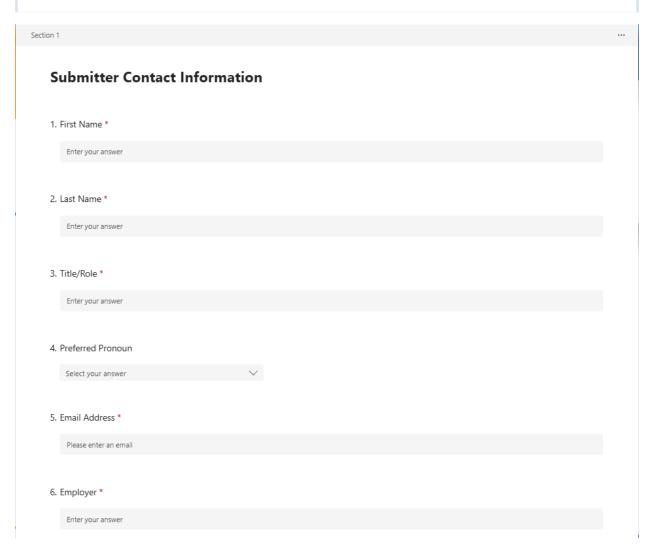


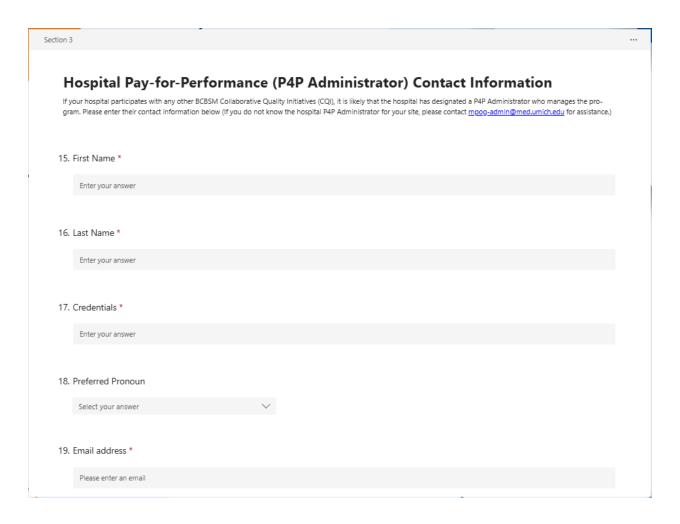
## **MPOG New Member Application** %

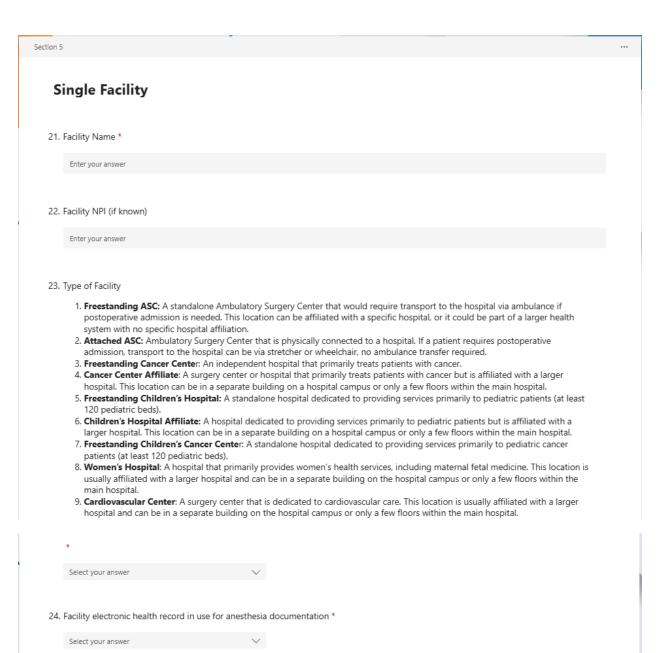
Thank you for your interest in joining the Multicenter Perioperative Outcomes Group (MPOG)! We are excited about your potential participation. Please note, MPOG participation requires current use of an anesthesia electronic health record. Contact us (mpog-admin@med.umich.edu) before filling out an application if your site does not currently have an anesthesia EHR.

