Advanced Primary Care (APC)

Quality Improvement Resource Compendium

United Hospital Fund (UHF)

Quality Institute

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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.

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[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

V. APC Core Measure Set

DOMAINS	DATA SOURCE	MEASURES / NQF# / DEVELOPER	VERSION 1 (18)	VERSION 1 Pilot Scorecard (13)	CMS eMeasure ID*	MIPS*
Prevention	Claims/EHR. Claims-only possible.	**Cervical Cancer Screening** (32/HEDIS)	✓	✓	124v5	✓
	Claims/EHR. Claims-only possible.	**Breast Cancer Screening** (2372/HEDIS)	✓	✓	125v5	✓
	Claims/EHR	**Colorectal Cancer Screening** (34/HEDIS)			130v5	✓
	Claims/EHR. Claims-only possible.	**Chlamydia Screening** (33/HEDI)S	✓	✓	153v5	✓
	Claims/EHR/Survey	**Influenza Immunization (all ages)** (41/AMA)			147v6	✓
	Claims/EHR/Survey. Claims-only possible.	**Childhood Immunization (status)** (38/HEDIS)	✓	✓	117v5	✓
	Claims	**Fluoride Varnish Application** (2528/ADA)	✓		*Different measure: 74v6 Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists; measure steward: CMS*	*Different measure: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists; measure steward: CMS*
Chronic Disease	Claims/EHR	**Tobacco Use Screening and Intervention** (28/AMA)			138v5	✓
	Claims/EHR	**Controlling High Blood Pressure** (18/HEDIS)			165v5	✓
	Claims/EHR	**Comprehensive Diabetes Care: HbA1C Poor Control** (59/HEDIS)			122v5	✓
	Claims	**Comprehensive Diabetes Care: HbA1C Testing** (57/HEDIS)	✓	✓	*Different measure: 148v5 Hemoglobin A1c Test for Pediatric Patients; measure steward: NCQA; NQF #60*	
	Claims	**Comprehensive Diabetes Care: Eye Exam** (55/HEDIS)	✓	✓	131v5	✓
	Claims	**Comprehensive Diabetes Care: Foot Exam** (56/HEDIS)			123v5	✓
	Claims	**Comprehensive Diabetes Care: Medical Attention for Nephropathy** (62/HEDIS)	✓	✓	134v5	✓
	Claims/EHR	**Persistent Beta Blocker Treatment after Heart Attack** (71/HEDIS)	✓	✓	*Different measure: 145v5 Beta Blocker Therapy- Prior Myocardial*	✓

DOMAINS	DATA SOURCE	MEASURES / NQF# / DEVELOPER	VERSION 1 (18)	VERSION 1 Pilot Scorecard (13)	CMS eMeasure ID*	MIPS*
					Infarction or Left Ventricular Systolic Dysfunction; measure steward: PCPI	
	Claims/EHR. Claims-only possible.	**Medication Management for People With Asthma** (1799/HEDIS)	✓	✓	*Different measure:* 126v5 Use of Appropriate Medications for Asthma; measure steward: NCQA	✓
	Claims/EHR	*[Combined obesity measure]* **Weight Assessment and Counseling for nutrition and physical activity for children and adolescents** (24/HEDIS)			155v5	✓
	Claims/EHR	*[Combined obesity measure]* **Body Mass Index (BMI) Screening and Follow-Up** (421/CMS)			69v5	✓
	Claims/EHR	**Screening for Clinical Depression and Follow-up Plan** (418/CMS)			2v6	✓
Behavioral Health/ Substance Use	Claims	**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment** (4/HEDIS)	✓	✓	137v5	✓
	Claims/EHR. Claims-only possible.	**Antidepressant Medication Management** (105/HEDIS)	✓	✓	128v5	✓
Patient-Reported	Claims/EHR	**Advance Care Plan** (326/HEDIS)				
	Survey	**CAHPS Access to Care, Getting Care Quickly** (5/AHRQ)				✓
	Claims	**Use of Imaging Studies for Low Back Pain** (52/HEDIS)	✓	✓	166v6	✓
	Claims	**Avoidance of Antibiotic Treatment in adults with acute bronchitis** (58/HEDIS)	✓	✓		✓
Appropriate Use	Claims	**Inpatient Hospital Utilization** (--/HEDIS)	✓			
	Claims	**All-Cause Readmissions** (1768/HEDIS)	✓			*Different measure:* All-Cause Hospital Readmission; measure steward: CMS; NQF #1789
	Claims	**Emergency Department Utilization** (--/HEDIS)	✓			
Cost	Claims	**Total Cost Per Member Per Month**	✓			

Current as of December 2016

VI. Resources

a. Prevention

CERVICAL CANCER SCREENING (NQF#32/HEDIS)				
Name	Author	Year	Content/Mode	Link
Federal Agencies				
Cervical Cancer Screening	Health Resources & Services Administration (HRSA)	N/A	Quality improvement toolbox with resources on using cervical cancer data for quality improvement.	http://www.hrsa.gov/quality/toolbox/508pdfs/cervicalcancerscreening.pdf
Provider Continuing Education	Centers for Disease Control (CDC)	2015 (ongoing)	Continuing education gynecologic cancer curriculum for primary health care providers.	http://www.cdc.gov/cancer/knowledge/provider-education/index.htm
Resources for Health Professionals	National Cancer Institute	2014	Suite of resources for health professionals interested in improving cervical cancer care: ▪ Treatment ▪ Research ▪ Causes and Prevention ▪ Screening ▪ Statistics ▪ Supportive and Palliative Care Similar set of resources for patients also available.	https://www.cancer.gov/types/cervical/hp
Provider Organizations				
Primary Care Patients Use Interactive Preventive Health Record Integrated With Electronic Health Record, Leading to Enhanced Provision of Preventive Services	Virginia Ambulatory Care Outcomes Research Network (ACORN), a practice-based research network made up of more than 50 physician practices.	2012	Use of interactive prevention health records to improve cancer screening rates in 14 primary care practices.	https://innovations.ahrq.gov/profiles/primary-care-patients-use-interactive-preventive-health-record-integrated-electronic-health
Improvement Organizations/Multi-Stakeholder Coalitions/Networks				
Improving Breast Cancer and Cervical Cancer Screening Rates in Erie County:	P2 Collaborative of Western New York	2015	Change package featuring five core strategies for improving cervical cancer screening rates, including guidance videos for providers.	http://www.p2wny.org/cancer-screening-strategies.html

