Report on a QI Project Eligible for MOC – ABMS Part IV and AAPA PI-CME

BMi2+ Population Effects of Motivational Interviewing on Childhood Obesity

Instructions

Determine eligibility. Before starting to complete this report, go to the Michigan Medicine MOC website [http://www.med.umich.edu/moc-qi/index.html], click on "Part IV Credit Designation," and review sections 1 and 2. Complete and submit a "QI Project Preliminary Worksheet for Part IV Eligibility." Staff from the Michigan Medicine Part IV MOC Program will review the worksheet with you to explain any adjustments needed to be eligible. (The approved Worksheet provides an outline to complete this report.)

Completing the report. The report documents completion of each phase of the QI project. (See section 3 of the website.) Final confirmation of Part IV MOC for a project occurs when the full report is submitted and approved.

An option for preliminary review (strongly recommended) is to complete a description of activities through the intervention phase and submit the partially completed report. (Complete at least items 1-18.) Staff from the Michigan Medicine Part IV MOC Program will provide a preliminary review, checking that the information is sufficiently clear, but not overly detailed. This simplifies completion and review of descriptions of remaining activities.

Questions are in bold font. Answers should be in regular font (generally immediately below or beside the questions). To check boxes, hover pointer over the box and click (usual "left" click).

For further information and to submit completed applications, contact either:

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Report Outline

Section	Items	
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B. Plan	7-8.	Patient population, general goal
	9-11.	Measures, baseline performance, specific aims
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D. Check	17-18.	Post-intervention performance
E. Adjust – Replan	19-22.	Post-intervention data review, underlying causes, adjustments, who will implement
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G. Recheck	24-26.	Post-adjustment performance, summary of individual performance
H. Readjust plan	27-30.	Post-adjustment data review, underlying causes, further adjustments, who will implement
I. Reflections & plans	31-35.	Barriers, lessons, best practices, spread, sustain
J. Participation for MOC	36-38.	Participation in key activities, other options, other requirements
K. Sharing results	39.	Plans for report, presentation, publication
L. Organization affiliation	40.	Part of UMHS, AAVA, other affiliation with UMHS

QI Project Report for Part IV MOC Eligibility

A. Introduction

1. Date November 14, 2018

2. Title of QI effort/project: BMi2+ Population Effects of Motivational Interviewing on Childhood Obesity

3. Time frame

a. MOC participation beginning date – date that health care providers seeking MOC began participating in the documented QI project *(e.g. date of general review of baseline data, item #12c):* Oct 13-15, 2017 (review baseline performance and training intervention).

b. MOC participation end date – date that health care providers seeking MOC completed participating in the documented QI project *(e.g., date of general review of post-adjustment data, item #27c)*: Nov. 30, 2018 (reviewed post-adjustment performance)

4. Key individuals

a. QI project leader
Name: Ken Resnicow, Ph.D.
Title: Principal Investigator
Organizational unit: Department of Pediatrics and Communicable Diseases
Phone number: 734-904-3888
Email address: kresnice@umich.edu
Mailing address: School of Public Health 109 Observatory Street Room 3867 SPH I Ann Arbor, MI 48109-2029

b. Clinical leader who oversees project leader regarding the project *[responsible for overseeing/"sponsoring" the project within the specific clinical setting]*
Name: Valerie Opipari, M.D.
Title: Professor and Chair
Organizational unit: Department of Pediatrics and Communicable Diseases
Phone number: 734-764-7126
Email address: vcastle@med.umich.edu
Mailing address: Mott Children's Hospital Floor 7 Reception C 1540 E. Medical Center Dr. SPC 4259 Ann Arbor, MI 48109-4259

5. Participants. Approximately how many physicians (by specialty/subspecialty and by training level) and physicians' assistants participated for MOC?

Participating for MOC	Primary Specialty	Subspecialty, if any	Number
Practicing physicians	Pediatrics	n/a	10
Residents/Fellows	n/a	n/a	0
Physicians' Assistants	n/a	n/a	0

6. How was the QI effort funded? *(Check all that apply.)*

☐ Internal institutional funds (e.g., regular pay/work, specially allocated)
☐ Grant/gift from pharmaceutical or medical device manufacturer
☒ Grant/gift from other source (e.g., government, insurance company)
☐ Subscription payments by participants
☐ Other source *(describe)*:

The Multi-Specialty Part IV MOC Program requires that QI efforts include at least two linked cycles of data-guided improvement. Some projects may have only two cycles while others may have additional

cycles – particularly those involving rapid cycle improvement. The items below provide some flexibility in describing project methods and activities. If the items do not allow you to reasonably describe the steps of your specific project, please contact the UMHS Part IV MOC Program Office.

