

**Advanced Primary Care (APC)
Quality Improvement Resource Compendium**

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This report summarizes the work performed by the United Hospital Fund (UHF) Quality Institute for New York State's Advanced Primary Care (APC) Program under our State Innovation Models (SIM) Contract with the New York State (NYS) Department of Health (DOH) for Award Year 2, February 1, 2016 – January 31, 2017.

I. Why This Resource?

The APC Core Measure Set assesses performance of APC practices for 28 measures that span six domains – prevention, chronic disease, behavioral health, patient-reported, appropriate use, and cost (see Section V for the list of measures). This set of measures was developed by the APC Integrated Care Workgroup (ICW), a multi-stakeholder group of consumers, providers, payers and policymakers.¹ The measures were selected through a principled approach and with consensus from the ICW. The measures will allow practices to gauge their progress towards practice transformation along a three-tiered gating and milestone system. Practice “capabilities” will be assessed over the course of the APC program and quality improvement is a key component of practices’ expected performance. Primary care practices enrolled in the APC program will also receive value-based payments from payers based on their performance on the Core Measure Set.

The UHF Quality Institute compiled this Quality Improvement Resource Compendium to support APC practices’ quality improvement efforts. In its current version, the compendium provides resources for the 13 measures included in the first iteration of the APC Scorecard to be released in the fall 2017. In Award Year 3, the compendium will be further expanded to encompass all measures in the Core Set.

We aimed to present a manageable number of resources, developed by reliable and trusted sources and based on the synthesis of scientific evidence. We included resources that provide practical guidance to primary care providers for patient management and for quality improvement efforts. We selected tools across various modes of communication, e.g., narratives, fact sheets, webinars, slide presentations, courses, social media. In Award Year 3, UHF will work with DOH to identify the most feasible and effective mode and timing for delivering these resources to practices. UHF will also work with DOH to identify opportunities to integrate these with other types of technical assistance and support offered to APC practices (e.g., by Practice Transformation Agents).

II. Who Is the Audience?

This compendium is intended for use by APC practices, specifically provider teams in primary care practices who will be working on activities to improve quality of care and their performance on the core measures. The following staff might find this most useful: primary care providers, e.g., physicians, physician assistants, nurses, allied health professionals; care managers; quality improvement specialists; community health workers; and patient advocates.

¹ Integrated Care Workgroup Final Report, New York State Department of Health, December 2016.

Others who might find value in the Compendium include:

- Practice Transformation Agents working with practices to help them with practice transformation and movement through the gating and milestone system.
- Regional Oversight and Management Committees (ROMCs) as they identify regional priorities for quality improvement and opportunities for quality collaboratives.
- The Statewide Steering Committee (SSC) as it assumes stewardship of the APC Core Measure Set and oversight of quality monitoring and improvement in New York State's APC program.

III. How Were the Resources Compiled?

UHF scanned health care, clinical, and policy websites and literature databases to identify appropriate resources, which were defined broadly to include, but not be limited to, toolkits, research papers, resource websites, fact sheets, office-based tools, patient materials, videos, checklists, algorithms, flowcharts, courses, and webinars. The following criteria were used to identify a final set of resources for each measure:

- *Author/source:* the credibility of each resource was important, given the high volume of resources available in the health care literature. Only resources that were based on scientific evidence and authored by the following entities were included: federal health care agency (e.g., National Institutes of Health, Centers for Disease Control, Agency for Healthcare Research and Quality); state health care agency (e.g., state department of health); organization that either develops or endorses measures/clinical standards (e.g., National Committee for Quality Assurance, National Quality Forum); professional societies/disease-specific organizations (e.g., American College of Physicians, American Heart Association, primary care associations); quality improvement organization (e.g., Institute for Healthcare Improvement); group or coalitions of health care organizations (e.g., regional multi-stakeholder initiatives, provider learning collaboratives, health-plan performance improvement projects); or a reputed medical provider. Priority was given to New York-based sources.
- *Timeliness:* resources developed before the year 2000 were not included, to ensure scientific, technological, and cultural relevance to the present-day health care delivery system.
- *Content:* resources that were not directed to a primary care provider (i.e., quality improvement approaches for health plans) were given lower priority and excluded if other resources were available. Resources directed to providers in hospital or nursing home settings were excluded. The details of the measure specifications were taken into account to ensure that knowledge embedded in the resources spoke to the populations and specific care processes targeted by the measure. We also included resources that synthesize the evidence (vs. individual research publication) and that translated the evidence into practical application relevant to clinical management and quality improvement.
- *Presentation:* resources that were very lengthy, and/or used overly technical language were excluded. For each measure, UHF aimed to provide variety in the length and mode of the resources included, when possible. For example, both short (e.g. fact sheet) and long (e.g.,

research synthesis) pieces were included, as were written and non-written (e.g., webinars, interactive media) forms.

During the research process, several resources were identified that, although not relevant to primary care providers, might be of use to other stakeholders of the APC program, for example Practice Transformation Agents, payers, or DOH. UHF will seek opportunities to disseminate these, as relevant, over the course of APC program implementation.

IV. How is the Compendium Organized?

The Resource Compendium comprises 13 tables, one for each of the quality measures in the APC scorecard pilot. Displayed in the pages that follow, the tables are organized by domain – prevention, chronic disease, behavioral health, and appropriate use (the domains of patient-reported and cost are not represented among the 13 measures in the APC scorecard pilot). Within the tables, each row is dedicated to a unique resource. Columns are used to display the name of the resource, author/developer, year of release, a brief description, and weblink. Resources are listed in alphabetical order within the following categories of author/developer:

- Federal Agencies
- New York State Agencies
- State Agencies, Other
- Professional Societies/Disease-Specific Organizations
- Provider Organizations
- Improvement Organizations/Multi-Stakeholder Coalitions/Networks
- Patient Organizations
- Academic Institutions
- Journal Articles

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (NQF#58/HEDIS)				
Name	Author/Developer	Year	Content	Link
Academic Institutions				
<i>To prescribe or not to prescribe? Antibiotics and outpatient infections: online CME course</i>	Stanford University School of Medicine	2016	CME course that provides a practical approach to the management of common outpatient infections through the use of didactic videos, patient role plays, and interactive-case based video. Course designed for physicians in family practice, primary care, internal medicine, obstetrics and gynecology, emergency medicine, pharmacists, as well as nurse practitioners, physician assistants, and allied health professionals.	https://med.stanford.edu/cme/courses/online/improving-antibiotics-pcs.html
Journal Articles				
<i>Appropriate Antibiotic Use for Acute Respiratory Tract Infection in Adults: Advice for High-Value Care</i>	<i>Annals of Internal Medicine</i> High Value Care Task Force of the American College of Physicians and CDC	2016	Best practices for antibiotic use in healthy adults (those without chronic lung disease or immunocompromising conditions) presenting with Acute Respiratory Tract Infection (ARTI).	http://annals.org/aim/article/2481815/appropriate-antibiotic-use-acute-respiratory-tract-infection-adults-advice-high