CHCS Center for Health Care Strategies, Inc.

Sample of Small Practice Quality Improvement Initiatives

Information in this chart was gathered by CHCS from public websites and communication with programmatic staff. CHCS acknowledges that the information may be incomplete or outdated. Please contact JeanHee Moon, jmoon@chcs.org, with necessary updates. Thank you.

Initiative Name and Coordinating Organization	Funding Source	Project Timeline	Participants	Initiative Overview	Evaluation Strategy	Web Resources
*Practice Enhancement Forum** American Academy of Family Physicians (AAFP) **formerly Practice Enhancement Program*	Physicians' Foundation for Health System Excellence (PFHSE)	- 2006 start (2005 pilot)	- 12-18 small and medium-sized family medicine practices per session	- Improve care through adopting the Chronic Care Model (CCM) and implementing practice redesign and quality improvement (QI) - Includes 3 major educational activities: (a) pre-course homework to assess office practice, collect baseline data, and intro to QI and CCM; (b) 2-day forum on topic including QI, IT, chronic care model; (c) 6-month QI project with help of QI mentor - Features an adult education learning model that utilizes experiential learning and facilitated group discussion - Practice teams receive tools and resources, and one-on-one assistance in implementing their QI project by a local mentor who supports the team via phone, e-mail and in-person visits. - Current improvement topics include asthma, CAD, diabetes and COPD - CME credit available	-Conduct pre-post practice assessment -Test pilot change through PDSA cycles -Assess clinical outcomes via chart review -Compare progress against peer participants	www.aafp.org/online/en/home/practicemgt/quality/cme/pef/pefoverview.html Source on pilot initiative: www.aafp.org/online/en/home/publications/news/news-now/archive/pep.html
TransforMED - National Demonstration Project (NDP)* American Academy of Family Physicians (AAFP) **TransforMED is subsidiary company of AAFP*	American Academy of Family Physicians (AAFP)	- June 2006 start - 2 year initiative	- 36 family medicine practices (purposeful mixture of solo, small medium, large practices) - Practices selected to maximize diversity of size, location, revenue, patient population, etc.	- Practices randomized into 2 groups: (1) "Facilitated implementation" (includes calls and meetings; receive software, consultation, support) and (2) "Self-directed implementation" (access to improvement tools online, but no facilitation) - Areas targeted for improvement include those in the *Model of Care* proposed by the Future of Family Medicine report (including patient-centered care, eliminating barriers to access, using advanced information systems). See resources for link to download [1]	-Compare the two randomized groups, and also compare to other practices not in project -Assess patient and physician satisfaction, clinical process and outcome measures, and financial impact on practice revenues and physician income -Evaluation conducted by Center for Research in Family Medicine and Primary Care	www.tmed.biz See http://tmed.biz/components.cfm, for core components of the care model

[1] Future of Family Medicine Project Leadership Committee. (2004). The Future of Family Medicine: A Collaborative Project of the Family Medicine Community. *Annals of Family Medicine* 2:S3-S32.
The report focuses on the need to redesign family medicine to focus on 10 characteristics: Personal medical home; patient-centered care; team approach; elimination of barriers to access; advanced information systems; redesigned offices; whole-person orientation; care provided within a community context; emphasis on quality and safety; enhanced practice finance; commitment to provide family medicine's basket of services. Full report at: http://www.annfammed.org/cgi/content/full/2/suppl_1/s3

