

# NCQA PCMH 2014 Quality Measurement and Improvement Worksheet

**PURPOSE:** This worksheet helps practices organize the measures and QI activities that are required by PCMH 1, Element A and PCMH 6, Elements D and E. Refer to PCMH 1, Element A and PCMH 6, Elements A–E for additional information.

**NOTE:** Practices are not required to submit the worksheet as documentation; it is provided as an option. Practices 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 PCMH Element 1A, factors 1–5, select **one aspect of access** to improve. From PCMH 6:
  - *From Element A:* At least **three clinical quality measures**.
  - *From Element B:* At least **one resource use and/or care coordination measure**.
  - *From Element C:* At least **one patient/family experience measure**.
  - At least **one measure focused on vulnerable populations** with an identified health disparity (the measure may be one identified in Elements A or C, but is not required to be).
- 2. Identify a baseline performance assessment.** Choose a starting measurement period (**start and end date**) and identify a baseline performance measurement for each measure.
  - *For PCMH 1 A,* factor 6, use data from factors 1–5.
  - *For PCMH 6 D,* use performance measurements from the reports provided in PCMH 6 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 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 greater than the baseline performance assessment. Simply stating that the practice intends to improve does not meet the objective. **(Applies to 1A 6; 6D 1, 3, 5, 7)**  
***For multi-sites: Organizational goals and actions for each site may be used if remeasurement and performance relate to the practice. Each practice must have its own baseline and performance results.***
- 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 1A 6; 6D 2, 4, 6)**
- 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 **12 months** before tool submission. The performance measurement **must be** a rate (percentage based on numerator and denominator) or number (with number of patients represented by the data). **(Applies to 6E 2–4)**  
***Note: To receive credit for 6E, factors 2–4, the remeasurement must show improvement on two clinical quality measures; one resource use/care coordination measure; one patient/family experience measure.***
- 6. Assess actions taken and describe improvement.** Briefly describe how your practice site showed improvement on measures. Describe the assessment of the actions; correlate actions and the resulting improvement. **(Applies to 6E 1)**

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## EXAMPLE: HOW TO COMPLETE A ROW

Example: Clinical Measure		
<b>Measure 1:</b> Colorectal cancer (CRC) screening	1. Measure selected for improvement; reason for selection	<b>Reason:</b> The USPSTF has recommended screening for colorectal cancer as a preventive test for adults. We want to increase percentage of patients who receive screening for CRC.
	2./3. Baseline performance measurement; numeric goal for improvement (6D 1)	<b>Baseline Start Date:</b> 5/1/15 <b>Baseline End Date:</b> 5/30/15 <b>Baseline Performance Measurement (% or #):</b> 56/547 = 32.0% <b>Numeric Goal (% or #):</b> 58%
	4. Actions taken to improve and work toward goal; dates of initiation (6D 2) (Only 1 action required)	<b>Action:</b> Pop-up reminders were added to our EMR for patients due/overdue screening <b>Date Action Initiated:</b> 7/1/15 <b>Additional Actions:</b> Provider quality compensation metric put in place to incentivize providers to ensure appropriate health screening.
	5. Remeasure performance (6E 1,2)	<b>Start Date:</b> 5/1/16 <b>End Date:</b> 5/30/16 <b>Performance Re-Measurement (% or #):</b> 380/550 = 69.1%
	6. Assess actions; describe improvement (6E 1)	Since July 2015, there has been an increase of 37.1% in patients receiving CRC screening due to incentivizing providers and use of clinical decision support of EMR to indicate when patients are due for screening.



