**ABMS PORTFOLIO PROGRAM – New QI Activity form**

**\*** QI Activity Title:

**\*** Portfolio Placement:

*NOTE:*

*This field will default to your organization (based on your login) in MOCAM.*

1. **\*** QI Activity Start and [anticipated] End dates:

*NOTE:*

*If the QI Activity is 'continuous' or 'ongoing', the end date should be listed as 1/1/2099.*

1. **\*** QI Activity Leader name, email, phone number:
2. **\*** Select up to five relevant topics for this QI Activity:
* Access to care
* Asthma
* Burnout/clinical wellbeing
* Cancer
* Cardiovascular
* Career sustainability
* Choosing Wisely/High Value Care/cost of care
* CLABSI
* Communication (patient-clinician)
* Compliance (regulatory)
* COVID-19
* Diabetes
* Documentation
* Efficiency/timeliness of care
* Hand hygiene
* Health literacy
* HIV
* Hypertension
* Immunizations/vaccinations
* Length of stay
* Medical home
* Obesity
* Opioid use
* Patient centered care
* Patient safety/harm reduction
* Prescriptions
* Preventive care
* Procedural skills
* Professionalism
* Provider resilience
* Readmissions
* Resource stewardship/utilization/value-based care
* Satisfaction
* Sepsis
* Surgical site infections
* Teamwork/team-based care
* Transitions of care
* Other (indicate the topic area):
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **\*** Select one or more medical specialties addressed as part of this QI Activity:
* Anesthesiology
	+ *(How long does an individual participate?*)
* Dermatology
	+ *(ABD – In addition to Sponsors submitting completions to the Portfolio program, diplomates must claim credit on their MOC tables through their physician portal (self-report))*
* Emergency Medicine
* Family Medicine
	+ *(Is this QI Effort part of NCQA recognition?)*
* Internal Medicine (including subspecialties)
* Medical Genetics and Genomics
* Obstetrics and Gynecology
* Ophthalmology
* Otolaryngology
* Pathology
* Pediatrics
* Physical Medicine and Rehabilitation
* Psychiatry and Neurology
* Radiology
* Surgery
	+ *(Does this QI Effort directly address a change to the clinical care a surgeon provides?)*
	+ *(ABS does not approve QI Efforts that do not address a change to the clinical care a surgeon provides.)*
* Thoracic Surgery
* Urology
	+ *(Does this QI Effort directly address a change to the clinical care an urologist provides?)*
	+ *(ABU does not approve QI Efforts that do not address a change to the clinical care an urologist provides.)*
1. **\*** Funding for this QI Activity meets Portfolio Program Requirements.
	* Yes
	* No
2. **\*** Provide a one-sentence AIM statement for this QI Activity below.

**EXAMPLE AIM STATEMENT:** We will *[improve, increase, decrease]* the *[number, amount, percent]* of *[the process/outcome]* from *[baseline measure]* to *[goal measure]* by *[date]*.

1. **\*** Add a row for each measure used in the QI Activity, if known.

*NOTE:*

* *A patient outcome is not required though HIGHLY desirable.*

*Target rates and benchmarks may or may not be the same as the goal listed in the aim statement.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Target Population** | **Measure Title** | **Measure Type** | **Measure Source** | **Numerator** | **Denominator** | **Baseline Rate** | **Target Rate** | **Benchmark****and Source (as****available)** |
| *Include all* |  | *Outcome,* | *HEDIS,* |  |  | *Individual,* | *Individual,* | *This can be* |
| *inclusionary and* | *Process,* | *PCPI,* | *clinic, practice,* | *clinic, practice,* | *from the* |
| *exclusionary* | *Balancing* | *Medicare* | *organization* | *organization* | *literature* |
| *criteria* |  | *5\*, internal,**USPSTF,* |  |  |  |
|  |  | *etc.* |  |  |  |
| E.G.; Adults 18+ without documented hypertension | E.G.; High blood pressure in adults: Screening | E.G.;Process | E.G.; USPSTF | E.G.;Patients with documented screening | E.G.; Patients seen in the last 12 months | E.G.; 62% | E.G.; 80% | E.G.; 92.6% perHealthy People 2020 |

1. **\*** Describe the types of interventions and tools that are being, were, or will be used by participants in the QI Activity and describe how each will impact individual practice and patient care.

*NOTE:*

* + *We recognize that interventions may be added, removed and/or modified to meet the needs of the individual practice as QI work progresses.*
	+ *You must complete, at a minimum, the impact on patient care and individual practice at this point.  If you do not know interventions/tools at this point, indicate “Unknown at this time”.*

|  |  |  |
| --- | --- | --- |
| **Intervention/Tool Type and Description** | **How will this impact individual practice?** | **How will this impact patient care?** |
| E.G.; We have a checklist that prints from our EMR for adult PCP visits; we had HTN added for every visit for every pt. 18+ | E.G.; Will lengthen individual visit time for every patient who screens high | E.G.; This change ensures that every patient 18 and older who is seen at least annually is screened for hypertension regardless of the type of visit |

1. **\*** Physicians/PAs will engage in this QI work in the following way(s) (select all that apply):
* Provide direct/consultative patient care.
* Oversee clinical delivery activities that provide opportunities for improvement.
* Serve as a QI/PS lead, coach, or a resident/student advisor, or other leadership role.
1. **\***Individual participants in this QI Activity will complete the following.
* Identify and/or review data related to the gap(s).
* Identify or acknowledge appropriate intervention(s) designed to improve the gap(s), OR participate in the planning and selection of intervention(s) designed to improve the gap(s).
* Implement intervention(s) for a timeframe appropriate to addressing the gap(s), OR monitor and manage implementation of intervention(s) for a timeframe appropriate to addressing the gap(s).
* Review data related to the gap(s).
* Reflect on outcomes to determine whether the intervention(s) resulted in improvement. If no improvement occurs after an intervention, diplomates must reflect on why no improvement occurred.
* Attest to meeting the above requirements and obtain the attesting signature of the project leader or person in a position of authority.
* Yes
* No
1. **\*** By submitting this QI Activity, you are agreeing to share project level information (Aim Statement, Measures, and Interventions) with other Portfolio Sponsors.

***No outcomes data will be shared without express permission from you.***

* Yes
* No