

## CU School of Medicine Maintenance of Certification (MOC) Part IV Program: **Physician Attestation Form**

All physicians seeking MOC Part IV credit for participation in the **State Innovation Model (SIM)** or the **Evidence NOW Southwest (ENSW)** efforts must complete this form, which includes a description of his/her role in the QI effort, how it is directly related to the physician's practice, and a reflection statement describing the change that was performed in his/her practice affecting the way care is delivered. The purpose of the attestation is to show the physician has met the criteria for "meaningful participation", listed below. Attestations may be submitted at any time, but must be received no later than **November 27, 2017** for credit in 2017.

The CUSOM MOC Program has defined the criteria for "meaningful participation" with the below requirements. For any questions, please contact the [PracticeInnovation@ucdenver.edu](mailto:PracticeInnovation@ucdenver.edu).

### **Meaningful Participation Criteria:**

1. The QI effort must provide clear benefit to the physician's patients and/or be directly related to the physician's clinical practice (for leaders in non-caregiving roles).
2. The physician is actively involved in the QI effort, including participation in a **minimum of 3 of the 4 activities:**
  - a. The physician is actively involved in the initial project design, including but not limited to identifying the gap in quality, development of primary outcome measures and target improvement, and development of plans for intervention.
  - b. The physician is actively involved in the implementation of strategies and interventions.
  - c. The physician is actively involved in the data collection and/or analysis to assess the impact of the interventions, making appropriate course corrections in the improvement effort.
  - d. The physician actively participates in meetings to continue the process for improvement. Documentation of meeting attendance must be available upon request; meeting minutes are encouraged, but not required.
3. At a minimum, the activities must be of sufficient duration to allow for physician participation in **at least two full cycles** of data assessment and planning of an improvement intervention, the implementation of a change process and re-assessment of the results (e.g., PDSA cycle) for **at least six months duration**.
4. The physician is able to personally reflect on the activity, describing the change that was performed in their practice and how it affected the way care is delivered.



**CUSOM Physician Attestation Form Instructions:**

**Please complete this form in its entirety. Send your completed attestation form (pages 2-4) with your signature to [PracticeInnovation@UCDenver.edu](mailto:PracticeInnovation@UCDenver.edu). You will receive a confirmation e-mail after your form has been submitted. Mail a check for \$75<sup>00</sup> payable to the University of Colorado Denver to:**

University of Colorado Denver  
Department of Family Medicine  
Attn: Natalie Buys  
12631 E 17<sup>th</sup> Avenue, F496  
Aurora, CO 80231

**Section 1: Participant Information**

1. **Date of Submission:**
  
2. **Please select the QI effort for which you are seeking MOC credit (select one):**  
 State Innovation Model (SIM)     Evidence NOW Southwest (ENSW)
  
3. **Practice Site:** Please list the name of your practice.
  
4. **How are you affiliated with the University of Colorado School of Medicine?**  
 Faculty at CUSOM     Clinical (Volunteer) Faculty at CUSOM     Non-CUSOM Affiliated Participant
  
5. **Physician Name:**
6. **Physician Email:**
  
7. **NPI Number:**
8. **Date of Birth:**





- 9. **Board Information:** Indicate your certifying Board and your unique Board identification number (please note this is **not your certificate number**; it's your general ID number for the board).

Board Name:

Board ID Number:

Section 2: Project Involvement

- 1. **Dates of Participation:** Indicate the beginning and ending date (**month & year**) of your participation in the QI effort (**participation for at least six months is required**). You may note *ongoing* if project is not yet completed.

Start Date (mm/yy):

End Date (mm/yy):

- 2. **Improvement Cycle Participation:** Indicate how many improvement cycles you participated in (**participation in at least two full cycles is required**).

1       2       3 or more

- 3. **Types of Participation:** Please select which activities describe your participation in the QI effort (**participation in at least 3 of the 4 activities is required**).

(a) Project Design                       (b) Implementation of Interventions

(c) Data Collection / Analysis            (d) Meeting Participation

Section 3: Reflection

The purpose of this section is to describe each physician's individual reflection on the process of participating in the QI effort. Uniform group attestations are not acceptable.

- 1. **Change:** What change did you personally make in your practice?

- 2. **Impact:** What did this do in your practice?





**3. Learning:** What did you learn as part of participating in this QI effort?

**Section 4: Signature**

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**1. Physician Signature:** I attest I participated in this QI effort as described above.

**Signature:**  **Date:**

**2. Project Leader Signature:** I have reviewed this attestation and affirm that the signed was an active participant in this QI effort and has met all the necessary requirements for MOC Part IV credit. I am designated by the CUSOM MOC Portfolio Program to review and approve attestations of participation for this QI effort.

**Signature:**  **Date:**

**Print Name:**





# School of Medicine

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS  
Maintenance of Certification Portfolio Approval Program