



Physician Consortium for Performance Improvement

Organization Member Application

Please return completed application to: Meeting Coordinator, AMA Clinical Quality Improvement & Patient Safety, Fax: 312/464-5706, or E-mail a PDF to: consortium@ama-assn.org.

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)

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

Please read the complete Physician Consortium for Performance Improvement® Conflict of Interest Policy that follows this Profile and Material Disclosure Statement.

Instructions: Review your Profile and Material Interest Disclosure Statement and return the completed and executed form to: Meeting Coordinator, AMA Clinical Quality Improvement & Patient Safety, Fax: 312/464-5706, or E-mail a PDF to: consortium@ama-assn.org.

Name: _____
 First MI Last Degree/Certifications

Sponsoring Organization, if applicable:

Relationship to or position in Sponsoring Organization, if applicable:

Employer, if applicable: _____

Title: _____

Preferred Mailing Address:

City: _____ State: _____ Zip code: _____

Preferred Telephone: _____ Preferred FAX: _____

Preferred E-mail: _____

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

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Consumer representative |
| <input type="checkbox"/> Coding | <input type="checkbox"/> Payer representative |
| <input type="checkbox"/> Methodology | <input type="checkbox"/> Employer representative |
| | <input type="checkbox"/> Other: _____ |

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

- PCPI Executive Committee member
- Primary Representative
- Alternate Representative
- Designated staff representative to organization
- Staff to organization
- Work Group member or applicant. If checked, indicate which work group(s): _____
- 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 member(s)] as defined in the attached PCPI Conflict of Interest Policy. Participants/Speakers shall make timely updates to this disclosure as often as is necessary to ensure accuracy and completeness.

Check as applicable:

Neither I nor my family member(s) have or had in the preceding twenty-four months material interests as defined in the PCPI Conflict of Interest Policy.

I/my family member(s) have or had in the preceding twenty-four months, a direct or indirect five (5) percent or greater ownership interest in an entity (whether for-profit or not-for-profit) and/or activity that relates to the activities of the PCPI.

Please describe:

I/my family member(s) have or had in the preceding twenty-four months, received \$5,000 or more (in the form of salary support, research or other grant support, receipt of speaking honoraria, royalties or other intellectual property rights, gifts, service on a speaker's bureau, payment for consulting services, and/or other payments of any kind) from an entity (whether for-profit or not-for-profit) and/or activity that relates to the activities of the PCPI.

Please describe:

I/my family member(s) am/is or has been in the preceding twenty-four months an owner, director, officer, key employee, agent or consultant to or for an entity (whether for-profit or not-for-profit) and/or activity, where the entity's or activity's products, services and/or organizational goals are/have been financially impacted by \$5,000 or more by the actions or proposed actions of the PCPI.

Please describe:

I/my family member(s) have or had in the preceding twenty-four months a non-financial relationship (such as an uncompensated position as a director, officer or committee participant) with an entity (whether for-profit or not-for-profit) that may influence my conduct in connection with actions or proposed actions of PCPI.

Please describe:

I am a member of a work group or applicant for a work group, and I, or a member(s) of my family, have or had in the preceding twenty-four months any of the following involvement, relationships and/or activities with entities (including for-profit and not-for-profit, and including but not limited to pharmaceutical, medical device and/or biotechnology entities) that is impacted by or relates to the activities of the work group including direct or indirect:

(Please check applicable boxes and describe, and attach additional sheets if necessary)

- ownership interest, including:
 - sole ownership _____
 - partnership _____
 - stock ownership _____
 - other _____

- financial relationship of any value, including:
 - salary support _____
 - research or other grant support _____
 - receipt of speaking honoraria _____
 - royalties and/or other intellectual property rights _____
 - other _____
 - gifts¹ including, but not limited to:
 - meals _____
 - social amenities _____
 - entertainment _____
 - discounts _____
 - books _____
 - video/audio tapes _____
 - computer software _____
 - other gifts _____
 - service on a speaker's bureau _____
 - payment for consulting services _____
 - other payments of any kind _____

