

NCQA PCMH Quality Measurement and Improvement Worksheet

Practice Name: WCFP and ECFP

Date Completed: 01/5/2018

| Use ONE Access Measure Identified in QI 010 | | |
|--|---|---|
| Measure 1: Improve availability of appointment needs | 1. Measure selected for improvement; reason for selection | Reason: To improve timely appointments with their primary care provider to reduce out-of-network care, potentially higher costs and treatment from a provider who does not know their medical history. |
| | 2./3. Baseline performance measurement; numeric goal for improvement (QI 03) | Baseline Start Date: 01/01/2016 Baseline End Date: 12/31/2016 Baseline Performance Measurement (% or #): 2759 Numeric Goal (% or #): 2850 |
| | 4. Actions taken to improve and work toward goal; dates of initiation (QI 10) (Only 1 action required) | Action: Opened a second location in Feb 2017, also added a Nurse Practitioner in July, 2017. (2 locations and 3 providers) Date Action Initiated: 01/01/2017 Additional Actions: Providers can double book and work through lunch if needed. |
| | 5. Remeasure performance <i>Note: Continuing QI is encouraged, but is not required for QI 10.</i> | Start Date: 01/01/2017 End Date: 12/31/2017 Performance Remeasurement (% or #): 2984 |
| | 6. Assess actions; describe improvement. <i>Note: Continuing QI is encouraged, but is not required for QI 10.</i> | For the 2017 we saw an increase of 225 patient encounters and increase the patient satisfaction of appointment access. After adding the improvements, the practice has tremendously increased the appointment availability. |

NCQA PCMH Quality Measurement and Improvement Worksheet

| Use FIVE Measures Identified in QI 08, QI 09 and QI 11 | | |
|---|---|---|
| Measure 1: Fluzone High Dose Vaccination | 1. Measure selected for improvement; reason for selection | Reason: To improve patient population getting the Fluzone- High Dose vaccinated for patients above the age of 65 years old |
| | 2./3. Baseline performance measurement; numeric goal for improvement <i>(From QI 01, QI 02 or QI 04)</i> | Baseline Start Date: 01/01/2016 Baseline End Date: 12/31/2016 Baseline Performance Measurement (% or #): 72/452 = 16% Numeric Goal (% or #): 20% |
| | 4. Actions taken to improve and work toward goal; dates of initiation <i>(QI 08, QI 09, or QI 11)</i> <i>(Only 1 action required)</i> | Action: Pre-Ordered with Sanofi Pastuer twice as many and every patient with age above 65 offered high dose first when flu season starts. Date Action Initiated: 01/01/2017 Additional Actions: Providers received educational benefits materials on giving seniors high dose vs. regular fluzone. Including lunch-in with Sanofi rep. |
| | 5. Remeasure performance <i>(QI 12)</i> | Start Date: 01/01/2017 End Date: 12/31/2017 Performance Re-Measurement (% or #): 202/458 = 44% |
| | 6. Assess actions; describe improvement. <i>(QI 12)</i> | For the 2017-2018 Influenza season, we saw an increase of 28% in seniors receiving the High Dose Fluzone for protection from the flu for our seniors. |

NCQA PCMH Quality Measurement and Improvement Worksheet

| | | |
|--|---|---|
| Measure 2: Annual Physicals | 1. Measure selected for improvement; reason for selection | Reason: Focusing on preventing disease and illness before they occur will create healthier homes, workplaces, schools and communities so that people can live long and productive lives and reduce their healthcare costs |
| | 2./3. Baseline performance measurement; numeric goal for improvement (From QI 01, QI 02 or QI 04) | Baseline Start Date: 01/01/2016 Baseline End Date: 12/31/2016 Baseline Performance Measurement (% or #): 1618 Numeric Goal (% or #): 15% increase |
| | 4. Actions taken to improve and work toward goal; dates of initiation (QI 08, QI 09 or QI 11) (Only 1 action required) | Action: Sent eMessage to patients if it has been more than a year since your last preventive visit. Date Action Initiated: 01/01/2017 Additional Actions: Scheduling patients for future labs and physical even if appointment is greater than 1 year. |
| | 5. Remeasure performance (QI 12) | Start Date: 01/01/2017 End Date: 12/31/2017 Performance Remeasurement (% or #): 1913 |
| | 6. Assess actions; describe improvement. (QI 12) | For 2017, we had an increase of 17% in Annual Physicals due to scheduling and eMessage. Some patients were also called to get them in with their PCP. |

NCQA PCMH Quality Measurement and Improvement Worksheet

| | | |
|------------------------------------|---|--|
| Measure 3: Hypertension | 1. Measure selected for improvement; reason for selection | Reason: Improve control of HTN by monitoring BP |
| | 2./3. Baseline performance measurement; numeric goal for improvement (From QI 01, QI 02 or QI 04) | Baseline Start Date: 01/01/2016 Baseline End Date: 12/31/2016 Baseline Performance Measurement (% or #): 341/2759 = 12% Numeric Goal (% or #): 30% |
| | 4. Actions taken to improve and work toward goal; dates of initiation (QI 08, QI 09 or QI 11) (Only 1 action required) | Action: Identify patients with BP greater than 130/80 in registry. Follow up for repeat BP reading according to physicians guidelines. Send eMsg or call for home readings and follow up appointment with provider. Date Action Initiated: 01/01/2017 Additional Actions: N/A |
| | 5. Remeasure performance (QI 12) | Start Date: 01/01/2017 End Date: 12/31/2017 Performance Remeasurement (% or #): 1217/2984 = 41% |
| | 6. Assess actions; describe improvement. (QI 12) | For 2017, we had an increase of 29% of patient that were seen that had a BP reading lower or equal to 130/80. |

NCQA PCMH Quality Measurement and Improvement Worksheet

| Behavioral Health Measures Identified in QI01 | | |
|--|---|--|
| BH Measure 1: Depression Screening (PHQ2) | 1. Measure selected for improvement; reason for selection | Reason: To increase the number of patients with depression screening. |
| | 2./3. Baseline performance measurement; numeric goal for improvement (From BH 17) | Baseline Start Date: 01/01/2016 Baseline End Date: 12/31/2016 Baseline Performance Measurement (% or #): 611 Numeric Goal (% or #): 650 |
| | 4. Actions taken to improve and work toward goal; dates of initiation (BH 18) (Only 1 action required) | Action: Gave patients over 65 years and older a depression question from Medicare Health Risk Assessment questionnaire. Date Action Initiated: 01/01/2017 Additional Actions: N/A |
| | 5. Remeasure performance <i>Note: Continuing QI is encouraged, but is not required for BH 18.</i> | Start Date: 01/01/2017 End Date: 12/31/2017 Performance Remeasurement (% or #): 725 |
| | 6. Assess actions; describe improvement. <i>Note: Continuing QI is encouraged, but is not required for BH 18.</i> | For 2017, we had an increase of 17%, with our patient population. PHQ2 is being used with all patients for initial depression screenings. |