

Organization name:

Organization Description

1. Name of program lead:
2. Attach a CV for the person leading/overseeing/responsible for the Portfolio Program
3. Program lead title
Program lead email
Program lead phone number
4. Organization mailing address
5. Organization web address (specific to MOC/QI/CME/CPD if available)
6. Select the option that most closely/primarily describes your organization (this is how your organization will be "categorized" in the ABMS Portfolio Program).

Academic Medical Center	Hospital Group
Accountable Care Organization	Integrated Delivery System
Association	Medical Specialty Society
Community Health Center	Physician Organization
Community Hospital	Practice-Based Network
Consortium/Collaborative	Quality Improvement Organization
Federally Qualified Health Center	Research Organization
Government Agency or Organization	Society
Hospital Engagement Network	Other

7. If you selected "Other", describe the organization type.
8. If you are a Community Hospital, do you have LESS than 250 beds **OR** do you have MORE than 250 beds?
9. Is the organization an approved American Board of Pediatrics Portfolio Program Sponsor?

Methods and Infrastructure

10. Describe the entity that will manage your Portfolio Program.
11. Describe the organizational and reporting structure of the entity that will manage your program, including how it relates to your organization's quality/performance improvement infrastructure.
12. Attach an organizational chart to show the quality/performance improvement oversight and governance infrastructure.
13. How does (or will) the entity evaluate quality/performance improvement activities?

14. As it applies to the implementation of your Portfolio Program, describe how quality/performance improvement activities are (or will be) developed, implemented and monitored in your organization.
15. Describe how results from your Portfolio Program's quality/performance improvement activities (both positive and negative) will be utilized and spread within the organization.
16. Describe the process that exists, or will exist, for monitoring and tracking meaningful physician/PA participation in your organizational Portfolio Program's quality/performance improvement activities.
17. How is (or will) individual physician reflection and attestation being captured and how are (or will) those learnings be shared with other physicians/teams in your organization?
18. Describe the process for adjudicating disputes regarding meaningful participation in quality/performance improvement activities for MOC credit.

Funding

19. How are quality/performance improvement activities within the organization funded?

Education and Development

20. Describe the quality improvement training, education and other resources available to the physician, care teams, and staff and how they access this information and participate.

Optional Information

21. Attach any relevant files regarding the organization that you would like the ABMS Portfolio Program to consider as part of this application.