B. Plan

7. Patient population. What patient population does this project address? *(e.g., age, medical condition, where seen/treated)***:** English or Spanish speaking parents of 3-11 year-old children, who have had a BMI over the 85 percentile in the previous two years, who are seen in the practices of pediatricians in one of the nine intervention study clinics. Exclusion are children who are already involved in a comprehensive weight loss program or have access to a Registered Dietitian (RD), have Type I or II diabetes, use daily/chronic medications known to affect growth, mood and/or behavior, or have a chronic, limiting, severe medical disorder.

8. General purpose.

a. Problem with patient care ("gap" between desired state and current state)

(1) What should be occurring and why should it occur (benefits of doing this)?
Clinicians should provide exercise and nutrition counseling to parents with children who have obesity or overweight. Providing early intervention to prevent or address obesity is important for the health of children now and in their later lives. Children having overweight or obesity is linked to lower health-related quality of life, behavior problems, depression, low self-esteem, and difficult peer relationships. The individual lifetime medical cost of child with obesity is roughly $19,000, or >$14 billion across the population of children with obesity in the US. With some recent fluctuation, rates of overweight and obesity among all children remain 2-3 times higher than 30 years ago.

(2) What is occurring now and why is this a concern (costs/harms)?
Clinicians are not providing exercise and nutrition counseling to parents whose children have obesity or overweight. Clinicians report lack of skills and concerns about how to approach the topic with parents.

b. Project goal. What general outcome regarding the problem should result from this project? *(State general goal here. Specific aims/performance targets are addressed in #11.)*
Decrease the BMI percentiles of children with obesity and overweight.

9. Describe the measure(s) of performance *(QI efforts must have at least one measure that is tracked across the two cycles for the three measurement periods: baseline, post-intervention, and post-adjustment. If more than two measures are tracked, copy and paste the section for a measure and describe the additional measures.)*

Measure 1

- **Name of measure** *(e.g., Percent of . . ., Mean of . . ., Frequency of . . .)***:**
  Percent of patients who were seen for a well visit, and had a Body Mass Index (BMI) recorded.
- **Measure components** – *describe the:*
  Denominator *(e.g., for percent, often the number of patients eligible for the measure)*: Total number of patients seen between 3 and 11 years old in that time period.

  Numerator *(e.g., for percent, often the number of those in the denominator who also meet the performance expectation)*: Total number of patients for which a height and weight were recorded.

Measure 2

- **Name of measure** *(e.g., Percent of . . ., Mean of . . ., Frequency of . . .)***:**

ICD-10 code Z71.3, "Dietary counseling and surveillance"

- **Measure components** – *describe the:*

  Denominator *(e.g., for percent, often the number of patients eligible for the measure)*: total number of patients seen between the ages of 3 and 11 years old

  Numerator *(e.g., for percent, often the number of those in the denominator who also meet the performance expectation)*: Total patients who were diagnosed with a Z71.3 code.

- **The source of the measure is:**
  - ☒ An external organization/agency, which is *(name the source)*: Clinic records from Physician's Computing Company (PCC) (an electronic health record vendor)
  - ☐ Internal to our organization and it was chosen because *(describe rationale)*:
- **This is a measure of:**
  - ☒ Process – activities of delivering health care to patients
  - ☐ Outcome – health state of a patient resulting from health care

Measure 3

- **Name of measure** *(e.g., Percent of . . ., Mean of . . ., Frequency of . . .)***:**

  ICD-10 code Z71.82, "Exercise counseling"

- **Measure components** – *describe the:*

  Denominator *(e.g., for percent, often the number of patients eligible for the measure)*: total number of patients seen between the ages of 3 and 11 years old

  Numerator *(e.g., for percent, often the number of those in the denominator who also meet the performance expectation)*: Total patients who were diagnosed with a Z71.82 code.