CERVICAL CANCER SCREENING (NQF#32/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
A Package of Strategies to Improve Outcomes				http://www.p2wny.org/uploads/2/5/4/2/25429918/2015_cancer_screening_change_package_final.pdf
Patient Organizations				
Cervical Cancer Screening Toolkit	Healthywomen.org About: http://www.healthywomen.org/about-us	N/A	Toolkit containing the following: ▪ Posters and table tents to display in the waiting room and/or exam room. ▪ Buttons for NPs and staff to wear encouraging women to ask about cervical cancer screening. ▪ A set of information sheets about screening for cervical cancer with Pap + HPV. ▪ A brochure to help NPs discuss cervical cancer screening with women and answer their questions. Available by order only.	http://www.healthywomen.org/content/article/free-cervical-cancer-screening-toolkit
Journal Articles				
Challenges and Opportunities to Improve Cervical Cancer Screening Rates in US Health Centers through Patient-Centered Medical Home Transformation	*Advances in Preventive Medicine*	2015	Analysis of the barriers to cervical cancer screening among health centers undergoing patient-centered medical home transformation.	https://www.hindawi.com/journals/apm/2015/182073/

BREAST CANCER SCREENING (NQF#2372/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Federal Agencies				
Breast Cancer Screening Guidelines	Centers for Disease Control (CDC)	2016	Comprehensive set of guidelines across numerous sources – e.g., U.S. Preventive Services Task Force, American Cancer Society, American Academy of Family Physicians – for women of various ages and risk levels.	https://www.cdc.gov/cancer/breast/pdf/BreastCancerScreeningGuidelines.pdf
Breast Cancer Screening (PDQ) – Healthcare Professional Version	National Cancer Institute, National Institutes for Health (NIH)	2016	Resources for providers around breast cancer incidence and mortality, risk factors, diagnosis, and benefits/harms of various breast cancer screening modalities. Includes information about screening of special populations.	https://www.cancer.gov/types/breast/patient/breast-screening-pdq#section/all
Breast Cancer Screening (PDQ) – Patient Version	NIH	2016	Resources for patients on the types of tests, risks, and benefits of breast cancer screening.	https://www.cancer.gov/types/breast/patient/breast-screening-pdq#section/all
Breast Cancer: What You Need to Know	CDC	2016	One-page fact sheet for patients on breast cancer risks and recommended screening.	http://www.cdc.gov/cancer/breast/pdf/BreastCancerFactSheet.pdf
New York State Agencies				
New York State Breast Cancer Programs	New York State Department of Health	2016	Resources developed under Governor Cuomo's plan to increase breast cancer screenings, including screening location finders and patient education materials (scroll down to Resources).	https://www.ny.gov/programs/get-screened-no-excuses
Improvement Organizations/Multi-Stakeholder Coalitions/Networks				
Breast Cancer	Prevent Cancer Foundation	N/A	Resource website on breast cancer with factsheets, an education guide, a PSA video, an advertisements, and other tools to support patient education around breast cancer screening.	http://preventcancer.org/learn/preventable-cancers/breast/
Breast Healthcare Improvement in the Safety-Net. Change Package: Rapid Innovation to Improve Outcomes	Primary Care Coalition of Montgomery County, MD. Tested and implemented by The National Capital Area Regional Breast Healthcare Improvement Initiative.	2012	Change package including step-by-step instructions, examples, and tools to implement breast health process improvement programs for rapid innovation in the primary care clinic setting.	http://komenarizona.org/wp-content/uploads/2012/08/Change-Package-Toolkit.pdf

BREAST CANCER SCREENING (NQF#2372/HEDIS)				
Name	Author	Year	Content/Mode	Link
Improving Breast Cancer and Cervical Cancer Screening Rates in Erie County: A Package of Strategies to Improve Outcomes	P2 Collaborative of Western New York	2015	Change package of promising practices currently in use in Erie County that have shown promise in to improve breast and cervical cancer screening. Includes a set of five core strategies and videos.	http://www.p2wny.org/cancer-screening-strategies.html Change package: http://www.p2wny.org/uploads/2/5/4/2/25429918/2015_cancer_screening_change_package_final.pdf

CHLAMYDIA SCREENING (NQF#33/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Federal Agencies				
Final Recommendation Statement Chlamydia and Gonorrhea: Screening	United States Preventive Services Taskforce (USPSTF)	2014	Clinical guidelines around appropriate chlamydia screening.	https://www.uspreventiveservices taskforce.org/Page/Document/Rec ommendationStatementFinal/chla mydia-and-gonorrhea-screening
New York State Agencies				
Chlamydia: the silent threat	New York State Department of Health	2011	Fact sheet for patients on chlamydia risk factors, signs and symptoms, treatment, and prevention.	http://www.health.ny.gov/publicat ions/3835.pdf
Improvement Organizations/Multi-Stakeholder Coalitions/Networks				
Chlamydia Screening Provider Toolkit: Tools to increase chlamydia screening in your practice	Blue Cross Blue Shield of Minnesota, HealthPartners, Medica and UCare, with project support from Stratis Health	2016	Results from a performance improvement project (PIP) of four health plans working with providers to improve chlamydia screening rates.	https://www.stratishealth.org/pip/ documents/Chlamydia_Toolkit.pdf
Guide to Quality Improvement Using the Chlamydia Screening HEDIS Measure: Webinar Series	National Committee for Quality Assurance (NCQA)	2015	Three-part webinar series on the chlamydia screening measure: 1) What's New with Chlamydia Screening? Measure, Specifications and Performance 2) Quality Improvement: The Path to Improving Chlamydia Screening HEDIS Rates 3) Tools to Address Preserving Confidentiality, Providing Services to Adolescents and Talking with Parents Free upon registration.	http://www.ncqa.org/professional -development/seminars-and- webinars/web-based-on- demand/Guide-to-Quality- Improvement-Using-the- Chlamydia-S.aspx
Webinar: Increase Chlamydia Screening: Tools and Resources for Maximum Impact.	Blue Cross Blue Shield of Minnesota, HealthPartners, Medica and UCare, with project support from Stratis Health	2013	A webinar on improving chlamydia screening for health care providers, nurses, clinic administration, public health, health educators, social workers, school health staff, and youth workers, and other health care staff working with youth.	https://www.youtube.com/watch? v=r668nXtoU6o&feature=youtu.be

