**URMC Malpractice Premium Differential Program Application (Updated October 2020)**

To qualify for the next year 2021 (January – December) 15% premium differential, the physician must:

* be insured for professional liability through the University of Rochester and MCIC
* successfully complete the qualifying risk management education activities listed between Jan 2020 & Dec 2020; and
* **complete and submit this application by the deadline, including any required certificates.**

Please check which of the following activities that you have completed, fill in your identification information below, sign the attestation, and submit this directly to us or through your Department Administrator:

**Required for 2020 qualification:**

**Completed an online URMC High Reliability course (do not do same course as last year). Check one:**

* Target Zero Harm:High Reliability Essentials Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, or
* Disclosure and Just Culture:Supporting our Patients and our Colleagues Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020

**PLUS one of the following activities:**

1. Participated in a URMC TeamSTEPPS Course – either a General or Office Practice Fundamentals course or online course.

* SMH Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020
* HH Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020
* TS 2.0 Online Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020 \*\*\* Submit certificate with application.

2) Participated in the High Reliability for Providers: Avoiding Harm from Diagnostic Error course.

* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 2020

3) Participated in the Risk Management Seminar

* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 2020

1. Participated in a URMC “Teaching for Quality (Te4Q)” Faculty Development Program:

* Te4Q program: No program in 2020.

1. Participated in a completed **URMC-sponsored** ABMS Portfolio Program MOC Part IV approved quality improvement effort (not the same as individual Board MOC)

* Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020

1. Participated in the URMC Rochester Improvement Science Education (Expanded Patient Safety) Certificate Course and received a certificate by attending at least 8 of 11 sessions:

* February 2020 –Dec 2020

1. Participated a URMC Fundamentals of Quality Improvement course (Part I or Part II)

* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020

8) Participated in a URMC PFCC advanced training program - either individual coaching or sufficient attendance at PFCC face-to-face programs

* Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020 \*\*\* Submit certificate with application.

9) Participated in the Medical Faculty & Clinician Wellness Series & received a CME certificate by attending at least 5 different sessions. eRecord Power Series sessions can count towards this qualification.

* Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020 \*\*\* Submit certificate +/- CME with application.

10) Participated in a one or two day URMC Crucial Conversations Course

* Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020 \*\*\* Submit certificate with application.

11) Participated in a UR Pursuing Excellence leadership program (none in 2020)

* Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020

12) Residency or fellowship program director participation in Mandatory Resident & Fellow educational program

* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020

13) Participated in an approved service specific risk management seminar or series education program \*\*\* Submit certificate with application.

[ ]Anesthesiology ASA program [ ] RQI (each year up to 2 years) [ ] Geriatrics [ ] Orthopaedics

[ ] Hospital Medicine [ ] Imaging Backstop participation [ ] Palliative Care ACT program [ ] Primary Care Network

[ ] SIMORS OR crisis simulation [ ] Bias Reduction in Internal Medicine (BRIM) [ ] GCH Error Prevention Training

[ ] Multidisciplinary Complex Spine Surgery Conference

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020

14) For those practicing Obstetrics: completion of the annually assigned APS OB Relias/GNOSIS course **and** 1 Obstetrics simulation

Completed [ ] OB Relias/GNOSIS Course, **and**

Completed multidisciplinary Obstetrics simulation during 2020

15) For Neonatologists: participation in 6 CME Fellows conferences **and** 1 Obstetrics simulation

* Completed 6 CME Fellows conferences during 2020, **and**
* Completed multidisciplinary Obstetrics simulation during 2020
* SMH Date: \_\_\_\_\_\_\_\_\_\_ , 2020 or HH Date: \_\_\_\_\_\_\_\_\_\_, 2020

16) Successful completion during 2020 of an equivalent face to face (not online) program of patient safety or risk management education, with approval based on submission of the program’s agenda, and confirmed through receipt of at least 4 hours of safety or risk management related AMA Category 1 CME credits or equivalent. (Attach copy of agenda and copy of CME credit certificate).

* Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (print or type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I attest that I personally fully participated in the above checked activity:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit this form directly (by intramural mail or via email) or to your Department Administrator for submission to:**

**Heidi Poltorak, Directors Office, Box 612, to be received no later than January 5, 2021.**

**Forward any questions to** [**Heidi\_Poltorak@urmc.rochester.edu**](mailto:Heidi_Poltorak@urmc.rochester.edu)