

NCQA PCSP 2016 Quality Measurement and Improvement Worksheet

PURPOSE: This worksheet is to help practices organize the measures and QI activities that are required by PCSP 6, Element C. Refer to PCSP 6, Elements A–C for additional information.

NOTE: Practices are not required to submit this 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 quality improvement.** From PCSP 6, Elements A and B, identify:
 - From Element A, factors 1 and 3: At least **three clinical quality and/or utilization measures**.
 - From Element A, factor 2: At least **one coordination measure**.
 - At least **one measure focused on vulnerable populations** with an identified health disparity (the measure may, but does not need to, be one identified in Element A, factor 4).
 - From Element A, factor 5: At least **one access measure**.
 - From Element B: At least **one patient/family experience measure**.
- 2. Identify a baseline performance assessment.** Choose a starting measurement period (**start and end date**) and identify a baseline performance measurement for each measure. Use performance measurements from the reports provided in PCSP 6, Elements A–B. 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 greater than the baseline performance assessment. Simply stating the practice intends to improve does not meet the objective.
(Applies to 6C, 1–5.)
Note 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 6C, 1–5.)**
- 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 6C, 6–7.)
Note: To receive credit for 6C, factors 8–9, the remeasurement must show improvement on at least **two measures**.
- 6. Assess actions taken and describe improvement.** Briefly describe how your practice site showed improvement on measures. Describe the assessment of actions; correlate actions and the resulting improvement. **(Applies to 6C, 6–7.)**

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EXAMPLE: HOW TO COMPLETE THE WORKSHEET

<i>Example: Clinical Measure</i>		
Measure 1: Blood Pressure Control (<140/90 mm Hg)	1. Measure selected for improvement; reason for selection	Reason: 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.
	2./3. Baseline performance measurement; numeric goal for improvement (6C 1)	Baseline Start Date: 1/1/15 Baseline End Date: 3/31/15 Baseline Performance Measurement (% or #): 260/520 = 50% of patients have BP <140/90 mm Hg Numeric Goal (% or #): 75%
	4. Actions taken to improve and work toward goal; dates of initiation (6C 1) (Only 1 action required)	Action: 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. Date Action Initiated: 4/1/15 Additional Actions:
	5. Remeasure performance (6C 6)	Start Date: 6/1/15 End Date: 8/31/15 Performance Re-Measurement (% or #): 372/531 = 70%
	6. Assess actions; describe improvement (6C 7)	During a three-month measurement period (Jan 2015–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).

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<i>Example: Identify a Disparity in Care for a Vulnerable Population</i>		
<p>Vulnerable population: <u>Uninsured women</u></p> <p>Disparity: <u>Uninsured women receive fewer mammograms</u></p>	1. Identify a disparity in care for a vulnerable population	<i>Describe a comparison of a vulnerable population against the general population in which the vulnerable population received care/service at a lower performance: Uninsured patients receive fewer mammograms than insured patients.</i>
	2./3. Baseline performance measurement and numeric goal for improvement (6C5)	<p><i>Baseline Start Date: 1/2015 Baseline End Date: 6/2015</i></p> <p><i>Baseline Performance Measurement for Vulnerable Population (% or #): 25/100 = 25% of uninsured women receive mammograms</i></p> <p><i>Baseline Performance Measurement for General Population (% or #): 600/1,000 = 60% of insured women receive mammograms</i></p> <p><i>Numeric Goal (% or #): 50% of uninsured women receive mammograms</i></p>
	4. Actions taken to improve and work toward goal; dates of initiation (6C 2) (Only 1 action required)	<p><i>Action: Identified community resources for free or low-cost mammograms and shared with uninsured patients.</i></p> <p><i>Date Action Initiated: 1/2016</i></p> <p><i>Additional Actions:</i></p>
	5. Remeasure performance <i>Note: Continuing QI is encouraged, but is not required to meet 6C 5.</i>	<p><i>Start Date: End Date:</i></p> <p><i>Performance Re-Measurement (% or #):</i></p>
	6. Assess actions; describe improvement <i>Note: Continuing QI is encouraged, but is not required to meet 6C 5.</i>	

