

PROGRESS 4%

**Instructions**  
The Self-Directed Pathway allows you to direct custom quality improvement projects, regardless of whether you provide continuing care. You can identify measures for pre- and post-intervention data collection that focus on an area that you feel needs to be assessed within your practice.  
This pathway can be used to satisfy the Performance Improvement requirement for continuing certification.  
**Note: This application saves your entries as you go.**  
If you have a group code, the details of the quality improvement project have already been accepted and approved by the ABFM. Enter the group code and scroll down directly to the Physician Attestation section to complete and submit your information.  
If you have any questions, please contact us at [help@theabfm.org](mailto:help@theabfm.org).

**Application Group** Join Group

If you do not have a group code, complete the application below. If approved, you will receive a group code to share with up to 9 other participants in your quality improvement project.

If you have participated in a group quality improvement project and have a group code, select the option to join a group and complete your attestation for meaningful participation.

**\* 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):**

**Name:**

**Email Address:**

**ABFM ID**

**\* Do you have direct, continuing care responsibilities for family medicine patients?**  
 Yes  
 No

If you are doing this as a group, the first person will complete the application then get a code to share with others. The others will need to attest to their participation in the project, but do not need to reenter data.

Enter the name for your project

Select your practice name from the list or enter in your practice

Your name will already be here

Your email will already be here

Your ABFM ID will already be here

If you are doing continuity care, click YES, if not, click NO.

**1** **\* My institution is an ABMS Portfolio Sponsor (view Portfolio Sponsor list here).**  
 Yes  
 No

**2** **\* Was this activity completed as part of an AAFP or State Chapter activity?**  
 Yes  
 No

**If yes please check the AAFP or State Chapter with which you completed the activity with.**

<input type="checkbox"/> AAFP	<input type="checkbox"/> Alabama AFP	<input type="checkbox"/> Alaska AFP
<input type="checkbox"/> Arizona AFP	<input type="checkbox"/> Arkansas AFP	<input type="checkbox"/> California AFP
<input type="checkbox"/> Colorado AFP	<input type="checkbox"/> Connecticut AFP	<input type="checkbox"/> Delaware AFP
<input type="checkbox"/> District of Columbia AFP	<input type="checkbox"/> Florida AFP	<input type="checkbox"/> Georgia AFP
<input type="checkbox"/> Guam AFP	<input type="checkbox"/> Hawaii AFP	<input type="checkbox"/> Idaho AFP
<input type="checkbox"/> Illinois AFP	<input type="checkbox"/> Indiana AFP	<input type="checkbox"/> Iowa AFP
<input type="checkbox"/> Kansas AFP	<input type="checkbox"/> Kentucky AFP	<input type="checkbox"/> Louisiana AFP
<input type="checkbox"/> Maine AFP	<input type="checkbox"/> Maryland AFP	<input type="checkbox"/> Massachusetts AFP
<input type="checkbox"/> Michigan AFP	<input type="checkbox"/> Minnesota AFP	<input type="checkbox"/> Mississippi AFP
<input type="checkbox"/> Missouri AFP	<input type="checkbox"/> Montana AFP	<input type="checkbox"/> Nebraska AFP
<input type="checkbox"/> Nevada AFP	<input type="checkbox"/> New Mexico AFP	<input type="checkbox"/> New Hampshire AFP
<input type="checkbox"/> New Jersey AFP	<input type="checkbox"/> North Dakota AFP	<input type="checkbox"/> New York AFP
<input type="checkbox"/> North Carolina AFP	<input type="checkbox"/> Oregon AFP	<input type="checkbox"/> Ohio AFP
<input type="checkbox"/> Oklahoma AFP	<input type="checkbox"/> Rhode Island AFP	<input type="checkbox"/> Pennsylvania AFP
<input type="checkbox"/> Puerto Rico AFP	<input type="checkbox"/> Tennessee AFP	<input type="checkbox"/> South Carolina AFP
<input type="checkbox"/> South Dakota AFP	<input type="checkbox"/> Texas AFP	<input type="checkbox"/> Utah AFP
<input type="checkbox"/> Uniformed Services AFP	<input type="checkbox"/> Virginia AFP	<input type="checkbox"/> Vermont AFP
<input type="checkbox"/> Virgin Islands AFP	<input type="checkbox"/> Wisconsin AFP	<input type="checkbox"/> Washington AFP
<input type="checkbox"/> West Virginia AFP	<input type="checkbox"/> Wyoming AFP	

Unless your institution is on the list, click NO

Unless you did this with a chapter, click NO

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

Enter the date that this project began

**4** **\* 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.

Enter the date this project was completed (this must be today or earlier)