Initiative Name and Coordinating Organization	Funding Source	Project Timeline	Participants	Initiative Overview	Evaluation Strategy	Web Resources
Improving Performance In Practice (IPIP) American Board of Medical Specialties Research and Education Foundation (ABMS REF)	Robert Wood Johnson Foundation (RWJF)	- 2006: beginning of implementation in practices in Colorado and North Carolina; 2007 start in Michigan and Pennsylvania -Ongoing initiative	- Currently piloted in Colorado, North Carolina, Michigan, and Pennsylvania, with potential for adding additional states in 2008	- First large-scale, state-based effort to engage small physician practices in QI - IPIP model features QI coaches, use of Plan-Do-Study-Act (PDSA) cycles, change packages, learning modules, collaborative education sessions, and registries - Credit toward American Board of Internal Medicine MOC and applications pending for same at American Board of Family Medicine and American Board of Pediatrics - CME credit - Partners include: the Center for Healthcare Improvement at the Cincinnati Children's Hospital Medical Center, the Colorado Clinical Guidelines Collaborative (CCGC), the Community Care Network in North Carolina, Michigan Primary Care Consortium, the American Academy of Family Physicians, the American Academy of Pediatrics, and working closely with the American Board of Internal Medicine, the American Board of Family Medicine and the American Board of Pediatrics	-Data are aggregated on an extranet website and analyzed monthly	Press release: www.abms.org/News_and_Events/news_archive/release_IPIP_phase3.aspx Link to CO pilot: www.coloradoguidelines.org/ipip Link to NC pilot: www.ncafp.com/home/programs/ipip
Center for Practice Innovation (CPI) American College of Physicians (ACP)	Physicians' Foundation for Health System Excellence (PFHSE)	- 2006 start - 2-year initiative	- 34 small and medium sized practices (<10 physicians) - Average practice size: 1.8 physicians	- Provides small practices access to tools, guides, educational workshops and ongoing consultation - Includes initial site visit to assess practice and help to develop a work plan - Includes focus on issues such as small practice economics, health IT, QI, practice management - Goals include rapid dissemination of tools and services to stakeholders and additional providers - CME credit available	-Focus on quality, safety, and accessibility -Assess clinical outcomes based on AQA's 26 measures, including: prevention, cancer detection, and chronic disease care and outcomes as well as economic impact	www.acponline.org/cfpi/
Theory into Practice System: Solving the Adoption of Innovation Dilemma for Primary Care Physicians Boston Medical Center	Physicians' Foundation for Health System Excellence (PFHSE)	- Sept. 2007 start - 3-year initiative	- Solo and small group practice primary care physicians	- Distance collaborative learning for professional development and practice-based learning with solo and small practices - Sessions focus on cancer prevention, risk management, pediatric ADHD, communication skills, preventive cardiology, and diabetes	-Card-study technique to track prospective cohort of patients in each practice; pre and post measures of quality of care for each target condition	www.bu.edu/fammed/cmetips/accreditation.html

Initiative Name and Coordinating Organization	Funding Source	Project Timeline	Participants	Initiative Overview	Evaluation Strategy	Web Resources
New Directions in Diabetes Care California Academy of Family Physicians (CAFP) partnering with California Medical Association Foundation (CMAF)	Physicians' Foundation for Health System Excellence (PFHSE) and other sources	- 2006 start - Multi-year initiative	-Solo and small group practices (<8 physicians) -Up to 20 practices per cohort	- Focus on online diabetes collaborative with tools and modules of training, information sharing - Monthly conference calls and reports of data - Includes one in-person and three online learning sessions - Includes focus on delivery system redesign, information systems, self-management, community resources	-Evaluate process measures (such as adoption of EHR / innovations) and clinical outcomes	www.familydocs.org/new_directions_in_diabetes_care.php
Advancing Practice Excellence in Diabetes California Medical Association Foundation (CMAF)	Multiple funding sources include: Blue Shield of California Foundation, subcontract with the CAFP and their Physicians' Foundations support, pharmaceutical companies and health plans	- Feb. 2006 start - Multi-year initiative	-Solo and small group practices (<6 physicians) in three CA communities	- Collaborative structure - Each office creates QI plan - Emphasis on patient diversity & disparities - Foci include screening and electronic registry, improving office procedures, CCM, sharing best practices, connecting with community resources - Support includes 5 learning sessions (CME accredited), $1,500 stipend, free electronic disease registry system for one year, additional training, monthly phone calls, patient education materials, online community resource directory - Partnering health plans help in recruiting and communicating with offices	-Evaluate quality of diabetes care over time: - Review benchmark patient data compiled through chart extractions - Completion and evaluation of Project Action Plans	www.calmedfoundation.org/projects/aped/
Extreme Makeover of the Solo & Small Group Practice California Medical Association Foundation (CMAF)	Physicians' Foundation for Health System Excellence (PFHSE)	- 2006 start - 1-year initiative	-8 solo and small group practices with high volumes of low dollar claims	- Project aims to design and demonstrate a streamlined office practice model that optimizes technology solutions to support practice administration - Physicians from each practice are part of steering committee to develop project - Practice managers attend 6-8 all-day meetings during project - Practices pilot materials and workflow processes that are created during design phase of initiative - Collaborative learning between groups; aggregated data released	- Evaluation by Robert Miller of University of California, San Francisco (UCSF)	www.calphys.org/html/cc134.asp

