



Health Disparities/Equity Self-Directed Clinical PI Activity

* Is this a Group Activity?

* Improvement Project Name
Provide a brief title for your activity

* Practice Name
If your practice name is not found in the drop-down list, please enter the name of your practice in the field

Instructions

The Health Disparities/Equity Self-Directed Clinical allows you to complete a custom quality improvement effort for any type or scope of practice in which you work.

This activity provides a mechanism for meeting the Performance Improvement (PI) requirement by telling us about how you have assessed and improved the way that your practice addresses social determinants of health; health equity (broadly defined); and/or systemic ways in which you assure that patient access, experience and care are equitable. This performance improvement can address many different dimensions of care - such as assessing race/ethnicity, socioeconomic status, sexual orientation/gender identity, disability, rural, or under-served group of people. From this, you can plan an intervention to close gaps in care. for example, disparate outcomes of common screening activities (cancer, HIV) and conditions (quality measures for hypertension, diabetes, etc.)

This application will be submitted once your project is completed.

This pathway can be used to satisfy the Performance Improvement requirement for continuing certification and is worth 20 PI points.

Note: *This application saves your entries as you go.*

If you have any questions, please contact us at help@theabfm.org.

Name:

Email Address:

ABFM ID

*** When did the project begin?**
Dates should be provided in mm/dd/yyyy format.

*** When was the project completed, or when was the most recent cycle of improvement finished?**
Note this is the date your credit will be posted.
Dates should be provided in mm/dd/yyyy format.

*** How was this project funded?**

*** Please check the topic area(s) that best describes the category that your Health Equity improvement seeks to address.**
Each of these, or other improvements you seek to address, can be considered for patients of color, LGBTQ+ patients, those who are under-served by geographical limits to access to care, patients lacking insurance coverage, those with disabilities, etc.

*** What problem (gap in quality) did the project address?**
e.g., Colorectal Cancer screenings for patients of color was lower than that of other patient populations. I wanted to insure that all patient populations received the recommended cancer screenings.e.g., Social Determinants of Health was not addressed for each of my patients. I wanted to insure that all patients received Social Determinants of Health screening at each visit.

*** What did the project aim to accomplish?**
An aim statement should state a clear, quantifiable goal set within a specific time frame. It states what you tried to change, by how much, and by when.
For more information about forming an aim statement, click [here](#).

What did you try to change?
e.g., We aimed to complete the recommended colorectal cancer screenings for all patients seen for a visit within 6 months.

e.g., *We aimed to screen for Social Determinants of Health for all patients seen for a visit within 3 months.*

* *List the measures used to evaluate progress.*

Measures are directly related to the aim statement, showing whether a project's changes are resulting in improvement. For more information about measures, click [here](#).

Example project: Increase the recommended colorectal cancer screenings for all patients.

Example Measures Table:

- *Measure Name: Recommended Colorectal Cancer Screenings Completed*
- *Goal: Improve number of patients of color who completed the recommended colorectal cancer screenings to 75%*
- *# of Patient Records: 25 or more*
- *Baseline Percentage or Rate: 50%*
- *Follow-up Percentage or Rate: 75%*

Example project: Complete Social Determinant screenings for all patients seen for a visit.

Example Measures Table:

- *Measure Name: Social Determinant of Health Screenings Completed*
- *Goal: Improve number of patients who have a Social Determinant of Health Screening Completed to 80%*
- *# of Patient Records: 25 or more*
- *Baseline Percentage or Rate: 0%*
- *Follow-up Percentage or Rate: 75%*

Measure Name:

Goal:

Number of Records used for activity:

Baseline Data if available (can have a baseline of 0):

Follow-up data:

Optional file upload:



To learn about optional disparities resources you may be interested in visit [here](#)

* *What interventions or changes were made?*

e.g., Provided education to each patient seen on the recommended cancer screenings. Make needed appointments for screenings while patient is in the office. Work with community partners to encourage cancer screenings for patients of color.

e.g., Assess your practice use of Social Determinants of Health Screening using

https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/assessing-practice-web.pdf. Create a checklist that can be used for each patient visit to assess Social Determinants of Health

*

Describe the impact of these changes in your practice. What lessons did you learn?"

Physician Attestation

Note: You are not required to be involved with all aspects of the activity to receive credit.

10

** I was engaged in planning and executing the project.*

11

** I was involved in the changes implemented during the project.*

12

** I regularly reviewed data in keeping with the project's measurement plan.*

13

** I participated in team meetings for the project.*

14

** I understand that credit will be awarded on the date the project was completed or its most recent cycle of improvement, if approved. Note this is the end date provided in question 2.*

15

** Describe your individual involvement in this project.*

Improvement Survey



Thank you for completing this Performance Improvement Activity!

To help us continually improve our Continuous Certification products, we ask that you complete the following survey. In responding to the following questions, please think about your experience completing this PI Activity.

** How relevant was the activity to your practice?*

** Please rate how much you agree or disagree with this statement:*

This activity was user friendly.

My overall impression of the PI Activity was:

By submitting this application:

- You agree that this application can be reviewed by the relevant ABFM staff and, if necessary, a review team comprised of individuals knowledgeable in quality improvement.
- You agree that your participation in the QI effort described abides by the standards and guidelines of the Self-Directed Pathway.
- You agree that participation in this pathway is voluntary and by applying you are not assured of approval. By submitting this application you waive any claim of liability against the ABFM and release the board from any claim of any nature in connection with this application or the review and approval process.

Please note:

Submission of this application alone does NOT guarantee certification credit. Allow up to 10 business days for initial review of your **completed** project's compliance with the ABFM's quality improvement standards for certification credit approval. You may receive an email request for clarifications or additional project information by the review team. Approved small group QI projects are awarded 20 Performance Improvement points.

*** Submission of Project for review**

Would you be willing to speak with someone in the ABFM communications department about your experience with your improvement activity?