- **The source of the measure is:**
  - ☒ An external organization/agency, which is *(name the source)*: Clinic records from PCC
  - ☐ Internal to our organization and it was chosen because *(describe rationale)*:
- **This is a measure of:**
  - ☒ Process – activities of delivering health care to patients
  - ☐ Outcome – health state of a patient resulting from health care
- **The source of the measure is:**
  - ☒ An external organization/agency, which is *(name the source)*: PCC records
  - ☐ Internal to our organization and it was chosen because *(describe rationale)*:
- **This is a measure of:**
  - ☒ Process – activities of delivering health care to patients
  - ☐ Outcome – health state of a patient resulting from health care

(If more than two measures are tracked across the two cycles, copy and paste the section for a measure and describe the additional measures.)

10. Baseline performance

a. What were the beginning and end dates for the time period for <u>baseline</u> data on the measure(s)? 12/4/2016 – 12/4/2017, one year before the project began

b. What was (were) the performance level(s) at baseline? *Display in a data table, bar graph, or run chart (line graph). Can show baseline data only here or refer to a display of data for all time periods*

attached at end of report. Show baseline time period, measure names, number of observations for each measure, and performance level for each measure.

Goal and Time Periods	N	% BMI Recorded	% Dietary Counseling & Surveillance		% Exercise Counseling	
			ICD-10 Z71.3	SNOMED	IDCD-10 Z71.82	SNOMED
Goal		***95%***	***49%***	***49%***	***21%***	***21%***
Baseline 12/4/16 – 12/4/17	8422	92.0%	40.6%	4.5%	1.3%	1.4%
Post-intervention 2/1/18 – 4/30/18	3229	62.9%	22.8%	21.7%	14.0%	17.4%
Post-Adjustment 5/9/18 – 11/1/18	4205	78.9%	44.8%	40.9%	34.8%	30.8%

11. Specific performance aim(s)/objective(s)

a. What is the specific aim of the QI effort? *"The Aim Statement should include: (1) a specific and measurable improvement goal, (2) a specific target population, and (3) a specific target date/time period. For example: We will [improve, increase, decrease] the [number, amount percent of [the process/outcome] from [baseline measure] to [goal measure] by [date]."*

The specific aims are: from the baseline period (12/4/16 – 12/4/17) to the end of the post-adjustment period, increase:

- BMI percentile documentation from 92% to 95%.
- Dietary counseling from 41% to 49%.
- Exercise counseling from 1% to 21%.

b. How were the performance targets determined, e.g., regional or national benchmarks? The targets were determined by the study investigators based on expected feasibility for change during the time period. National benchmarks for HEDIS performance were considered along with benchmark performance of all study clinicians.

12. Baseline data review and planning. Who was involved in reviewing the baseline data, identifying underlying (root) causes of problem(s) resulting in these data, and considering possible interventions ("countermeasures") to address the causes? *(Briefly describe the following.)*

a. Who was involved? *(e.g., by profession or role:)* Principal investigator, Ken Resnicow. PCC data analyst, Tim Proctor. All participating study clinicians. Deborah Greenhouse, Cristopher Craig, Jennifer Gruen, Krekamey Craig, Yewade Ng, Robin Warner, Leah Jacobson, Shazad Sheikh, Mary Kiepert, Rana Kronfol.

b. **How?** *(e.g., in a meeting of clinic staff):* in a meeting.

c. **When?** *(e.g., date(s) when baseline data were reviewed and discussed)* Data was presented at the MI trainings Oct 15th for Drs. Kiepert and Kronfol and Dec 10th for the remaining participating clinicians.

Use the following table to outline the plan that was developed: #13 the primary causes, #14 the intervention(s) that addressed each cause, and #15 who carried out each intervention. *This is a simplified presentation of the logic diagram for structured problem solving explained at http://ocpd.med.umich.edu/moc/process-having-*

part-iv-credit-designation in section 2a. As background, some summary examples of common causes and interventions to address them are:

Common Causes	*Common Relevant Interventions*
Individuals: Are not aware of, don't understand.	*Education about evidence and importance of goal.*
Individuals: Believe performance is OK.	*Feedback of performance data.*
Individuals: Cannot remember.	*Checklists, reminders.*
Team: Individuals vary in how work is done.	*Develop standard work processes.*
Workload: Not enough time.	*Reallocate roles and work, review work priorities.*
Suppliers: Problems with provided information/materials.	*Work with suppliers to address problems there.*

