

# Engaging Your Medical Providers in QAPI



Presented by:  
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Quality Innovation Network -  
Quality Improvement Organizations  
CENTER FOR MEDICARE & MEDICAL SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

## Dr. Mamata Yanamadala

Dr. Mamata Yanamadala is a geriatrician and an assistant professor at Duke University Medical School. She is the Geriatrics Fellowship Program Director at Duke University. She completed her master's degree in health care quality and patient safety at Northwestern University and completed the advance training program in QI at Intermountain Healthcare Institute in Utah. She has created several educational programs in QI for inter-professional providers in various health care settings. In addition, she received a career development award from Health Services Resources and Administration to coach inter-professional providers in skilled nursing facilities to implement QI projects.

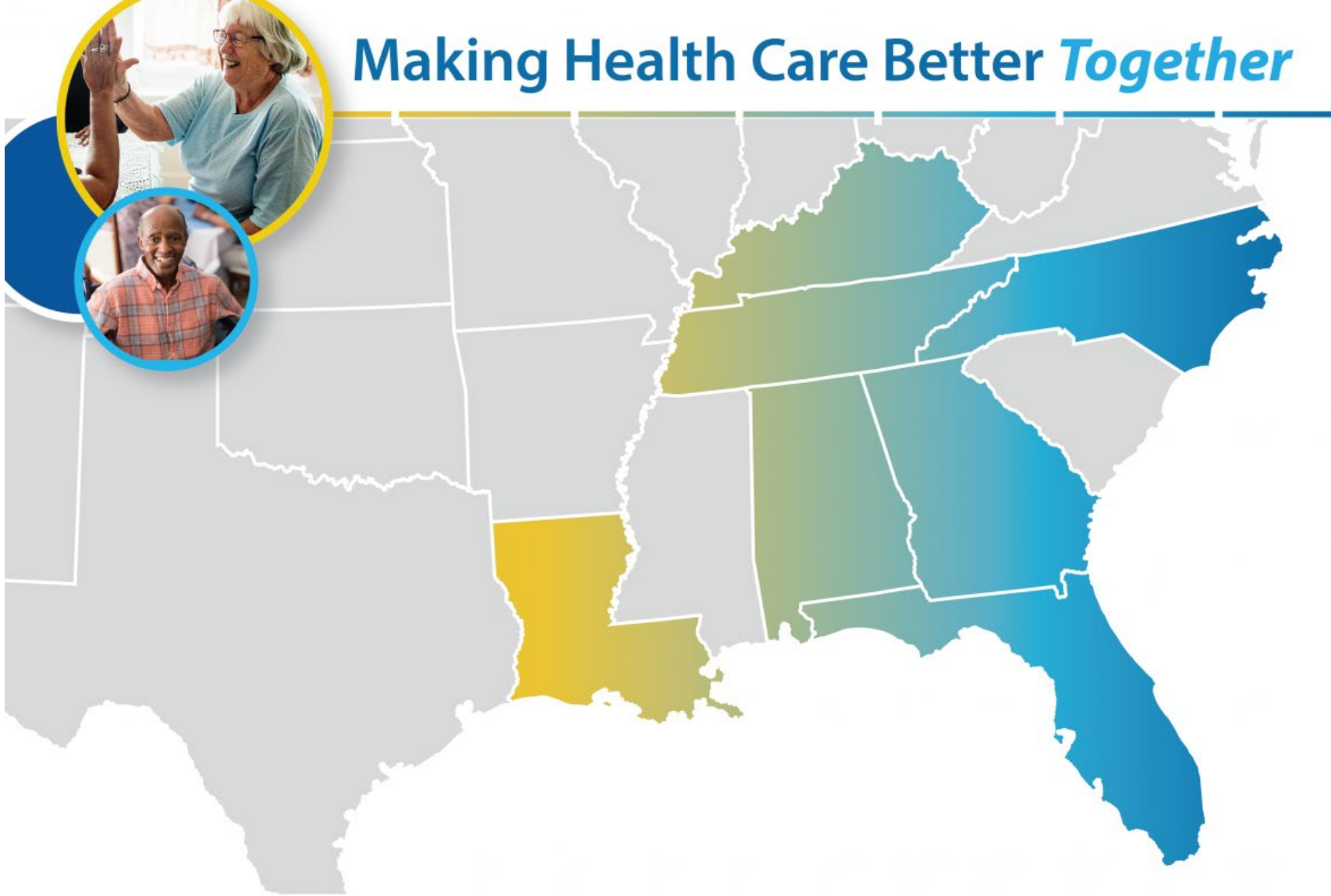


## Lisa Davies, CPHQ, LNHA

Lisa is a health care professional with over 20 years of experience in long-term care. Her work experience includes facility administration, implementation of quality improvement frameworks, legislative affairs and project management. Lisa served as the Quality Committee Chair for the Georgia Health Care Association, supporting strategic quality initiatives across Georgia. Her current work includes applying quality improvement methodologies to support improved outcomes across health care organizations as the QII manager with Alliant Health Solutions.



# Making Health Care Better *Together*



## About Alliant Health Solutions

# Agenda

- Regulations behind QAPI
- Format for effective QAPI
- Engaging the providers
- Physician impact on performance improvement
- Sharing best practices from the audience



# Requirement of Participation – Quality Assurance Performance Improvement

CMS is requiring all LTC facilities to develop, implement and maintain an effective comprehensive, data-driven QAPI program that focuses on systems of care, outcomes of care and quality of life.