- fiduciary relationship, including:
 - officer _____
 - director _____

- other activity _____

- I am a work group member or applicant for a work group, and I, or a member(s) of my family, have or had a non-financial relationship (such as an uncompensated position listed below) with an entity (whether for-profit or not-for-profit) that may influence my conduct in connection with actions or proposed actions of the work group.
 - officer _____
 - director _____
 - committee participant _____
 - other _____

¹ But not including the acceptance of items of nominal value of no greater than \$25.00, and which are of such a nature as to indicate that they are merely tokens of business association or friendship and not related to any particular transaction or activity.

In accordance with the PCPI Conflict of Interest Policy, Participants/Speakers must verbally (or by e-mail if the vote is by e-mail) disclose to the PCPI, committee or work group any material interest that would bear on the deliberation of a specific agenda item prior to participating in the deliberation. **No work group member may have a material interest as that term is defined in the Conflict of Interest Policy.** In the case of other Participants with a material interest, a majority of members of the relevant committee 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(s)] 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.

I certify that:

(i) I will not disclose or use confidential or proprietary information relating to the PCPI outside of PCPI activities. I also will not use such information for personal profit or advantage or for profit or advantage of any other person or entity.

(ii) I will not divert for myself or for any other person or entity any business opportunity I know to be available to the PCPI.

(iii) I will not use the AMA's and/or PCPI's name or logos or my affiliation with the PCPI in a manner that would incorrectly imply an AMA or PCPI endorsement of another person's or entity's product or service. I acknowledge by my signature below that the foregoing is complete and accurate and that I will update this information as necessary for completeness.

Print name: _____

Signature: _____

Date: _____

Physician Consortium for Performance Improvement®

Statement of Compliance with the PCPI Conflict of Interest Policy*

*To be completed by members of the PCPI Executive Committee and Ad Hoc Review Committee(s) at the time the member's participation on the Executive or Ad Hoc Review Committee commences, and on an annual basis thereafter for as long as participation continues.

I understand that I am expected to comply with the Physician Consortium for Performance Improvement ("PCPI") Conflict of Interest Policy. To my knowledge and belief, I am currently in compliance with the Conflict of Interest Policy. I understand that I have a continuing responsibility to comply with the Conflict of Interest Policy. Prior to participating in deliberation of a specific agenda item, I will verbally (and by e-mail where voting is by e-mail) disclose any material interest(s) as required to be disclosed under the Conflict of Interest Policy, and I will further recuse myself from voting on specific agenda items in which I (or a family member) have a material interest.

I further understand that I hold a position of trust in relation to the PCPI; that I owe duties of care and loyalty foremost to the PCPI; and that I am expected to fulfill my role to the PCPI in good faith, with informed judgment, and with the belief that my decision on any issue is in the best interest of the PCPI.

Print name: _____

Signature: _____

Date: _____

Physician Consortium for Performance Improvement[®]

Conflict of Interest Policy

Introduction

The Physician Consortium for Performance Improvement (“PCPI”) welcomes a wide range of perspectives and backgrounds. Diversity of perspectives and backgrounds is intended to enrich and strengthen the work of the PCPI. Affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would result in undue influence.

The goal of the PCPI Conflict of Interest Policy is to insure that PCPI decisions are made as objectively as possible, without improper bias or influence. Under no circumstances shall PCPI accept funding directly or indirectly from pharmaceutical, medical device and/or biotechnology entities for any of PCPI’s activities. **Disclosure of material interests (as defined below) provides notice to PCPI participants of the interest and potential bias of the disclosing party and enables other participants to evaluate the disclosing party’s opinions and recommendations in light of this disclosure.** Where an interest is material (as defined below), awareness of a participant’s potential bias, coupled with recusal of the disclosing party from applicable votes and, possibly, deliberation on items that implicate the interest, helps to promote fair and objective decision-making by the PCPI.

