

NCQA's Patient-Centered Medical Home (PCMH) 2011 Quality Measurement and Improvement Worksheet

Practice _____

Date Completed _____

How to Complete the Worksheet

These instructions are a guide for completing NCQA's PCMH Quality Measurement and Improvement Worksheet. The purpose of the worksheet is to assist organizations in understanding – and in outlining for NCQA – the measures and quality improvement activities that are required in PCMH 6, Elements C and D. Please note that practices are not *required* to submit the worksheet as documentation for PCMH 6 Elements C and D—it is provided as an option. Practices may submit their own report detailing their quality improvement strategy. Directions for attaching the worksheet are provided on the next page. See PCMH 6, Elements A, B, C and D for additional information.

Column	Section	Instructions
A	Measure	Identify at least five (5) measures from PCMH 6, Elements A and B selected for your quality improvement strategy: at least three (3) clinical and/or utilization measures ; at least one (1) patient/family experience measure ; and at least one (1) measure focused on vulnerable populations .
B	Opportunity Identified	List the opportunity for improvement that you have identified for each measure and on which you have decided to take action. You may list more than one identified opportunity for improvement per measure, but are not required to do so.
C	Initial Performance	List the initial (or baseline) performance rate and measurement period for each identified opportunity. You may use rates from the reports provided in PCMH 6A and B. Provide the performance rate as a specific percentage or number.
D	Performance Goal (PCMH 6, Element C)	List at least one performance goal for each identified opportunity. Provide the goal as a specific percentage or number.
E	Action Taken and Date of Implementation (PCMH 6, Element C)	List at least one action that you have taken in response to the identified opportunity. Include the start date of the activity. You may list more than one activity but are not required to do so.
F	Performance at Re-measurement (PCMH 6, Element D)	List the measurement period and the performance rate after action was taken to improve the initial (or baseline) rate. The date must occur after the activity implementation date.
G	Demonstrated Improvement (PCMH 6, Element D)	Describe the baseline and remeasurement period; describe the interventions implemented; and describe the link between interventions the practice implemented and the resulting rate improvement.

How to Attach the Worksheet to PCMH 6, Elements C and D in the Survey Tool

- Step 1** Download this worksheet and save it with a new name of your choice. We recommend that you name the file with your practice name and date.
- Step 2** Within the survey tool, click **Documents**
- Step 2** Select and click Link Document
- Step 3** Select and click Link New
- Step 4** In the *Document Name* box, enter the name you gave the worksheet
- Step 5** In the *References Pages* box, enter the number "2" for the second worksheet
- Step 6** For the *Document File Path* box, click Browse and select the appropriate Word file where you saved it
- Step 7** Click **Save**

**If you have a problem attaching your worksheet,
call 888-275-7585 to speak with a Customer Support Specialist.**

Quality Measurement and Improvement Worksheet with an Example

A. Measure	B. Opportunity Identified	C. Initial Performance/ Measurement Period <i>PCMH 6 Elements A/ B</i>	D. Performance Goal <i>PCMH 6 Element C</i>	E. Action Taken/Date of Implementation <i>PCMH 6 Element C</i>	F. Performance at Remeasurement <i>PCMH 6 Element D</i>	G. Demonstrated Improvement <i>PCMH 6 Element D</i>
Performance Measures (Identified in 6A)						
1.Smoking status for 13 and older	Smoking prevention and cessation is essential for prevention of CHD as adults	2/14-4/14 – 11% of teens were asked about smoking during a face to face encounter	50% of teens are asked about smoking status	5/14- Providers decided to ask about smoking at every visit	6/14-9/14 : 81 % of adolescents were asked about their smoking status at every visit.	Goal met 9/14
2.Depression screening- starting at age 12	Teenagers are at high risk of depression unrecognized by others	2/14-4/14- 26% of teens were screened for depression	50% of teens are screened for depression	1) Providers adopted an official screening tool to be given at every well check starting at age 11. 2) The nurses were trained to add this screen to all prep packets and instruct the teen to fill it out.	6/14-9/14- 73% of teens received the depression screen.	Goal met 9/14
3.Well checks	Annual well checks are important for overall health. PPA did not have a mechanism for patient reminders when due for WC	19.5 % of active patients did not have a WC in past 3 years as of 11/2014	Decrease the rate to 10% in 6 months	1)The office manager instructed the front desk personnel to start making calls and offer to schedule a well check 2) A list is run at the end of the month for all patients who had WC the previous year but did not schedule one yet and front desk staff calls them to schedule it	5/15- data to be determined	
4. ADHG follow up care	Frequent follow ups of children with ADHD is essential to monitor for side effects of medications	4/30/14 – 33% of patients started on ADHD medication had a follow up within 1 month and then 2 more additional follow ups within the next 9 months	Increase the rate to 60%	5/14- Doctors decided to bring the patient back into the office within 1 month of starting medication and then having follow ups every 4 months. One visit will be a well check. Nursing and front desk	9/13/14 - 67% had appropriate follow up within the previous 3 months	Goal met 9/14

				advised on new protocol.		
5. BP measurements	BP measurements recommended at every encounter	4/13/14- 29% of patients had a documented BP at encounters from previous 3 months.	Increase BP measurement rates to 70%	5/14- Protocol changed to check BP during all visits of children 10 years and older.	9/13/14- Rate of BP measurement increased to 78%	Goal met 9/14
6. BMI assessment	Obesity rates are increasing and screening BMI is essential to picking at risk patients	4/13/14- 16% of patients had documented BMI during an office visit in past 3 months	Increase BMI measurement rate to 60%	5/14- Protocol changed to check both height and weight on all children 10 and over at every office visit.	9/13/14- Rate of BMI measurement increased to 68% for the previous 3 months	Goal met 9/14
Disparity in care for vulnerable populations (Identified in 6A)						
1. Rate of WC for Medicaid insurance	Children on Medicaid insurance are more likely to have be behind on well checks and immunizations	1/21/15- 27% of our Medicaid patients have not had a WC in past year	Decrease the rate to 20%	1/21/15- The front desk was instructed to use the list to call families and schedule WC during times that are not busy.	To be measured in 4-6 months.	
Patient/Family Experience Measures (Identified in 6B)						
1. Office access to our HV location	Office hours convenience is important for working parents.	3/14 survey identified that only 54% were highly satisfied with office hours (this location has no evening hours	Increase satisfaction to 65%	11/14 – Evening office hours were started in the office on Wednesday of every week.	Administer the patient survey in 4-6 months.	
2. Neatness and clean building	It is important for a medical office to be clean.	3/14 survey identified that 73%SV and 78%HV gave a 5 on cleanness.	Increase satisfaction of 5 to 80%	1/1/15- New cleaning company was hired. 1/15- Approval given by the board to replace hallway and room flooring.	Administer patient survey in 4-6 months after changes made.	