



APPLICATION FOR The AAFP Alcohol SBI Office Champions Project

We appreciate your interest in applying for the AAFP's Alcohol SBI Office Champions Project.

Please fill out the information below.

AAFP Member Name: _____ Member ID: _____

Direct phone number: _____ Direct email: _____

Practice Type: Solo Two physician Family medicine group Multispecialty group

Practice name: _____

Practice address: _____

Practice city, state, zip: _____

Practice phone number: _____

Number of physicians, if group practice: _____ Number of FTE non-physician staff in practice: _____

Practice setting: Urban Suburban Rural

Are you part of a family medicine residency program? Yes No

Does your practice use electronic health records **(REQUIRED FOR PARTICIPATION)**? Yes No

In your practice, how many patients are: _____ Female _____ Male

In your practice, how many patients are: _____ White _____ Black _____ Hispanic/Latino _____ Asian _____ Other

In your practice, what services do you provide? (Check all that apply.) Pediatrics Obstetrics Women's Health Family Planning

In your practice, how many of your female patients are between the ages of 18 and 44 years old? _____

Who in your practice screens patients for substance use and/or recommends behavioral interventions? (Check all that apply.)

Name and Occupation	Screens	Recommends Intervention
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION FOR THE AAFP ALCOHOL SBI OFFICE CHAMPIONS PROJECT, CONTINUED

Why are you interested in this project and how could it help your practice and patients? *(Please limit response to 50 words.)*

Physician Champion

The Physician Champion is responsible for ensuring that the practice's physicians and staff support the AAFP Alcohol SBI Office Champions Project, and that the Office Champion is allocated adequate time, resources, and support to fulfill the responsibilities of their role.

Physician Champion name/degrees: _____

AAFP ID#: _____

Email address: _____

Office Champion

The Office Champion is responsible for facilitating the internal project team, recommending strategies, and implementing office system changes to integrate the revised alcohol SBI activities into the practice's daily office routines.

Office Champion name/degrees: _____

Title: _____

Direct phone number: _____

Email address: _____

By signing this application, we commit to the following expectations of participation if selected:

- Our Family Physician Champion will attend an in-person educational training conference **November 2-3, 2019**, in Kansas City, Missouri.
- Our Family Physician Champion and/or Office Champion will attend an in-person educational conference on lessons learned from the project in **September 2022**.
- Our Family Physician Champion and Office Champion will complete the Collaborative Institutional Training Initiative (CITI) course, and participate in quarterly teleconferences.
- Our Office Champion or Physician Champion will present an overview of the Office Champions Project to our practice's physicians and staff at a staff meeting early in the project period.
- Our Family Physician Champion and/or project team will complete a pre-intervention chart review (baseline), post-intervention chart review (2nd re-measurement), and sustainability chart review (3rd re-measurement) of 50 random adult patient medical records, based on the provided criteria and as described in the AAFP Office Champions Quality Improvement Model.
- Our office will identify and implement system changes to better integrate alcohol SBI activities into the practice's daily office routines and create a culture that encourages alcohol SBI and continuous improvement to decrease risky alcohol use.
- Our Office Champion will be allocated adequate time, resources, and support to fulfill the responsibilities of the Office Champion role.
- Our practice will participate in all phases of project evaluation, including chart reviews.

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I understand that my practice will receive up to \$3,000 to cover administrative support associated with the project, **pending availability of grant funding** during the following milestones:

- \$1,000 - Awarded following the attendance of the educational training conference **November 2-3, 2019**, completion of the Collaborative Institutional Training Initiative (CITI) course, introductory teleconference, project survey, pre-intervention (baseline) chart reviews, and submission of a project plan, occurring by the end of 2019.
- \$1,000 - Awarded following completion of the post-intervention (2nd re-measurement) chart reviews, and participation of the alcohol SBI webinars, occurring approximately December 2020.
- \$1,000 - Awarded following completion of the sustainability chart reviews (3rd re-measurement), and all phases of the project and a post-project review, occurring approximately December 2021.
- The family physician champion who attends the in-person educational training conference on **November 2-3, 2019**, and the in-person educational conference on lessons learned from the project in **September 2022** will be reimbursed for travel expenses.
- The family physician will have the potential opportunity to present at a local or national meeting. Travel expenses for this in-person meeting will be reimbursed.

Office Champion

Date

Physician Champion

Date

If you have any questions, please contact:

Reshana Peterson, MPH, Project Coordinator, at rpeterson@aafp.org or (913) 906-6103

Return this form by email, fax, or mail to:

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