

<b>PCMH PROCESS GUIDELINE</b>		<b>NCQA CONCEPT QI01 &amp; QI02</b>
PROCESS GUIDELINE TITLE:	Team-Based Care and Practice Organization	
PROCESS GUIDELINE:		
SCOPE:	CLINIC	
DEFINITIONS:		

**PURPOSE:**

The purpose of this policy is to ensure that \_\_\_\_\_ uses clinical quality performance, resource use and care coordination data to identify opportunities for improvement and acts to improve clinical quality. These measures may reduce future medical costs due to their preventative nature.

**POLICY:**

It is the policy of the Practice to take actions to improve clinical quality, efficiency and the experience of patients, families and caregivers in an effort to deliver safe, effective, patient-centered and timely care.

It is the policy of the Practice to measure performance data to identify opportunities for improvement. The Practice monitors multiple measures in order to understand its strengths, weaknesses, opportunities and threats.

**PROCEDURES:**

The Practice monitors and measures its performance on a range of measures to better identify and understand the strengths, weaknesses, opportunities and threats related to its care delivery system. The measures include, but are not limited to:

- Immunizations;
- Preventive care measures;
- Chronic care measures;
- Acute care measures;
- Behavioral health measures;
- Care coordination; and
- Utilization measures affecting health care costs.

The specific measures are determined by the Chief Medical Officer, and may change on an annual basis. The period of performance is documented, as well as the patient selection process and the number of patients represented by the data set.

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The source of the data for the measure may be internal, or the data may be derived from an external source such as an insurance company. The measure source must be documented.

For the measure related to health care utilization, the Practice uses resources judiciously to help patients receive appropriate care. The types of measures monitored for this factor are intended to help the Practice understand how efficiently it provides care. As determined by the Medical Director, the measure may include emergency department (ED) visits, potentially avoidable hospitalizations and hospital readmissions, redundant imaging or laboratory tests, prescribing generic medications versus brand name medications, and an unusually high volume of specialist referrals.

For each element, the Practice documents the measurement, the source of the data, the period of measurement, the number of patients represented by the data and the patient selection process, at minimum. When possible, the Practice uses measures from existing sources and other reporting activities in which it is involved (e.g., Healthcare Effectiveness Data and Information Set [HEDIS]).

**Quality Control**

The Practice monitors the policy and procedure in the following manner:

- Annual monitoring of the measurement of performance data, evaluating the breadth and depth of the Practice’s efforts to assess such data. The Chief Medical Officer and Administration confer annually for this discussion, with input requested from providers and employees.

DATE	ANNUAL REVIEW/ SUMMARY OF CHANGES	APPROVED BY

Site: Firth Medical Center PLLC	Original Date: 4/20/2018
Approver(s): Medical Clinical Staff	Date Revised: 4/20/2018
Effective Date: 4/20/2018	Next Review Date: 4/20/2019