2015 Quality Improvement Project Requirements

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Overview
ABIM accepts third-party Quality Improvement (QI) projects and other non-web-based activities that allow ABIM-certified physicians to meet the minimum requirements for meaningful participation in a quality improvement activity as described in below.

Section 1: Content Requirements

1.1 Clinical Topic
The activity must address a quality gap that is supported by a needs assessment or problem analysis, OR must support the physician to undertake such a needs assessment as part of the activity.

1.2 Goals and Objectives
The goals and objectives must be designed to improve patient care. The activity must have a specific, measurable, relevant, and time-appropriate aim for improvement; must be designed to improve patient care for a specific patient population; and must address care the participant can influence in one or more of the six Institute of Medicine quality dimensions (safety, effectiveness, timeliness, equity, efficiency, and/or patient-centeredness).

1.3 Relevance
The project must be relevant to physicians certified by ABIM.

Section 2: Required Activity Components
The activity must give participants an opportunity to demonstrate meaningful engagement in quality improvement by including at least one full quality improvement cycle (i.e., collection of baseline data, implementation of changes to improve care and follow-up measurement(s) to see if improvement occurred).

2.1 Data Collection (Baseline and Re-measurement):

2.1.1 Measures
The activity must include a sufficient number of appropriate, relevant, performance measures related to the quality gap at the appropriate unit of analysis (physician, clinic, care team, etc.). See Section 5 for more detailed measure requirements.

2.1.2 Data Collection
The activity must incorporate an adequate data collection tool or methodology for assessing performance on the identified measures. New data collection tools must be field-tested (see Section 6).
2.1.3 Frequency
The activity must include appropriate and repetitive data collection and reporting of performance data to support effective assessment of the impact of the interventions. The frequency of data collection should be appropriate to the measures and goal for the activity.

2.1.4 Sampling Strategy
The sampling strategy must be sufficient for generating useful performance data. ABIM requires a minimum sample size of 25 patients per measure for most quality measures.

Exceptions
Sample sizes of fewer than 25 will be considered for important but uncommon medical conditions; in such cases, patients do not present frequently enough to meet the minimum, despite a long data-collection period (e.g., chronic graft-versus-host disease, idiopathic thrombocytopenia). Exceptions will also be made for activities that target infrequent events, such as prevention of “never events” or “near misses.”

Sample Size for Groups
If the activity allows for group participation, the sample size must reflect at least ten patients per provider. For groups with fewer than three participants, a minimum of twenty-five charts are required. Patients do not have to be identified with a specific provider for that provider to receive credit for the activity.

2.1.5 Data Quality
The Sponsor must provide evidence that data are of sufficient quality to provide accurate guidance to participants.

2.1.6 HIPAA Compliance
The Sponsor must ensure that the activity complies with HIPAA regulations. (See Policy 2.17 in AQI Policies and Procedures)

2.1.7 Performance Feedback:
The activity (or referenced data source) must provide performance feedback in a format that allows adequate analysis of the performance measures (e.g., bar charts, scatter plots). Performance feedback should generally be presented for all measures identified in the activity and must include a comparison of results to clinical guidelines, peers or other benchmarks where available.
2.2 Improvement Plan

2.2.1 Identification of the Care Team
The activity must encourage and support participants to identify and work with as part of a project team and/or with stakeholders in the practice setting in choosing, designing or implementing at least one element of the improvement activity.

2.2.2 Interventions
The activity must include appropriate interventions to be tested for improvement. The rationale for interventions must be supported with evidence of their effectiveness.

Examples of evidence include:
- Previous success in another setting
- Analysis of systems or processes of care (e.g., a process map, root cause analysis to identify possible interventions, or use of a logic diagram or key driver diagram to explain the rationale for the change)
- Evidence from published literature

Section 3: Physician Participation Requirements
In order to meet the Self-Evaluation of Practice Assessment (practice assessment) requirement of Maintenance of Certification (MOC), physicians must complete the above activity in a manner that ensures the following.

3.1 Understanding of the Performance Data

3.1.1 The performance data reviewed in the activity reflects the physician’s practice or a practice over which s/he has some influence, but does not have to be limited to only that individual physician’s patients.

3.1.2 The physician is able to describe the data and data source sufficiently to explain how the measures are relevant to the goal of the activity.

3.1.3 The physician must understand how the data were collected and be able to describe any issues the data may present with regard to the reliability of the results.
3.2 Make a Change to Improve Practice

3.2.1 The physician must understand and be able to state the improvement goal. This improvement goal can be an improvement to a process measure, but the physician must be able to explain why improvement in that process is likely to improve care.

