

RADPEER™ as a PQI Project Fulfilling Requirements in the ABR Maintenance of Certification Program

A radiologist whose group participates in the RADPEER™ program can select RADPEER™ as a PQI project. Participating physicians will receive a personalized PQI report which will provide comparison statistics (physician, group, all RADPEER™ participants) in six month intervals (to allow accrual of baseline and comparison data). Since this process involves collection of data over selected time periods, participants will initially need **6** months of RADPEER™ data to begin this project and should **not** submit an application prior to that.

Radiologists who wish to use RADPEER™ as a PQI project must submit the following to the ACR:

- Processing Fee of \$50
- RADPEER™ Group ID number
- RADPEER™ Physician ID number
- A signed RADPEER™ Practice Quality Improvement (PQI) AGREEMENT affirming that the radiologist intends to use RADPEER™ as a PQI project. This includes confirmation from the Department Chair/Chief, since he/she will be participating in his/her performance improvement plan.

Upon receipt of the above items, the ACR will provide:

- Acknowledgement of PQI agreement and 6 month baseline PQI report
- Due date of subsequent PQI report (9 months from date of baseline report)

At completion of data collection (initial report and subsequent report for comparison), the radiologist will submit to the ACR:

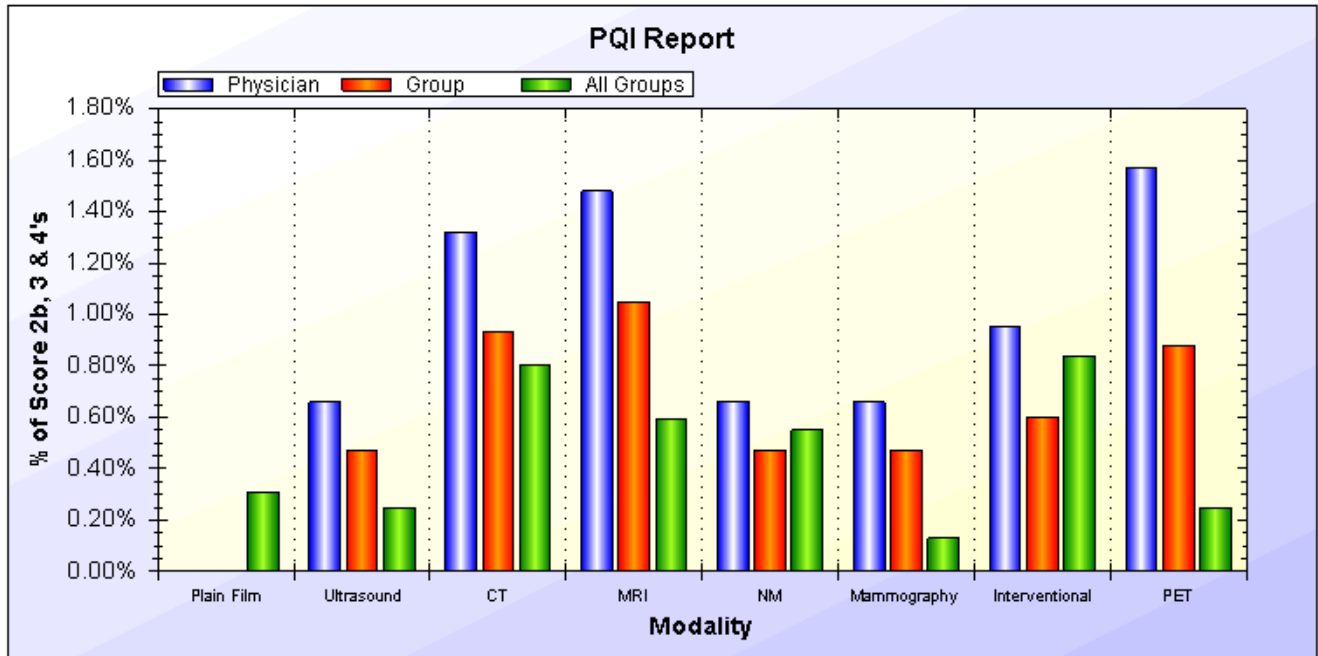
- Signed RADPEER™ PQI Check List
- Baseline and Follow up PQI report
- Practice Improvement Plan (for any scores of 2b, 3 or 4)

If the radiologist has supplied the information listed above to the ACR, and has responded adequately to requests for any additional information, the radiologist will receive a letter documenting successful participation in this PQI project.