Disclosure of Material Interests

Participant(s)^{*}. All members of the PCPI Executive Committee, of any Advisory Committee, of any Ad Hoc Review Committee, and any other PCPI committee or measure development and maintenance work group (“work group”), together with primary and alternate Representatives and staff of a PCPI member organization (hereafter collectively the “Participant(s)”), shall be made aware of this Conflict of Interest Policy. This Conflict of Interest Policy shall be posted on the PCPI’s Web site. **Each Participant shall verbally (or by e-mail if the vote is by e-mail) disclose (in addition to completing the Material Interest Disclosure Statement described below) all material interest(s) that could bear on the deliberation of a specific PCPI agenda item.** To the extent deliberations on an agenda item will not be improperly influenced by the material interest(s) of a Participant or a Participant’s family member (as defined below), Participants are encouraged to participate in the deliberations on any item in accordance with their designated role. However, a Participant must recuse himself or herself from voting on specific agenda items in which he or she (or a family member) has a material interest. Furthermore, a majority of the voting members of the relevant body may (but is not required to) vote to place reasonable limitations on the Participant’s participation in deliberations regarding the specific agenda item where the Participant or a family member has a material interest. **No work group member may have a material interest as that term is defined in this Conflict of Interest Policy.**

Speakers^{**}. Anyone who is not a Participant but who speaks before or otherwise verbally contributes to the PCPI (hereafter collectively the “Speaker(s)”), shall be made aware of this Conflict of Interest Policy prior to speaking. Each Speaker shall verbally disclose prior to speaking (in addition to completing the Material Interest Disclosure Statement described below) all material interest(s) that could bear on the specific agenda item the Speaker intends to address. A material interest does not preclude a Speaker from speaking.

* A Participant has the right to vote on behalf of their sponsoring organization in a committee or work group.

** A Speaker does not have voting rights. For example, a Speaker includes a discussion panel member.

Profile and Material Interest Disclosure Statement

To ensure and document proper disclosures, all Participants and Speakers shall complete and return to PCPI staff the attached Profile and Material Interest Disclosure Statement at the time his or her participation in the PCPI commences (and, for potential work group members, prior to selection of the applicable work group), and on an annual basis thereafter for as long as participation in the PCPI continues.

It is the obligation of a Participant/Speaker to timely update his/her Profile and Material Interest Disclosure Statement as often as is necessary, including when a sponsoring organization appoints a new individual to a position within the PCPI. Updates must be made (in the case of Participants) before participating in deliberations, or (in the case of Speakers) before speaking.

Non-Participation on Work Groups

No individual may participate on a work group who has a material interest as that term is defined below.

Recusal from Voting

A Participant *must* recuse himself or herself from voting on specific agenda items in which he or she (or a family member) has a material interest.

“Material Interest”/“Family Member”

A “material interest” includes the Participant/Speaker or their family members who, currently or within the preceding twenty-four months, have direct or indirect:

- a five (5) percent or greater ownership interest in an entity (whether for-profit or not-for-profit) and/or activity that relates to the activities of the PCPI; **or**
- receipt of \$5,000 or more (in the form of salary support, research or other grant support, receipt of speaking honoraria, royalties or other intellectual property rights, gifts, service on a speaker’s bureau, payment for consulting services, and/or other payments of any kind) from an entity (whether for-profit or not-for-profit) and/or activity that relates to the activities of the PCPI; **or**
- been an owner, director, officer, key employee, agent or consultant to or for an entity (whether for-profit or not-for-profit) and/or activity, where the entity’s or activity’s products, services and/or organizational goals are financially impacted by \$5,000 or more by the actions or proposed actions of the PCPI; **or**
- a non-financial relationship (such as an uncompensated position as director, officer or committee participant) with an entity (whether for-profit or not-for-profit) that may influence the Participant’s/Speaker’s conduct in connection with actions or proposed actions of PCPI.
- Notwithstanding the foregoing, for a work group member (and their family members), currently or within the preceding twenty-four months any of the following involvement, relationships and/or activities with entities (including for-profit and not-for-profit and including but not limited to pharmaceutical, medical device and/or biotechnology entities) that is impacted by or relates to the activities of the work group, including direct or indirect (i) ownership interest in (including sole ownership, partnership or stock ownership but not mutual fund investment), (ii) financial relationship