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Practice Name:

Date Completed:

Use THREE Measures Identified in 6A, factors 1 and/or 3		
Measure 1:	1. Measure selected for improvement; reason for selection	Reason:
	2./3. Baseline performance measurement, numeric goal for improvement. (6C 1)	Baseline Start Date: Baseline End Date: Baseline Performance Measurement (% or #): Numeric Goal (% or #):
	4. Actions taken to improve and work toward goal; dates of initiation (6C 1) (Only 1 action required)	Action: Date Action Initiated: Additional Actions:
	5. Remeasure performance. (6C 6)	Start Date: End Date: Performance Re-Measurement (% or #):
	6. Assess actions and describe improvement. (6C 7)	

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Measure 2:	1. Measure selected for improvement; reason for selection	Reason:
	2./3. Baseline performance measurement, numeric goal for improvement. (6C 1)	Baseline Start Date: _____ Baseline End Date: _____ Baseline Performance Measurement (% or #): _____ Numeric Goal (% or #): _____
	4. Actions taken to improve and work toward goal; dates of initiation (6C 1) (Only 1 action required)	Action: _____ Date Action Initiated: _____ Additional Actions: _____
	5. Remeasure performance. (6C 6)	Start Date: _____ End Date: _____ Performance Re-Measurement (% or #): _____
	6. Assess actions and describe improvement. (6C 7)	

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Measure 3:	1. Measure selected for improvement; reason for selection	Reason:
	2./3. Baseline performance measurement, numeric goal for improvement. (6C 1)	Baseline Start Date: _____ Baseline End Date: _____ Baseline Performance Measurement (% or #): _____ Numeric Goal (% or #): _____
	4. Actions taken to improve and work toward goal; dates of initiation (6C 1) (Only 1 action required)	Action: _____ Date Action Initiated: _____ Additional Actions: _____
	5. Remeasure performance. (6C 6)	Start Date: _____ End Date: _____ Performance Re-Measurement (% or #): _____
	6. Assess actions and describe improvement. (6C 7)	

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Use ONE Measure Addressing Coordination With Primary Care		
Measure 1:	1. Measure selected for improvement; reason for selection	Reason:
	2./3. Baseline performance measurement, numeric goal for improvement. (6C 2)	Baseline Start Date: Baseline End Date: Baseline Performance Measurement (% or #): Numeric Goal (% or #):
	4. Actions taken to improve and work toward goal; dates of initiation (6C 2) (Only 1 action required)	Action: Date Action Initiated: Additional Actions:
	5. Remeasure performance. (6C 6)	Start Date: End Date: Performance Re-Measurement (% or #):
	6. Assess actions and describe improvement. (6C 7)	

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Use ONE Measure Addressing Patient Experience Identified in 6B		
Measure 1:	1. Measure selected for improvement; reason for selection	Reason:
	2./3. Baseline performance measurement, numeric goal for improvement. (6C 3)	Baseline Start Date: Baseline End Date: Baseline Performance Measurement (% or #): Numeric Goal (% or #):
	4. Actions taken to improve and work toward goal; dates of initiation (6C 3) (Only 1 action required)	Action: Date Action Initiated: Additional Actions:
	5. Remeasure performance. (6C 6)	Start Date: End Date: Performance Re-Measurement (% or #):
	6. Assess actions and describe improvement. (6C 7)	

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Use ONE Measure Addressing Patient Access		
Measure 1:	1. Measure selected for improvement; reason for selection	Reason:
	2./3. Baseline performance measurement, numeric goal for improvement. (6C 4)	Baseline Start Date: Baseline End Date: Baseline Performance Measurement (% or #): Numeric Goal (% or #):
	4. Actions taken to improve and work toward goal; dates of initiation (6C 4) (Only 1 action required)	Action: Date Action Initiated: Additional Actions:
	5. Remeasure performance. (6C 6)	Start Date: End Date: Performance Re-Measurement (% or #):
	6. Assess actions and describe improvement. (6C 7)	

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