13. What were the primary underlying/root causes for the problem(s) at baseline that the project can address?	**14. What intervention(s) addressed this cause?**	**15. Who was involved in carrying out each intervention?** *(List the professions/roles involved.)*
Clinicians: Unaware how to provide the counseling	Taught MI skills to clinicians	Ken Resnicow, Ph.D. MI Expert and participating clinicians
Clinicians: Don't remember to code.	Added reminders and flags to the EHR to help remind clinicians.	Tim Proctor at PCC programmed the reminders. Clinicians viewed them.
Clinicians and office staff: Unaware they could bill and be reimbursed.	We provided a training about how to ethically bill for their time spent providing nutrition and exercise counseling.	Christopher Bolling, M.D. Pediatric Obesity and Billing expert. Clinicians and their office staff implemented

Note: If additional causes were identified that are to be addressed, insert additional rows.

C. Do

16. By what date was (were) the intervention(s) initiated? *(If multiple interventions, date by when all were initiated.)*
By October 16th for Mary Kiepert, Rana Kronfol. The remaining participating clinicians by Dec 14th.

D. Check

17. Post-intervention performance measurement. Are the population and measures the same as those for the collection of baseline data (see item 9)?

☒ Yes ☐ No – If no, describe how the population or measures differ:

18. Post-intervention performance

a. What were the beginning and end dates for the time period for post-intervention data on the measure(s)?
2/1/18-4/30/18

b. What was (were) the overall performance level(s) post-intervention? *Add post-intervention data to the data table, bar graph, or run chart (line graph) that displays baseline data. Can show baseline and post-intervention data incrementally here or refer to a display of data for all time periods attached at end of report. Show baseline and post-intervention time periods and measure names and for each time period and measure show number of observations and performance level.*

See Post-Intervention row in Table above.

c. Did the intervention(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?

Clinicians got close to our expected aim on all measures and had a positive experience with the project that helped them treat other non-study participant families.

E. Adjust – Replan

19. Post-intervention data review and further planning. Who was involved in reviewing the post-intervention data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions ("countermeasures") to address the causes? *(Briefly describe the following.)*

a. Who was involved? *(e.g., by profession or role)*

☐ Same as #12? ☒ Different than #12 *(describe):* Dr. Christopher Craig moved out of Texas so was no longer eligible to participate.

b. How? *(e.g., in a meeting of clinic staff)*

☒ Same as #12? ☐ Different than #12 *(describe):*

c. **When?** *(e.g., date(s) when post-intervention data were reviewed and discussed)*
Nov 7 – Drs. Leah Jacobson & Rana Kronfel
Nov 8- Dr. Robin Warner & Dr. Mary Kiepert
Nov 12 – Drs. Krekamey Craig & Yewade Ng
Nov 13 – Drs. Deborah Greenhouse, Shazhad Sheik, & Jennifer Gruen

Use the following table to outline the next plan that was developed: #20 the primary causes, #21 the adjustments(s)/second intervention(s) that addressed each cause, and #22 who carried out each intervention. *This is a simplified presentation of the logic diagram for structured problem solving explained at http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation in section 2a.*

Note: Initial intervention(s) occasionally result in performance achieving the targeted specific aims and the review of post-intervention data identifies no further causes that are feasible or cost/effective to address. If so, the plan for the second cycle should be to continue the interventions initiated in the first cycle and check that performance level(s) are stable and sustained through the next observation period.

20. What were the primary underlying/root causes for the problem(s) following the intervention(s) that the project can address?	**21. What adjustments/second intervention(s) addressed this cause?**	**22. Who was involved in carrying out each adjustment/second intervention?** *(List the professions/roles involved.)*
Study clinicians didn't realize the template was in the EHR	Tim changed the button placement to open the template for 2 clinicians. The others were reminded where the button is.	Tim Proctor at Physician Computing Company (EHR company) recoded button placement. Ken Resnicow, P.I. and Emerson Delacroix, P.M. reminded study clinicians that the report reflects when the template is used.

