

REQUIREMENTS FOR MOC PART IV CREDIT

Physicians who are actively participating in the project will be required to:

- Attend monthly Action Period calls
- Oversee screening and data collection
- Intend to complete the requirements for American Board of Pediatrics, Maintenance of Certification Part 4 Credit by participating in the project
- When necessary, represent the practice at learning sessions

Definitions for ABP Maintenance of Certification Meaningful Participation

Requirements

The following definitions for meaningful participation requirements will be helpful to share with each physician as they are enrolled in the project so that they are clear as to what is expected of them to obtain American Board of Pediatrics Maintenance of Certification Part 4 credit.

The team leader within the practice will need to attest for each physician's meaningful participation using the criteria below. This includes ensuring that data is entered monthly by all active physicians in the practice.

Participating practices are expected to:

1. Organize a core team of at least 3 team members (includes Physician Leader, Nurse/Nurse Practitioner or Medical Assistant, Administrative Staff/Office Manager – one of whom must commit to being the day-to-day team contact). As many members of the team as possible attend the learning session and meets at least bi-weekly to plan and carry out tests of change using the Change Package
2. Secure senior leadership's commitment for the improvement team's work in the Collaborative
3. Perform pre-work activities to prepare for the Learning Session
4. Align the goals of the Collaborative work to the strategic plan of the participating organization
5. Perform 3 tests of changes that lead to improvements towards the desired outcomes and submit PDSA worksheets demonstrating these tests
6. Collect data at all infant (age 0-12 months) well visit appointments
7. Participate in webinars, teleconferences, and emails to learn from one another and share improvement ideas, tools and methodologies
8. Scan and submit weekly data for Smoke Free for Me Collaborative
9. Share and review practice-identified data transparently across the collaborative (identifiable practice data cannot be shared outside of the collaborative without permission from the involved practices and from the Medical Director)
10. Physician practice leaders attest to other physicians' meeting participation requirements for ABP MOC Part 4 credits
11. Submission of monthly progress reports to the Collaborative leadership as requested

The project team is expected to:

1. Provide evidence-based information on reducing in-home smoke exposure for pediatric patients 0-12 months of age
2. Offer coaching to improvement teams on applying the Model for Improvement to implement key changes at the Learning Session, on monthly conference calls, and through email communications
3. Provide each team monthly feedback on data and narrative reports
4. Provide a library of tools and training materials
5. Provide documentation of project results to meet American Board of Pediatrics Maintenance of Certification standards
6. Provide communication support to keep teams connected to faculty and colleagues during the Collaborative

Smoke Free for Me Project Goal and Outcomes

Goal: Reduce smoking exposure to infants in the home setting (making OH homes smoke free)

Target Population: Families with infants age 0 – 1 yr

Interventions: Screening for smoke exposure in the home and implementation of 5As when appropriate

Quality Improvement Outcomes:

- 1) > 90% of caregivers presenting to a PCP office will be screened for smoking in the home setting.
- 2) > 80% of caregivers who screen + for smoking in the home setting will have received the 5As plan to quit smoking
- 3) > 80% of those who identify smoking in the home by others than the caregiver will receive smoking cessation information
- 4) > 80% of caregivers who smoke/vape will be referred to Quit Line

Research Improvement Outcomes:

- 1) If caregiver presenting to infant's well-visit appointment is a smoker – reduction of self reported smoke exposure to infants in the home measured via # cigarettes or vapes per day smoked in the past week
- 2) 25% of those referred to Quit Line in the pediatric office visit will have quit smoking by self report captured at subsequent pediatric visits
- 3) 25% of sleep practices will be changed to be appropriate by self-report at subsequent visits when recognized inappropriate