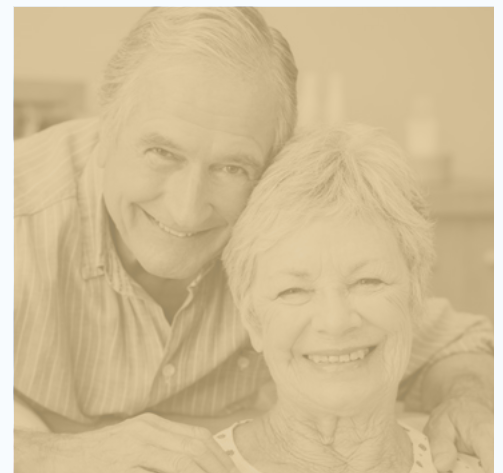
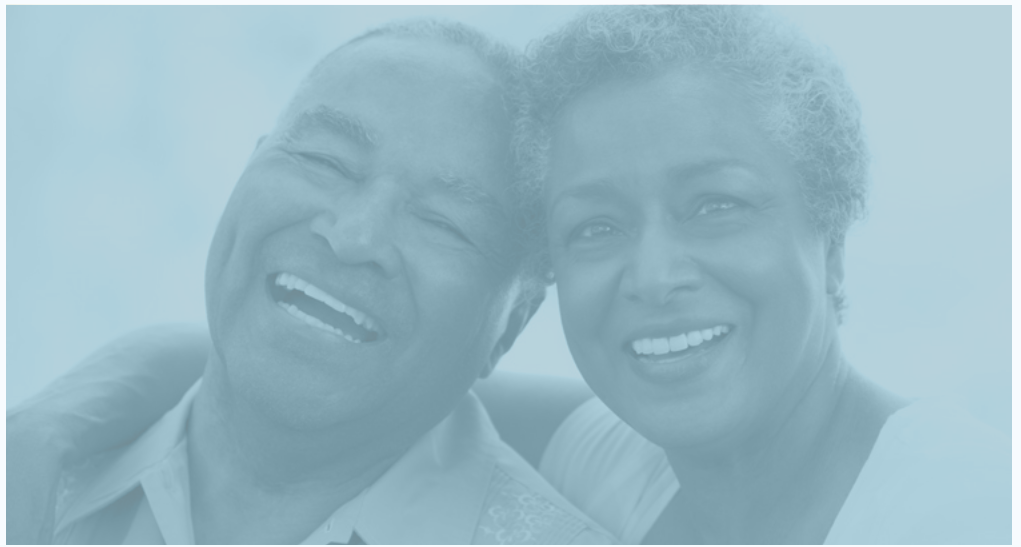
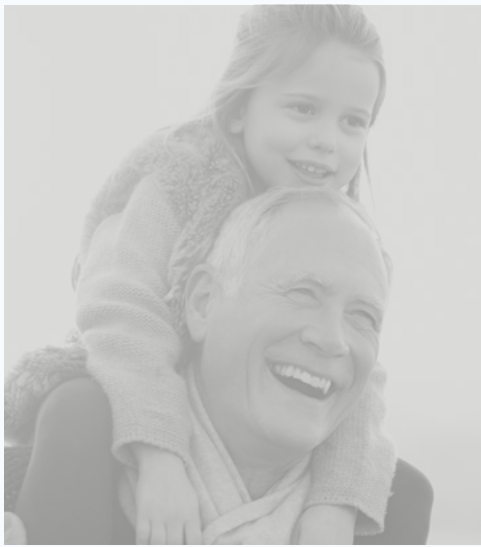


# LAKE SUPERIOR QIN

TRANSFORMING HEALTH CARE DELIVERY



Lake Superior Quality Innovation Network serves Michigan, Minnesota, and Wisconsin, under the Centers for Medicare & Medicaid Services Quality Improvement Organization Program.  
[www.lsqin.org](http://www.lsqin.org) | [social media @LakeSuperiorQIN](#)



**Quality Improvement Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**Lake Superior Quality Innovation Network**  
MICHIGAN | MINNESOTA | WISCONSIN

# LAKE SUPERIOR QIN



## Nursing Home Quality

**7,900**

Fewer nursing home residents take antipsychotic medications.