Initiative Name and Coordinating Organization	Funding Source	Project Timeline	Participants	Initiative Overview	Evaluation Strategy	Web Resources
Quality Improvement in Solo and Small Group Ethnic Physician Practices (QISS) California Medical Association Foundation (CMAF)	The California Endowment (TCE)	- 2-year initiative	-Solo and small group ethnic physician practices	- Needs assessment of Asian, African American, and Latino physician primary care physicians who serve safety net communities - Provider focus groups; included 207 physicians interviews) - 40 on-site visits and surveys of practices and 4 patient focus groups	-Exploratory project attempting to identify the types of support small, primary care ethnic physician practices require, especially those serving the safety net community -Report to focus both on practice and policy solutions	
Plan/Practice Improvement Project Center for Health Care Strategies (CHCS) Medi-Cal Managed Care Division Improving Chronic Illness Care program of the McColl Institute for Healthcare Innovation National Initiative for Children's Healthcare Quality (NICHQ)	California HealthCare Foundation (CHCF)	- Feb. 2005 start - Jan. 2007 end - 2-year initiative	-8 Medi-Cal health plans -Mix of smaller and larger practices	- Asthma improvement virtual learning collaborative for providers - Managed care plans identify and recruit three practice teams to focus on CCM, asthma care guidelines, change package, and best practices - Plans develop a systematic program to plan and implement spread of better asthma care to all of their primary care practices	-Assess asthma QI processes related to: - Use of appropriate asthma medications - ED utilization - Inpatient admissions -Formal qualitative evaluation conducted by the University of Washington	www.chcs.org/info-url_nocat3961/info-url_nocat_show.htm?doc_id=508588

Initiative Name and Coordinating Organization	Funding Source	Project Timeline	Participants	Initiative Overview	Evaluation Strategy	Web Resources
Doctor's Office Quality Information Technology (DOQ-IT) Centers for Medicare & Medicaid Services (CMS); Administered by state QIOs and in some cases with assistance from others such as state medical societies	CMS, and in some cases, QIOs or others	- 2003 start - Ongoing	- Small and medium sized physician practices (<10 physicians)	- National initiative that promotes the adoption of electronic health records in small- and medium-sized practices - QIOs assist clinicians with system selection and implementation - QIO assistance has included training and, in a few cases, grants - Practices report quality data to QIOs - In some cases, QIOs analyze data, identify improvement areas, have meetings and work with practices about QI (for ex., see www.doqit-tx.org/) - Web-based learning modules about the stages of HIT adoption are available through the DOQ-IT University program - Related initiative: Medicare Care Management Performance (MCMP) Demonstration: 3-year pay-for-performance demonstration to promote the adoption and use of HIT to improve the quality of care for chronically ill Medicare patients. Focus on physicians in small- and medium-sized practices who are DOQ-IT participants. Target states include Arkansas, California, Massachusetts, and Utah (July 2007 start)	-QIOs report quality data back to practices, and also provide data on local and national benchmarks -Assess measures on CAD, diabetes, heart failure, hypertension, and preventive care - MCMP Demonstration to be evaluated by Mathematica Policy Research, using case studies of practices, surveys of beneficiaries and physicians in demonstration and control groups, claims data, and clinical measures	-General information on national project at: www.joindoqit.com -Details on two state initiatives: -TX: www.doqit-tx.org/ -AZ:www.azdoqit.com -On DOQ-IT performance measures: www.qsource.org /CPS/doqqm.htm
Medicare Electronic Health Records Demonstration Centers for Medicare & Medicaid Services (CMS)	CMS	- 2008 start planned - 5-year initiative	- Up to 1,200 small- and medium-sized practices (potentially three to five physicians) - Twelve communities, each with 100 practices, will be in the demonstration	- Practices will be required to have an EHR by the end of the second year - Office Systems Survey will be administered yearly to track progress in EHR implementation - Practices must utilize EHR for specific care-related functionalities - 1st year: Incentives based on use of EHR functionalities - 2nd year: Incentives based on EHR use and reporting of quality measures - 3rd to 5th years: Incentives based on quality performance, with a bonus for EHR use		http://tinyurl.com/yvl3xy
Bridging the IT Adoption Gap Hawaii Medical Foundation (HMF)	Physicians' Foundation for Health System Excellence (PFHSE)	2005 grant	-100 solo or small group practices (<10 physicians) who care for patients with chronic diseases	- Objectives include introducing electronic patient care registries, determining the impact of registries on consensus-based performance measures, and discovering and documenting barriers to adoption - Assists with cost of software, setup, and ongoing support	-Evaluate impact of registry use on consensus-based performance measures -Practices report some outcome data back to HMF	http://uapo.net/index.htm