		Two study clinicians confirmed they saw the button with its new placement. The others confirmed they saw its original placement.
Study clinicians didn't remember to click the button and enter HEDIS measures separately	Tim changed the button placement to open the HEDIS template for 2 clinicians. The others were reminded where the button is to open the report.	Tim Proctor at Physician Computing Company (EHR company) Ken Resnicow, P.I. and Emerson Delacroix, P.M. reminded study clinicians that the report reflects when the template is used. Two study clinicians confirmed they saw the button with its new placement. The others confirmed they saw its original placement.

Note: If additional causes were identified that are to be addressed, insert additional rows.

F. Redo

23. By what date was (were) the adjustment(s)/second intervention(s) initiated? *(If multiple interventions, date by when all were initiate*d.)

5/9/18

G. Recheck

24. Post-adjustment performance measurement. Are the population and measures the same as indicated for the collection of post-intervention data (item #19)?

☒ Yes ☐ No – If no, describe how the population or measures differ:

25. Post-adjustment performance

a. What were the beginning and end dates for the time period for <u>post-adjustment</u> data on the measure(s)?

5/9/18-11/1/18

b. What was (were) the overall performance level(s) post-adjustment? *Add post-adjustment data to the data table, bar graph, or run chart (line graph) that displays baseline and post-intervention data. Can show here or refer to a display of data for all time periods attached at end of report. Show time periods and measure names and for each time period and measure show the number of observations and performance level.*

c. Did the adjustment(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?

Clinicians got close to our expected aim on counseling measures and had a positive experience with the project that helped them treat other non-study participant families. All eligible children had a BMI recorded. Nearly all study clinicians stated they do not collect a height and weight for sick visits, therefore

the BMI number appears to have worsened, but eligible children did receive height and weight measurements during the intervention period.

H. Readjust

26. Post-adjustment data review and further planning. Who was involved in reviewing the post-adjustment data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions ("countermeasures") to address the causes? *(Briefly describe the following.)*

a. Who was involved? *(e.g., by profession or role)*

☒ Same as #19? ☐ Different than #19 *(describe):*

b. How? *(e.g., in a meeting of clinic staff)*

☒ Same as #19? ☐ Different than #19 *(describe):*

c. **When?** *(e.g., date(s) when post-adjustment data were reviewed and discussed)*

November 8-15, 2018.

Use the following table to outline the next plan that was developed: #27 the primary causes, #28 the adjustments(s)/second intervention(s) that addressed each cause, and #29 who would carry out each intervention. *This is a simplified presentation of the logic diagram for structured problem solving explained at http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation in section 2a.*

Note: Adjustments(s) may result in performance achieving the targeted specific aims and the review of post-adjustment data identifies no further causes that are feasible or cost/effective to address. If so, the plan for a next cycle could be to continue the interventions/adjustments currently implemented and check that performance level(s) are stable and sustained through the next observation period.

27. What were the primary underlying/root causes for the problem(s) following the adjustment(s) that the project can address?	**28. What further adjustments/ intervention(s) might address this cause?**	**29. Who would be involved in carrying out each further adjustment/intervention?** *(List the professions/roles involved.)*
Expected patients to be more agreeable and eager to the intervention. The people that needed it didn't really want it. Therefore it was not possible to provide exercise or nutrition counseling as designed.	Some parents don't respond well to MI, so figuring out who does and provide some counseling regardless of the style.	All study clinicians
Not having enough time in the visit.	Having staff know the study participant is coming in for a visit and provide more time.	Office schedulers, study coordinators and office managers have been notified
Patients didn't want to pay co-pay for additional counseling visits	Clinicians brainstormed the idea to add onto a sick or well visit with a 25 modifier code.	All study clinicians to add the modifier. Office staff to schedule additional time for the visits.

