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The American Board of Pediatrics  
Maintenance of Certification  
**Quality Improvement Project  
Physician Participation Attestation**

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**QIPA Version 1.6 2008**

Complete questions 1, 2, 3, 4, 5, 11, 12, 14, 15, 17, 18, 19, 20, 21, and 22 on the 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 participation requirements, including completion according to the project's criteria. See "**ABP Standard 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 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.

**1. Participating Physician:**

▪ \_\_\_\_\_

**2. ABP ID #:**

▪ \_\_\_\_\_

**3. DOB:**

▪ \_\_\_\_\_

**4. Practice Group:**

▪ \_\_\_\_\_

**5. Business Mailing Address:**

▪ \_\_\_\_\_

\_\_\_\_\_

**6. Dates of Physician Participation:** (Collaborative will insert your participation dates)

- **Beginning Date:**
- **Completion Date:**

**7. Sponsor Organization:**

- **Cincinnati Children's Hospital Medical Center**

**8. Quality Improvement Project Title:**

- **ADHD Collaborative**

**9. Target Population:**

- **Pediatric patients being assessed or treated for ADHD**

**10. Project Aim:**

- **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 participating primary care physicians.**

**11. Did you improve care for your patients through this project?**

- Yes  No

**12. What level (score) have you achieved on the *Institute for Healthcare Improvement Assessment Scale for Collaboratives*?**

- \_\_\_\_\_

**13. Define the Project's Performance Measures:**

**1) 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%)**

**2) 4 treatment process measures:**

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

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

- a. **Percent of all newly diagnosed patients with a written care management plan within 14 day of diagnosis (goal = < 70%)**
- b. **Percent of all newly diagnosed patients with a telephone follow-up within 14 days of medication initiation (goal = < 70%)**
- c. **Percent of all newly diagnosed patients with an in office follow up appointment within 6 weeks of medication initiation (goal = <70%)**
- d. **Percent of all newly diagnosed patients with follow-up parent Vanderbilt Rating Scales within 6 weeks of medication initiation (goal = <70%)**
- e. **Percent of all newly diagnosed patients with follow-up teacher Vanderbilt Rating Scales within 6 weeks of medication initiation (goal = <70%)**
- f. **Length of time between medication initiation and collection of parent rating scale information on outcomes (goal = < 6 weeks)**
- g. **Length of time between medication initiation and collection of teacher rating scale information on outcomes (goal = < 6 weeks)**
- h. **Length of time between collection of parent rating scales during medication maintenance (goal = < every 3 months)**
- i. **Length of time between collection of teacher rating scales during medication maintenance (goal = < every 3 months)**

3) 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%)

14. What was the source of your data? (Check all that apply.)

- Patient paper chart
- Electronic Medical Record
- Registry
- Survey
- Administrative data
- Other: <https://www.myadhdportal.com>

15. What methods were used for data collection? (Check all that apply.)

- Prospective chart abstraction
- Retrospective chart review
- Web based data entry
- Electronic medical record
- Other (specify)

16. What was the Comparison Group in your project?

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

17. Did the measures used address important issues for your patients?

- Yes  No

18. Describe your role in this project:

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

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

(Describe successful test of change, i.e. PDSA cycles)

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**21. What do you plan to do next to improve your quality of care?**

*(Describe possible future test of change, i.e. PDSA cycles)*

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**22. Did you meet the ABP participation requirements? (Check all that apply.)**

- I provided direct or consultative patient care in this improvement project.
- I completed one or more tests of change to improve care.
- I reviewed my own data during the project.
- I attended four or more project meetings.

*Examples:*

1. *Assessment didactic training session*
2. *Treatment didactic training session*
3. *Assessment office flow training session*
4. *Treatment office flow training session*
5. *Quarterly ADHD Collaborative meetings*
6. *Test of change, PDSA, planning & development meetings*
7. *Quarterly report card review & test of change, PDSA, development phone conference meetings*

- I was active in the project for the minimum duration required by the project. The project's duration requirement is **one year**.
- I met or exceeded a score of 3.0 on the Institute for Healthcare Improvement's *Assessment Scale for Collaboratives*. (See attached document for definitions)
- I completed participation under my current ABP certificate or MOC cycle.

