



Physician Consortium for Performance Improvement

Individual Member Application

Please return completed application via fax to: John Reents, Meeting Coordinator, AMA Clinical Performance Evaluation, Tel.: 312-464-5437, Fax: 312-464-5706

Individual Name: _____

First MI Last

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)

I am not representing any specific organization or company.

Statement of Outside Interest/Conflict of Interest signed and attached.

Conflict of Interest: Consortium members must disclose in writing all interests that create a potential conflict of interest. All Work Group members will be asked to disclose any potential conflicts relating to the topic during the initial meetings of the group.



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 _____