Parents said they didn't have enough time to participate and withdrew.	Clinicians who had been less involved in participant recruitment felt they could talk about the study more to boast it's benefits. They realized they needed the parents to be recruited to counsel them.	All study clinicians will provide more counseling.
Parents wanted the benefits of the study without participating in the study.	Clinicians noted that they could do more encouragement about the benefits of coming in for additional counseling vs. just a weight check.	All study clinicians will provide more counseling.
Not using the template.	Clinicians noted they would bill for a session but not use the HEDIS/SNOMED template and therefore numbers seem lower than they are.	Four study clinicians noted they could use the template more.
Non-study participants have a different template. Don't switch when you realize that they are a study participant.	Clinicians noted they were only using a billing template and not a HEDIS template.	Four study clinicians noted they could use the template for each visit regardless of type of visit.
One clinic didn't have an organized system with an engaged supervisor to schedule counseling visits.	One clinician has taken a more active role in the past month to ensure all parents who are interested come in for additional counseling visits.	The one clinician has already changed her approach and will continue to adapt.
Compliance issues among patients with obesity keeping the scheduled patients	Clinicians decided to ask office staff to follow-up with the parents who cancel these visits to have them rescheduled.	Office staff, schedulers and study coordinator.

Note: If additional causes were identified that are to be addressed, insert additional rows.

30. Are additional PDCA cycles to occur for this specific performance effort?

☒ No further cycles will occur.

☐ Further cycles will occur, but will not be documented for MOC. *If checked, summarize plans:*

☐ Further cycles will occur and are to be documented for MOC. *If checked, contact the UM Part IV MOC Program to determine how the project's additional cycles can be documented most practically.*

J. Minimum Participation for MOC

36. Participating directly in providing patient care.

a. Did any individuals seeking MOC participate directly in providing care to the patient population?

☒ Yes ☐ No *If "No," go to item #37.*

b. Did these individuals participate in the following five key activities over the two cycles of data-guided improvement?

- Reviewing and interpreting baseline data, considering underlying causes, and planning intervention as described in item #12.
- Implementing interventions described in item #14.
- Reviewing and interpreting post-intervention data, considering underlying causes, and planning intervention as described in item #19.
- Implementing adjustments/second interventions described in item #21.
- Reviewing and interpreting post-adjustment data, considering underlying causes, and planning intervention as described in item #26.

☒ Yes ☐ No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38.*

37. Not participating directly in providing patient care.

a. Did any individuals seeking MOC not participate directly in providing care to the patient population?

☐ Yes ☒ No *If "No," go to item 38.*

b. Were the individual(s) involved in the conceptualization, design, implementation, and assessment/evaluation of the cycles of improvement? *(E.g., a supervisor or consultant who is involved in all phases, but does not provide direct care to the patient population.)*

☐ Yes ☐ No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38. If "No," continue to #37c.*

c. Did the individual(s) supervising residents or fellows throughout their performing the entire QI effort?

☐ Yes ☐ No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38.*

38. Did this specific QI effort have any additional participation requirement for MOC? *(E.g., participants required to collect data regarding their patients.)*

☐ Yes ☒ No *If "Yes," describe:*

Individuals who want their participation documented for MOC must additionally complete an attestation form, confirming that they met/worked with others as described in this report and reflecting on the impact of the QI initiative on their practice or organizational role. Following approval of this report, the UMHS QI MOC Program will send to participants an email message with a link to the online attestation form.

K. Sharing Results

39. Are you planning to present this QI project and its results in a:

☐ Yes ☒ No Formal report to clinical leaders?

☐ Yes ☒ No Presentation (verbal or poster) at a regional or national meeting?

☒ Yes ☐ No Manuscript for publication?

L. Project Organizational Role and Structure

40. UMHS QI/Part IV MOC oversight – indicate whether this project occurs within UMHS, AAVA, or an affiliated organization and provide the requested information.

☒ **University of Michigan Health System**

- **Overseen by what UMHS Unit/Group?** *(name):* Pediatrics
- **Is the activity part of a larger UMHS institutional or departmental initiative?**

  ☒ No ☐ Yes – the initiative is *(name or describe*):

☐ **Veterans Administration Ann Arbor Healthcare System**

- **Overseen by what AAVA Unit/Group?** *(name):*
- **Is the activity part of a larger AAVA institutional or departmental initiative?**

  ☐ No ☐ Yes – the initiative is:

☐ **An organization affiliated with UMHS to improve clinical care**

- **The organization is** *(name)***:**
- **The type of affiliation with UMHS is:**
  - ☐ **Accountable Care Organization** *(specify which member institution):*
  - ☐ **BCBSM funded, UMHS lead state-wide Collaborative Quality Initiative** *(specify which):*
  - ☐ **Other** *(specify):*