# MOC-IV Option: Clinical Informatics Project Collection Form

AMIA has been approved by the American Board of Preventive Medicine (ABPM) to manage a MOC-Part 4 Improvement in Medical Practice (IMP) program for diplomates in clinical informatics.

# Instructions:

* Read this form before engaging in your MOC-IV project
  + If you prefer the 360-degree assessment format in which at least 6 of your colleagues assess your competence in clinical informatics skills, please email [MOC4@amia.org](mailto:MOC4@amia.org)
* Take into account the information required in this form when planning your MOC-IV project
* Keep a copy of it in your own files over the months that you engage in your MOC-IV project
* Complete data fields as you work on your MOC-IV project
  + CMS’s Quality Payment Program has identified >90 “[Improvement Activity](https://qpp.cms.gov/mips/improvement-activities)” areas. If you are submitting your Performance Improvement Project as a QPP-IA, select one of these activities and use its identified measures as the focus of your project.
* When you have completed your MOC-IV Clinical Informatics Project Collection Form, copy the text into the fields below; save the information for your records in pdf format.
* Pay online by logging in to your account at amia.org to access “AMIA Central”; click the tab for “Online Store”; Scroll down to “Merchandise” and select MOC-IV Project – Member/Non-Member
  + Or, pay via mail or fax (301) 657-1296 using form below
* Save your back-up data files for at least 18 months after submission
* All submissions will be reviewed for completion by AMIA’s MOC Committee.
* Note that the ABPM requires an audit of at least 10% of projects. If your MOC-IV submission is selected for audit, AMIA will be in touch. Providing back-up documentation is part of the audit process.
* If you have any questions, email [MOC4@amia.org](mailto:MOC4@amia.org)

**REGISTRATION FORM**

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degrees: \_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E‐mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member: $295.00 Non-Member: $395.00

**No checks, please, since our office is only virtual. Log in to your account at amia.org; go to “Online Store” and purchase MOC-IV Project.**

# CME INFORMATION

The American Medical Informatics Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Medical Informatics Association designates this ”Other” (MOC-IV/Improvement in Medical Practice) activity for a maximum of 20 *AMA PRA Category 1 Credit(s)™.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The objective of this activity is for the clinical informatics diplomate to:

1) identify a problem in one’s practice that may be solved through the implementation of a clinical informatics approach;

2) capture “before” data of the problem;

3) implement the clinical informatics approach;

4) capture “after” data of the problem once the approach has been in place at least 3 months;

5) compare the two data captures to determine improvement; and

6) reflect on and evaluate the project.

# DEMOGRAPHIC INFORMATION

(Submitted upon completion of MOC-IV activity)

1. \* First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \* Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \* Birth date: \_\_/\_\_ /\_\_\_\_ (mm/dd/yyyy)

4. \* Email (use same email as your AMIA logon. You may need to go to [www.amia.org](http://www.amia.org/) to create a free account so we can accurately track your submission):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Home telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Work telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Best time of day for contact (EST): \_\_Morning \_\_ Afternoon \_\_Evening

8. \* Preferred means of contact: \_\_Email \_\_ Home Phone \_\_Work Phone

PRACTICE INFORMATION

1. \*Informatics Practice: What percentage of your professional activity constitutes your informatics practice (0-100%)? [Exclude clinical practice that uses informatics tools]

\_\_\_\_\_\_%

1. \* In what setting(s) does your Informatics Practice occur:

\_\_ Academic Institution

\_\_ Clinical Practice

\_\_ Informatics Industry: specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Government: Federal Agency

\_\_ Government: State Health Department

\_\_ Government: Local Health Department

\_\_ Other Regulatory Agency: specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Research Institution: specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Time Distribution:

\_\_\_ % Manager/leader in Clinical Informatics

\_\_\_ % Operations in Clinical Informatics

\_\_\_ % Research in Clinical Informatics

\_\_\_ % Analytics/Reporting in Clinical Informatics

\_\_\_ % Application/Solution Development

\_\_\_ % Biostatistics/Epidemiology

\_\_\_ % Other Management and/or Administration

\_\_\_ % Direct Patient Care

\_\_\_ % Clinical Informatics Teaching

\_\_\_ % Other activities (Please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \* Please specify your primary medical board(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For your additional medical specialty, please note the date your certification expires and the percentage of professional time spent practicing the above specialty:

1. Expiration date: \_\_\_/\_\_\_/\_\_\_\_
2. Percentage of practice (patient care) time in above specialty: % \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \* Please specify the expiration date of your Clinical Informatics Board:

Expiration date: \_\_\_/\_\_\_/\_\_\_\_

**Project Disclosure of Commercial Support:**

1. \*With this MOC-IV Performance Improvement/Quality Improvement, you are serving as an author of this educational activity. Therefore, we request disclosure of your relevant financial relationships with commercial interests as these relationships have the potential to bias scientific research.

