization and it was chosen because *(describe rationale)*:

- **This is a measure of:**

☒ Process – activities of delivering health care to patients

☐ Outcome – health state of a patient resulting from health care

Measure 3

- **Name of measure** (e.g., *Percent of . . . , Mean of . . . , Frequency of . . .*):

Percent of adolescent patients who confidentially completed a standardized risk screening assessment.

- **Measure components** – *describe the:*

Denominator (e.g., *for percent, often the number of patients eligible for the measure*):

20 patient charts of adolescents seen for new patient (OB/GYN) or annual well exams (for peds, fam med, and med peds), (or the total number seen in the past 3 months if less than 20).

Numerator (e.g., *for percent, often the number of those in the denominator who also meet the performance expectation*):

Number of patients who confidentially completed a standardized risk screening assessment.

- **The source of the measure is:**

☒ An external organization/agency, which is *(name the source)*:

Best practice in adolescent health care as recommended by the Society for Adolescent Health and Medicine, and the American Academy of Pediatrics

☐ Internal to our organization and it was chosen because *(describe rationale)*: Data can be pulled via chart reviews.

- **This is a measure of:**

☒ Process – activities of delivering health care to patients

☐ Outcome – health state of a patient resulting from health care

10. Baseline performance

a. What were the beginning and end dates for the time period for baseline data on the measure(s)?

March 1, 2020 – May 31, 2020

b. What was (were) the performance level(s) at baseline? Display in a data table, bar graph, or run chart (line graph). Can show baseline data only here or refer to a display of data for all time periods attached at end of report. Show baseline time period, measure names, number of observations for each measure, and performance level for each measure.

Chart Analysis	Baseline
Confidential time spent with patient	
Yes	197
No	60
n	257
PERCENTAGES (Yes/Total)	77%
Confidentiality laws/limits explained to patient	
Yes	142
No	113
n	255
PERCENTAGES (Yes/Total)	56%
Standardized risk screening	
Yes	111
No	145
n	256
PERCENTAGES (Yes/Total)	43%

11. Specific performance aim(s)/objective(s)

- a. **What is the specific aim of the QI effort?** *“The Aim Statement should include: (1) a specific and measurable improvement goal, (2) a specific target population, and (3) a specific target date/time period. For example: We will [improve, increase, decrease] the [number, amount percent of [the process/outcome] from [baseline measure] to [goal measure] by [date].”*

The targets for the three main performance measures are that 95% of adolescent patients seen for well child checks within family medicine, pediatrics, or medicine-pediatrics, or new patient visits in OB/GYN will have their physician:

- (a) spend time alone with them,
- (b) explain minor consent laws to them, and
- (c) have them complete a confidential risk screening tool.

Physicians will work to reach these goals by May 31st, 2021

- b. **How were the performance targets determined, e.g., regional or national benchmarks?**

The target was set at 95% based on leadership's experience in clinic. Occasionally confidential time and risk screening is not appropriate or possible (i.e. a special needs adolescent unable to independently complete a risk screening tool).

12. Baseline data review and planning. Who was involved in reviewing the baseline data, identifying underlying (root) causes of problem(s) resulting in these data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

- a. **Who was involved?** (e.g., by profession or role) Participating physicians and residents at each individual health center.
- b. **How?** (e.g., in a meeting of clinic staff) In person at provider meetings and/or via e-mail.

- c. **When?** (e.g., date(s) when baseline data were reviewed and discussed) Between July 1st and July 31st, 2020.

Use the following table to outline the plan that was developed: #13 the primary causes, #14 the intervention(s) that addressed each cause, and #15 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a. As background, some summary examples of common causes and interventions to address them are:

Common Causes	Common Relevant Interventions
<i>Individuals: Are not aware of, don't understand.</i>	<i>Education about evidence and importance of goal.</i>
<i>Individuals: Believe performance is OK.</i>	<i>Feedback of performance data.</i>
<i>Individuals: Cannot remember.</i>	<i>Checklists, reminders.</i>
<i>Team: Individuals vary in how work is done.</i>	<i>Develop standard work processes.</i>
<i>Workload: Not enough time.</i>	<i>Reallocate roles and work, review work priorities.</i>
<i>Suppliers: Problems with provided information/materials.</i>	<i>Work with suppliers to address problems there.</i>