## Behavioral Health

**73%**

Percent of beneficiaries screened for depression.

## Diabetes Care

**2,800**

Medicare beneficiaries learned to better manage diabetes.

## Cardiac Health

**97.6%**

Participating practices using a blood pressure (BP) protocol.

## Medication Safety

**68,705**

Fewer beneficiaries considered at high risk are taking opioids.

## Transforming Clinical Practice

**4,050**

Number of Practice Assessments.

## Quality Reporting

**65%**

Participating acute care and critical access hospitals achieved at least a four-star rating.

## Antibiotic Stewardship

**98%**

Participating organizations implemented an antibiotic stewardship program with all core elements.

## Quality Payment Program

**93%**

Of the 7,877 eligible clinicians planned to report to the Quality Payment Program for 2018.

## Coordination of Care

**73,546**

Fewer unnecessary readmissions and admissions, with an estimated cost savings of \$868.82 million.

## Immunizations

**30,000**

Medicare beneficiaries at participating practices vaccinated for influenza.

# LAKE SUPERIOR QIN

## Achieving the national health care quality goals in Michigan, Minnesota and Wisconsin

Lake Superior Quality Innovation Network (QIN) served as a local change agent in the Medicare Quality Improvement Organization (QIO) Program—in Michigan, Minnesota and Wisconsin—to help the Centers for Medicare & Medicaid Services (CMS) achieve national health care quality goals.

From August 2014 through July 2019, Lake Superior QIN worked to make care safer, foster patient engagement and increase self-management of chronic conditions, eliminate health disparities, promote best practices for healthy living, deliver improved access to care and make care affordable. Stratis Health led Lake Superior QIN, together with MetaStar and MPRO, in this large-scale, five-year program. Each partner organization has been part of their community for more than 30 years, and deeply understands the unique local circumstances and needs present in its state. Our highly-skilled and experienced staff planned and led a multi-state effort, serving as the local quality improvement field force for Medicare. Our work was guided by quality improvement theory and implementation science, as well as organizational and community change methods and research.

We mobilized health care organizations, clinicians, partners, patients and families to drive quality improvement at the community level. Together, we achieved better care, better health and lower costs in our three-state region.

### Better Care for Individuals

Lake Superior QIN improved care for more than four million Medicare beneficiaries in Michigan, Minnesota and Wisconsin. Our three states have sizable metropolitan areas, as well as expansive rural areas where 35 to 45 percent of each state's Medicare population lives and receives health care. Each of the QIN-QIO initiatives outlined in this report detail how quality improvement is driving better care and better health for individuals.

### Collaborative Approach

Lake Superior QIN leveraged strong and longstanding collaborative working relationships with partners and stakeholders in the region. We convened stakeholder groups to plan how to advance quality together and to align CMS priorities with other initiatives underway. Alignment with other partners such as the American Heart Association, Midwest Kidney Network, state health departments, area agencies on aging, community-based organizations and professional trade associations broadened the reach, especially to vulnerable populations.

Through learning and action networks (LANs), Lake Superior QIN brought together health care organizations, community-based organizations, beneficiaries, families and stakeholders to learn best practices, hear improvement successes and lessons learned, and discuss approaches, applying an adaptation of the Institute for Healthcare Improvement (IHI) Collaborative Breakthrough Series model. Participants took this knowledge, and through Plan-Do-Study-Act (PDSA) cycles, applied tests of change in their processes. Over the course of five years, we hosted more than 400 LAN events, with nearly 15,000 attendees. According to evaluations from participants, 95.8 percent of respondents indicated they would like to work with Lake Superior QIN again.

