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# Children's Hospitals Graduate Medical Education Program Quality Bonus Payment System Initiatives Reporting Form

## Section (1)

<b>(a)</b> Organization Name:	
<b>(b)</b> Doing Business As Name:	
<b>(c)</b> Hospital Website:	
<b>(d)</b> City:	<b>(e)</b> State:
<b>(f)</b> Zip Code:	<b>(g)</b> County:

<b>(h)</b> Submitted by:	<b>(i)</b> Date:
<b>(j)</b> Title:	

**Section (2a)**

Integrated Care Models

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of  
CHGME Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes &  
Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (2b)**

**Integrated Care Models #2**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of  
CHGME Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

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**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes &  
Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (2c)**

**Integrated Care Models #3**

Name of Initiative:

**(a)** Initiative Type:

**(b)** Role of  
CHGME Hospital:

**(c)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(d)** Names of Other  
Participating  
Organizations:

**(e)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes &  
Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (3a)**

**Telehealth and/or Health Information Technology**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of CHGME  
Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes &  
Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (3b)**

**Telehealth and/or Health Information Technology #2**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of  
CHGME Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes &  
Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (3c)**

**Telehealth and/or Health Information Technology #3**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of  
CHGME Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes  
& Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (4a)**

**Population Health**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of  
CHGME Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes &  
Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (4b)**

**Population Health #2**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of  
CHGME Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes &  
Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (4c)**

**Population Health #3**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of CHGME  
Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes  
& Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (5a)**

**Social Determinants of Health**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of  
CHGME Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes &  
Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (5b)**

**Social Determinants of Health #2**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of CHGME Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

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Highlights:

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**Section (5c)**

**Social Determinants of Health #3**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of CHGME  
Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes  
& Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section (6a)**

**Additional Initiatives to Improve Access and Quality of Care to Rural and/or Underserved Communities**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of CHGME Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes &  
Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section 6b**

**Additional Initiatives to Improve Access and Quality of Care to Rural and/or Underserved Communities #2**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of CHGME Hospital:

**(d)** Brief Narrative Describing Initiative's Purpose & Goals:

**(e)** Names of Other Participating Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes & Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?

**Section 6c**

**Additional Initiatives to Improve Access and Quality of Care to Rural and/or Underserved Communities #3**

**(a)** Name of Initiative:

**(b)** Initiative Type:

**(c)** Role of  
CHGME Hospital:

**(d)** Brief Narrative  
Describing Initiative's  
Purpose & Goals:

**(e)** Names of Other  
Participating  
Organizations:

**(f)** Are CHGME Trainees involved?

**(g)** If so, approximately how many?

**(h)** Role of CHGME Trainees:

**(i)** Initiative Outcomes &  
Highlights:

**(j)** Benefits to Trainees:

**(k)** Is Supporting Documentation Attached?