

# Health Risk Assessment Screening

## Sharp Continuing Medical Education

For Sharp Rees-Stealy affiliate physicians.

May 1, 2021 to December 31, 2024

### Project Lead:

Teresa Hardisty, MD, Pediatrician  
Director, Lifestyle Medicine  
Chair, Be Well Committee  
Sharp Rees-Stealy Medical Group

### Aim Statement:

Quality improvement effort aims to increase by 5% the number of patient interactions where nutrition and physical activity are discussed from baseline as measured by Press Ganey (PG) scores and completion of the Be Well Health Risk Assessment (HRA) for Sharp Reese-Stealy Medical Group by 12/31/2024.

This Activity is Approved for the following Boards:

- American Board of Internal Medicine
- American Board of Family Medicine
- American Board of Pediatrics
- American Board of Physical Medicine and Rehabilitation
- American Board of Preventive Medicine
- American Board of Psychiatry and Neurology
- National Commission on Certification of Physician Assistants

### Participation:

- Make use of Health Risk Screening tool in EHR
- Review raw data of patients surveyed
- Complete MOC Attestation Form
- Send completed form to Dr. Teresa Hardisty for sign-off
- Dr. Hardisty will send signed form to Sharp CME for ABMS processing



Sponsor Activity

**PORTFOLIO PROGRAM™**

American Board of Medical Specialties

Sharp HealthCare is working with the American Board of Medical Specialties Portfolio Program™ (ABMS Portfolio Program) to sponsor activities that promote our quality and safety aims while helping you earn credit from a participating ABMS Member Board or from the National Commission on Certification of Physician Assistants (NCCPA).

## PHYSICIAN ATTESTATION

This attestation is for use by physicians and/or PAs seeking continuing certification credit for quality improvement and/or patient safety work. This attestation must be cosigned by the program administrator or project leader. The completed and signed attestation will be retained by the Portfolio Sponsor, who will notify the Portfolio Program of the physician's completion of this work.

### Section 1: Participant Information

Provide the following details:

1. First and Last Name
2. NPI Number
3. Certified by ABMS Member Board(s)
4. Member Board ID (s)
5. Date of Birth
6. Email Address

### Section 2: Attestation of Meaningful Participation

Confirm the following requirements by providing your initials after each:

1. I engaged in the following QI/PI/PS work from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ . Initials: \_\_\_\_
2. I worked **EITHER** with my care team/colleagues **OR** with leadership/committees **OR** served in a QI leader/coach/advisor role, to plan and implement/oversee changes related to patient care as appropriate and applicable to my role in my organization. Initials: \_\_\_\_
3. I received appropriate measurement data at least once before and after each change was made in practice.  
  
Initials: \_\_\_\_

### Section 3: Targeted Reflection – Impact

What change(s) were made in practice and how did they impact patients? What was/were your role(s)?

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### Section 4: Signatures

1. Physician/PA Signature: I attest I participated in the QI work described above.

\_\_\_\_\_  
Signature Date

2. Project Leader Signature: I confirm that the above physician/PA meaningfully engaged in the QI work described above. Note: Physicians/PAs submitting for QI Leader/Coach credit may not have such a person, in which case, the Sponsor will attest on their behalf.

\_\_\_\_\_  
Signature Date