Did you receive financial support from commercial interests for your project?

🞎 Yes

🞎 No

If yes, please provide details about the source(s) of funding. (Note: commercial interests (pharma/medical device) may NOT be consulted for topic selection, content development, intervention selection, or honoraria. You will be required to provide a budget for your project if you directly received industry funds for this MOC-IV initiative.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Source 1 | Source 2 | Source 3 |
| 17. Name of Company |  |  |  |
| 18. Exact dollar amount received |  |  |  |
| 19. Explain how the funds were applied to your project |  |  |  |

**Note: You must maintain supporting documentation for your MOC-IV project for eighteen months from submission in the event you are selected for audit.**

Submit all of your MOC-IV requirements using the form below. Diplomates may submit QI/PI projects for **all** their MOC-IV requirements. However, Diplomates may elect to submit one MOC-IV during a cycle using the 360-Degree Feedback method.

|  |  |
| --- | --- |
| **20.** \* **Project Title:** | |
|  | |
| **Project Information:** | |
| **21.** \***Project abstract (about 100 words):** | |
| **22.** \* **Permission:** | |
| **🞎 I DO grant permission to AMIA to list my name, my Project Title, and my Project Abstract on the AMIA web site to serve as an illustration of an acceptable MOC-IV project to other diplomates.**  **🞎 I DO NOT grant permission to AMIA to list my name, my Project Title, and my Project Abstract on the AMIA web site to serve as an illustration of an acceptable MOC-IV project to other diplomates.** | |
| **Timeline**: | |
| **23.** \***Project Start Date:** mm/dd/yyyy | **24.** \***Project End Date (at least 3 months later):** mm/dd/yyyy |
| **25.** \***A** [MOC program](http://www.abms.org/media/1109/standards-for-the-abms-program-for-moc-final.pdf) **must demonstrate that it incorporates ABMS/ACGME core competencies into its standards. Please check which ABMS/ACGME core competencies were addressed by your project.** | |
| [**ABMS/ACGME Core Competencies**](http://www.abms.org/board-certification/a-trusted-credential/based-on-core-competencies/) [**Addressed in Context of Clinical Informatics:**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2649323/) | |
| □ Practice-based learning and Improvement | |
| □ Patient Care and Procedural Skills | |
| □ Systems-based Practice | |
| □ Medical Knowledge | |
| □ Interpersonal and Communication Skills | |
| □ Professionalism | |
| **26.** \***QI/PI:** In the space below, briefly explain how your project addressed the selected ABMS/ACGME core competencies in the context of clinical informatics. | |
| <free text> | |
| **If your project incorporated other dimensions and competencies, please complete the sections below (27 – 30 are *optional* fields):** | |
| **27. IOM Dimension(s) addressed** (check all that apply):  □ Safe □ Timely  □ Effective □ Efficient  □ Patient Centered □ Equitable | |
| **28. If you checked any of the boxes above, briefly explain how your improvement efforts addressed the selected IOM Dimensions in the context of clinical informatics:** | |
| <free text> | |
| **29. Your MOC-IV Project may address other competencies. Check off any of the following competencies if they are relevant:** | |
| [**IOM Core Competencies Addressed**](http://www.nap.edu/read/10681/chapter/5) | [Interprofessional Collaborative Practice Competencies](https://www.aacom.org/docs/default-source/insideome/ccrpt05-10-11.pdf?sfvrsn=77937f97_2) |
| □ Provide patient-centered care | □ (Values/Ethics for Interprofessional Practice) Work with individuals of other professions to maintain a climate of mutual respect and shared values. |
| □ Work in interdisciplinary teams | □ (Roles/Responsibilities) Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served. |
| □ Employ evidence-based practice | □ (Interprofessional Communication) Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease. |
| □ Apply quality improvement | □ (Teams and Teamwork) Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable. |
| □ Utilize informatics |  |
| **30. If you checked any of the boxes above, briefly explain how your improvement efforts addressed the selected core competencies in the context of clinical informatics:** | |
| <free text> | |
| **31.** \* **Improvement Efforts Description**  **Describe what your efforts were designed to improve. Consider some or all of these questions:**   * What was the current gap in quality care? * What was the relevance to patient care or patient outcomes? * What was the target population? * What were the customer requirements or voice of the customer? * What were the project goals? * What changes did you hope to achieve? | |
| <free text> | |