CHLAMYDIA SCREENING (NQF#33/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Why Screen for Chlamydia? An Implementation Guide for Providers	Partnership for Prevention, National Chlamydia Coalition	2012	Implementation guide to help providers ▪ Improve delivery of chlamydia screening and retesting ▪ Make screening for and treating chlamydia routine practice ▪ Provide confidential care to adolescents ▪ Take a sexual history.	https://www.nycptc.org/x/WhyScreen-2012-update.pdf
Professional Societies/Disease-Specific Organizations				
Practice-Based Quality Improvement Collaborative to Increase Chlamydia Screening in Young Women	American Academy of Pediatrics	2016	Results of a quality improvement collaborative of hospital-affiliated practices to increase chlamydia screening in at-risk young women.	https://pediatrics.aappublications.org/content/early/2016/04/18/peds.2015-1082.abstract
Provider Organizations				
Improving Screening Rates for Chlamydia Planned Parenthood Pasadena and San Gabriel Valley	Planned Parenthood Pasadena and San Gabriel Valley	2011	Results of a successful quality improvement intervention to improve chlamydia screening rates.	http://www.sexualhealthresourceexchange.org/system/resources/assets/460/PPPSGV_Poster_Improving_Screening_Rates_for_Chlamydia.pdf?1427218893
Journal Articles				
A Practice Improvement Intervention Increases Chlamydia Screening Among Young Women at a Women's Health Practice	*Journal of Obstetric, Gynecologic, and Neonatal Nursing*	2013	A successful practice change intervention to increase routine chlamydia screening rates in a women's health primary care setting.	Abstract only: http://www.jognn.org/article/S0884-2175(15)31250-8/fulltext

CHILDHOOD IMMUNIZATION STATUS (NQF#38/HEDIS)				
Name	Author	Year	Content/Mode	Link
Federal Agencies				
Birth-18 Years & "Catch-up" Immunization Schedules	Centers for Disease Control (CDC)	2016	Immunization schedule with recommendations for routine vaccines for children age 18 years and younger. Includes catch-up schedules, and multiple versions: easy-to-read for parents, Spanish-language, pocket-size and interactive. Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG).	http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html
CDC Vaccine Schedules App for Clinicians and Other Immunization Providers	CDC	2016	Free mobile/tablet app for clinicians that mimics the CDC's printed immunization schedules. Users can identify correct vaccine, dosage, and timing with 2 or 3 clicks.	https://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html
Immunization Strategies for Healthcare Practices and Providers	CDC	2012	Strategies, such as AFIX, to increase immunization levels in practices.	http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/strat.pdf
Patient Education	CDC	2016	Variety of materials on immunization for providers to share with patients: ▪ Educational materials (fact sheets, posters, buttons) ▪ Links to resources/websites ▪ Answers to patients' FAQs ▪ Printable flyers for parents.	https://www.cdc.gov/vaccines/ed/patient-ed.html
Talking with Parents about Vaccines for Infants	CDC	2012	Resource for providers on how to discuss infant vaccines with concerned parents, including what kinds of vaccine safety questions you may hear and how to effectively address them.	https://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/talk-infants-color-office.pdf

CHILDHOOD IMMUNIZATION STATUS (NQF#38/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
New York State Agencies				
New York State Immunization Information System	New York State Department of Health	2015	FAQs for providers about the New York State Immunization Information System (NYSIIS), a free, web-based statewide immunization information system.	http://www.health.ny.gov/prevention/immunization/information_system/faq_immunization_information_system.htm *Fact sheet by the County Health Officials of New York:* http://www.nysacho.org/files/IAP/NYSIIS/NYSIIS%20ChildFactSheet.pdf
Professional Societies/Disease-Specific Organizations				
Immunization Social Media Toolkit	American Academy of Pediatrics (AAP)	2016	Tools to help providers use social media to educate patients and parents on immunization, including sample tweets/posts, and guidance on developing social media accounts and creating videos.	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunization/Pages/Immunization-Social-Media-Toolkit.aspx
Provider Organizations				
Improving Immunization Rates in a Hospital-based Primary Care Practice	Boston Children's Hospital, Harvard Medical School	2014	A quality improvement initiative that used medical home elements - multidisciplinary team, patient registry, and care coordination - to increase immunization rates for children aged 24 months.	http://pediatrics.aappublications.org/content/pediatrics/early/2014/03/19/peds.2013-2494.full.pdf
Improvement Organizations/Multi-Stakeholder Coalitions/Networks				
Comparison of Immunization Quality Improvement Dissemination Strategies Project	Practice Improvement Network (PIN). Part of the Quality Improvement Innovation Network (QuIIN) of the AAP	2013	Resources from a 12-month virtual learning collaborative of 34 practices that aimed to increase immunization coverage among 3- to 18-month olds.	https://www.aap.org/en-us/Documents/quiin_cizqids_ls4_practices_barriers_szilagyi.pdf
First STEPS—Change Package Toolkit for Improving Immunizations	Maine Quality Counts	2016	Change package toolkit with actionable tools to increase immunization rates, including checklists and action planning templates.	https://www.mainequalitycounts.org/image_upload/First%20STEPS%20Immunization%20Change%20Package%20Toolkit%20FINAL%20revised%2003.17.13.pdf