Sample PQI Report

PQI Report

Group ID #: 999 Report Date: 02/10/2009
Physician ID: 123 Report Period: From: 08/10/2008
To: 02/10/2009



	Individual	Group	All
Plain Films:	0.00%	0.00%	0.31%
Ultrasound:	0.66%	0.47%	0.25%
CT:	1.32%	0.93%	0.80%
MRI:	1.48%	1.05%	0.59%
Nuclear Medicine:	0.66%	0.47%	0.55%
Mammography:	0.66%	0.47%	0.13%
Interventional:	0.95%	0.60%	0.84%
PET:	1.57%	0.88%	0.25%

**THIS IS FOR INSTRUCTIONAL USE ONLY
PLEASE DO NOT SUBMIT WITH APPLICATION**

RADPEER™ PQI Check List

Radiology Group Name _____

RADPEER™ Group ID Number _____

Participating Physician _____
Printed Name

Signature

I certify that the PQI information provided is true and correct.

RADPEER™ Physician ID Number _____

Department Chair/Medical Director _____
Printed Name

Signature

Practice Improvement Plan Activities

Please check all that apply:

- Proctored Cases**
- Self Assessment Modules (SAMs)**
- Continuing Education (CME)**
- Additional training/workshops**
- Other:**

Original signatures are required on this form. Stamps or electronic signatures are unacceptable.

American College of Radiology (ACR)
1891 Preston White Drive
Reston, Virginia 20191-4397

RADPEER™ Practice Quality Improvement (PQI) AGREEMENT

The undersigned hereby requests to participate in the PQI component of RADPEER™. The purpose of this request is to fulfill the Practice Quality Improvement (PQI) component of Maintenance of Certification (MOC) for the American Board of Radiology (ABR). The fee for participation will be paid by:

Name of Participating Physician: _____

Name and Address of Radiology Group: _____

RADPEER™ Group ID Number _____

RADPEER™ Physician ID Number _____

I agree to submission of the following (after accrual of 6 months of RADPEER™ data):

1. Processing Fee of \$50.00
2. PQI agreement signed by myself and my Department Chair/Medical Director attesting to my participation in RADPEER™
3. Signed RADPEER™ PQI Checklist
4. Baseline and Follow Up PQI report
5. Practice improvement plan if needed (for scores of 2b, 3 or 4)

I agree to receipt of the following:

1. Confirmation letter from ACR with acknowledgement of receipt of PQI agreement, 6 Month Baseline PQI report and due date for submission of subsequent PQI reports
(9 months from date of baseline report)
2. Receipt of confirmation letter for submission to ABR as evidence of participation in RADPEER™ for PQI

The undersigned hereby releases and forever discharges the ACR, its directors, officers, members agents, volunteers, and employees from and against any and all claims, suits, damages, losses, expenses (including attorneys' fees) and liabilities by reason of, arising out of, or related to participation in the aforesaid review of my RADPEER™ reports and the making of any report, statement, or recommendation, or failure to make a report, statement or recommendation, or the

loss, damage or destruction of any image, record or other items received from the facility with respect to the aforesaid RADPEER™ reports including but not limited to any such claims or other matters based on alleged or actual negligence, antitrust, misconduct, defamation, personal injury or economic loss, catastrophic event (flood, fire, wind or other similar event), failure to receive a satisfactory report or any actions that may be taken by others as a result of this review, when such activities performed by or on behalf of ACR are done in good faith and without malice in connection with conducting this review.

The undersigned also agrees that the ACR is a health care entity as defined by the Health Care Quality Improvement Act of 1986 (HCQIA), and thus is afforded all the protections due such entities under HCQIA, and all documentation collected as part of the review process be considered peer review, privileged and confidential communications.

The above obligations are agreed to and understood. These obligations will survive the grant or denial of documentation of satisfactory completion of practice assessment by the American College of Radiology.

I certify that the information provided is true and correct.

Executed on _____ 20_____

Signature Physician

Printed Name Physician

I am aware that the above named physician has elected to participate in the ACR RADPEER™ Practice Quality Improvement (PQI) initiative to meet the Maintenance of Certification (MOC) requirement for the American Board of Radiology (ABR). If required, I agree to participation in development of a Practice improvement plan for this physician as a component of this PQI process.

Executed on ____ 20_____

Signature Chair/Medical Director

Printed Name Chair/Medical Director

Check enclosed, made payable to ACR

Charge credit card VISA MasterCard American Express

Card No. _____ Exp. Date _____

Name of Cardholder: _____ Signature: _____

Fax to
RADPEER™ Program at 703-295-6776
or mail to
American College of Radiology
RADPEER™ Program
1891 Preston White Drive
Reston VA 20191