of any value (including (a) salary support, (b) research or other grant support, (c) receipt of speaking honoraria, (d) royalties or other intellectual property rights, (e) gifts [including but not limited to meals, social amenities, entertainment, discounts, books, video or audio tapes, or computer software, but not including the acceptance of items of nominal value of no greater than \$25.00, and which are of such a nature as to indicate that they are merely tokens of business association or friendship and not related to any particular transaction or activity), (f) service on a speaker's bureau, (g) payment for consulting services, or (h) other payments of any kind], or (iii) fiduciary relationship (as an officer or director) with an entity, or (iv) other activity that is impacted by or relates to the activities of the work group. In addition, work group members and their family members shall not have any non-financial relationships (such as uncompensated positions as a director, officer or committee participant) with an entity (whether for-profit or not-for-profit) that may influence the work group member's conduct in connection with actions or proposed actions of the work group.

A material interest does *not* result solely from a) performing a clinical procedure or service at issue or reimbursement for such procedure or service in the course of the Participant's/Speaker's professional practice, or b) the Participant's/Speaker's relationship to his/her sponsoring organization.

A "family member" includes the spouse, domestic partner, parent, child or sibling of a Participant/Speaker. Disclosure of a family member's ownership interest or position applies only to the extent the interest or position is known by the Participant/Speaker.

Statement of Compliance and Material Interest Disclosure Statements

In addition to completing a Profile and Material Interest Disclosure Statement, Participants who are members of the PCPI Executive Committee or an Ad Hoc Review Committee shall complete and return to PCPI staff the attached Statement of Compliance at the time his or her participation on the Executive Committee or an Ad Hoc Review Committee commences, and on an annual basis thereafter for as long as participation continues. A Statement of Compliance is required from these individuals because of their final decision-making authority in respect of the PCPI.

A compilation of current, completed Profile and Material Interest Disclosure Statements and Statements of Compliance will be available for inspection upon request by Participants at each meeting of the PCPI or at the AMA headquarters. Except for work group members, completed disclosures for all other Participants are for internal PCPI use only. The Disclosure Statements or summaries of the Disclosure Statements of all work group Participants shall be published along with draft and final measure(s).

Public Comments

All persons submitting public comments on measures or other matters submitted for public comment must report, along with their comments, any disclosable interests they may have relevant to the subject of the discussion. A "disclosable interest" is any personal or financial interest or affiliation that a reasonable person would consider relevant to the evaluation of the individual's comments. Such requirement shall be posted along with the PCPI matter distributed for public content.

Use of Proprietary and Confidential Information

Participants will not disclose or use confidential or proprietary information relating to the PCPI outside of PCPI activities. Participants will not use such information for personal profit or advantage or for profit or advantage of any other entity. Participants also will not divert for themselves or for any other person or entity any business opportunity available to the PCPI.

No Endorsement

Participants will not use the AMA and/or the PCPI name or logos or Participant's affiliation with the PCPI that would incorrectly imply an AMA or PCPI endorsement of another person's or entity's products or services.

Resolution of Conflicts of Interest

Any issues relating to conflicts of interest shall be resolved by the chair(s) of the respective work group or committee. Issues that can not be resolved at the work group or committee level shall be referred to the chair of the PCPI who will resolve the issue in consultation with staff (management and legal counsel) to the AMA serving as staff to the PCPI.

Application of New Conflict of Interest Policy

This Conflict of Interest Policy applies to all new measure work groups convened after the date of approval of the Policy by the PCPI Executive Committee. This Conflict of Interest Policy shall also apply to measure maintenance work groups that have not met for twelve months prior to the date of approval of the Conflict of Interest Policy by the PCPI Executive Committee.

Approved by Executive Committee, June 3, 2009