### Reducing Clinician Burden

Lake Superior QIN recognizes clinicians are extremely busy and providing direct care is their first imperative. Our tools and resources simplified often complex information and our technical assistance accelerated understanding and action. We removed barriers so clinicians had time to focus on continually improving the care they deliver.

"Serves as an excellent resource for QI strategy and community QI initiatives. Very knowledgeable."

—Lake Superior QIN  
Participant Response from  
September 2018

This material was prepared by Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 11SOW-MI/MN/WI-A1-19-07 041919

# LAKE SUPERIOR QIN

## ANTIBIOTIC STEWARDSHIP

### Keeping antibiotics effective

Taking an antibiotic incorrectly or when it is not needed can change a person's germs. Germs can develop resistance to the antibiotic, making the antibiotic less effective when the medication is needed in the future. The best way to prevent resistance is to prescribe antibiotics only when medically necessary and in the right dose and duration. Lake Superior QIN worked to spread the principles of antibiotic stewardship among outpatient settings, such as emergency departments and primary care clinics, where antibiotics are being prescribed and distributed.

#### Better Care

Lake Superior QIN recruited 292 outpatient settings (i.e., emergency services, urgent care, community pharmacies, physician clinics) to participate in this initiative and implement an antibiotic stewardship program that demonstrates and maintains each of the four core elements the Centers for Disease Control and Prevention (CDC) defines. Following support from Lake Superior QIN from 2016 to 2019, recruited participants:

- Self-reported that 98 percent implemented an antibiotic stewardship program that demonstrates and maintains each of the four core elements, exceeding our initial 80 percent goal.
- Decreased antibiotic prescription rates 1.3 percent from 2016 to 2017.
- Decreased the number of times patients were discharged from the hospital with a *Clostridium difficile* infection (CDI) by 177 events.\*\*
- Decreased readmissions by 72 events.\*\*

#### BETTER CARE

98%

Percent of participating organizations implemented an antibiotic stewardship program with all core elements.

"We have pulled several pieces of information and will be using some of the videos referenced for training in managing expectations."

—Craig Griffis,  
Director of Pharmacy,  
Mile Bluff Medical Center



#### Collaborative, Patient-Centered Approach

The participants needed specific, ready-to-use resources to meet each of the four core elements. Lake Superior QIN developed toolkits, which provided specific resources for each core element. These included:

- Commitment—Posters for waiting or exam rooms. These posters educated patients on why antibiotics are not always needed and supported prescribers to avoid unnecessary prescribing.
  - Action—Best practice resources including Top Ten Ways for Emergency Physicians to Avoid Prescribing Unnecessary Antibiotics, Top Ten Ways for Emergency Physicians to Improve Antibiotic Choices and CDC recommendations for upper respiratory tract infections treatment.
  - Tracking and Reporting—Options about how to collect actionable data, as well as a prescriber report allowed comparison of individual clinician rates, by specialty, to the organization and the state.
  - Education—Multiple materials, including a video for patient waiting rooms and how to treat viral infections. Materials focused on approaches for using consistent messaging on how to treat symptoms without antibiotics.
- In addition, participants received support and resources via email, newsletters and one-on-one meetings.

#### Sustaining Improvement in Antibiotic Use

Lake Superior QIN released a [Sustainability Antibiotic Toolkit](#) to assist organizations in continuing their programs. Health care organizations and clinicians can use the tools we provided to assess their current program, develop a plan of action, take action and assess their outcomes after implementation.

\*\*Admissions and Readmissions for Q3 2017 are compared to Q3 2016 for Medicare Fee-For-Service (FFS) beneficiaries.

# LAKE SUPERIOR QIN

## BEHAVIORAL HEALTH

### Identifying depression and alcohol use disorder to promote better care, better health



Screening for behavioral health conditions can improve the overall health care of all patients, including seniors. It allows primary care practices to better identify patients who may have treatable mental health and substance use disorder conditions. Lake Superior QIN supported clinicians to adopt or improve their rates of screening.

