

The Importance of a Performance Improvement Team in Ambulatory Care

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Research indicates that academic faculty practice quality improvement initiatives are increasingly important to the success of a healthcare organization.¹ While such initiatives have long been at the core of inpatient care, the quality of care provided in the outpatient setting has, until recently, been defined and measured by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures.² In response to growing evidence of opportunities to improve the quality of care and stakeholder demand for provider accountability, the evaluation of outpatient healthcare quality is becoming more prevalent.^{3,4} As payment methodology for healthcare services becomes increasingly linked to quality indicators, institutions will be distinguished from their competitors and financially rewarded based on the success of their quality improvement programs.

As an academic, multi-specialty faculty practice plan, Jefferson University Physicians (JUP) provides the highest level of patient care, trains future physicians, and undertakes numerous research activities. Recognizing the need to measure and improve the quality of outpatient care, JUP administration instituted the JUP Clinical Care Subcommittee (CCS) in the fall of 2003 to provide oversight of ambulatory care quality. A JUP Performance Improvement Team (consisting of 2 funded full-time employees and in-kind staff support from the Department of Health Policy) serves as an internal “consultant” to JUP practices to advance the quality of patient care. Supported by the vision and leadership of the CCS, the Performance Improvement Team has assisted JUP practices to successfully meet the challenges of improving quality in a changing healthcare system.

Initially, the Clinical Care Subcommittee focused on departmental projects. In 2007, attention shifted to national performance improvement initiatives, including pay for performance. The results of these initiatives have positioned JUP at the forefront of national efforts to advance patient safety and improve outcomes in the ambulatory care setting.

This article provides a glimpse of the recent accomplishments of the JUP Performance Improvement Team.

Continuous Quality Improvement Initiatives

A pilot study was recently completed to assess the American Board of Internal Medicine Performance Improvement Module, the aim of which is to help primary care practices identify opportunities for improvement in patient satisfaction, clinical care, and practice systems. Results of this study are pending publication.

The Team helps JUP administration to ensure that successful performance improvement initiatives expand across all practices. One example is a smoking cessation initiative that provides physicians with feedback regarding individual chart documentation of patient smoking history, as well as training in smoking cessation counseling. The program, developed in collaboration with the Jefferson Office of Continuing Medical Education, provides physicians the opportunity to earn Continuing Medical Education (CME) credit.

Patient Safety

JUP is one of the first academic practices in the United States to implement the Physician Practice Patient Safety Assessment (PPPSA) tool. The University HealthSystem Consortium has recognized these pioneering efforts, and invited the team to present their experience with the safety tool at the UHC 2008 Quality and Safety Fall Forum. The PPPSA tool, created as a group effort by the Health Research and Educational Trust, Institute for Safe Medication Practices, and the Medical Group Management Association, helps practices identify potential opportunities for improvement within the domains of medication safety, patient handoffs and transitions, personnel competency, and practice management and culture.⁶ In collaboration with the Risk Management Department, the Performance Improvement Team will identify best practices across JUP provider practices and provide recommendations for patient safety and quality improvements.

Pay for Performance

On July 1, 2007, the Centers for Medicare and Medicaid Services (CMS) introduced the Physician Quality Reporting Initiative (PQRI). The PQRI program is a Medicare value-based purchasing initiative that targets individual healthcare providers.⁷ The program currently rewards physicians with a financial incentive for reporting quality indicators, but CMS has indicated that PQRI is the first step toward a pay-for-performance program. Recognizing the potential impact of the program, 16 JUP practices now submit quality of care measures to CMS. The successful implementation of this initiative and the development of reports to track performance have earned the Team invitations to present at national forums, including the American Medical Association's Physician Consortium for Performance Improvement. Additionally, the Team's involvement in the PQRI Initiative has helped to forge a relationship with CMS. At the local level, the Performance Improvement Team works to ensure compliance with HEDIS quality indicators and other pay-for-performance measures.

Electronic Medical Record (EMR)

The JUP Performance Improvement Team has been actively participating in the implementation of the Allscripts EMR system. Team members have attended meetings on workflow changes and developed quality parameters to ensure alignment with national quality measures. In order to optimize the performance improvement capabilities of the EMR system, the entire JUP Performance Improvement Team has attended clinical and administrative training sessions.

The healthcare environment is changing, with an increasing demand for improvement of patient quality and safety. Payment programs rewarding provider performance are growing rapidly. Under the leadership of the JUP CCS, the Performance Improvement Team provides support for quality improvement activities, which has the potential to drive the national ambulatory quality improvement agenda. The patient safety and quality outcomes achieved through the efforts of the JUP CCS and the Performance Improvement Team will contribute further to the success of the JUP practices.

References

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