

ABMS Portfolio Program QI Activity Requirements

The [ABMS Portfolio Program](#) recognizes the quality and safety improvement activities ABMS Member Board certified physicians and medical specialists (diplomates) and physician assistants (PAs) certified by the [National Commission on Certification of Physician Assistants \(NCCPA\)](#) are doing in their practices and health care organizations to help them earn credit for continuing certification (MOC). The program can contribute to organizational goals by encouraging and supporting physician/PA engagement in practice-level activities that make improvement happen. Accepting activities already being worked on alleviates the need to seek out external activities for continuing certification, keeping their focus on what is most important to them in the care of their patients.

Eligible Activities

The program operates through a national network of health care organizations that serve as ABMS Portfolio Program Sponsors and with the ABMS Member Boards to award credit. Sponsor organizations can approve internal QI/PI and patient safety activities for continuing certification credit when they meet ABMS Portfolio Program requirements. Activities can address many facets of the health care continuum including but not limited to:

- Processes (e.g., access to care, discharge planning, advanced directives)
- Clinical care (e.g., cardiovascular disease, depression, opioid treatment)
- Administration/systems (e.g., efficiency, resource allocation, EMR use)
- Population health (e.g., childhood obesity, food safety, motor vehicle injury)

Activity Requirements

Qualifying activities must:

1. Include an oversight process that ensures adherence to meaningful participation criteria.
2. Have measurable, relevant, and time-appropriate aims for improvement.
3. Incorporate appropriate, relevant and (when available) evidence-based measures and interventions (see back for examples of acceptable interventions).
4. Document data collection pre- and post-intervention (see back for examples of data sources).

For more information about meaningful participation, refer to the ABMS Portfolio Program Meaningful Participation Requirements information sheet.

Intervention Examples

Types of interventions are too numerous to list, but some examples of typical interventions include:

- Redesign of subprocesses in a clinical process
- Alerts and reminders in an EHR system
- Checklist(s) guiding healthcare professionals' practice (may also be a component of an EHR modification)
- Utilization of phone calls/reminders/posters and other sources of patient education and compliance information
- Implementation of standing orders for intervention(s)
- Education of team members addressing practice-changing evidence
- Kaizen events or similar team-based quality improvement or patient safety events

Education-related interventions that offer *AMA PRA Category 1 Credit™* and are commercially supported are deemed acceptable if compliant with the current [ACCME Standards for Integrity and Independence in Accredited Continuing Education](#). Adherence to these standards must be documented by the Sponsor.

Data Source Examples

A wide array of data is available and appropriate to drive improvement. When available, improvement work should incorporate appropriate, relevant, and evidence-based performance measures. The use of national measures may be used, if appropriate. The best data sources are those that are the most accessible to providers. Examples of common data sources include:

- Practice-level metrics
- System-level metrics
- Employer-gathered information or outcomes
- Survey-generated information
- ACO- required metrics
- EHR-produced reports