

NCQA 2017 Element

QI 09 (Core): Goals and Actions to Improve Resource Stewardship Measures: Sets goals and acts to improve performance on at least one measure of resource stewardship:

- A. Measures related to care coordination.
- B. Measures affecting health care costs.

Guidance: The practice has an ongoing quality improvement strategy and process that includes regular review of performance data and evaluation of performance against goals or benchmarks. Review and evaluation offer an opportunity to identify and prioritize areas for improvement, analyze potential barriers to meeting goals and plan methods for addressing the barriers.

Measures selected for improvement may be chosen from the same set of measures identified in QI 02. The goal is for the practice to reach a desired level of achievement based on its self-identified standard of care.

The practice may participate in or implement a rapid-cycle improvement process, such as Plan-Do-Study-Act (PDSA), that represents a commitment to ongoing quality improvement. The Institute for Healthcare Improvement is a resource for the PDSA cycle

(<http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/>)

OHIC Modification

In meeting NCQA Element QI 09, Rhode Island practices must develop and implement a quality improvement strategy that addresses one of the following menu items, from either the Care Coordination or Cost-Effective Use of Services categories:

Care Coordination:

- Care coordination between facilities (including safe and effective care transitions).
- Care coordination with specialists/other providers.
- Care coordination with patient.¹

Cost Effective Use of Services:

- ED utilization.
- Inpatient hospital utilization.
- Overuse/appropriateness of care (low-value care).

¹ Care coordination with patient refers to measures of successful coordination or communication between members of the care team and the patient. Examples can include, but are not limited to: follow up to ensure ordered lab or imaging tests were completed, follow up to ensure referral has been completed, follow up after patient receipt of abnormal test results, outreach to patients not recently seen that results in an appointment, discussion to reduce % of patients seeing multiple providers (3 or more), follow-up phone calls to check on the patient after an ER visit (or hospitalization), or following up on pediatric visits to after-hours care

- Pharmaceutical costs (including volume and/or use of high-value pharmaceuticals)
- Specialist referral costs (including volume of referrals and/or referrals to high-value specialists)

Reporting

Practices that are NCQA- Recognized PCMHs will be evaluated on this requirement during their annual NCQA reporting. Practices will be expected to specify the measure of resource stewardship they will track to monitor performance improvement in the selected menu item.