b. **Chronic Disease**

COMPREHENSIVE DIABETES CARE: HbA1C Testing, Eye Exam, Medical Attention for Nephropathy (NQF#57, 55, 62/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Federal Agencies				
Health Care Professionals	National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH)	2016	Suite of resources, clinical practice tools, and patient education materials to help physicians and their health care teams to effectively meet the needs of people with or at risk of diabetes. Some highlights: *GAME PLAN for Preventing Type 2 Diabetes: A Toolkit for Health Care Professionals and Teams* Toolkit to provide health care professionals and teams with evidence and resources to identify, counsel, and support patients to prevent or delay the onset of type 2 diabetes. *Integrating Other Practitioners* Resources to help primary care providers work with other practitioners (e.g., practitioners, such as pharmacists, podiatrists, optometrists, mental health practitioners, counselors) in screening, preventing, and treating diabetes. *Practice Transformation for Physicians and Health Care Teams* https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/Pages/index.aspx *The Three Phases of the Diabetes Care: Pre-visit, Intra-visit, Post-visit*	https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/Pages/HealthCareProfessionals.aspx *GAME PLAN for Preventing Type 2 Diabetes: A Toolkit for Health Care Professionals and Teams* https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/game-plan/Pages/index.aspx *Integrating Other Practitioners* https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/practice-transformation/practice-changes/integrating-other-practitioners/Pages/default.aspx *Practice Transformation for Physicians and Health Care Teams* https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/Pages/index.aspx *The Three Phases of the Diabetes Care: Pre-visit, Intra-visit, Post-visit* https://www.niddk.nih.gov/health-information/health-communication-

COMPREHENSIVE DIABETES CARE: HbA1C Testing, Eye Exam, Medical Attention for Nephropathy (NQF#57, 55, 62/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
			Resources to help providers optimize diabetes encounters by taking a planned, continuous improvement approach to visits.	*programs/ndep/health-care-professionals/practice-transformation/practice-changes/phases-of-care/Pages/default.aspx*
National Diabetes Education Program Online Resource Center	Centers for Disease Control (CDC)	2016	Tools to support educational programs/activities that help people manage diabetes or prevent type 2 diabetes. Tools include fact sheets, toolkits, booklets, CDs, DVDs, webinars and other materials. Materials are developed using principles of plain language and health literacy. Resources are searchable by patient diabetes risk status, age, race/ethnicity, language, literacy level. Highlight: *Checklist/Tip Sheet:* Helps patients understand how to work with providers to successfully control their diabetes. Resources to also help providers follow recommended diabetes care guidelines and communicate with others on the provider team.	https://nccd.cdc.gov/DDT_DPR/ *Checklist/Tip Sheet:* https://www.cdc.gov/diabetes/ndep/pdfs/patient-care-sheet-and-patient-care-checklist-en.pdf
New York State Agencies				
Diabetes Prevention and Management Toolkit	New York State Department of Health	2015	Variety of resources to support providers and patients in prevention and managing diabetes in adults and children, including self-management aids, physician office posters, checklist reminders, and flowsheets.	http://www.health.ny.gov/diseases/conditions/diabetes/toolkit_descriptions.htm
Professional Societies/Disease-Specific Organizations				
Standards of Medical Care in Diabetes—2016 Abridged for Primary Care Providers	American Diabetes Association	2016	Formerly called Clinical Practice Recommendations, the Standards includes the most current evidence-	http://clinical.diabetesjournals.org/content/34/1/3

COMPREHENSIVE DIABETES CARE: HbA1C Testing, Eye Exam, Medical Attention for Nephropathy (NQF#57, 55, 62/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
			based recommendations for diagnosing and treating adults and children with all forms of diabetes. This is an abridged version for primary care providers.	
Provider Organizations				
Health Care Providers Improve Diabetes Care for Patients	New York State Health Foundation	2013	Provider testimonials (videos) from across New York State that share stories about earning national recognition for providing excellent diabetes care from the National Committee for Quality Assurance (NCQA) or Bridges to Excellence (BTE) programs.	http://nyshealthfoundation.org/our-grantees/grantee-stories/providing-excellent-diabetes-care#About this Initiative
New Yorkers at High Risk for Diabetes Find Help from YMCA Program	New York State Health Foundation	N/A	Patient testimonials (videos) from 10 regions in New York State that participated in a YMCA-run National Diabetes Prevention Program (NDPP). The NDPP has been shown to reduce the risk of adults with prediabetes from developing diabetes by 58%, and by 71% for adults over the age of 60.	http://nyshealthfoundation.org/our-grantees/grantee-stories/reducing-diabetes-risk-ymcas
Improvement Organizations/Multi-Stakeholder Coalitions/Networks				
Diabetes Mellitus in Adults, Type 2; Diagnosis and Management of. Guideline summary.	Institute for Clinical Systems Improvement (ICSI)	2014	A comprehensive approach to the diagnosis and management of type 2 diabetes mellitus in adults, with recommendations around therapies (e.g., nutrition, physical, pharmacologic), self-management, prevention, and diagnosis of complications and risk factors. Highlight: *Diagnosis Algorithm:* Logic model to support provider decision-making and diagnosis of type 2 diabetes mellitus in adults.	https://www.icsi.org/guidelines___more/catalog_guidelines_and_more/catalog_guidelines/catalog_endocrine_guidelines/diabetes/ *Diagnosis Algorithm:* https://www.icsi.org/_asset/qy7z4r/DiabetesDiagAlg-Web.pdf