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**Practice Name:**

**Date Completed:**

Use ONE Access Measure Identified in 1A		
<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 (1A 6)</b>	<b>Baseline Start Date:</b> <span style="float: right;"><b>Baseline End Date:</b></span> <b>Baseline Performance Measurement (% or #):</b> <b>Numeric Goal (% or #):</b>
	<b>4. Actions taken to improve and work toward goal; dates of initiation (1A 6) (Only 1 action required)</b>	<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 for 1A 6.</i>	<b>Start Date:</b> <span style="float: right;"><b>End Date:</b></span> <b>Performance Re-Measurement (% or #):</b>
	<b>6. Assess actions; describe improvement</b> <i>Note: Continuing QI is encouraged, but is not required for 1A 6.</i>	

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

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<b>Measure 2:</b>	<b>1. Measure selected for improvement; reason for selection</b>	<b>Reason:</b>
	<b>2./3. Baseline performance measurement; numeric goal for improvement (6D 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 (6D 2) (Only 1 action required)</b>	<b>Action:</b> _____ <b>Date Action Initiated:</b> _____ <b>Additional Actions:</b> _____
	<b>5. Remeasure performance (6E 1,2)</b>	<b>Start Date:</b> _____ <b>End Date:</b> _____ <b>Performance Re-Measurement (% or #):</b> _____
	<b>6. Assess actions; describe improvement (6E 1)</b>	

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

# NCQA PCMH 2014 Quality Measurement and Improvement Worksheet

Use ONE Measure Identified in 6B		
<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 (6D 3)</b>	<b>Baseline Start Date:</b> <span style="float: right;"><b>Baseline End Date:</b></span> <b>Baseline Performance Measurement (% or #):</b> <b>Numeric Goal (% or #):</b>
	<b>4. Actions taken to improve and work toward goal; dates of initiation (6D 4) (Only 1 action required)</b>	<b>Action:</b> <b>Date Action Initiated:</b> <b>Additional Actions:</b>
	<b>5. Remeasure performance (6E 1, 3)</b>	<b>Start Date:</b> <span style="float: right;"><b>End Date:</b></span> <b>Performance Re-Measurement (% or #):</b>
	<b>6. Assess actions; describe improvement (6E 1)</b>	



## NCQA PCMH 2014 Quality Measurement and Improvement Worksheet

Use ONE Measure Identified in 6C		
<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 (6D 5)</b>	<b>Baseline Start Date:</b> <span style="float: right;"><b>Baseline End Date:</b></span> <b>Baseline Performance Measurement (% or #):</b> <b>Numeric Goal (% or #):</b>
	<b>4. Actions taken to improve and work toward goal; dates of initiation (6D 6) (Only 1 action required)</b>	<b>Action:</b> <b>Date Action Initiated:</b> <b>Additional Actions:</b>
	<b>5. Remeasure performance (6E 4)</b>	<b>Start Date:</b> <span style="float: right;"><b>End Date:</b></span> <b>Performance Re-Measurement (% or #):</b>
	<b>6. Assess actions; describe improvement (6E 1)</b>	

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Identify a Disparity in Care for a Vulnerable Population		
<b>Vulnerable population:</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>Disparity:</b>	<b>2./3. Baseline performance measurement, numeric goal for improvement. (6D 7)</b>	<p><i>Baseline Start Date: <span style="float: right;">Baseline End Date:</span></i></p> <p><i>Baseline Performance Measurement for Vulnerable Population (% or #):</i></p> <p><i>Baseline Performance Measurement for General Population (% or #):</i></p> <p><i>Numeric Goal (% or #):</i></p>
	<b>4. Actions taken to improve and work toward goal; dates of initiation (6D 7) (Only 1 action required)</b>	<p><i>Action:</i></p> <p><i>Date Action Initiated:</i></p> <p><i>Additional Actions:</i></p>
	<b>5. Remeasure performance.</b> <i>Note: Continuing QI is encouraged, but is not required to meet 6D 7.</i>	<p><i>Start Date: <span style="float: right;">End Date:</span></i></p> <p><i>Performance Re-Measurement (% or #):</i></p>
	<b>6. Assess actions and describe improvement.</b> <i>Note: Continuing QI is encouraged, but is not required to meet 6D 7.</i>	