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

Section (1)

(a) Organization Name:	
(b) Doing Business As Name:	
(c) Hospital Website:	

(d) City:	**(e) State:**
(f) Zip Code:	**(g) County:**

(h) Submitted by:	**(i) Date:**
(j) Title:	

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?

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

(h) Role of CHGME Trainees:

(i) Initiative Outcomes & Highlights:

(j) Benefits to Trainees:

(k) Is Supporting Documentation Attached?

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?

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:

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Telehealth and/or Health Information Technology #2

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Population Health

(a) Name of Initiative:

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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?	

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(h) Role of CHGME Trainees:

(i) Initiative Outcomes & Highlights:

(j) Benefits to Trainees:

(k) Is Supporting Documentation Attached?

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:

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