



## Physician Consortium for Performance Improvement

### Organization Member Application

Please return completed application via fax to: Karen Utofka, Meeting Coordinator, AMA Clinical Quality Improvement & Patient Safety, Tel.: 312-464-5705, Fax: 312-464-5706.

Organization Name: \_\_\_\_\_

Name of Organization Primary Representative: \_\_\_\_\_  
First MI Last

Position in Organization: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Areas of Expertise** in Physician Performance Measurement/Clinical Quality Improvement  
(please submit a brief description or biosketch as an attachment)

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Organization's Alternate Representative who would attend in the event the Organization's  
Primary Representative is unable to attend a meeting:

Yes (please specify name of individual) \_\_\_\_\_  
Alternate's Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

No  Please refer to staff contact at the organization.

Staff Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Profile and Material Interest Disclosure Statement** signed and attached.

# Physician Consortium for Performance Improvement®

## Profile and Material Interest Disclosure Statement

**Instructions:** Please review your Profile and Material Interest Disclosure Statement and return the completed form to: Karen Utofka, Meeting Coordinator, AMA Clinical Quality Improvement & Patient Safety, T: 312/464-5705; F: 312/464-5706.

### Profile

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Sponsoring Organization, if applicable: \_\_\_\_\_

Relationship to Sponsoring Organization, if applicable: \_\_\_\_\_

Employer, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Areas of Expertise** in Physician Performance Measurement/Clinical Quality Improvement (please attach a brief description *or* provide a brief bio-sketch).

### I am a/n (check all that apply):

- Consortium Executive Committee member.
- Primary Representative.
- Alternate Representative.
- Work Group member. If checked, indicate which work group: \_\_\_\_\_
- Advisory Committee member. If checked, indicate which Advisory Committee(s): \_\_\_\_\_
- Ad Hoc Committee member. If checked, indicate which Ad Hoc Committee(s): \_\_\_\_\_
- Speaker. If checked, indicate before which committee or work group(s): \_\_\_\_\_
- Other. If checked, indicate the capacity in which you participate: \_\_\_\_\_

Please complete and sign the following:

**Disclosure** -- Participants/Speakers must disclose in writing all material interests of the Participant/Speaker (or their family members) as defined in the Consortium Conflict of Interest Policy. Participants/Speakers shall make timely updates to this disclosure as often as is necessary.

Check as applicable:

- Neither I nor my family members have material interests as defined in the Consortium Conflict of Interest policy.
- I/my family member(s) have a direct or indirect ownership interest in an activity or entity that relates to the activities of the Consortium and that contributes \$5,000 or more to my/my family member's annual pre-tax income.

Please describe:

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- I/my family member(s) am/is an owner, director, officer, key employee, agent or consultant in or for an entity or activity (not including my sponsoring organization to the Consortium) whose products, services and/or organizational goals are financially impacted by \$5,000 or more by the actions or proposed actions of the Consortium.

Please describe:

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In accordance with the Consortium Conflict of Interest Policy, Participants/Speakers must verbally disclose to the Consortium, committee or work group any material interest that would bear on the deliberation of a specific agenda item prior to participating in the deliberation. In the case of Participants with a material interest, a majority of members of the relevant committee or work group may vote to place reasonable limitations on the Participant's participation in deliberations regarding the specific agenda item. In addition, if a Participant (or Participant's family member) has a material interest in a specific agenda item, the Participant must recuse himself or herself from voting on the specific agenda item.

A Speaker's material interest shall not affect his or her ability to speak or otherwise verbally contribute.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## **Physician Consortium for Performance Improvement**

### **Statement of Outside Interest and Conflict of Interest**

The nature of the Consortium and its Work Groups is such that members and other participants may be solicited from a wide range of backgrounds, specialties, geographic areas, business perspectives, political views, or from any other position of interest in health care and all of its ramifications. It is formally recognized that such background, outside involvement, employment, or other relationship that might create bias or another perspective which, in another context, might represent a “conflict of interest” as frequently defined, are not only acceptable, but expected and often recruited. It is hoped that this spirit of inclusiveness will engender an improved level of participation and perspective and lead to improved work products, better communication between stakeholders in health care, and ultimately in improved patient outcomes.

All members of the Consortium and other Work Group Members are encouraged to participate in any deliberations as defined by their membership or level of participation, regardless of their background or potential conflict of interest. Notwithstanding, each member will disclose employment or business relationships or any other background that would bear on the deliberations before the Consortium. Any member of the Consortium or other Work Group Member with a financial or potential financial stake in the pending deliberation (other than performing the procedure or service at issue in the course of his or her practice) will recuse him/herself from voting on that issue.

The Consortium will maintain and annually update a personal profile of each member physician and other Work Group Members, which will include at a minimum basic contact information, the specialty society or other sponsoring organization, current employment, and areas of expertise pertaining to clinical performance measurement. The Consortium will also maintain an updated file of **Statements of Outside Interest or Conflicts of Interest** that will contain the volunteered information from all members, which will be reviewed at least annually. Consortium members are expected to disclose in writing in a timely fashion all relationships that could create a potential conflict of interest.

### **Statement of Compliance with the Consortium Conflict of Interest Policy**

I understand that I am expected to comply with the **Statement of Outside Interest and Conflict of Interest** of the Physician Consortium for Performance Improvement. To my knowledge and belief, I am currently in compliance with the Statement of Outside Interest and Conflict of Interest. I understand that I have a continuing responsibility to comply with the Statement of Outside Interest and Conflict of Interest, and I will promptly disclose any interests required to be disclosed under the policy. I will disclose any financial interests in specific issues considered by the Consortium, and I will recuse myself from voting on any issue in which I have a financial interest.

Signature \_\_\_\_\_

Date \_\_\_\_\_