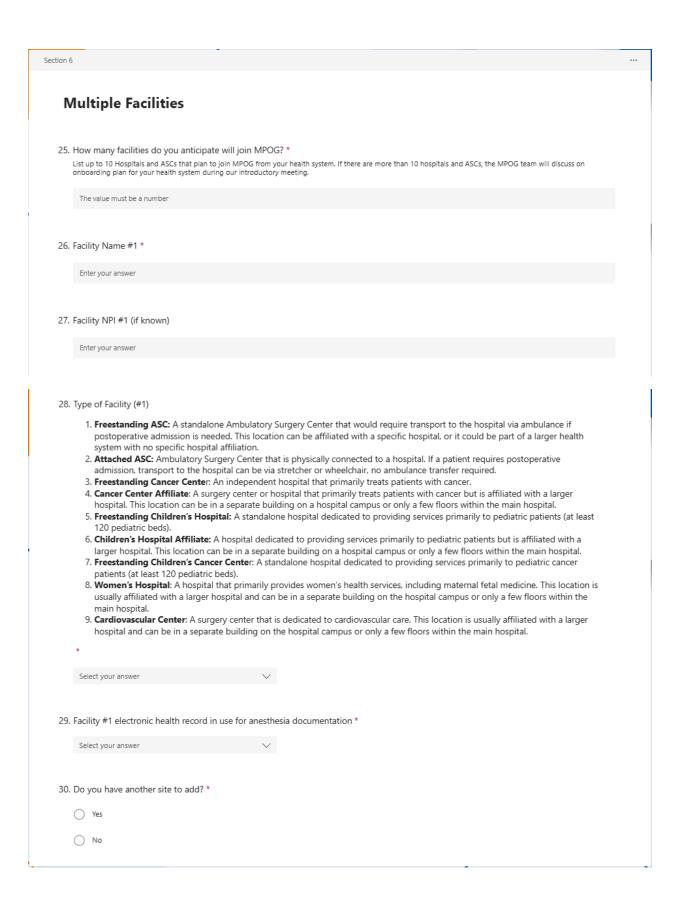
Please address all questions in this application to ensure a smooth onboarding process. You may need to contact other teams at your site (billing, quality, IT) to obtain all required information. This form can take about 20 minutes to complete and must be completed once - you are not able to save and edit later. Once we receive your submission, we will follow up via email with the next steps. We appreciate your interest and look forward to connecting with you. Thank you!

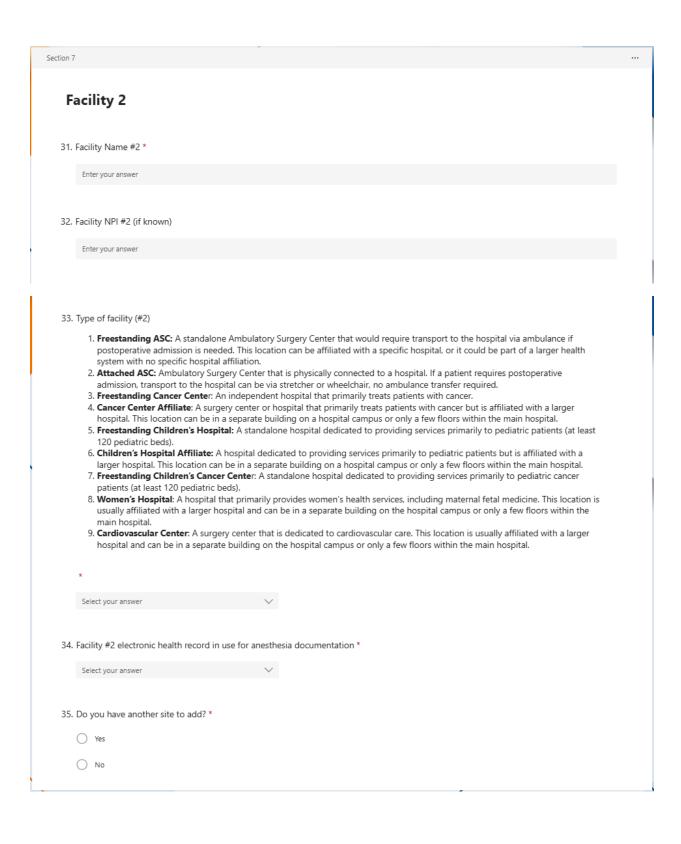


Se	ection 2	2	
	G	General Site Information	
	7.	Health System Name (if your facility not part of a health system, enter facility name here) *	
		Enter your answer	
	8.	Street Address *	
		Enter your answer	
	9.	City*	
		Enter your answer	
	10.	State/Province *	
		Enter your answer	
	11.	Zip *	
		Enter your answer	
	12.	Country *	
		Enter your answer	
	13.	How many total cases are performed annually (approximate)? *	
		Enter your answer	
	14.	Is your organization located in the State of Michigan? *	
		○ No	

