

American Medical Association Integrated Physician Practice Section Representative Certification Form

Please complete and submit this certification form to designate an IPPS representative from your organization.

Email (preferred): carrie.waller@ama-assn.org

Fax: (312) 464-2450

For questions or assistance with any part of this form, please contact Carrie Waller at

carrie.waller@ama-assn.org or (312) 464-4546.

All fields are required unless noted otherwise.

Part 1 - Physician Representative and Organization Information

Physician representative name

The physician named here will be designated as your organization's IPPS representative.

Physician representative title

Physician representative email address

Physician representative preferred phone number

Physician representative Medical Education (ME) number (leave blank if you do not know the ME #)

Is the physician representative named above an AMA member?

Membership is required to serve as an IPPS representative.

Yes

No

Is the physician representative named above a member of the AMA House of Delegates?

Yes

No

Health care organization

Number of physicians in organization

Name and title of organization's lead physician executive, if different than physician representative

Email address of organization's lead physician executive, if different than physician representative

Organization mailing address

City

State

ZIP code

Physician representative's preferred mailing address (if different than organization mailing address)

City

State

ZIP code

Part 2: Organization Characteristics

Check the characteristics below that apply to your organization.

Associate member organizations must meet all seven of the required characteristics (1-7).

Affiliate member organizations must meet at least one required characteristic (1-7) and at least a total of three of the combined required/other characteristics (1-12).

Required characteristics

1. Demonstrate physician leadership within the organization by achieving at least three of the following criteria:

President/CEO/Board Chair is a physician

President/CEO/Board Chair is a member of the medical staff

President/CEO/Board Chair is elected by practicing physicians within the organization

Governing body includes a majority of physicians

Physician-controlled committees within the organization significantly and broadly influence policy

2. Provide integrated, comprehensive primary and specialty care services
3. Coordinate care across multiple conditions, providers, and settings over time
4. Utilize shared, patient centered data (i.e., common or at least shared medical records that follow the patient rather than the doctor)
5. Implement clinical care processes using guidelines, pathways, protocols, checklists and related tools
6. Apply performance and outcomes measures for both internal quality improvement and external accountability
7. Possess organization leadership committed to improving value as a top priority, and a system of operational accountability to drive improved performance

Other characteristics

8. Have sufficient numbers of patients within targeted diagnostic categories to detect statistically significant and clinically relevant differences from desired benchmarks of performance
9. Make effective use of new electronic information technology
10. Capture and share the explosion of new medical knowledge and skills
11. Implement infrastructure and skills for management of financial risk
12. Develop effective teams

Part 3: Certification

I certify that the physician representative designated above is a member of the organization named above. Additionally, I certify that the criteria checked above accurately reflect our organization's characteristics.

By checking this box and typing my name below, I am electronically signing this certification form.

Name of physician signing this certification form

Note: Depending on the number of physicians in your organization and the proportion of physicians who are AMA members, your organization may be eligible to appoint more than one representative. We will contact you if you are eligible to appoint additional representatives.

Please submit your completed, signed certification form to:

Email (preferred): carrie.waller@ama-assn.org

Fax: (312) 464-2450

Contact Carrie Waller, Manager, IPPS, at carrie.waller@ama-assn.org or (312) 464-4546 with any questions.

Thank you for your interest in the IPPS!