13. What were the primary underlying/root causes for the <u>problem(s)</u> at <u>baseline</u> that the project can address?	14. What intervention(s) addressed this cause?	15. Who was involved in carrying out each intervention? (List the professions/roles involved.)
Poor documentation	Review documentation of private patient interactions and confidentiality. Modify well check template to include documentation of time alone and if confidentiality was discussed	Front desk staff, providers
Lack of ability to discuss screens/results confidentially with patient	Obtain patient's personal contract information	Front desk
Lack of separation between patient and parents	Ensure PHQ (patient health questionnaire) is completed by patients at all well check	Nurses
No consistent prescreening tool for all providers	Develop a clinic-wide written screening tool for all adolescents at annual well check	Providers, Medical Assistants
Lack of time to discuss sensitive or confidential issues	Prescreen adolescents with a written screening tool to help identify key areas to review	Providers, Medical Assistants
Lack of knowledge about confidentiality laws among parents and patients	Educate providers and patients about rights to confidential services	Front desk, Providers, Medical Assistants
Confidentiality laws not posted in clinic or routinely given to families	Give parent and teen a copy of confidentiality laws at each adolescent visit and post confidentiality laws in multiple approved locations in clinic.	Medical Assistants, Providers

No consistent process for conducting confidential adolescent visits.	Create clinic workflow template for confidential visits and train providers and staff on the details required to complete confidential encounters.	Providers and other staff members
--	--	-----------------------------------

Note: If additional causes were identified that are to be addressed, insert additional rows.

C. Do

16. By what date was (were) the intervention(s) initiated? *(If multiple interventions, date by when all were initiated.)*

August 1, 2020

D. Check

17. Post-intervention performance measurement. Are the population and measures the same as those for the collection of baseline data (see item 9)?

☒ Yes ☐ No – If no, describe how the population or measures differ:

18. Post-intervention performance

a. What were the beginning and end dates for the time period for post-intervention data on the measure(s)?

August 1, 2020 – October 31, 2020

b. What was (were) the overall performance level(s) post-intervention? *Add post-intervention data to the data table, bar graph, or run chart (line graph) that displays baseline data. Can show baseline and post-intervention data incrementally here or refer to a display of data for all time periods attached at end of report. Show baseline and post-intervention time periods and measure names and for each time period and measure show number of observations and performance level.*

Chart Analysis	Baseline	Post Intervention
Confidential time spent with patient		
Yes	197	285
No	60	69
n	257	354
PERCENTAGES (Yes/Total)	77%	81%
Confidentiality laws/limits explained to patient		
Yes	142	264
No	113	89
n	255	353
PERCENTAGES (Yes/Total)	56%	75%
Standardized risk screening		
Yes	111	178
No	145	178

n	256	356
PERCENTAGES (Yes/Total)	43%	50%

c. Did the intervention(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?

While none of the areas resulted in the goal of 95% implementation post intervention, there were minor improvements in all of the aims during the initial implementation period.

E. Adjust – Replan

19. Post-intervention data review and further planning. Who was involved in reviewing the post-intervention data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions ("countermeasures") to address the causes? (Briefly describe the following.)

a. Who was involved? (e.g., by profession or role)

☒ Same as #12? ☐ Different than #12 (describe):

b. How? (e.g., in a meeting of clinic staff)

☒ Same as #12? ☐ Different than #12 (describe):

c. When? (e.g., date(s) when post-intervention data were reviewed and discussed)

Between December 1 and December 31, 2020

Use the following table to outline the next plan that was developed: #20 the primary causes, #21 the adjustments(s)/second intervention(s) that addressed each cause, and #22 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a.

Note: Initial intervention(s) occasionally result in performance achieving the targeted specific aims and the review of post-intervention data identifies no further causes that are feasible or cost/effective to address. If so, the plan for the second cycle should be to continue the interventions initiated in the first cycle and check that performance level(s) are stable and sustained through the next observation period.

20. What were the primary underlying/root causes for the <u>problem(s)</u> following the <u>intervention(s)</u> that the project can address?	21. What adjustments/second intervention(s) addressed this cause?	22. Who was involved in carrying out each adjustment/second intervention? (List the professions/roles involved.)
Inconsistent/Poor documentation	Modify teen note template to include documentation of time alone and if confidentiality was discussed and provide a handout on confidentiality to teen patients at their appointments	Front desk staff, providers
Lack of ability to discuss screens/results confidentially with patient	Standardize obtaining patient's personal contract information and train front desk staff	Front desk

