



## **Call for Nominations NSCLC AQuIRE Work Group**

**Deadline: April 18, 2011, 5:00 PM CT**

The ACCP is issuing this Call for Nominations to obtain Non-small Cell Lung Cancer (NSCLC) expertise for the **NSCLC AQuIRE Work Group** to adapt the existing AQuIRE Diagnostic Registry data elements into a performance improvement module (PIM) to assess practice performance.

Nominations are due by **Monday, April 18, 2011, at 5:00 PM CT**. Please send nominations to [jmaitland@chestnet.org](mailto:jmaitland@chestnet.org).

### **Work Group Responsibilities**

1. Identify individual data elements/variables from the ACCP Diagnostic Registry data collection instruments for use in the PIM.
2. Develop a data element codebook that provides common definitions and formats for each data element. This ensures a consistent understanding of what is required for each data element.
3. In consultation with the Project Executive Committee, identify indicators that will be used to assess performance of the PIM participants.
4. Develop a standardized method for data collection and patient enrollment.
5. Characterize what constitutes a significant improvement or real change in practice.
6. Based on this characterization, determine the sample size of required institutions and patient visits.
7. Design useful data reports.
8. Collaborate with the NSCLC Curriculum Design work group to identify gaps in knowledge and practice.

### **Eligibility Criteria**

All members of the work groups are required to be practicing clinicians who diagnose or treat patients with NSCLC. Additionally, members must possess expertise in one or more of the following areas, either in their local institutions or regional/national organizations:

- Data utilization/management background, with expertise in epidemiology or biostatistics, or comparable knowledge
- Data usage as it relates to quality improvement, policy development, and practice change
- Utilization of a clinical registry for research purposes
- Author of any relevant evidence-based clinical practice guidelines
- Ability to identify pilot sites for registry testing
- Formal education or experience in knowledge transfer in physicians, adult learning principles, or methodology toward the development of a medical education curriculum
- Experience in learning-based curriculum related to measuring outcomes in physicians' clinical practice or patient outcomes

- Experience in educating physicians in evidence-based medicine for purposes of implementing guideline recommendations
- Design and execution of medical education teaching and/or faculty development
- Preferable that nominees be ACCP or ASCP members

Applicants should be willing to spend up to 3 hours per month, for approximately 1 year, participating in the project work.

All nominees must submit:

- Completed NIH biosketch or CV (maximum 10 pages). The nominee may also complete the Educational Resources Biosketch in lieu of submitting their NIH biosketch or CV.
- Statement of commitment and purpose (500 words or less)
  - History of work, which address the eligibility criteria outlined above.
  - Statement of willingness to participate in up to one conference call per month and spend up to 10 hours/month on committee work for approximately 1 year.

### **AQuIRE Background**

The ACCP AQuIRE Registry is a quality improvement tool for chest physicians developed by chest physicians. The AQuIRE Registry is designed to assist chest physicians to meet increasing demands placed upon them by the public, credentialing bodies, regulatory agencies, payers, and the institutions in which they practice.

AQuIRE enhances the practice of chest medicine through the application of useful data reports and peer comparisons. Data reports and peer comparisons can be used to:

- obtain CME, MOC, and manage other professional practice requirements;
- engage in quality improvement programs;
- engage, potentially, in pay for performance programs;
- monitor resource utilization and assess practice patterns over time;
- compare to national benchmarks; and
- communicate and document compliance issues with payers and regulatory agencies.