The American Board of Pediatrics
Quality Improvement Project for MOC
Attestation Form

QIPA Version 3.0

Complete this Attestation Form if you are an ABP-certified physician seeking credit under Maintenance of Certification for Performance in Practice (Part 4). To be eligible for credit, you must have satisfied all requirements for meaningful participation. See the document "*ABP Standards for Physician Participation in a QI Project*" for details.

After you complete this attestation form, submit it to your project's Local Leader or the QI Project Leader (depending on how your project is organized) for signature. The Leader will forward completion documentation to the ABP so that you can receive credit for MOC. The ABP receives only documentation of your successful completion of the project and identifying information to ensure your ABP record is accurately updated. No patient data, performance data, or project reports are sent to ABP, nor does ABP receive your attestation form or any attachments.

Attestation of Meaningful Participation

1. Participating Physician:
   - _____
2. ABP Diplomate ID # *(The ABP ID # is located within the physician portfolio section of the ABP website, www.abp.org. Upon log in, this number is visible on every page within the portfolio.)* Project Leaders are required to have the ABP ID # number to submit individual completion data:
   - _____
3. Date of Birth:
   - _____
4. Quality Improvement Project Title:

   ADHD Collaborative
5. Participated as a member of what organization? (practice, hospital, unit, network, etc):
   - _____
6. Sponsor Organization: *(Organization sponsoring the Approved QI Project)*

   Cincinnati Children's Hospital Medical Center
7. Did you meet the ABP meaningful participation requirements?

   ☐ I provided direct or consultative patient care in this improvement project.

   ☐ I completed one or more tests of change to improve care.

   ☐ My team's data were collected and submitted in keeping with the project measurement plan, and I reviewed my own data during the project.

   ☐ I attended four or more project meetings.

   7 Examples:

   1. Assessment didactic training session

2. Assessment office flow training session
3. Treatment didactic training session
4. Treatment office flow training session
5. Quarterly ADHD Collaborative meetings
6. Test of change, PDSA, planning & development meetings
7. Quarterly report phone conference meetings to review report care and develop new or evaluate old PDSAs

☐ I was active in the project for the minimum duration required by the project. The project's duration requirement is **12** months, and I met this requirement on:

- _____

(*fill in the date (mm/dd/yyyy) on which you met the minimum duration requirement, even if you continued working on the project beyond that date.)*

☐ I satisfied all of the above meaningful participation criteria under my current ABP certificate (within my current MOC cycle).

Project Description

8. Target Population:

Pediatric patients being assessed or treated for ADHD

9. Project Aim: *(Explain the measurable goals and importance to patients and your organization.)*

To increase access to quality care and improve outcomes for children with Attention-Deficit Hyperactivity Disorder (ADHD) by implementing evidence based guidelines for the diagnosis and treatment of ADHD in the practices of participation primary care physicians.

10. Did you improve care for your patients through this project? ☐ Yes ☐ No
11. What are the Project's Performance Measures?

(a – f: apply to Cincinnati ADHD Collaborative trained participants)

(g – i: apply to ADHD web portal trained participants)

3 diagnostic process measures:

a. **Percentage of newly assessed patients having completed parent Vanderbilt assessment forms (90%)**
b. **Percentage of newly assessed patients having completed teacher Vanderbilt assessment forms (90%)**
c. **Percentage of newly diagnosed ADHD patients meeting "strict" DSM-IV-TR criteria (70%)**

4 treatment process measures:

d. **Percent of all newly diagnosed patients with a written care management plan within 14 day of diagnosis (goal = > 70%)**
e. **Percent of all newly diagnosed patients with a telephone follow-up within 14 days of medication initiation goal = > 70%)**
f. **Percent of all newly diagnosed patients with an in office follow up appointment within 6 weeks of medication initiation goal = > 70%)**
g. **Percent of all newly diagnosed patients with follow-up parent Vanderbilt Rating Scales within 6 weeks of medication initiation goal = > 70%)**

h. **Percent of all newly diagnosed patients with follow-up teacher Vanderbilt Rating Scales within 6 weeks of medication initiation (goal = > 70%)**

i. **Length of time between medication initiation and collection of parent rating scale information on outcomes (goal = < 6 weeks)**

j. **Length of time between medication initiation and collection of teacher rating scale information on outcomes (goal = < 6 weeks)**

k. **Length of time between collection of parent rating scales during medication maintenance (goal = < every 3 months)**

l. **Length of time between collection of teacher rating scales during medication maintenance (goal = < every 3 months)**

4 treatment outcome measures:

a. **Percent decrease in total ADHD symptom score on most recently obtained parent Vanderbilt follow-up form (goal = >25%)**

b. **Percent decrease in total ADHD symptom score on most recently obtained teacher Vanderbilt follow-up form (goal = >25%)**

c. **Percent of patients with normalization in all areas of impairment on most recently obtained parent Vanderbilt follow-up form (goal = >35%)**

d. **Percentage of patients with normalization in all areas of impairment on most recently obtained teacher Vanderbilt follow-up form (goal = >35%)**

12. Describe the source(s) of data and methods of data collection that you used for this project:

Two data sources: *(1. apply to Cincinnati ADHD Collaborative trained participants)*

(2. apply to ADHD web portal trained participants)

1. Cincinnati ADHD Collaborative trained participants data source were patient paper or electronic medical record retrospective chart review collected by study staff.

2. ADHD web portal trained participants data source were patient ADHD web based record reviewed and collected by study staff.

13. What was the Comparison Group in your project? *(E.g. a regional or national benchmark)*

The comparison group consisted of other Cincinnati ADHD Collaborative pediatric practices as well as my own baseline data.

14. Did the interventions address important issues for your patients? ☐ Yes ☐ No

15. Describe your role in this project:

- _____
_____
_____
_____

16. Who else was involved in this project from your care team?

- _____
_____
_____
_____

17. How did you change your practice as a result of this project?

- _____
_____

_____
_____

18. What do you plan to do next to improve your quality of care?
    - _____
      _____
      _____
      _____

19. Attach an example of an annotated run chart based on data from your patients:

    An annotated run chart based on data for your patients will be provided by the ADHD Collaborative.

Signatures

I attest that I participated in this project as described above.

_____

Signature of Participant Physician **Date**

I have reviewed this attestation and affirm that _____ was an active participant in this project and met all requirements. I am designated by this QI project to review and approve attestations of participation.

_____

Signature of Project Leader **Date**

_____

Name and Title of Project Leader