Current regulations at § 483.75(o) require a facility to maintain a quality assessment and assurance (QAA) committee, consisting of the director of nursing services, a physician designated by the facility, and at least three other members of the facility staff. The QAA committee must meet at least quarterly and identify quality deficiencies and develop and implement plans of action to correct the deficiencies. Federal Register / Vol. 81, No. 192 / Tuesday, October 4, 2016 / Rules and Regulations page 68802 –

The IP must serve on the QAA committee and report on the IPCP. If more than one person serves as the IP, at least one of these individuals must be on the committee. See also Quality Assurance and Performance Improvement §483.75(g)(1)(iv).

<https://www.govinfo.gov/content/pkg/FR-2016-10-04/pdf/2016-23503.pdf>

# Five Elements of QAPI – CMS Toolkit

## Element 1: Design and Scope

- Ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments.
- Should address all systems of care and management practices and should always include clinical care, quality of life and resident choice.
- Utilize the best available evidence to define and measure goals.

## Element 2: Governance and Leadership

- Adequate resources exist to conduct QAPI efforts.
- Ensures processes for QAPI are sustained despite changes in personnel and turnover.
- Creates an atmosphere where staff is comfortable identifying and reporting opportunities for improvement.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>

# Five Elements of QAPI – CMS Toolkit (continued)

## **Element 3: Feedback, Data Systems and Monitoring**

- Systems in place to monitor care and services, drawing data from multiple sources.
- Feedback systems actively incorporate input from staff, residents, families and others as appropriate.
- Performance indicators will be developed, monitored and evaluated.
- Adverse events will be tracked, investigated, analyzed, monitored and prevented.
- Identify how findings will be measured against benchmarks and/or targets the facility has established for performance.

## **Element 4: Performance Improvement Projects (PIPs)**

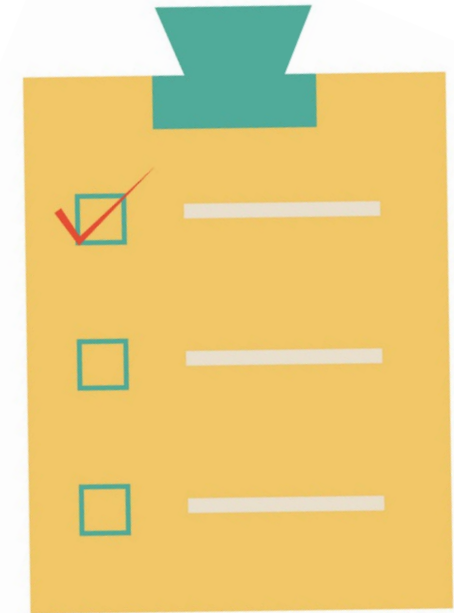
- A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility-wide.
- The process involves gathering information systematically to clarify issues or problems and intervening for improvements.
- PIPs should focus on problem-prone and/or high-risk areas targeted to examine and improve care or services in areas the facility identifies as needing attention.