COMPREHENSIVE DIABETES CARE: HbA1C Testing, Eye Exam, Medical Attention for Nephropathy (NQF#57, 55, 62/HEDIS)				
Name	Author	Year	Content/Mode	Link
Expanding Diabetic Retinopathy Screening in Primary Care Clinics	Partnership Health Plan California	2015	Webinar series providing a summary of quality improvement projects and lessons learned from primary care clinics in California that aimed to increase diabetic retinal screening rates.	http://www.partnershiphp.org/Providers/Quality/Pages/DiabeticRetinopathy.aspx
Managing Diabetes Complications	National Committee for Quality Assurance	N/A	Recommendations for health plans and providers around managing diabetic complications, with a focus on patient education, regular screening, and early treatment.	http://www.ncqa.org/publications-products/other-products/quality-profiles/focus-on-diabetes/managing-diabetes-complications
Partnering in Self-Management Support: A Toolkit for Clinicians	Institute for Healthcare Improvement	2016	Practical, off-the-shelf tools to help practices support patients and families in the day-to-day management of diabetes and other chronic conditions. Login required (free).	http://www.ihi.org/resources/Pages/Tools/SelfManagementToolkitforClinicians.aspx
Journal Articles				
Type 2 Diabetes Mellitus: Practical Approaches for Primary Care Physicians	*The Journal of the American Osteopathic Association* Healing Our Village, Inc., Emory University School of Medicine, Philadelphia College of Osteopathic Medicine	2011	Practical strategies for primary care office staff to provide optimal diabetes care.	http://jaoa.org/article.aspx?articleid=2094165

PERSISTENT BETA BLOCKER TREATMENT AFTER HEART ATTACK (NQF#71/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Professional Societies/Disease-Specific Organizations				
Acute Myocardial Infarction Toolkit	American Heart Association	2017	Toolkit of resources to support providers with follow-up after heart attack, including a clinician conversation guide, heart attack discharge worksheet, and four-part learning series.	http://www.heart.org/HEARTORG/Conditions/HeartAttack/Acute-Myocardial-Infarction-Toolkit_UCM_487847_SubHomePage.jsp
Provider Organizations				
Acute Myocardial Infarction	Cleveland Clinic Center for Continuing Education	2010	Continuing education curriculum covering acute myocardial infarction risk factors, diagnosis, treatment, and follow-up.	http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/cardiology/acute-myocardial-infarction/
Patient Organizations				
Heart Disease and Beta-Blocker Therapy	WebMD	2016	Educational resource for patients on the use of beta-blocker therapy for heart health.	http://www.webmd.com/heart-disease/guide/beta-blocker-therapy#1
Treating High Blood Pressure: Is a Beta-blocker Drug Right for You?	Consumer Reports	2011	Fact sheet for patients on the role of beta-blockers in cardiac health and recommendations for types of medication based on cost and safety.	https://www.consumerreports.org/health/resources/pdf/best-buy-drugs/2pager_BetaBlockers.pdf
Journal Articles				
Myocardial Infarction: Management of the Subacute Period	American Family Physician	2013	Overview of optimal management of myocardial infarction in the subacute period. Focuses on improving the discharge planning process, implementing therapies early to prevent recurrent myocardial infarction, and avoiding hospital readmission.	http://www.aafp.org/afp/2013/1101/p581.html
Physician and Patient Influences on Provider Performance: Beta-Blockers in Post-Myocardial Infarction Management in the MI-Plus Study	Circulation: Cardiovascular Quality and Outcomes	2011	Analysis of low use of beta-blocker therapy following myocardial infarction and potential causes, including physician preference and patient factors.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3099457/

PERSISTENT BETA BLOCKER TREATMENT AFTER HEART ATTACK (NQF#71/HEDIS)				
Name	Author	Year	Content/Mode	Link
Timing of First Post-discharge Follow-up and Medication Adherence After Acute Myocardial Infarction	Journal of the American Medical Association (JAMA) Cardiology	2016	Analysis of the adherence to medication therapy in the outpatient setting after acute myocardial infarction.	http://jamanetwork.com/journals/jamacardiology/fullarticle/2505212

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (NQF #1799/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Federal Agencies				
Asthma Care Quick Reference: Diagnosing and Managing Asthma	National Heart, Lung, and Blood Institute, of the National Institutes of Health (NIH)	2012	Recommendations developed by the National Asthma Education and Prevention Program's expert panel for diagnosing and managing asthma after conducting a systematic review of the scientific literature.	https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf
Healthcare Professionals	Centers for Disease Control (CDC)	2015	Myriad resources – e.g., fact sheets, slide presentations – to support health care professionals in the management of asthma care. Some highlights: *Multimedia Asthma Messages* Audio and video podcasts, health e-cards, expert video commentary for providers, and educational videos for patients and families around asthma self-management and appropriate care. *Quality measures:* Summary of quality measures addressing asthma care.	https://www.cdc.gov/asthma/healthcare.html *Multimedia Asthma Messages* https://www.cdc.gov/asthma/podcasts.html *Quality Measures:* https://www.cdc.gov/asthma/pdfs/quality_measures_summary_3_18_15.pdf
Physician Asthma Care Education (PACE)	NIH	2006	Two-part interactive, multi-media educational seminar to improve physician awareness and use of communication/therapeutic techniques for reducing the effects of asthma on children and families. Includes instruction on how to document, code, and improve asthma counseling reimbursement. PACE is a model found to be effective in formal evaluations by University of Michigan and Columbia University.	https://www.nhlbi.nih.gov/health-pro/resources/lung/physician-asthma-care-education/