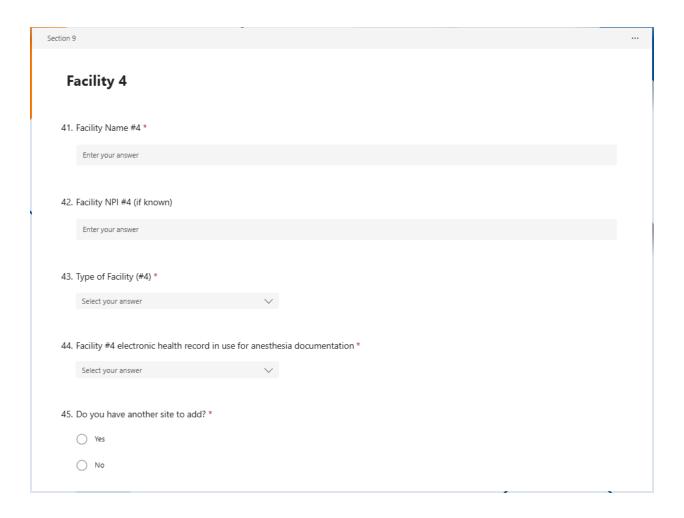




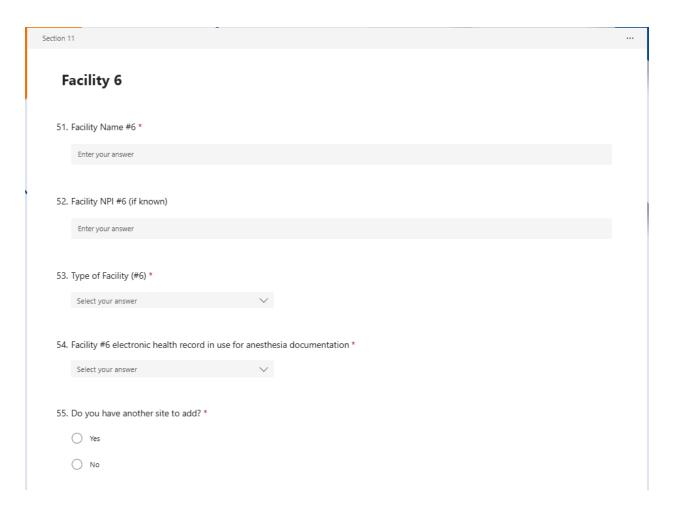


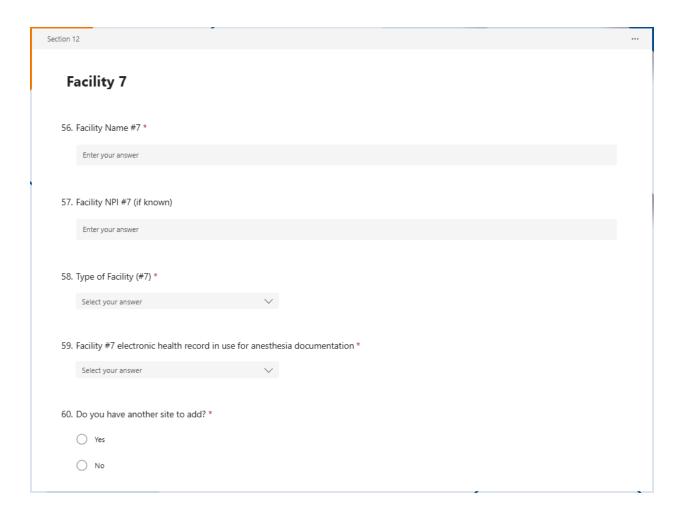


Section 8	
Facility 3	
36. Facility Name #3 *	
Enter your answer	
37. Facility NPI #3 (if known)	
Enter your answer	
38. Type of Facility (#3) *  Select your answer	
39. Facility #3 electronic health record in use for anesthesia documentation *	
Select your answer	
40. Do you have another site to add? *  Yes  No	