## **Element 5: Systematic Analysis and Systemic Action**

- Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement.
- Monitor the effectiveness of the improvement to continue the improvement.

# Format for an Effective QAPI

- Standardized agenda
- Standardized forms
- Break into clinical and non-clinical
- Review of metrics
- Compare to benchmark
- Identify areas of opportunity
- Prioritize actions then document plan





# Best Practices for Physician Attendance



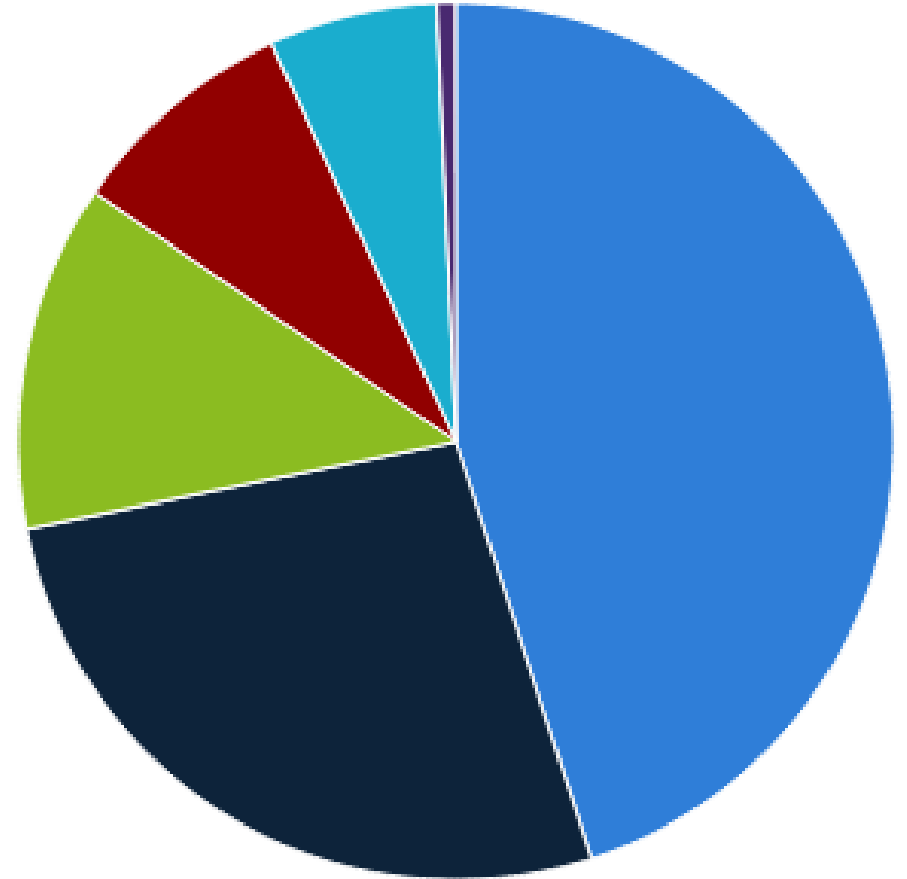
# Example of Care Improvement Through Engaged Provider



# Improved Outcomes with Provider Involvement in QAPI

## Re-Hospitalization Quality Improvement Project

Telling a story with my data or did my data tell the story?



