

Physician Office Information

Physician Office Name: _____

Lead Physician: _____

Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Practice Information (please check)

1. Does your practice have an EHR system? Yes No
If yes, what is the name of the system/vendor? _____
2. Are you planning to implement an EHR in the next year? Yes No
If not next year, how far in the future do you think you may purchase one? _____
3. Do you have a local referral source to send patients to have colorectal screenings and other diagnostic tests?
 Yes No
If No, do you need assistance in finding a referral resource? Yes No
4. Has your practice taken steps to transform into a Patient-centered Medical Home (PCMH)? Yes No
If yes, what steps has your practice taken? _____

Team Member Identification:

The following people will be attending the in-person training and will champion the project in the office.

Physician attendee(s): _____

Team member: _____ Title: _____

Team member: _____ Title: _____

Team member: _____ Title: _____

Person coordinating registration and OAFP communications with team: _____

Practice Administration Agrees to the Following:

- Provide staff time and resources for designated team members to participate in the team learning session – which will be organized between the team contact and the physician mentor.
Participation by a physician is required;
- Participate in occasional check-up and best practice calls between the practice team and the mentor. Calls will be scheduled during the in-person training;
- Track and document results of interventions using the ABFM approved module for MC-FM Part IV credit;
- Take part in the CME approved webinar series;
- Share progress with OAFP staff and their representatives when information is requested;
- Share openly with other teams in the project, including changes made to improve care and performance rates by engaging the Online Community Collaborative;

Commitment to Participate and Share (Please read and complete the following):

Our practice's physician leader has reviewed and approved our participation in the Colorectal Cancer Screening Improvement Project Yes No

The physician leader agrees to the terms of participation as listed above. Yes No

Please complete and return your team application to:

Ohio Academy of Family Physicians - Attn: Kate Mahler, 4075 N. High St., Columbus, Ohio 43214
Fax: (614) 267-9191 Phone: (614) 267-7867 or Email: kmahler@ohioafp.org