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (NQF #1799/HEDIS)				
Name	Author	Year	Content/Mode	Link
New York State Agencies				
Asthma Action Plan	NYSDOH	2013	Myriad resources on asthma prevalence, prevention, management, and programming in New York state. Highlight: *Asthma Action Plan:* Written, step-by-step plan developed jointly between provider and patient and updated at every visit (at least every six months). The self-management tool assists patients in controlling asthma and managing asthma exacerbations.	https://www.health.ny.gov/diseases/asthma/ *Asthma Action Plan:* https://www.health.ny.gov/publications/4850.pdf (English) https://www.health.ny.gov/publications/4851.pdf (Spanish) *General asthma action plan resources:* https://www.health.ny.gov/diseases/asthma/brochures.htm
Clinical Guideline for the Diagnosis, Evaluation and Management of Adults and Children with Asthma	NYSDOH	2013	Visual guides to support provider improvement in asthma care: four components of asthma care; classifying asthma severity, assessing asthma control and the stepwise approach for managing asthma in children; long-term control medications; and quick relief medications.	https://www.health.ny.gov/publications/4750.pdf
Professional Societies/Disease-Specific Organizations				
CME Toolkit: Asthma	PRIME	2017	Train-the-trainer asthma toolkit with resources to support providers, patients, and caregivers in shared decision-making regarding asthma treatment and management. Includes: an accredited video on biomarkers and targeted approaches for type 2 asthma management; two accredited video case studies on difficult-to-control asthma; motivational interviewing guide; and checklist of asthma quality measures. CME/CE credit available and free.	http://cmetoolkit.com/asthma

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (NQF #1799/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
EQIPP: Helping You Improve Care for Children, Asthma	American Academy of Pediatrics (AAP)	2016	An online course that provides clinical practitioners with guidance on asthma diagnosis, its control and follow-up; spirometry testing and measurement; medications administration; flu vaccination; asthma action plan development and active partnership between providers and patients in patient education and self-management. CME credit from the AAP available. 54 Category 1 credits available for $199 (non-members of AAP). Free for members.	https://shop.aap.org/eqipp-asthma/
Improvement Organizations/Multi-Stakeholder Coalitions/Networks				
Asthma in Primary Care Practice	IPRO	2007	Interactive online course guiding providers in the application of the asthma guidelines to their practice. The NYS Consensus Asthma Guideline Expert Panel recommends this CME activity for all primary care providers. CME credit from the American Academy of Family Physicians available and free.	http://ipro.org/for-providers/asthma/asthma-in-the-primary-care-practice
Asthma toolkit: Providers	Fallon Health	N/A	Comprehensive resources to assist providers in caring for patients with asthma, including asthma control tests, action plans, and patient education tools. Materials available in several languages.	http://www.fchp.org/en/providers/medical-management/asthma-tool-kit.aspx
The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes	Patient-Centered Primary Care Collaborative (PCPCC)	2012	A report presenting the rationale for and key approaches to including comprehensive medication management services within the structure of the patient-centered medical home.	https://www.accp.com/docs/positions/misc/CMM%20Resource%20Guide.pdf

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (NQF #1799/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Journal Articles				
Improving Patient Adherence with Asthma Self-Management Practices: What Works?	*Annals of Allergy, Asthma & Immunology* Johns Hopkins School of Medicine	2012	Analysis of key factors that promote patient adherence to asthma treatment.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4476900/
Treatment: General Approach for Treating and Managing Asthma	*New York Times*	2013	In-depth health guide on asthma, with sections on causes, prognosis, risk factors, diagnosis, treatment, and management.	*Treatment:* http://www.nytimes.com/health/guides/disease/asthma/treatment.html *Quick Relief Medications:* http://www.nytimes.com/health/guides/disease/asthma/quick-relief-medications.html *Long-term Relief Medications:* http://www.nytimes.com/health/guides/disease/asthma/treatment.html

c. **Behavioral Health**

INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT (NQF#4/HEDIS)				
Name	Author	Year	Content/Mode	Link
Federal Agencies				
Addiction Medicine in Primary Care	National Institute on Drug Abuse (NIDA) and QuantiaMD	2013	Eight short, targeted lectures (webinars) designed to help clinicians recognize substance use disorders in their patients and plan treatment.	https://www.drugabuse.gov/nidamed-medical-health-professionals/addiction_medicine_in_primary_care
Behavioral Health Treatment Services Locator	Substance Abuse and Mental Health Services Administration (SAMHSA)	2016	A national locator for individuals (and referring providers) to find treatment facilities for substance abuse/addiction and/or mental health issues.	https://findtreatment.samhsa.gov/ *Programs providing buprenorphine for opioid addiction (heroin or pain relievers):* https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator *Programs providing methadone for the treatment of opioid addiction (heroin or pain relievers):* http://dpt2.samhsa.gov/treatment/directory.aspx
National Registry of Evidence-based Programs and Practices (NREPP): Find an Intervention	SAMHSA	2016	Repository of evidence-based interventions in behavioral health searchable by factors such as demographics (e.g., age, race, gender), geography, program type, and care setting.	http://www.nrepp.samhsa.gov/AdvancedSearch.aspx
Treating Addictions within an Integrated Primary Care Clinic	SAMHSA-HRSA Center for Integrated Health Solutions	2017	Webinars on integration of screening, assessments, interventions, use of medications, and care coordination for addiction treatment in primary care.	http://www.integration.samhsa.gov/about-us/webinars

INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT (NQF#4/HEDIS)				
Name	Author	Year	Content/Mode	Link
New York State Agencies				
Access Treatment: A Guide for Individuals and Families Seeking Care & Support	Office of Alcoholism and Substance Abuse Services (OASAS)	2016	Guide for individuals and families on understanding substance use disorder treatment options/setting and navigating the system of care. Includes videos on topics such as outpatient treatment, inpatient rehab/detox, relapse prevention, patient safety, and appeals.	https://www.oasas.ny.gov/treatment/index.cfm#
Addressing Alcohol and Drug Use— An Integral Part of Primary Care	New York City Department of Health and Mental Hygiene	2016	Resource on incorporating alcohol and substance use disorder screening and treatment into primary care workflow, with recommendations for harm reduction and preventing relapse.	http://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-35-3.pdf
Substance Abuse Treatment Integration: Increasing Primary Care Capacity	New York State Department of Health	2016	Three presentations on alcohol and substance use disorder screening and treatment in the primary care setting. Presentations provided to support PPS' in the DSRIP program.	http://www.publicconsultinggroup.com/client/nysdsrip/documents/2016/Day2_Breakout A_SBIRTv2(FINAL).pdf
Treatment Provider Search and Directory	OASAS	2016	Searchable directory of OASAS-certified outpatient or bedded treatment programs. Searchable directory of OASAS-certified providers, searchable by location, special populations served, and payment type accepted. For use by patients or referring providers.	https://findaddictiontreatment.ny.gov/pub/ctrldocs/oasastaw/www/index.html#/app/search https://www.oasas.ny.gov/treatment/directory.cfm/
Academic Institutions				
A Primary Care Approach to Substance Misuse	University of California, San Francisco	2013	Framework for identifying and managing substance use disorders and using specific strategies (e.g., motivational communication) during screening, counseling, and treatment to promote behavior change.	http://www.aafp.org/afp/2013/0715/p113.html
Medical Education Materials for Primary Care	National Center on Addiction and Substance Abuse	2016	Variety of educational materials for providers to address addiction, substance use and abuse effectively within the primary care setting.	http://www.centeronaddiction.org/health-care-providers/addiction-resources-tools