|  |
| --- |
| **32.** \* **Improvement Interventions:**  **How did each intervention address your goals?**  **Consider some or all of these questions:**   * How did you select or design the interventions? * What resources did you read or consult, or what CME activities did you engage in to create your improvement plan? * What intervention did you pilot or implement? * What was the study design? * What was your personal improvement plan? * What were the important roles and responsibilities involved in implementing the intervention(s)? * Was the proposed intervention proven effective at other locations? * How was the intervention evaluated? How were intended and unintended consequences of the intervention evaluated? |
| <free text> |
| **33.** \* **Measures**:  **Summarize the measures of the project.**    List each of the outcomes and process measures you will use in your improvement efforts. Include numerators, denominators and exclusion criteria. Describe what benchmarks you will use and targets for improvement.    *NOTE: Measures used for your project must reflect the improvements you are trying to make and should be based on evidence or best practices. If that is not possible, provide rationale as to why/how these measures have been selected/created.* |
| <free text> |
| **34.** \* **Baseline Data:**  **Provide data sources, how data was analyzed, and how data quality was ensured.**  **Provide each of the following for a QI/PI project:**   1. the source from which your data came 2. how the data arrived in the source location 3. how you are ensured the data was objective 4. baseline performance for each measure |
| <free text> |
| **35.** \* **QI/PI Post-intervention Data**  Provide post-intervention performance for each measure. |
| <free text> |
| **36.** \* **QI/PI Project Impact:**  **Describe the overall outcome of the project.**  Answer some or all of the following questions:   * What improvements in your personal skills/knowledges/abilities/attitudes did you achieve? * What improvements were you able to achieve in patient care or system functionality as a result of your project? * What impact was there on your clinical or operational work? * Were there any potential cost savings and/or waste reduction? |
| <free text> |
| **37. QI/PI Project Impact:**  **What standardized processes were implemented to maintain improvements?** |
| <free text> |
| **38. QI/PI Project Impact:**  **What quality improvement methods and tools were utilized? (e.g., run charts, control charts, reports showing changes over time, PDSA, Lean, Six Sigma, root cause analysis, failure modes and effects analysis)** |
| <free text> |
| **39.** \***QI/PI Project Impact:**  **What limitations or barriers did you encounter during this project?** |
| <free text> |
| **40.** \* **QI/PI Project Impact:**  **What were the lessons learned?** |
| <free text> |
| **Project Attestation:** |
| **41.** \* **Personal Reflection** (Describe your specific roles, responsibilities; the changes made in your practice and how the change affected your practice of clinical informatics; what did you learn as part of this performance/quality improvement project): |
| <free text> |
| **42.** \***QI/PI Project Attestation Statements** (include at least two (2) of the four (4) below): |
| * Either individually or as part of a team, I participated in, and contributed to, the project design, planning and implementation that occurred during the duration of this QI/PI project. * Either individually or as a part of a group, I reviewed, tracked and submitted measures data at baseline, after at least one PDCA cycle and at the completion of this project * Either individually or as part of a team, I participated in, and contributed to the process of aligning project interventions with gaps that were identified in care, evidenced based medicine and best practices * Either individually or as part of a team, I participated in, and contributed to, each portion of the PCDA, PDCA, Rapid Cycle Improvement, Rational Iterative Decision Making, Six Sigma DMAIC, or other process used to identify the project. |

**MOC Feedback Questions**

The Maintenance of Certification (MOC) self-assessment process is required of all board-certified physicians undergoing the recertification process. AMIA would like to continue to improve this process and ensure that it is a useful tool both for Diplomates as well as for the American Board of Preventive Medicine (ABPM). Please take a few moments to provide feedback for future enhancements.

1. **What did you like about this current process?**

<free text>

1. **What did you dislike about the current process?**

<free text>

1. **What recommendations do you have for improving the process?**

<free text>

1. \* **Please estimate (in hours) the amount of time it took for you to complete your MOC-IV project for each category:** 
   1. Review/Development/Assessment Phase: <XX> hours
   2. Development of the performance improvement plan: <XX> hours
   3. First data collection: <XX> hours
   4. Reading/research on your topic of interest or on quality improvement <XX> hours
   5. Re-review following implementation of the plan: <XX> hours
   6. How much of your staff’s time was involved? <XX> hours

Please contact AMIA at MOC4@AMIA.org for any other questions or comments.