**Evaluation Criteria for QI Projects Documented for MOC Part IV**

**Criteria**

1. **Funding:** The QI effort has no funding or other support from commercial companies   
2. **Rationale:** The rationale for the clinical topic is supported by an assessment of the gap between current practice and what is desirable. The rationale for the QI effort is clear and meaningful.

3. **Goal:** patient care. The goals and objectives are designed to improve patient care.

4. Specific aim. The QI effort defined a specific aim for improvement with time-specific objectives that are achievable.

5. **IOM quality dimensions:** The QI effort addresses one or more quality dimensions of the Institute of Medicine (safety, effectiveness, equity, efficiency, timeliness, patient-centeredness).

6. **Population**: The patient population is well defined and appropriate to the setting.

7. **Measures:** The measures are relevant and appropriate to address the needs of the QI effort. The QI effort uses nationally endorsed measures or best available measures. The QI effort uses appropriate benchmarks for comparison of performance and appropriate performance targets for each measure.

8. **Sampling strategy:** The sampling strategy is sufficient for generating useful performance data.

9. **Data collection period:** The data collection period is appropriate for assessing performance on the identified measures.

10. **Data:** The QI effort captures and presents data over time for all indicated measures in a clear format

11. **Intervention/Improve**: The interventions are specific, appropriate, and are expected to improve care processes and/or health outcomes.

12. **Control/Sustain:** A plan for sustaining and spreading improvement exists.

13. **Physician participation:** The QI effort requirements meaningful and active participation by physicians in order to earn MOC Part IV credit (for each of at least two linked cycles of improvement, participate in: • reviewing baseline data, considering underlying causes, and identifying appropriate intervention(s) • intervention(s); • reviewing post-intervention data, considering underlying causes, and identifying appropriate subsequent interventions.

14. **Physician’s reflections:** A structured method exists for capturing and reviewing reflections of physicians.

The above methodology is similar to that used by the ABMS Part IV MOC Portfolio Program when auditing projects of institutions approved as Portfolio Sponsors.