ANTIDEPRESSANT MEDICATION MANAGEMENT (NQF#105/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Federal Agencies				
A Guidebook of Professional Practices for Behavioral Health and Primary Care Integration: Observations From Exemplary Sites	Agency for Healthcare Quality (AHRQ). The Academy: Integrating Behavioral Health and Primary Care	2015	Guidebook of organization-level and interpersonal/individual-level approaches that support integrated behavioral health care in the primary care setting. Guidebook developed through an expert panel, a literature review, and observations/interviews at eight high-performing primary care organizations.	https://integrationacademy.ahrq.gov/sites/default/files/AHRQ_AcademyGuidebook.pdf
Mental Health Medications	National Institute of Mental Health (NIMH)	2016	Brief overview of mental health medications for consumers: ▪ Antidepressants ▪ Anti-Anxiety Medications ▪ Stimulants ▪ Antipsychotics ▪ Mood Stabilizers	https://www.nimh.nih.gov/health/topics/mental-health-medications/index.shtml
Provider Organizations				
Depression Medication Choice	Mayo Clinic Shared Decision Making National Resource Center	N/A	Resources to support shared decision-making between provider and patient around depression medication. Resources include: ▪ Decision aid cards and brochure, also available in Spanish ▪ Video and storyboard to demonstrate use of decision aids to providers	http://shareddecisions.mayoclinic.org/decision-aid-information/decision-aids-for-chronic-disease/depression-medication-choice/
Improvement Organizations/Multi-Stakeholder Coalitions/Networks				
Antidepressant Medication Management Provider Toolkit: Tools to increase antidepressant medication adherence and reduce racial and ethnic disparities in depression management.	Six Minnesota health plans: Blue Cross, HealthPartners, Medica, Metropolitan Health Plan, Hennepin Health, and UCare, with project	2016 (updated); 2015	Performance Improvement Project (PIP) that culminated in a toolkit of resources for providers around depression, with an emphasis on racial and cultural disparities. Topics include: ▪ Best practices for depression care	http://www.stratishealth.org/pip/documents/AMM-Provider-Toolkit.pdf

ANTIDEPRESSANT MEDICATION MANAGEMENT (NQF#105/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
	support from Stratis Health.		▪ Mental health resources for providers and patients ▪ Cultural competency ▪ Shared decision making ▪ Mental health resources for seniors	
Depression Management in the Senior Population	Six Minnesota health plans: Blue Cross, HealthPartners, Medica, Metropolitan Health Plan, Hennepin Health, and UCare, with project support from Stratis Health	2016	PowerPoint that describes a Performance Improvement Project (PIP) around depression management for elder adults.	http://www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs-290141.pdf
Primary Care Team Guide: *- Behavioral Health Integration* *- Medication Management*	LEAP, developed by McColl Center for Health Care Innovation at Group Health Research Institute	2016	Myriad resources – learning modules, toolkits, publications, patient materials – on effective primary care teamwork in the areas of behavioral health integration and medication management.	http://www.improvingprimarycare.org/work/behavioral-health-integration#tab-2 http://www.improvingprimarycare.org/work/medication-management
Shared Decision-making and Depression Treatment in Primary Care	Six Minnesota health plans: Blue Cross, HealthPartners, Medica, Metropolitan Health Plan, Hennepin Health, and UCare, with project support from Stratis Health	2015	Recorded webinar for health care providers focusing on how to incorporate shared decision making into primary care when working with patients who experience depression. (55-minute webinar)	http://www.stratishealth.org/documents/Shared-decision-making-20151112.wmv

ANTIDEPRESSANT MEDICATION MANAGEMENT (NQF#105/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Journal Articles				
Effectiveness of interventions to improve antidepressant medication adherence: a systematic review	*International J of Clinical Practice.* University of Sidney, Australian (majority of studies assessed were in the U.S.)	2011	A review to systematically assess the effectiveness of interventions (28 were reviewed) for improving antidepressant medication adherence among patients with unipolar depression, and to evaluate the effect of these interventions on depression clinical outcomes.	http://onlinelibrary.wiley.com/doi/10.1111/j.1742-1241.2011.02746.x/full

