Depression Screening PI Project

Physician and Activity Information

Please answer all questions below for reporting to the ABFM.

Questions? Please contact Sara Ortega at sortega@iafp.com

* 1. Name (Enter your name exactly as it is within the ABFM Physician Portfolio)

[   ]

* 2. ABFM Board ID (ABFM Board IDs are 6 digits and being with a 1 or zero.)

[   ]

* 3. Email Address

[   ]

* 4. Start Date of Participation

[   ]

* 5. End Date of Participation

[   ]

Depression Screening PI Project

Physician Attestation

Each individual physician must truthfully respond to the following questions:

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

○ Yes

○ No

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

○ Yes

○ No

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

○ Yes

○ No

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

○ Yes

○ No

* 10. Describe your individual involvement in the project:

[text box]

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Project Details

* 11. What problem (gap in quality) did the project address? What did the project aim to accomplish?
Example: Mental/behavioral health screening rates may have been lowered due to the pandemic, resulting in inconsistency of screening and follow up. Please tailor the Gap Statement to your own practice needs in order to personalize the QI.

[text box]

* 12. What measures were used in the project to evaluate progress? Measures are directly related to the aim statement showing whether a project's changes are resulting in improvement?
EXAMPLE:
Measure name: Influenza vaccination compliance
Goal: 85%
Data Soucre: Electronic Medical Record Collection
Frequency: Monthly Number of Patient Records: 25 or more.

[text box]

* 13. Results of the improvement effort - Provide the baseline and follow-up percentage or number meeting the stated measure(s).

[text box]

* 14. State the interventions or changes that were made during the project:

* 15. Attach de-identified aggregate results data.

Choose File   Choose File   No file chosen

* 16. Summarize any lessons learned:

17. Optional information: Please attach any other files or references that are relevant to your submission.

Choose File   Choose File   No file chosen