ACP Quality Connect: Diabetes Performance Improvement Initiative Successfully Links Clinical Registries and Quality Improvement to Pay-for-Performance Programs

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Introduction: ACP’s Center for Quality is implementing its second year of a quality improvement initiative focused on diabetes and built on a cloud-based platform developed by CECity.

Methods: With funding from multiple supporters, ACP designed an initiative utilizing a cloud-based registry platform featuring diabetes QI measures and tools linked to both the Physicians Quality Reporting System (PQRS) and Bridges to Excellence (BTE). Physicians enrolled individually and through participating health systems in partnership with state chapters.

This diabetes initiative utilizes a multi-faceted strategy that includes:
- Champion training
- Practice assessment
- Performance measure calculation
- PDSA development (2 cycles)
- Live, virtual, and online resources, including coaching, educational programs and webinars

Results:
As of April 6, 2015, 188 individuals have entered data on 2915 of their patients. 73 physicians have completed a detailed practice assessment which showed that participants come from a large variety of practice settings.

For the 2014 reporting year, 55 physicians used the system for CMS PQRS reporting and 35 used it to qualify for BTE recognition. In addition to entering data in order to avoid CMS PQRS penalties and gain BTE incentives, program “champions” analyzed baseline data and are implementing two-cycle PDSDs to foster improvement in multiple settings, including the Houston Methodist Health System in Texas, the Cook County Hospital and Health System in Illinois, and a large, multispecialty practice in New York. PDSA topics have included medication adherence for the uncontrolled diabetic population, patient communication, foot care, practice engagement and teamwork. Three residency programs in Abington, PA; Newark, NJ; and Chicago, IL also have used the registry to meet ACGME QI requirements.

Conclusions/Discussions
The practice assessment data revealed that over 80% of respondents agreed/strongly agreed that PQRS and similar reporting efforts are important to them. This diabetes QI program successfully linked the use of a cloud-based registry for performance measure data to P4P reporting. Furthermore, program champions continue to utilize the baseline data to determine gaps and improve practice performance.

Participants

Texas:
Chapter and Houston Methodist System practices
4 champions

Illinois:
Cook County Health System: Residents and Ambulatory Care Sites; 6 champions

New York:
Staten Island 23 Site Practice: 5 champions
Chapter Annual Meeting

Colorado:
Glenwood Medical Associates; 2 champions

National recruitment and participation available

Diverse practice settings

Strongest QI priorities were enhancing teamwork and performance reporting

Administrative burden stands in the way

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