Population Health Learning Activity: Quality Improvement		
Relevant PCMH Concept	**Performance Measurement and Quality Improvement (QI)** The practice establishes a culture of data-driven performance improvement on clinical quality, efficiency and patient experience, and engages staff and patients/families/caregivers in quality improvement activities.	

Relevant PCMH Competencies & Criteria	Competency A: Measuring Performance The practice measures to understand current performance and to identify opportunities for improvement.
	
	o QI01 (*Core*): Monitors at least five clinical quality measures across the four categories (must monitor at least one measure of each type):
	  A. Immunization measures
	  B. Other preventive care measures
	  C. Chronic or acute care clinical measures
	  D. Behavioral health measures
	o QI02 (*Core*): Monitors at least two measures of resource stewardship (must monitor at least one measure of each type):
	  A. Measures related to care coordination
	  B. Measures affecting health care costs
	o QI04 (*Core*): Monitors patient experiences through:
	  A. Quantitative data. Conducts a survey (using any instrument) to evaluate patient/family/caregiver experiences across at least three dimensions such as:
	    1. Access
	    2. Communication
	    3. Coordination
	    4. Whole-person care, self-management support and comprehensiveness
		Competency B: Setting Goals & Acting to Improve The practice evaluates its performance against goals or benchmarks and uses the results to prioritize and implement improvement strategies.
		
		o QI08 (*Core*): Sets goals and acts to improve upon at least three measures across at least three of the four categories (see list at left).
		
		o QI09 (*Core*): Sets goals and acts to improve performance on at least one measure of resource stewardship (see list at left).
		
		o QI11 (*Core*): Sets goals and acts to improve performance on at least one patient experience measure (see list at left).

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Relevant PCMH Competencies & Criteria	B. Qualitative data. Obtains feedback from patients/families/caregivers through qualitative means.
	o *QI05*: Assesses health disparities using performance data stratified for vulnerable populations (must choose one from each section):
	   A. Clinical quality
	   B. Patient experience
	o *QI07*: Obtains feedback from vulnerable patient groups on the experiences of disparities in care or services.
		o *QI13*: Sets goals and acts to improve performance on at least one measure of disparities in care or services.

Learning Objectives (with relevant IPEC Core Competencies)	o Demonstrate the basic principles and skills of healthcare quality improvement. o Articulate common measures, challenges, impacts on health and healthcare, and strategies related to the chosen QI measure. o Engage in continuous professional and interprofessional development to enhance team performance and collaboration (RR8). o Reflect on individual and team performance for individual, as well as team, performance improvement (TT8). o Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies (TT9). o Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care (VE7).	

IP Student Learning Activity	An IP student team, working with the practice's QI team, will compile data* to meet the requirements for at least ONE of the following:
	  ◦ **Clinical Quality Measures** (QI01) ◦ **Patient Experience Feedback** (QI04)
	  ◦ **Resource Stewardship Measures** (QI02) ◦ **Health Disparities Assessment** (QI05, QI07)
	The student team will:
	  ▪ Identify and engage appropriate practice team members and patients/families/caregivers (if possible) in this improvement process;
	  ▪ Analyze the chosen metric(s) longitudinally (over a period of time designated by the practice and appropriate for the chosen measure(s)), and compare performance against practice standards, peer data and/or established benchmarks;
	  ▪ Identify current strategies underway by the practice to address the measure(s);
	  ▪ Develop evidence-based recommendations for further improvements; and
	  ▪ Prepare a presentation of their findings, including recommended goals and strategies.
	
	Time allowing, the student team may participate in or implement a rapid-cycle improvement process, such as Plan-Do-Study-Act (PDSA), of the selected performance measure(s).	

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IP Student Learning Activity	Student teams are strongly encouraged to use the following QI resources to guide this activity: ▪ Developing and Implementing a QI Plan (HRSA, 2011) ▪ Quality Improvement Essentials Toolkit (IHI) ▪ TeamSTEPPS Mutual Support Module (Saint Louis University) – to be reviewed as a team, as QI can involve complex communications on challenging topics ▪ Another training module for a QI methodology used by the practice (e.g., Lean, Clinical Microsystems) ** A review of the data generated in the **Population Health Profile Learning Activity** (if available) may inform this process.*
IP Student Learning Assessment	The student team will present its findings, including recommended goals and strategies, to appropriate members of the practice team who will provide students with written feedback on the strengths of their work and areas of needed improvement. Following this presentation, the student team and facilitator will debrief the experience of working together as a team on this Learning Activity.

Resources	o Quality in health care is "a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations." (The National Academies Health and Medicine Division, formerly the Institutes of Medicine)
	o Quality improvement "consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups." (HRSA, 2011)
	o Clinical Quality Measures
	   ▪ Bright Futures Preventive Services Quality Improvement Measures (AAP)
	   ▪ Clinical and Financial Performance Measures (HRSA; quality of care, health outcomes and disparities, and financial costs measures)
	   ▪ Health Center Data & Reporting (HRSA; UDS data)
	   ▪ HEDIS Measures (Healthcare Effectiveness Data and Information Set) (NCQA)
	   ▪ Measures, Reports & Tools (National Quality Forum)
	   ▪ U.S. Preventive Services Task Force (recommendations for clinical preventive services)
	o Resource Stewardship Measures
	   ▪ Care Coordination (AHRQ)
	   ▪ PCMH Resource Center: 5 Key Functions of the Medical Home (AHRQ)
	   ▪ Reduce Avoidable Emergency Department Visits (IHI)
	   ▪ Reduce Avoidable Readmissions (IHI)
	o Patient Experience Feedback
	   ▪ CAHPS (Consumer Assessment of Healthcare Providers and Systems) (AHRQ)
	   ▪ The CAHPS Ambulatory Care Improvement Guide (AHRQ)
	   ▪ The Beryl Institute (improving patient experiences through collaboration and shared knowledge)

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	o Health Disparities Assessment
	  ▪ National Healthcare Quality and Disparities Reports (AHRQ)
	  ▪ "In All Fairness – Putting a Face on Health Disparities": Videos and Discussion Guide (Daniel Hanley Center for Health Leadership)
	o IPEC Core Competencies (2016)
	o NCQA PCMH Standards and Guidelines (2017)
	o TeamSTEPPS Debrief Checklist

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