Lack of separation between patient and parents	Ensure PHQ is completed by patients at all well check. Set teens up for MyChart (electronic patient portal) access to send message confidentially. Train staff on confidentiality laws	Providers, Nurses, all staff
Lack of training and comfort level among providers having a confidential discussion	Train providers using Confidentiality Laws Spark.	Providers
Lack of time to discuss sensitive or confidential issues	Prescreen adolescents with a written screening tool to help identify key areas to review Improve comfort level of providers for efficient confidential conversations based on screening tool through training.	Providers, Medical Assistants (MAs)
Lack of knowledge about confidentiality laws among parents and patients	Educate providers and patients about rights to confidential services MA Scripting tool to inform parents of confidential time during visit. Provide a patient-facing handout of state-specific confidentiality information	Front desk, Providers, Medical Assistants
No discreet field in adolescent note templates to document that confidentiality was explained or not	Change teen well note EHR (electronic health record) templates to indicate confidential conversation and confidentiality laws given to patient. Create dotphrase (EHR shortcut) for providers to use while note templates are being modified.	Providers, EHR team

Note: If additional causes were identified that are to be addressed, insert additional rows.

F. Redo

23. By what date was (were) the adjustment(s)/second intervention(s) initiated? *(If multiple interventions, date by when all were initiated.)*

January 1, 2021

G. Recheck

24. Post-adjustment performance measurement. Are the population and measures the same as indicated for the collection of post-intervention data (item #19)?

☒ Yes ☐ No – If no, describe how the population or measures differ:

25. Post-adjustment performance

- a. What were the beginning and end dates for the time period for post-adjustment data on the measure(s)?

January 1, 2021 – March 31, 2021

- b. What was (were) the overall performance level(s) post-adjustment? Add post-adjustment data to the data table, bar graph, or run chart (line graph) that displays baseline and post-intervention data. Can show here or refer to a display of data for all time periods attached at end of report. Show time periods and measure names and for each time period and measure show the number of observations and performance level.

Chart Analysis	Baseline	Post Intervention	Post Adjustment
Confidential time spent with patient			
Yes	197	285	308
No	60	69	57
n	257	354	365
PERCENTAGES (Yes/Total)	77%	81%	84%
Confidentiality laws/limits explained to patient			
Yes	142	264	319
No	113	89	45
n	255	353	364
PERCENTAGES (Yes/Total)	56%	75%	88%
Standardized risk screening			
Yes	111	178	250
No	145	178	113
n	256	356	363
PERCENTAGES (Yes/Total)	43%	50%	69%

- b. Did the adjustment(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?

The goal for the performance measures are that 95% of adolescent patients seen for well child checks within family medicine, pediatrics, or medicine-pediatrics, or new patient visits in obstetrics & gynecology would have their physician (a) spend time alone with them, (b) explain minor consent laws to them, and (c) have them complete a confidential risk screening tool. While the interventions did not achieve the exact goal of 95% for these measures, there was significant improvement in all areas. At the end of the adjustment period 84% of adolescents received confidential time with their provider, 88% of adolescents had confidentiality laws and limits explained to them and 69% participated in standardized risk screening. All of the rates at Post Adjustment were a large improvement from the initial rates at Baseline.

H. Readjust

26. Post-adjustment data review and further planning. Who was involved in reviewing the post-adjustment data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions ("countermeasures") to address the causes? (Briefly describe the following.)

- a. Who was involved? (e.g., by profession or role)

☒ Same as #19? ☐ Different than #19 (*describe*):

b. How? (e.g., in a meeting of clinic staff)

☒ Same as #19? ☐ Different than #19 (*describe*):

c. When? (e.g., date(s) when post-adjustment data were reviewed and discussed)

Between May 1 and May 31, 2021

Use the following table to outline the next plan that was developed: #27 the primary causes, #28 the adjustment(s)/second intervention(s) that addressed each cause, and #29 who would carry out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a.

Note: Adjustments(s) may result in performance achieving the targeted specific aims and the review of post-adjustment data identifies no further causes that are feasible or cost/effective to address. If so, the plan for a next cycle could be to continue the interventions/adjustments currently implemented and check that performance level(s) are stable and sustained through the next observation period.

27. What were the primary underlying/root causes for the <u>problem(s)</u> following the <u>adjustment(s)</u> that the project can address?	28. What further adjustments/ intervention(s) might address this cause?	29. Who would be involved in carrying out each further adjustment/intervention? (List the professions/roles involved.)
Inconsistent/Poor documentation	Document for teen encounters stating time spend along and if laws were explained	Providers
Lack of ability to discuss screens/results confidentially with patient	Get patient's phone number and email address Patient to fill out paperwork on laptop	Front desk
MyChart shares notes and labs automatically	Sign teens up for their own MyChart accounts. Discontinue/limit access of parents to MyChart	Providers, EHR team
Lack of separation between patient and parents	Talk to teens in a separate room	Providers, Nurses
Lack of training and comfort level among providers having a confidential discussion	Improve consistency of workflow between providers for confidential conversations. Develop dot phrase to add to note template for consistent questions reviewed during confidential visits among providers	Providers
Lack of time to discuss sensitive or confidential issues	Prescreen adolescents with a written screening tool to help identify key areas to review Develop dot phrase to add to note template for consistent questions reviewed during	Providers, Medical Assistants