d. **Appropriate Use**

USE OF IMAGING STUDIES FOR LOW BACK PAIN (NQF#52/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Federal Agencies				
What Is Back Pain? Fast Facts: An Easy-to-Read Series of Publications for the Public	National Institutes for Health	2014	Fact sheet that provides information on the identification, prevention, and treatment of back pain.	https://www.niams.nih.gov/health_info/back_pain/back_pain_ff.pdf
Professional Societies/Disease-Specific Organizations				
Choosing Wisely: Imaging for Lower Back Pain	American Academy of Family Physicians	N/A	Clinical recommendations for treating lower back pain in line with the *Choosing Wisely* campaign, to avoid wasteful or unnecessary medical tests, treatments and procedures. Includes a patient brochure.	http://www.aafp.org/patient-care/clinical-recommendations/all/cw-back-pain.html *Patient brochure:* https://familydoctor.org/wp-content/uploads/2016/11/ChooseWiselyBackPainAAFP-ER.pdf
Discussing imaging with patient who suffers back pain	American Academy of Family Physicians	N/A	Video demonstrating an example (for a clinician) of how to speak about imaging options for a patient presenting with back pain.	http://www.aafp.org/choosing-wisely/AnnotatedVideos/m02_3_backPain.htm
Improvement Organizations/Multi-Stakeholder Coalitions/Networks				
Health Care Guideline: Adult Acute and Subacute Low Back Pain. Core Treatment of Non-specific Lower Back Pain Algorithm.	Institute for Clinical Systems Improvement.	2012	Clinical guidelines, including treatment algorithms, for the management of non-specific lower back pain.	https://www.icsi.org/_asset/bjvqrj/LBP.pdf
Low Back Pain Clinical Improvement Team Final Report	Clinical Improvement Team (CIT) of the Puget Sound Health Alliance (currently Washington Health Alliance).	2007	Compilation of clinical guidelines and improvement strategies for the appropriate treatment and management of low back pain.	http://wahealthalliance.org/wp-content/uploads/2013/12/LowBackPainCITReportFINAL_Jan_07.pdf

USE OF IMAGING STUDIES FOR LOW BACK PAIN (NQF#52/HEDIS)				
Name	**Author**	**Year**	**Content/Mode**	**Link**
Journal Articles				
Imaging strategies for low-back pain: systematic review and meta-analysis	The Lancet	2009	Analysis of randomized controlled trials that compared immediate lumbar imaging (radiography, MRI, or CT) vs. clinical care without immediate imaging for low-back pain (abstract only).	http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60172-0/fulltext

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (NQF#58/HEDIS)				
Name	**Author/Developer**	**Year**	**Content**	**Link**
Federal Agencies				
Get Smart: Know When Antibiotics Work	Centers for Disease Control (CDC)	2016	Resources (print, interactive, virtual) aimed at providers, patients, and clinical partners to address the issue of appropriate use of antibiotics. *Highlight:* *Continuing education opportunities*: Resources include communicative training and role play simulations.	http://www.cdc.gov/getsmart/community/index.html *Continuing education opportunities*: https://www.cdc.gov/getsmart/community/for-hcp/continuing-education.html
Outpatient Healthcare Professionals: adult treatment recommendations	CDC	2016	Summary of the most recent recommendations for appropriate antibiotic prescribing for adults seeking care in an outpatient setting. Includes information related to over-the-counter medication for symptomatic therapy.	http://www.cdc.gov/getsmart/community/for-hcp/outpatient-hcp/adult-treatment-rec.html
Print Materials for Healthcare Professionals	CDC	2016	Printed materials (posters, fact sheets, prescription pads, sample letters) to support provider offices in addressing antibiotic overuse. Materials for the patient, general public, and particular subgroups as well.	*Healthcare professionals:* http://www.cdc.gov/getsmart/community/materials-references/print-materials/hcp/index.html#adults *Patients/Public:* http://www.cdc.gov/getsmart/community/materials-references/print-materials/everyone/index.html
The Primary Care Office Visit: Antibiotics	CDC	N/A	Role-play simulation tool designed to help patients and physicians improve their conversations about the appropriate prescription of antibiotics, facilitate collaboration, and change behaviors.	https://www.conversationsforhealth.com/antibiotics/

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (NQF#58/HEDIS)

Name	Author/Developer	Year	Content	Link
New York State Agencies				
Educating Patients about Antibiotic Resistance	New York State Department of Health (NYSDOH)	2016	Instructional video on how to have a conversation with patients about the prudent use of antibiotics.	https://www.youtube.com/watch?v=YHYmb2OKoMU
New York State Department of Health Resources	NYSDOH	2016	Resources for healthcare providers and patients, and three specific programs to address the major threat of inappropriate antibiotic use in the state. ▪ NYS Antimicrobial Resistance Prevention and Control Task Force. ▪ NYSDOH's Wadsworth Center, one of only seven CDC-designated Antimicrobial Resistance (AR) Regional Laboratories in the US. ▪ NYSDOH is a state partner in the CDC's "Get Smart (Know When Antibiotics Work)" Campaign.	http://www.health.ny.gov/professionals/protocols_and_guidelines/antibiotic_resistance/
New York State Get Smart Toolkit for Providers	NYSDOH	2016	Toolkit to support appropriate prescribing of antibiotics among New York State providers. Includes guidance from the CDC; worksheets that help with "academic detailing;" and ways for providers to join the New York "Get Smart Campaign" as community opinion leaders.	http://www.health.ny.gov/professionals/protocols_and_guidelines/antibiotic_resistance/docs/get_smart_toolkit.pdf
State Agencies, Other				
Don't Cover your Cough! Antibiotics for Acute Bronchitis?	Illinois Summit on Antibacterial Stewardship	2016	Slide presentation that addresses societal misinformation about the use of antibiotics, and includes case studies, quizzes for providers, and recommendations for improvement.	http://www.dph.illinois.gov/sites/default/files/publications/evidence-based-reviewof-acute-uncomplicated-bronchitis-link-090916.pdf
Improvement Organizations/Multi-Stakeholder Coalitions/Networks				
Virginia Mason: Reducing inappropriate antibiotic prescribing in primary care	Washington Health Alliance	2015	Results of a quality improvement intervention to improve appropriate antibiotic prescribing patterns at primary care practices.	http://wahealthalliance.org/wp-content/uploads/2015/01/spotlight-on-improvement-virginia-mason.pdf

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (NQF#58/HEDIS)				
Name	**Author/Developer**	**Year**	**Content**	**Link**
Academic Institutions				
To prescribe or not to prescribe? Antibiotics and outpatient infections: online CME course	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				
Appropriate Antibiotic Use for Acute Respiratory Tract Infection in Adults: Advice for High-Value Care	*Annals of Internal Medicine* 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