

# Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet

**PURPOSE:** This worksheet helps eligible providers organize the measures and QI activities that are required by Connected Care 5, Elements D–G. Refer to Connected Care 5, Elements A–G for additional information.

**Note:** *Eligible providers are not required to submit this worksheet as documentation; it is provided as an option. Eligible providers may submit their own report detailing their QI strategy, but should consult the QI Worksheet Instructions for guidance.*

## QUALITY MEASUREMENT & IMPROVEMENT ACTIVITY STEPS

- 1. Identify measures for QI.** From Connected Care 5, Elements A–C and Element F, identify:
  - *From Element A:* At least **one clinical measure**.
  - *From Element B:* At least **one resource use or care coordination measure**.
  - *From Element C:* At least **one patient/family experience measure**.
  - *From Element F:* At least **one measure focused on vulnerable populations**, with an identified health disparity.
- 2. Identify a baseline performance assessment.** Choose a starting measurement period (**start and end date**) and identify a baseline performance measurement for each measure. You may use rates from the reports provided in Elements A–C. The baseline measurement period **must be** within **12 months** before tool submission or **within 24 months**, if there is a remeasurement period. The performance measurement **must be** a rate (percentage based on numerator and denominator) or number (with the number of patients represented by the data).
- 3. Establish a performance goal.** Generate at least one performance goal for each identified measure. The specific goal **must be** a rate or number. Simply stating the practice intends to improve does not meet the objective. **(Applies to 5D and 5F.)**
- 4. Determine actions to work toward performance goals.** List at least one action for each identified measure and the **activity start date**. The action date **must occur** after the date of the baseline performance assessment date. You may list more than one activity, but are not required to do so. **(Applies to 5E.)**
- 5. Remeasure performance based on actions taken.** Choose a remeasurement period and generate a new performance measurement after action was taken to improve. The remeasurement date **must occur** after the date of implementation and **must be** within in **12 months** before tool submission. The performance measurement **must be** a rate (percentage based on numerator and denominator) or number (with the number of patients represented by the data). **(Applies to 5G.)**  
**Note:** *To receive credit for 5G, factors 2–4, the remeasurement rate must show improvement on at least one measure.*
- 6. Assess actions taken and describe improvement.** Briefly describe how your organization showed improvement on measures. Describe the assessment of actions; correlate actions and the resulting rate improvement. **(Applies to 5G.)**

# Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet

## EXAMPLE: HOW TO COMPLETE THE WORKSHEET

<i>Example: Clinical Measure</i>		
<b>Measure 1:</b> <b>Blood Pressure Control</b> (<140/90 mm Hg)	<b>1. Measure selected for improvement; reason for selection</b>	<b>Reason:</b> Half our patients have high BP (>140/90 mm Hg) and are at greater risk for stroke, kidney damage, heart and coronary artery damage, vision loss and other related health consequences.
	<b>2./3. Baseline performance measurement; numeric goal for improvement (5D 1)</b>	<b>Baseline Start Date:</b> 1/1/15 <b>Baseline End Date:</b> 3/31/15 <b>Baseline Performance Measurement (% or #):</b> 50% of patients have BP <140/90 mm Hg <b>Numeric Goal (% or #):</b> 75%
	<b>4. Actions taken to improve and work toward goal; dates of initiation (5E 1) (Only 1 action required)</b>	<b>Action:</b> Identified patients with BP >140/90 mm Hg; developed a multimodal outreach campaign for the target group, including greater compliance with medication and increased education about heart-healthy lifestyle options. <b>Date Action Initiated:</b> 4/1/15 <b>Additional Actions:</b>
	<b>5. Remeasure performance (5G 1, 2)</b>	<b>Start Date:</b> 6/1/15 <b>End Date:</b> 8/31/15 <b>Performance Re-Measurement (% or #):</b> 70%
	<b>6. Assess actions; describe improvement (5G 1, 2)</b>	During a one-year measurement period (Jan 2014–Mar 2015), 50% of patients had a BP <140/90 mm Hg. After identifying patients with high BP, we developed an educational outreach plan of action and provided training to clinicians to incorporate identified strategies to lower patients' BP.  After implementing the outreach campaign, we saw a 20% increase in the number of patients with BP <140/90 mm Hg during the remeasurement period (June–Aug 2015).

# Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet

## Example: Identify a Disparity in Care for a Vulnerable Population

<p><b>Vulnerable population:</b> Obese females</p> <p><b>Disparity:</b> Obese females have a lower rate of BMI improvement than males following nutrition counseling</p>	<p>1. Identify a disparity in care for a vulnerable population</p>	<p><i>Describe a comparison of a vulnerable population against the general population in which the vulnerable population received care/service at a lower performance:</i> Females have a lower BMI improvement rate than males among patients who were seen for at least 2 nutrition visits and had a diagnosis of obesity in the reporting period.</p>
	<p>2./3. Baseline performance measurement and numeric goal for improvement (5F)</p>	<p><b>Baseline Start Date:</b> 9/1/2015    <b>Baseline End Date:</b> 9/30/2015</p> <p><b>Baseline Performance Measurement for Vulnerable Population (% or #):</b> 136/305 = 44.5% of obese females had stagnant or improved BMI</p> <p><b>Baseline Performance Measurement for General Population (% or #):</b> 270/270 = 100% of males men had stagnant or improved BMI</p> <p><b>Numeric Goal (% or #):</b> 80% of obese women see stagnant or improved BMI following nutrition counseling</p>
	<p>4. Actions taken to improve and work toward goal; dates of initiation</p> <p><i>Note: Creating an action plan to improve performance is encouraged, but is not required to meet 5F.</i></p>	<p><b>Action:</b> Spend more time reviewing nutrition plans with females.</p> <p><b>Date Action Initiated:</b> 10/15/2015</p> <p><b>Additional Actions:</b> Provide females with additional hand-outs explaining portion control and nutrition choices.</p>
	<p>5. Remeasure performance</p> <p><i>Note: Continuing QI is encouraged, but is not required to meet 5F.</i></p>	<p><b>Start Date:</b> 11/1/2015    <b>End Date:</b> 11/30/2015</p> <p><b>Performance Re-Measurement (% or #):</b> 213/300 = 71% of obese females showed stagnant or improved BMI. Performance rate at remeasurement for males was 216/270 = 80%.</p>
	<p>6. Assess actions; describe improvement</p> <p><i>Note: Continuing QI is encouraged, but is not required to meet 5F.</i></p>	<p>Goal not met for females, but improvement shown from initial performance rate. Site will continue action plan to evaluate over longer time frame.</p>

# Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet

Eligible Provider Name:

Date Completed:

Use ONE Measure Identified in 5A		
<b>Measure 1:</b>	<b>1. Measure selected for improvement; reason for selection</b>	<b>Reason:</b>
	<b>2./3. Baseline performance measurement, numeric goal for improvement. (5D 1)</b>	<b>Baseline Start Date:</b> <b>Baseline End Date:</b> <b>Baseline Performance Measurement (% or #):</b> <b>Numeric Goal (% or #):</b>
	<b>4. Actions taken to improve and work toward goal; dates of initiation (5E 1) (Only 1 action required)</b>	<b>Action:</b> <b>Date Action Initiated:</b> <b>Additional Actions:</b>
	<b>5. Remeasure performance. (5G 1, 2)</b>	<b>Start Date:</b> <b>End Date:</b> <b>Performance Re-Measurement (% or #):</b>
	<b>6. Assess actions and describe improvement. (5G 1, 2)</b>	

# Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet

Use ONE Measure Identified in 5B		
<b>Measure 1:</b>	<b>1. Measure selected for improvement; reason for selection</b>	<b>Reason:</b>
	<b>2./3. Baseline performance measurement, numeric goal for improvement. (5D 2)</b>	<b>Baseline Start Date:</b> _____ <b>Baseline End Date:</b> _____ <b>Baseline Performance Measurement (% or #):</b> _____ <b>Numeric Goal (% or #):</b> _____
	<b>4. Actions taken to improve and work toward goal; dates of initiation (5E 2) (Only 1 action required)</b>	<b>Action:</b> _____ <b>Date Action Initiated:</b> _____ <b>Additional Actions:</b> _____
	<b>5. Remeasure performance. (5G 1, 3)</b>	<b>Start Date:</b> _____ <b>End Date:</b> _____ <b>Performance Re-Measurement (% or #):</b> _____
	<b>6. Assess actions and describe improvement. (5G 1, 3)</b>	

# Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet

Use ONE Measure Identified in 5C		
<b>Measure 1:</b>	<b>1. Measure selected for improvement; reason for selection</b>	<b>Reason:</b>
	<b>2./3. Baseline performance measurement, numeric goal for improvement. (5D 3)</b>	<b>Baseline Start Date:</b> <b>Baseline End Date:</b> <b>Baseline Performance Measurement (% or #):</b> <b>Numeric Goal (% or #):</b>
	<b>4. Actions taken to improve and work toward goal; dates of initiation (5E 3) (Only 1 action required)</b>	<b>Action:</b> <b>Date Action Initiated:</b> <b>Additional Actions:</b>
	<b>5. Remeasure performance. (5G 1, 4)</b>	<b>Start Date:</b> <b>End Date:</b> <b>Performance Re-Measurement (% or #):</b>
	<b>6. Assess actions and describe improvement. (5G 1, 4)</b>	

# Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet

Identify a Disparity in Care for a Vulnerable Population		
<b>Vulnerable population:</b>  <b>Disparity:</b>	<b>1. Measure selected for improvement; reason for selection</b>	<i>Describe a comparison of a vulnerable population against the general population in which the vulnerable population received care/service at a lower performance:</i>
	<b>2./3. Baseline performance measurement, numeric goal for improvement. (5F)</b>	<b>Baseline Start Date:</b> _____ <b>Baseline End Date:</b> _____ <b>Baseline Performance Measurement for Vulnerable Population (% or #):</b> _____  <b>Baseline Performance Measurement for General Population (% or #):</b> _____ <b>Numeric Goal (% or #):</b> _____
	<b>4. Actions taken to improve and work toward goal; dates of initiation</b>  <i>Note: Creating an action plan to improve performance is encouraged, but is not required to meet 5F.</i>	<b>Action:</b> _____ <b>Date Action Initiated:</b> _____ <b>Additional Actions:</b> _____
	<b>5. Remeasure performance.</b> <i>Note: Continuing QI is encouraged, but is not required to meet 5F.</i>	<b>Start Date:</b> _____ <b>End Date:</b> _____ <b>Performance Re-Measurement (% or #):</b> _____
	<b>6. Assess actions and describe improvement.</b> <i>Note: Continuing QI is encouraged, but is not required to meet 5F.</i>	