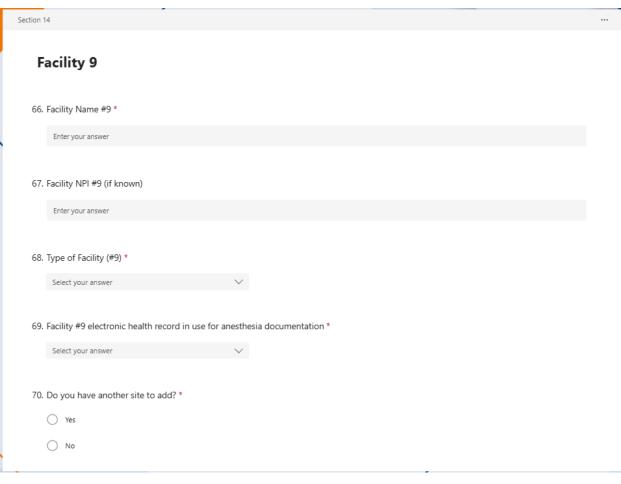


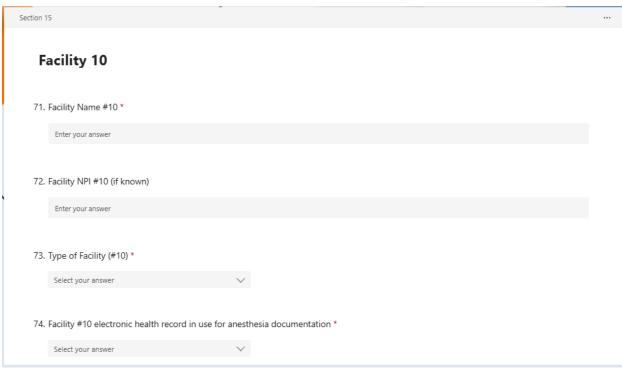
Section 10		
Facility 5		
46. Facility Name #5 *		
Enter your answer		
47. Facility NPI #5 (if known)		
Enter your answer		
48. Type of Facility (#5) *  Select your answer	<b>V</b>	
49. Facility #5 electronic health record in use for a	anesthesia documentation *	
Select your answer	~	
50. Do you have another site to add? *  Yes  No		

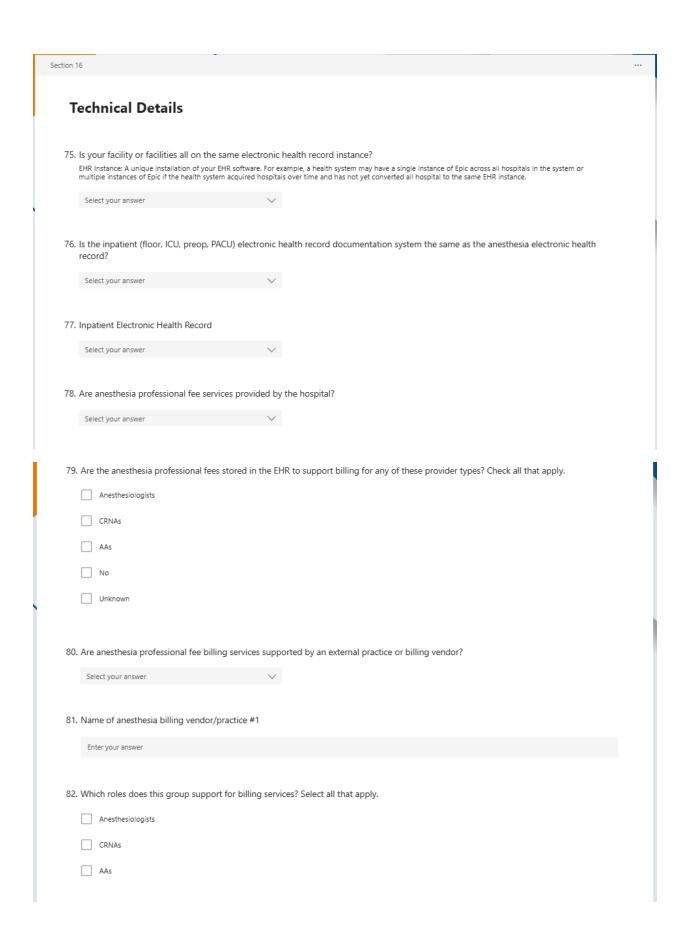




ection 13		
Facility 8		
61. Facility Name #8 *		
Enter your answer		
62. Facility NPI #8 (if known)		
Enter your answer		
63. Type of Facility (#8) *		
Select your answer	~	
64. Facility #8 electronic health record in	use for anesthesia documentation *	
Select your answer	~	
65. Do you have another site to add? *		
Yes		
○ No		





