



## APPROVED QUALITY IMPROVEMENT (AQI) PROGRAM APPLICATION

### Instructions

- Review the [AQI Program Guide](#)
- Complete this application to describe the activity you are submitting for ABIM Maintenance of Certification (MOC) recognition
- Send the completed application to [mocprograms@abim.org](mailto:mocprograms@abim.org)

Proposals will be peer-reviewed by one or more members of the relevant [ABIM Specialty Board\(s\)](#).

### Applicant Information

1. Organization name (as it should be displayed on [www.abim.org](http://www.abim.org)):
2. Activity title (as it should be displayed on [www.abim.org](http://www.abim.org)):
3. Please include a website URL or email address that physicians can utilize to find out more about your activity (will be used for the “Get Information” button once the activity is listed on [ABIM’s website](#))
4. Who is the Physician Lead for this activity?  
Physician lead name:  
Physician lead title:  
Physician lead email:  
Physician lead phone:
5. Who is the primary administrative contact for this activity (if other than the physician lead)?  
Primary administrative contact name:  
Primary administrative contact lead title:  
Primary administrative contact lead email:  
Primary administrative contact lead phone:

### Executive Summary

6. Please include an executive summary of the activity for which you are seeking MOC recognition.



12. Describe the method and frequency of data collection and performance analysis and describe how data are used to drive improvement throughout the activity.

13. As part of the process to evolve the AQI program to accept a wider variety of activities for MOC, sponsors will have the opportunity to co-create with ABIM the definition of meaningful engagement in quality improvement activities. Define the requirements for meaningful participation in this activity and describe how the sponsor named in this application will identify physicians who meet these requirements.

14. Indicate the ABIM specialties for which this activity is relevant (*select all that apply*):

- |  |                           |
|--|---------------------------|
| Adolescent Medicine                              | Hospital Medicine         |
| Adult Congenital Heart Disease                   | Infectious Disease        |
| Advanced Heart Failure and Transplant Cardiology | Internal Medicine         |
| Cardiovascular Disease                           | Interventional Cardiology |
| Clinical Cardiac Electrophysiology               | Medical Oncology          |
| Critical Care Medicine                           | Nephrology                |
| Endocrinology, Diabetes, and Metabolism          | Pulmonary Disease         |
| Gastroenterology                                 | Rheumatology              |
| Geriatric Medicine                               | Sleep Medicine            |
| Hematology                                       | Sports Medicine           |
| Hospice & Palliative Medicine                    | Transplant Hepatology     |

15. Is this activity accredited for *AMA PRA Category 1 Credits™*?    Yes    No  
If yes, how many credits?

## Optional Patient Safety Credit

16. Sponsors seeking to have the activity recognized for ABIM Patient Safety MOC credit must attest that the activity addresses at least one of the following topics:

Foundational knowledge (*must include all of the following*):

- Epidemiology of error: should prepare physicians to discuss the key definitions that underpin current patient safety efforts
- Fundamentals of patient safety improvement (plan, do, study, act or PDSA): should engage physicians in a PDSA cycle focused on patient safety
- Culture of safety: should identify the specific elements, (i.e., the beliefs, attitudes and values about work and risks) that contribute to safety culture

I Prevention of adverse events (*examples include, but are not limited to*):

- Medication safety (e.g., medication reconciliation, safe use of analgesics and sedatives, identification and remediation of polypharmacy in the elderly)
- Prevention of healthcare acquired infections
- Falls prevention
- Teamwork and care coordination

## Funding

17. Source of funding for the activity (*check all that apply*):

Commercial support as defined by ACCME (*if selected, complete question 17 below*)

Fee-based (enter participant fee):

Foundation grant/other non-profit funding

Government grant (HRSA, etc.)

Institutional support

Other, describe:

18. Commercial support (*if applicable*)

a. Provide the following information for each organization providing commercial support:

- List of products the organization(s) makes that are relevant to this clinical topic

- Location where the product(s) listed appear in the activity

**b.** Describe the process for ensuring compliance with the [ACCME Standards for Commercial Support<sup>SM</sup>](#):

**c.** Describe the steps you have taken to assure that this QI activity presents a balanced presentation of diagnostic and therapeutic options and is free from bias:

**d.** Will any participant information be shared with the organization(s) providing commercial support of this product?

Yes      No

If yes, please provide details:

**e.** Describe how the data collected will be used by your organization and by the organization(s) providing commercial support:

## Agreement

I agree to:

- abide by the policies described in the ABIM Approved Quality Improvement Program Guide;
- collect the required individual participant completion information and submit it to ABIM for the purpose of granting ABIM MOC credit; and
- allow ABIM to publish information about this activity on its website ([www.abim.org](http://www.abim.org)) as a service to ABIM Board Certified physicians.

I agree to the above mentioned terms on behalf of the organization named in this application.