**Questions?**



# CMS 12<sup>th</sup> SOW Goals



## **Behavioral Health Outcomes & Opioid Misuse**

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



## **Patient Safety**

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



## **Chronic Disease Self-Management**

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



## **Quality of Care Transitions**

- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events

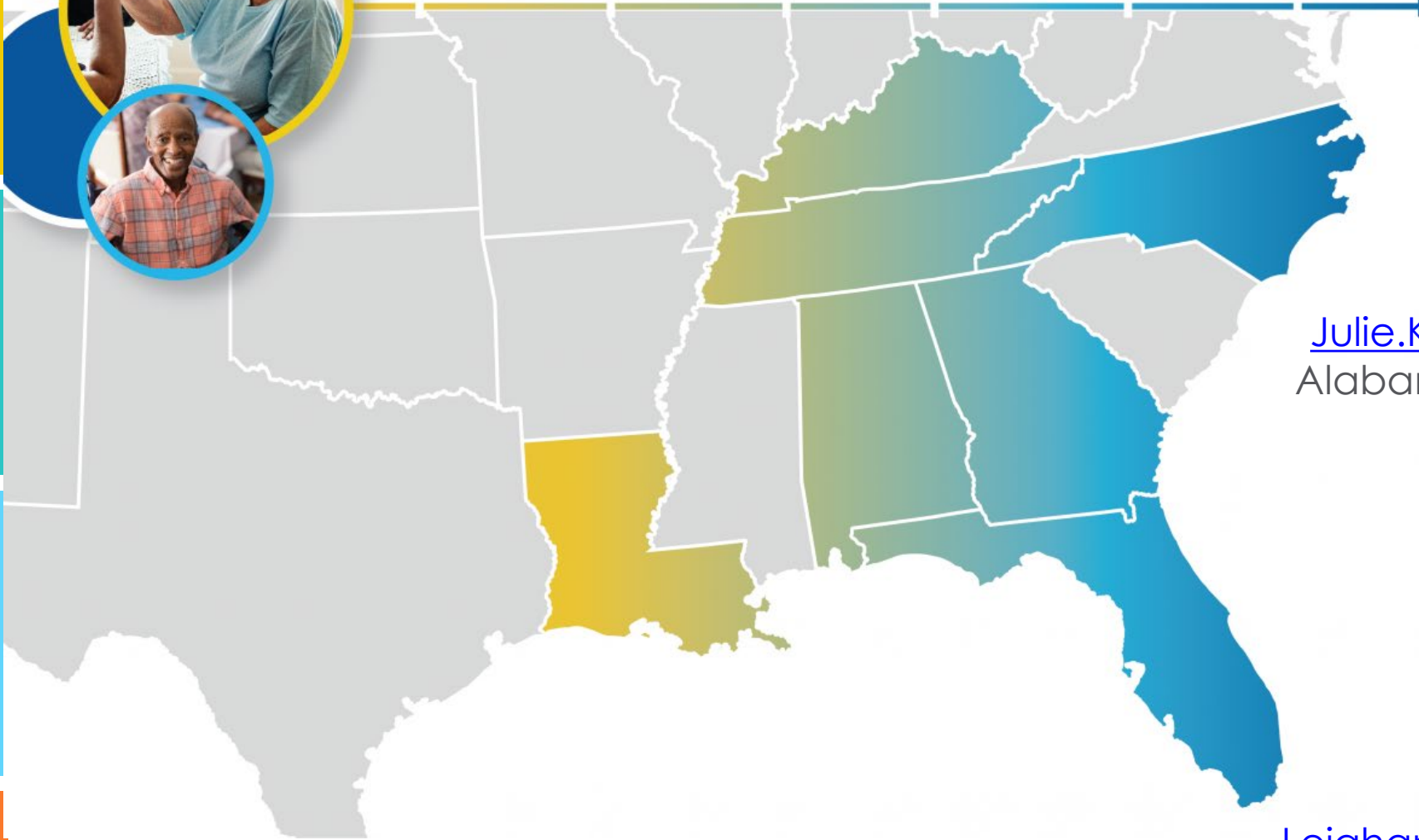


## **Nursing Home Quality**

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents



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