



2016 – 2017 Physician Practice Quality Improvement Award

Online Application Checklist

Application Process

Overview

The award application is an online form that will be available for completion from April 1 – June 10 2017. Practices can visit the Physician Practice Quality Improvement Award Program website at <http://award.tmf.org> to access the online form. **The award application must be completed in one sitting; therefore, practices may want to gather the requisite information prior to accessing the online form.** The following checklist can be used as a guide to identify and gather any pieces of information you will need to complete the online form. Hard copies and facsimile copies of applications will not be accepted. If you have questions, please do not hesitate to email ppqualityaward@tmf.org.

Instructions

To begin, review the award criteria, which can be found by visiting <http://award.tmf.org> to ensure your practice(s) is meeting each of the four criterion. Performance must be met in all of the four areas to receive an award. Next, review the following information, noting the information your practice may need to gather before completing the online application.

Eligibility, Clinic Information, Practitioner Information

1. Eligibility: Practices will need to attest to the following statement.
 - a. I attest that this practice(s) is located in the state of Texas, Missouri, Oklahoma, Arkansas or the territory of Puerto Rico and has one or more state licensed physicians providing care for Medicare fee-for-service patients. All practicing provider(s) must not have been disciplined or excluded by any federal or state regulatory agency, licensing board or health care facility in the last five years.
2. Clinic Information: Practices will need to provide the following information.
 - a. General demographic information, including contact information of the primary practice contact and clinic Tax Identification Number.
 - b. How many practice locations are submitting an application?
 - i. Single practice location — Submit one application
 - ii. Multiple practice locations — Submit either one application for all locations (and submit aggregated data that covers all locations) or submit single applications for each individual location. This second option will require the practice to complete an application for each location for which they are applying with location-specific data. The benefit of applying this way is that each location is recognized separately and will receive individualized framed certificates for their practice and will be listed individually in all promotional materials. If your practice would like to enter more than 10 practice locations to be evaluated for the award, and wishes to submit an application for each location individually, please email ppqualityaward@tmf.org prior to completing the applications.
 - c. How to list practitioners
When completing the online application, be prepared to provide a complete list of practitioners, including physicians, physician assistants and nurse practitioners, with full credentials. If your practice has 10 or more providers, please use the Excel spreadsheet — provided within the online application — to record this information and submit it along with the application.

Criterion 1 — Top Performance on Quality Measures

- a. **Primary Care Practices:** Select three measures listed in the award criteria under the Preventive Measures section and submit the following information for the time period of 12 months ending either Dec. 31, 2016, or March 31, 2017:

	Measure 1	Measure 2	Measure 3
Numerator			
Denominator			
Calculated Rate			
Measure Description			
If applicable, please indicate why the denominator for this measure is so low (less than 20) or choose another measure.			

- b. **Specialty Practices:** Select three measures listed in the award criteria (two or three from the Preventive Measures section, and one from the Other Measures section, if only two were selected from the Preventive Measures section) and submit the following information for the time period of 12 months ending either Dec. 31, 2016, or March 31, 2017:

	Measure 1	Measure 2	Measure 3
Numerator			
Denominator			
Calculated Rate			
Measure Description			
If applicable, please indicate why the denominator for this measure is so low (less than 20) or choose another measure.			

Documentation Required for Primary Care and Specialty Practices: Please provide documentation of recent clinical outcome performance in any of the following formats: a report generated from an electronic health record (EHR), a third-party quality report or a claims-based data report. Please provide the number of patients used in the denominator of each outcome.

Calculating Measures: Please note that because reporting programs differ, the requirements for this criterion are designed to allow offices to report data that best matches the measurement definitions or guidelines on which they are already reporting (unless otherwise specified). Where available, please provide measure sponsor or measure number. If both are available, please submit both.

Criterion 2 — Care Management Methods

Practices must employ at least ONE of the following methods and will need to provide a screenshot or a copy of any policy, procedure, certificate or other written document (e.g., diabetes flow sheet) that demonstrates the nature of the practice innovation.

- Public health registry
- Attainment of Medical Home Recognition
- Attainment of certified Diabetes Education Centers by the American Association of Diabetes Educators (AADE) or the American Diabetes Association (ADA)
- Use certified electronic health record (EHR) technology to complete certain improvement activities
- Care management teams, including risk stratification and management of high-risk patients
- Use of a Health Information Exchange — (Bi-directional interface)
- American Osteopathic Association Clinical Assessment Program
- Performance Improvement — Continuing Medical Education — Cardiac/Diabetes

Please briefly describe how the clinic uses this care management methodology in every day practice (as appropriate).

Criterion 3 — Data Reporting Quality Initiatives

Practices must participate in at least ONE data reporting quality initiative. Practices will be asked to select all data reporting quality initiatives in which the clinic is involved. Practices will need to provide a screenshot or other supporting documentation proving that your practice was participating in this initiative in 2016–2017.

- 2017 Merit-based Incentive Payment System (MIPS)
- 2017 Alternative Payment Models (APMs)
- 2016 Physician Quality Reporting System (PQRS)
- The Million Hearts Initiative focusing on taking aspirin, blood pressure control, cholesterol management and smoking cessation*
- Quality Programs as a Requirement of Maintenance of Certification (e.g., American Board of Internal Medicine Performance Improvement Module Project)
- Other recognized physician office quality data reporting initiatives (please provide details) Example: Bridges to Excellence Clinical Modules

Criterion 4 — Patient Engagement and Experience

Practices must have adopted at least TWO of the following patient engagement and experience tools and strategies in 2016–2017. Please select all that apply. Practices will need to provide a description in 200 words or less and a screenshot or other supporting documentation proving that your practice has adopted these tools and strategies.

- Practices have completed the minimal sample size of Clinician Group Consumer Assessment of Healthcare Providers (CG-CAHPS) surveys per number of providers. Practices with fewer than 100 patients and not participating in the CG-CAHPS may use a customized survey that shows real time patient satisfaction feedback.

Description: _____

- Establish an electronic connection (patient portal)

Description: _____

- Shared decision-making (specify conditions, provide documentation of process) Examples are: Effective Healthcare Programs by the Agency for Healthcare Research and Quality (AHRQ); Shared Approach by AHRQ; Choosing Wisely; Million Hearts; etc.

Description: _____

- Chronic care management/care coordination

Description: _____

- Mobile health tools/applications

Description: _____

- Shared medical visit model for self-management education and needs (i.e., group visits)

Description: _____

- Promoting patient education programs (Establishing or incorporating into the workflow)

Description: _____

- Tele-medicine

Description: _____

- Use of language-assistive devices or services

Description: _____

- Assessment of health literacy of each patient and use of educational materials

Description: _____

- Patient members of quality team or advisory board

Description: _____

Uploading documents

Documents will be accepted as a PDF or a compressed zip file. Instructions on how to zip a file are located within the online application.

Required documentation includes:

- Listing of providers in the provided Excel template who should be recognized should the practice win an award. (Note: This is only applicable if there are more than 10 providers.)
- Screenshots or other supporting documentation for all of the criteria listed above.

Questions

If you have questions, please email ppqualityaward@tmf.org. Award winners will be announced in fall of 2017.



*Threshold established using data from the TMF Quality Innovation Network Cardiovascular Health and Million Hearts Learning and Action Network