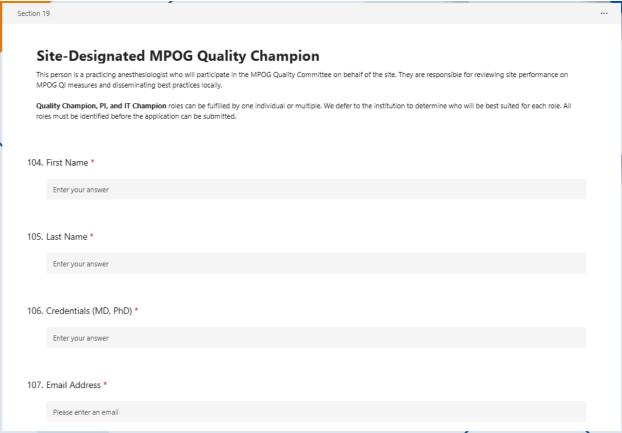


83.	Do you have an additional anesthesia billing vendor/practice?
	○ Yes
	○ No
84.	Name of anesthesia billing vendor/practice #2 (if applicable)
	Enter your answer
85.	Which roles does this group support for billing services? Select all that apply.
	Anesthesiologists
	CRNAs
	AAs
86.	Do you have an additional anesthesia billing vendor/practice?
	○ Yes
	○ No
87.	Name of anesthesia billing vendor/practice #3 (if applicable)
	Enter your answer
88.	Which roles does this group support for billing services? Select all that apply.
	Anesthesiologists
	CRNAs
	□ AAs
	Anesthesia Professional Fee Billing Comments
QΩ	Ariestriesia Froressional Fee Dilling Comments
89.	Enter your answer

Section 17	
Staffing Model Information	
90. Does the facility contract anesthesia services from a private practice or external entity?	
Select your answer	
91. Name of Anesthesiology Practice Group #1:  Enter your answer	
92. What roles does this group support? Select all that apply.  Anesthesiologists	
CRNAs	
_ AAs	
93. Do you have an additional Anesthesia Practice Group to add?	
○ Yes	
○ No	
94. Name of Anesthesiology Practice Group #2 (if applicable):	
Enter your answer	

	Ť
95. What roles does this group support? Select all that apply.	
Anesthesiologists	
CRNAs	
AAs	
6. Do you have an additional Anesthesia Practice Group to add?	
○ Yes	
○ No	
7. Name of Anesthesiology Practice Group #3 (if applicable):	
Enter your answer	
8. What roles does this group support? Select all that apply.	
Anesthesiologists	
CRNAs	
AAs	
99. Practice-related Comments:	
Enter your answer	
•	_





Sit	e-Designated MPOG Principal Investigator (PI)
This p	person is an anesthesiologist who will lead research efforts for the site and participate in the MPOG Perioperative Clinical Research Committee (PCRC).
	ty Champion, PI, and IT Champion roles can be fulfilled by one individual or multiple. We defer to the institution to determine who will be best suited for each role. All must be identified before the application can be submitted.
)8. Fi	rst Name *
	Enter your answer
)9. La	sst Name *
I	Enter your answer
10. Cr	redentials (MD, PhD) *
1	Enter your answer
11. Er	nail Address *
	Please enter an email

_	
on 21	
Site-Designated MPOG Anesthesiology IT Champion	
This person is an anesthesiologist that will work with the local technical and clinical teams to assist with implementing the IT infrastructure necessary to support MPOG participation. This role requires an understanding of concept mapping and local EHR documentation.	
Quality Champion, PI, and IT Champion roles can be fulfilled by one individual or multiple. We defer to the institution to determine who will be best suited for each role. All roles must be identified before the application can be submitted.	
12. First Name *	
Enter your answer	
13. Last Name *	
Enter your answer	
14. Credentials (MD, PhD) *	
Enter your answer	
15. Email Address *	
Please enter an email	
on 22	

## SUBMIT

By clicking the submit button, you attest that you have reviewed all content included in this application and have the authorization to submit this form on behalf of your organization.