

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.

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 Improving Screening for Social Determinants of Health

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 of Practice

Name:

Email Address:

ABFM ID

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

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

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

When did the project begin? Dates should be provided in mm/dd/yyyy format. 01/01/2024

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. 04/01/2024

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

- Identify the relevant topic areas for this QI project. Select all that apply. Access to care, Cardiovascular, Community health, Documentation, Geriatric medicine, Immunizations/vaccinations, Mental health, Patient education, Prescriptions, Satisfaction, Asthma, Child and adolescent health, Decision support, Efficiency, Health literacy, Laboratory testing/imaging studies, Obesity, Patient engagement, Preventive care, Teamwork, Cancer, Communication, Diabetes, Emergency medicine, Hypertension, Maternity care, Patient adherence, Patient safety, Sports medicine, Other

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. Social determinants of health significantly impact patient's health; we do not have a way to routinely screen for social determinants of health.

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 We aimed to improve the percentage of our patients screened for Social Determinants of Health (SDoH)

8.1 What was your improvement goal? e.g., Improving our rate to 85% compliance Improving the percentage of patients with health maintenance visits screened for SDoH to 60%

8.2 What was the timeframe for this to be accomplished? e.g., 9 months 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: Improving Vaccination Compliance Example Measures Table:

Table with 2 columns: Measure Name, Goal. Row 1: Percentage of patients with health maintenance visits screened for SDoH, 60%. Row 2: # of Patient Records, 104 pre-intervention and 93 post-intervention. Row 3: Baseline Percentage or Rate (must be entered as exact number), 0%. Row 4: Follow-up Percentage or Rate (must be entered as exact number), 55%.

Optional Supporting Materials No Attachments

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. Clinical staff was educated about how SDoH impact patient outcomes. Nursing staff administered the PRAPARE tool to screen for SDoH at all health maintenance visits.

Physician Attestation

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

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

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

I participated in team meetings for the project. Yes No

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

Describe your individual involvement in this project. I led conversations with the staff about social determinants of health. I reviewed the screening results at the time of visit. I reviewed the data results for this project

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

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.

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.

Unless your institution is on the list, click NO

Unless you did this with a chapter, click NO

Enter the date that this project began

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

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

Select at least one topic relevant to this topic

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

One sentence describing the change

An improvement goal that includes a number

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

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)

Describe the changes that you made as part of your project

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.

Attest that you have answered truthfully

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