**5** **\* How was this project funded?**  
 Grant  
 Internally  
 Pharma or device funding  
 Subscription  
 Other

Select how this project was funded - if you did not receive funding, select Internally

**6** **\* Identify the relevant topic areas for this QI project.**  
Select all that apply.

<input type="checkbox"/> Access to care	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Child and adolescent health	<input type="checkbox"/> Communication
<input type="checkbox"/> Community health	<input type="checkbox"/> Decision support	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Documentation	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Emergency medicine
<input type="checkbox"/> Geriatric medicine	<input type="checkbox"/> Health literacy	<input type="checkbox"/> Hypertension
<input checked="" type="checkbox"/> Immunizations/vaccinations	<input type="checkbox"/> Laboratory testing/imaging studies	<input type="checkbox"/> Maternity care
<input type="checkbox"/> Mental health	<input type="checkbox"/> Obesity	<input type="checkbox"/> Patient adherence
<input checked="" type="checkbox"/> Patient education	<input type="checkbox"/> Patient engagement	<input type="checkbox"/> Patient safety
<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Preventive care	<input type="checkbox"/> Sports medicine
<input type="checkbox"/> Satisfaction	<input checked="" type="checkbox"/> Teamwork	<input type="checkbox"/> Other

Select at least one topic relevant to this topic

**7** **\* What problem (gap in quality) did the project address?**  
e.g., Influenza vaccination rates in our practice were consistently lower than the national standard, resulting in an increased frequency of flu among our patients.

In 1-2 sentences, describe the problem that your project is working to change

**8** **\* 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 improve our practice's influenza vaccination rate

One sentence describing the change

**8.1** **\* What was your improvement goal?**  
e.g., Improving our rate to 85% compliance

An improvement goal that includes a number

**8.2** **\* What was the timeframe for this to be accomplished?**  
e.g., 9 months

A time frame - often a few months, should not be less than a week or more than a year.

**9** **\* 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.  
**\*\*Note Project will not be approved without both baseline and follow-up data listed in the table below.**

Example project: Improving Vaccination Compliance  
Example Measures Table:

Measure Name	Goal
Influenza vaccination rate for adults (over 18 years)	50%
# of Patient Records	1853
Baseline Percentage or Rate (must be entered as exact number)	41.4%
Follow-up Percentage or Rate (must be entered as exact number)	52.3%
Optional Supporting Materials	No Attachments

You need at least 1 measure for each PI project. You may use multiple measures, but it is not necessary.

If you have having issues selecting a measure you can use the EasyPI suggestions

Enter a name for your measure

Enter a goal (a number)

Enter the number of patients

Enter the percent before the intervention

Enter the percent after the intervention

You can upload your deidentified data if you want (not required)

**10** **\* What interventions or changes were made?**  
e.g. Education for our clinical staff on importance of this vaccine, added compliance check in patient's Electronic Medical Record, utilized pamphlets on this vaccine in well-patient visits.

Describe the changes that you made as part of your project

**Physician Attestation**

**11** **\* I was engaged in planning and executing the project.**  
 Yes  
 No

**12** **\* I was involved in the changes implemented during the project.**  
 Yes  
 No

**13** **\* I regularly reviewed data in keeping with the project's measurement plan.**  
 Yes  
 No

**14** **\* I participated in team meetings for the project.**  
 Yes  
 No

**15** **\* 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 date you provided in question 4.**  
 Yes

**16** **\* Describe your individual involvement in this project.**

**\* Did you use the Ohio AFP Easy PI information to complete your improvement activity?**  
 Yes  
 No

For the attestation, you must describe the part you played in the project. You must answer YES for at least one of the questions 11 - 14, but do not need to answer YES for all of them.

You must answer YES to this question.

Type a sentence or two to describe what you did for this project

Answer YES as you are using this EasyPI resource.

**Improvement Survey**

**Thank you for completing this Performance Improvement Activity!**

To help us continually improve our Continuous Quality Improvement 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?**  
 Extremely relevant  
 Very relevant  
 Somewhat relevant  
 Not at all relevant

**\* Please rate how much you agree or disagree with this statement: this activity was user-friendly.**  
 Strongly agree  
 Agree  
 Disagree  
 Strongly disagree

**\* My overall impression of the PI Activity was:**  
 Extremely favorable  
 Very favorable  
 Somewhat favorable  
 Not at all favorable

**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 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**  
 I attest that all questions and fields have been completed fully and truthfully.

**Would you be willing to speak with someone in the ABFM communications department about your experience with your improvement activity?**  
 Yes, I am willing to be contacted.  
 No, Please do not contact me.

Complete these three questions about the PI process.

Attest that you have answered truthfully

Check if you would like to be contacted by the ABFM.