SUSTAINING IMPROVEMENT WORKSHOP

ACRONYMS

MIPS: Merit-Based Incentive Payment System

TCM: Transitional Care Management

CPIA: Clinical Practice Improvement Activity

PT: Payment Transformation

TCOC: Total Cost of Care

ECQM: Electronic Clinical Quality Measure

PDSA: Plan, Do, Study, Act

CPC+: Comprehensive Primary Care Plus

PQRS: Physician Quality Reporting System

MACRA: Medicare Access & CHIP Reauthorization Act

TCPI: Transforming Clinical Practice Initiative

P4Q: Pay for Quality

QI: Quality Improvement

CMS: Centers for Medicare & Medicaid Services

CCM: Chronic Care Management

APM: Advanced Alternative Payment Model

QPP: Quality Payment Program

AWV: Annual Wellness Visit

HEDIS: Healthcare Effectiveness Data and Information Set

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SUSTAINING IMPROVEMENT WORKSHOP #1

QUALITY IMPROVEMENT ACTIVITY - PDSA

AIM: Provide episodic care management to best improve outcomes for empaneled patients who have an ED visit or hospital admission/discharge/transfer.

PLAN:

WHO? Designated team member: ______________________________

WHEN? Start Date: _________________________

WHAT is the expected result?

____

____

DO:

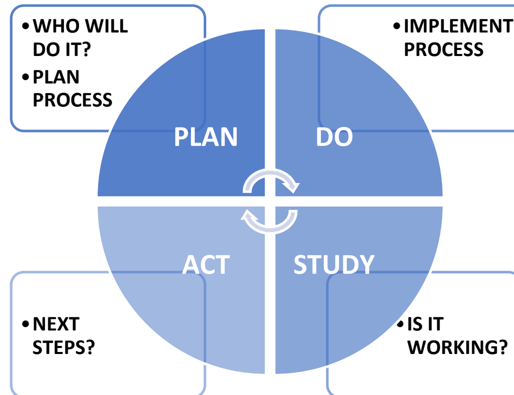
Processes implemented for sustained improvement:

1-Provide short-term care management along with medication reconciliation.

2-Ensure patients with ED visits receive a follow up interaction within 3 days of discharge.

3-Contact patients who were hospitalized within 2 business days.

**provide appropriate intervention (home visit, refer for care management or other needed services, schedule to see PCP)*



ACT:

Is the result positive or negative? ________________

What improvements can be made?

____

____

____

____

Describe next PDSA cycle to further improve:

____

____

____

____

STUDY:

WHAT HAPPENED?

____

____

How did the actual performance compare to the expected result?

____

____

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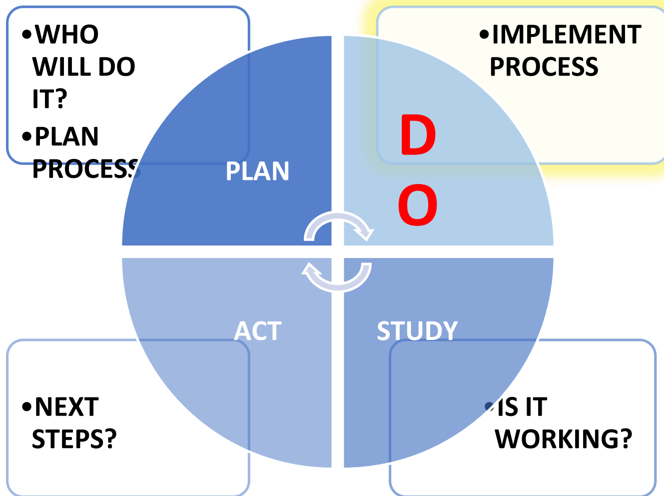

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IMPLEMENTATION PROCESS:

Consider the following when planning out your process:

TASK	WHO	WHEN
HOW DO WE RECEIVE NOTIFICATION OF ED & HOSPITALIZATIONS?		
IS THERE A CURRENT PROCESS? NEEDS IMPROVEMENT?		
DO WE NEED TO DEFINE ROLES & RESPONSIBILITIES (shift roles of newly delegated staff)		
DO WE NEED TO CREATE WRITTEN GUIDELINES? (to allow delegated staff to function with minimal Provider oversight)		
DOES DELEGATED STAFF NEED TRAINING? (medication reconciliation, risk stratification, care management model)		
HOW WILL WE MEASURE IMPROVEMENT?		

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SUSTAINING IMPROVEMENT WORKSHOP

EVALUATIOM FORM

This evaluation form will be used to assess and improve this workshop series. Please enter a response for each question and add any suggestions you consider useful.

CRITERIA	STRONGLY AGREE	AGREE	DISAGREE	COMMENTS
CONTENT				
Information presented was relevant to my needs				
Information was clear, easy to understand				
Content was useful				
PRESENTER				
Was knowledgeable in subject				
Covered material clearly				
Was able to answer my questions				
VENUE/TIME				
Locations and set up met my needs				
Length of workshop was appropriate for content and my schedule				

Based on the material covered today, I would like the following to be provided in a break out session to support me with the "how":

DATE | NAME | PRACTICE

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