



ABOS APPROVED REGISTRY FOR PRACTICE IMPROVEMENT APPLICATION

Key Criteria for ABOS approval:

1. Includes four basic components of practice improvement: measure, assess and educate, plan improvement and re-measure
2. Allows a diplomate to review outcome of treatment and/or performance data from his/her own practice collected over a relevant period of time defined by the sponsors or authors of the practice improvement activity.
3. Allows assessment of performance in practice for an orthopaedic topic, procedure, or diagnosis, and defines an appropriate time frame or volume of patient interaction to provide relevant information to assess performance.
4. Focuses on defined metrics. Options for assessment include clinical outcome, patient reported outcome, process improvement, or other quality improvement activity.
5. Includes a mechanism for the diplomate to receive performance data and apply the results to improvement in practice.
6. Includes a mechanism for assessing performance or comparing the diplomate's performance with peers or relevant benchmarks, and educational resources to support performance in practice.

Question, Submit application and required documents electronically

David Elstein, delstein@abos.org 919-929-7103

Application Deadlines: May 1 or November 1 for new applications

Approval process is 6 weeks; dependent on completeness of application.

Applicant Information

Application Date	
Applicant Organization	
Contact Name	
Registry Title	
Address	
City, State, Zip	
Phone	
Fax	
E-Mail Address	
Website	
Category 1 CME provider/contact	

A. Describe how this REGISTRY satisfies Practice Improvement for the Maintenance of Certification process. Describe how proposed activity allows a diplomate to assess performance in their practice of orthopaedic surgery. *Provide information on the topics/procedures/diagnosis included in this activity, identified in the proposal? Which specialties of orthopaedics are addressed? How does this activity improve outcomes?*

B. Developers of REGISTRIES should be ABOS certified, approved by their specialty society to qualify as experts. *Who served as Planning, Design, Development Committee? What are their credentials and current positions? Attach Bio-sketches for Project Leaders/Leaders highlighting experience and expertise relevant to quality improvement. Provide names, sub-specialties and associations of the faculty members responsible for developing the content or serving on Planning, Design and Development Committees for the proposed activity.*

C. Describe how proposed REGISTRY allows a diplomate to review an aspect of their own practice.

What are the key elements being required in data collection and or major purpose of the registry? Include with this proposal specific diagrams for internal process and regular reassessment of the Part IV activity. Will there be a requirement for minimum number of patient records to be entered, will all patient records be required to be entered rather than only some? How will this be reportable to ABOS? How will continued participation in the program be assessed and reportable to ABOS for verification?

D. Describe how proposed REGISTRY allows a diplomate to compare their performance with their peers and/or against gold standard and best practice guidelines.

How is data collected, where is it stored and analyzed? How are benchmarks developed? How are comparative outcomes communicated to diplomates. Provide examples using tables, charts, graphs, or how performance data is presented to participants.

E. Describe how a diplomate may obtain education about best practices.

How are normative data and benchmarks translated into educational resources applicable for a diplomate to obtain education about best practices? Will there be cited literature as part of the feedback? How will the diplomate obtain CME about best practices for specific topic/diagnosis?

F. Describe how proposed REGISTRY assists a diplomate to develop and implement a plan to improve and reassess their performance at a later date?

Provide examples of tools this REGISTRY offers and/or practical assistance given in developing an action plan for achieving targeted improvement goals. Will there be printed guides, results or direct individual guidance? How is the diplomate advised to develop a plan to improve? How will the diplomate reassess individual performance? Will the diplomate be required to, how will attestation or verification of completion of improvement plan be done?

G. Does your organization currently award Category 1 CME for the proposed activity?

Name of CME provider of Category 1 CME?