	confidential visits among providers	
Lack of knowledge about confidentiality laws among parents and patients	<p>Continue to educate providers and patients about rights to confidential services</p> <p>Continue MA Scripting to inform parents of confidential time during visit.</p> <p>Continue providing a patient-facing handout of state-specific confidentiality information</p>	Front desk, Providers, Medical Assistants
Create a culture for confidential visits at teen visits	<p>Establish location where caregiver can wait comfortably without standing next to our thin doors.</p> <p>Determine communication process to tell teen and parent that we always have confidential parts of the visit at specific ages.</p> <p>Consider relocating the teen confidential information sheets to a location where parents and teens can read this information.</p>	Providers, Medical Assistants

Note: If additional causes were identified that are to be addressed, insert additional rows.

30. Are additional PDCA cycles to occur for this specific performance effort?

☒ No further cycles will occur.

☐ Further cycles will occur, but will not be documented for MOC. *If checked, summarize plans:*

I. Minimum Participation for MOC

31. Participating directly in providing patient care.

a. Did any individuals seeking MOC participate directly in providing care to the patient population?

☒ Yes ☐ No *If "No," go to item #32.*

b. Did these individuals participate in the following five key activities over the two cycles of data-guided improvement?

- Reviewing and interpreting baseline data, considering underlying causes, and planning intervention as described in item #12.
- Implementing interventions described in item #14.
- Reviewing and interpreting post-intervention data, considering underlying causes, and planning intervention as described in item #19.
- Implementing adjustments/second interventions described in item #21.
- Reviewing and interpreting post-adjustment data, considering underlying causes, and planning intervention as described in item #26.

☒ Yes ☐ No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38.*

32. Not participating directly in providing patient care.

- a. Did any individuals seeking MOC not participate directly in providing care to the patient population?**

☐ Yes ☒ No *If "No," go to item 33.*

- b. Were the individual(s) involved in the conceptualization, design, implementation, and assessment/evaluation of the cycles of improvement? (E.g., a supervisor or consultant who is involved in all phases, but does not provide direct care to the patient population.)**

☐ Yes ☐ No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38. If "No," continue to #37c.*

- c. Did the individual(s) supervising residents or fellows throughout their performing the entire QI effort?**

☐ Yes ☐ No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 33.*

33. Did this specific QI effort have any additional participation requirement for MOC? (E.g., participants required to collect data regarding their patients.)

☐ Yes ☒ No *If "Yes," describe:*

Individuals who want their participation documented for MOC must additionally complete an attestation form, confirming that they met/worked with others as described in this report and reflecting on the impact of the QI initiative on their practice or organizational role. Following approval of this report, the UMHS QI MOC Program will send to participants an email message with a link to the online attestation form.

J. Sharing Results**34. Are you planning to present this QI project and its results in a:**

- ☒ Yes ☐ No Formal report to clinical leaders?
- ☒ Yes ☐ No Presentation (verbal or poster) at a regional or national meeting?
- ☒ Yes ☐ No Manuscript for publication?

K. Project Organizational Role and Structure**35. UMHS QI/Part IV MOC oversight – indicate whether this project occurs within UMHS, AAVA, or an affiliated organization and provide the requested information.**

- ☒ **University of Michigan Health System**

- **Overseen by what UMHS Unit/Group? (name):** Department of Pediatrics
- **Is the activity part of a larger UMHS institutional or departmental initiative?**
 - ☒ No ☐ Yes – the initiative is (name or describe):

- ☐ **Veterans Administration Ann Arbor Healthcare System**

- **Overseen by what AAVA Unit/Group? (name):**
- **Is the activity part of a larger AAVA institutional or departmental initiative?**
 - ☐ No ☐ Yes – the initiative is:

- ☐ **An organization affiliated with UMHS to improve clinical care**
- **The organization is (*name*):**
 - **The type of affiliation with UMHS is:**
 - ☐ **Accountable Care Organization** (*specify which member institution*):
 - ☐ **BCBSM funded, UMHS lead state-wide Collaborative Quality Initiative** (*specify which*):
 - ☐ **Other** (*specify*):