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

## **Physician Attestation Signatures**

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

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**Signature of Participant Physician**

**Date**

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*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.*

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**Signature of Project Leader**

**Date**

Phil Lichtenstein, M.D. ADHD Collaborative Medical Director

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**Name and Title of Project Leader**

## Assessment Scale for ADHD Collaborative Physicians

Assessment Description	ABP Definition	ADHD Collaborative Practice Definition	ADHD Collaborative Physician Definition
1.0 Forming Team	a) Team has been formed; target population identified; aim determined and b) baseline measurement begun.	a) Practice Recruited b) Baseline chart review & office flow mapped	a) Agrees to participate b) Agrees to chart audit
1.5 Planning for the project has begun	a) Team is meeting, discussion is occurring. Plans for the project have been made.	a) Practice completes ADHD Collaborative training	a) Completes all 4 trainings
2.0 Activity, but no changes	a) Team actively engaged in development, research, discussion, b) but no changes have been tested.	a) Log created (paper or web portal) b) PDSAs being discussed that address improving performance for each process measure on scorecard	a) Agrees to log patients b) Participates in documented PDSA developments
2.5 Changes tested, but no improvement	a & b) Components of the model being tested but no improvement in measures. c) Data in key measures are reported.	a) Initial PDSA for at least one process measure b) Patients are being logged c) Performance data is being collected	a) Participation in documented PDSA development b) Patients being logged c) Review performance data
<b>3.0 Modest Improvement</b>	<b>a) Initial test cycles have been completed and implementation begun for several components. b &amp; c) Evidence of moderate improvement in process measures.</b>	<b>a) Improvement in at least one process measure relative to baseline b) Successful PDSA fully implemented as office policy c) New PDSAs being developed to replace unsuccessful PDSAs</b>	<b>a) Improvement on at least three performance measures (refer to question #13) relative to baseline for 5 patients (“Improvement” defined as a measure being achieved for at least 3 of 5 patients) b) Successful PDSA fully implemented as office policy c) New PDSAs being developed to replace unsuccessful PDSAs</b>
3.5 Improvement	a) Some improvement in outcomes measures, b) process measures continuing to improve, PDSA test cycles on all components of the change package, changes implemented for many components of the change package	a) Most process measures achieved for 5 patients per participating fulltime physician b) Most outcome measures achieved for 5 patients per participating fulltime physician	a) Most process measures achieved for a minimum of 5 patients b) Most outcome measures achieved for a minimum of 5 patients b) N/A
4.0 Significant Improvement	Most components of the change package are implemented for the population of focus. a) Evidence of sustained improvement in outcome measures, halfway toward accomplishing all of the goals. b & c) Plans for spreading the improvement are in place.	a) Most to all process & outcome measures are at or exceed goals for 10 patients per participating fulltime physician b) All physicians in practice who see ADHD patients are participating in the collaborative and have documented evidence of improvement c) Process in place to train new physicians on ADHD protocol	a) Most to all process & outcome measures are at or exceed goals for a minimum of 10 patients b) Plan in place log and monitor all established ADHD patients c) N/A
4.5 Sustainable Improvement	Sustained improvement in most outcomes measures, a) 75% of goals achieved, b & c) spread to a larger population has begun.	a) All process & outcome measures are at or exceed goals for 15 patients per participating fulltime physician b) New physicians are fully trained and participating c) Established ADHD patients are being logged and monitored	a) Sustained performance on all process and outcome measures for at least 15 patients b) N/A c) Established ADHD patients are being logged and monitored
5.0 Outstanding Sustainable Results	All components of the change package implemented, a) all goals of the aim have been accomplished, outcome measures at national benchmark levels, and b) spread to another facility.	a) All process & outcome measures have been maintained above goals for more than 1 year b) Newly trained physician are performing at a minimum of 3.5 for all process & outcome measures	a) All process & outcome measures have been maintained above goals for more than 1 year b) N/A