3.2.2 The physician must actively engage in making a change to a system or process of care, or a change in care team organization. The change in care must be implemented in a real care setting, over a sufficient period of time and with sufficient breadth to have a realistic chance to have an impact on the performance goal.

3.2.3 The physician must be able to explain the rationale for why the chosen intervention is likely to lead toward the desired improvement. Such a rationale is typically based either on previous success or an analysis of systems or processes of care.

3.2.4 The physician must work with a team or seek input from at least one other member of the care team and/or a stakeholder whose role is relevant to the intervention when choosing, planning or implementing the intervention.

3.3 Assess the Effectiveness of Changes Made
The physician must be able to explain the effectiveness of the intervention with respect to the goal of the activity, using data from one or more subsequent measurement cycles.
Section 4: Sponsor Requirements

4.1 Stakeholder Support
The Sponsor must demonstrate adequate leadership and stakeholder support to develop, maintain and sustain the activity (e.g., a standing committee including representatives with appropriate expertise and leadership).

4.2 Maintenance
The Sponsor must have in place a periodic process and the appropriate resources to assure the currency and relevance of the clinical content as well as a systematic program evaluation and improvement process.

4.3 Participant Support
The Sponsor must provide sufficient and appropriate resources to support participants’ successful completion of the activity. Examples of such resources include:

- Availability of clinical resources and/or other subject matter experts knowledgeable about the clinical topic and quality improvement
- Ability to make training and educational materials and opportunities on QI methods available to participants

4.4 Funding
The Sponsor must secure appropriate and sufficient funding to develop and sustain the activity. If the activity is funded through commercial support, such funding must adhere to the ACCME Standards for Commercial Support SM. (See Policy 2.14 in AQI Policies and Procedures)

4.5 Monitoring of Physician Participation
The Sponsor must have effective mechanisms and processes in place to adequately monitor individual participants’ meaningful participation in the activity in accordance with the Meaningful Participation Requirements above. This includes:

- A written set of standards defining meaningful participation in the activity
- A monitoring and documentation process to track qualitatively and/or quantitatively each participant’s role in the activity
- A mechanism to determine whether each physician’s actual engagement met the standards for meaningful participation
- A designated resource with responsibility for assuring adherence to the Meaningful Participation Requirements
- A defined conflict management process for disputes related to meaningful participation and MOC credit
Section 5: Measure Requirements
ABIM is not a measure endorser or clearinghouse and does not have its own measure development criteria or standards. Measures used in ABIM Practice Assessment activities that are vetted in the public domain, as defined below are acceptable, provided that the measures are appropriate for the project’s goals and objectives:

- Endorsed by National Quality Forum (NQF) or Ambulatory Care Quality Alliance (AQA); or
- Approved, developed or co-developed by the Physician Consortium for Performance Improvement (PCPI), National Committee for Quality Assurance (NCQA), or The Joint Commission (TJC) or other national measure development expert entity; or
- Accepted into the Agency for Healthcare Research and Quality (AHRQ) National Quality Measures Clearinghouse (NQMC); or
- Utilized in Public Reporting such as Physician Quality Reporting System (PQRS) or Health Plan Employer Data and Information Set (HEDIS); or
- Utilized in an established Clinical Data Registry demonstrating impact on patient outcomes.

If the activity uses measures that do not meet at least one of the above criteria, the Sponsor must describe the basis for selection and provide documentation of the measure specification and rationale or evidence base for review.

Section 6: Field Testing Requirements
Newly developed data collection tools must be field-tested. Sponsors will be required to describe the scope and methodology for testing and must describe how results from the testing were incorporated into the measures and/or data collection tool. Testing should include:

- Cognitive testing to capture and analyze the thinking process that a person goes through as he or she reads an instruction, listens to a question, formulates a response, or performs some other activity. Completing a survey requires a specific set of response tasks, such as comprehension, recall, response formation, and reporting. Testing identifies where in the set of response tasks a user is having difficulty and then determines why the user is having difficulty. The instrument can then be revised to address the problem.
- Usability testing to examine how easy it is for a person to use a particular instrument. An instrument that is difficult to use will be limited in its ability to gather useful data.

Criteria for testing:
- Testers must be representative of the target audience for the measures and data-collection tool.
- Testers may not include individuals who participated in the development of the measures or tools.
- Testers may be paid or volunteer.
- Testers will not receive MOC credit.