Initiative Name and Coordinating Organization	Funding Source	Project Timeline	Participants	Initiative Overview	Evaluation Strategy	Web Resources
Technical Assistance Project National Committee for Quality Assurance (NCQA)	The California Endowment (TCE)	- Nov. 2006 start - 1-year initiative	- 22 small primary care practices (<6 providers) with relatively little QI experience serving minority populations -Practices: 11 in NJ, 11 in CA	- Small practices serving minority populations receive technical assistance to implement a quality improvement initiative to address CLAS/disparities - Up to $25,000 grants to providers - Technical assistance led by national experts in QI and CLAS/disparities and delivered by California Medical Association Foundation (CMAF) and Healthcare Quality Strategies, Inc.	-Exploratory project aiming to identify types of support small practices require	http://web.ncqa.org/tabid/452/Default.aspx
Primary Care Information Project (PCIP) – EHR Expansion Initiative NYC Department of Health and Mental Hygiene (DOHMH)	DOHMH	- 2007 start - 2-year initiative	- ~1,500 primary care providers that serve medically underserved populations, such as patients that are uninsured or on Medicaid - Practices must have technical infrastructure to use the software	- Assisting practices to implement a comprehensive electronic health record (EHR) system that contains public health functionality, such as automated clinical indicator reporting, integrated clinical decision support systems and bi-lateral interfaces, with public health reporting systems such as the citywide immunization registry - Each provider will receive an integrated EHR/practice management system, assistance with implementation and two years of maintenance and support - Practices will receive on-site training and support with developing/implementing a quality improvement program - Practices must budget $4,000 per provider for PCIP technical assistance fund. These funds will be used to support on-going quality improvement programs - Each practice will be required to report de-identified clinical quality measures, which will be generated automatically by the EHR to a citywide clinical reporting system. Providers will then receive reports that will describe how their measures compare to community averages	Three phases: -Pre-implementation assessment of needs and barriers at sites -Process evaluation of implementation, satisfaction; collect baseline data (2, 6, 12 months post-implementation) -Outcome evaluation of HIT impact, including quality indicators (24 months post-implementation)	www.nyc.gov/pcip

Improving Diabetes Care through Implementation of Health Information Technology in Solo & Small Family Physician Practice
 	
Texas Academy of Family Physicians Foundation (TAFP)
	Physicians' Foundation for Health System Excellence (PFHSE)	2006 grant	- 25 family physicians in underserved areas	- Use of electronic diabetes registry (for 50 patients per clinician)
				- Objectives include:
				  - Demonstrating how HIT can result in improved care and adoption of best practices in type 2 diabetes management
				  - Training family physicians to use disease management HIT
				  - Promoting patient safety through HIT-enhanced communications
				  - Promoting practice-based learning techniques
						www.texmed.org/Action.aspx?id=5354

Initiative Name and Coordinating Organization	Funding Source	Project Timeline	Participants	Initiative Overview	Evaluation Strategy	Web Resources
*Ideal Medical Practices (IMP)** **formerly Ideal Micro Practices*	Physicians' Foundation for Health System Excellence (PFHSE), The Commonwealth Fund	- 2005 start - Ongoing	- Approx. 100 physicians have piloted the program - Almost all practices have had 1 or 2 providers; most have been solo practices	- Redesign practices and reduce office overhead expenditures, focusing on patient access and efficiency - Practices receive curriculum materials, technical assistance from faculty, and participate in conference calls and online collaborative learning - Practices use technologies including HowsYourHealth.org, a website used by patients to aid in self-management and provide data to physicians - Project expanded through Ideal Missouri Practices (www.impmo.org), in partnership with St. Louis Area Business Health Coalition, National Business Coalition on Health, and the Commonwealth Fund. Thirty physicians are currently participating.	- At baseline and throughout the project, practices evaluate patient flow, office finances, patient satisfaction with care, and clinical outcomes - Data are collected through HowsYourHealth.org	www.IdealMedicalHome.org

Additional Resources

Putting Quality into Practice (PQIP), a joint effort of the ABIM Foundation and The Commonwealth Fund, is a research study designed to understand why physicians (especially physicians in small practices) have introduced quality measurement and improvement tools into their practices, and what has been the impact of doing so. The study is designed to identify and promote greater understanding of physicians who are (and are not) using data for quality improvement in their practices. Twenty organizations, including certifying boards, medical societies and accreditation organizations are members of the PQIP Consortium that guide this study and assist in identifying high performing clinical practices.

- Free DVD available: Physicians discuss quality improvement data for their practices and how they improved their professional and personal satisfaction; see http://www.abimfoundation.org/quality/pqip.shtm

Geboers H, Grol R, et al. A Model for Continuous Quality Improvement in Small Scale Practices. *Quality in Health Care,* 1999, 8: 44-48.

Geboers H, Mokkink H, et al. Continuous Quality Improvement in Small General Medicine Practices: The Attitudes of General Practitioners and Other Practice Staff. *International Journal for Quality in Health Care*, 2001, 13: 391-397.

Geboers H, van der Horst M, et al. Setting up Improvement Projects in Small Scale Primary Care Practices: Feasibility of a Model for Continuous Quality Improvement. *Quality in Health Care, 1999, 8: 36-42.*

Miller RH, West C, et al. The Value of Electronic Health Records in Solo or Small Group Practices. *Health Affairs,* 2005, 24(5): 1127–37. See http://www.cmwf.org/publications/publications_show.htm?doc_id=296446

Nagykaldi, Z, Mold JW, et al. Practice Facilitators and Practice-based Research Networks. *Journal of the American Board of Family Medicine*, 2006, 19: 506-510. Full text at http://www.jabfp.com/cgi/content/full/19/5/506