#### Better Care

From 2016 to 2019, Lake Superior QIN worked with nearly 600 practices fostering significant increases in depression and alcohol screening, including:

- Screening 73 percent of Medicare beneficiaries for depression.
- Screening 19 percent of Medicare beneficiaries for alcohol use.
- Screening more than 800,000 beneficiaries for depression and/or alcohol.

Participating clinicians who adopted or improved their rates of screening developed a greater understanding of the benefits behavioral health screenings have on overall patient care. Clinicians who screened were able to begin the important culture change and paradigm shift toward behavioral health integration with primary care.

#### Collaborative, Patient-Centered Approach

We used in-person and virtual LAN events, technical assistance tools and site visits to consistently share the message that behavioral health screening is identified as a best practice and can be easily adopted in workflow.

We hosted in-person Motivational Interviewing workshops in each state, in the context of addressing alcohol use in primary care. Clinicians learned and

#### BETTER HEALTH

73%

Percent of beneficiaries screened for depression.

19%

Percent of beneficiaries screened for alcohol use.

*"We have started implementing more screening techniques. This has further helped us determine which patients may be at risk or in need of help. Feedback of the screening has been very positive from our patients and it opens up a gateway into conversations we were not able to openly have in the past!"*

*—Brittany David,  
Troy Family Practice*

practiced the skills needed to address individual's needs, goals and capabilities to support their ability to take action on their health. This technique fosters a care team approach that includes the patient and family, and ensures the patient has a voice in their own care.

LAN events and patient-centered technical assistance tools such as the Alcohol Use in Older Adults infographic were created for beneficiaries and their families. Lake Superior QIN hosted seven LAN events focused on topics relevant to beneficiaries and families, such as Patient and Family Engagement, Later Life Depression, the Opioid Crisis and Depression, and Substance Use Disorders and Chronic Conditions.

#### Sustaining Improvement

Sustainability efforts concentrated on increasing clinician ability and capacity to screen for alcohol use. An Extension for Community Health Outcomes (ECHO) model was developed and implemented to provide a technology-based interactive clinician peer learning process and increase clinician confidence to perform onsite

specialty care. The ECHO focused on alcohol screening processes, the impact of alcohol on chronic conditions, emergent situations that practices may encounter (suicidal or intoxicated patients) and the development of a portfolio of community resources for patients requiring specialized behavioral health treatment.



# CARDIAC HEALTH

## Preventing heart problems and reducing disparities



Lake Superior QIN assisted primary care practices and home health agencies (HHAs) to achieve the goals of the Million Hearts' ABCS campaign, which are Aspirin as Appropriate, Blood Pressure (BP) Control, Cholesterol Management and Smoking Cessation. By achieving these goals, eligible clinicians not only improved patient care, they were well-positioned for success in the Quality Payment Program (QPP) (see page 12 for more on QPP).

### Better Care

With a focus on supporting clinicians who manage patients with the greatest cardiovascular health needs, Lake Superior QIN recruited 156 organizations, with more than 880 clinicians and 72 HHAs to participate in the initiative. We focused on recruiting organizations with the most room for improvement, performing below 65 percent for BP control measures and below CMS goals for tobacco cessation counseling measures. Lake Superior QIN provided training and assistance to primary care practices and HHAs on topics such as BP measurement, tobacco cessation counseling and Motivational Interviewing. Following support from Lake Superior QIN:

- From November 2016 to January 2019, the percentage of recruited clinicians using a BP protocol increased from 11.4 percent to 97.6 percent.
- We trained more than 380 clinicians in BP measurement competency, who achieved a 10.8 percent improvement in general knowledge related to BP measurement and hypertension management from pre-to post-test scores.

### Collaborative, Patient-Centered Approach

Lake Superior QIN engaged nearly 60 stakeholders to promote the sharing of best practices, serve as

### BETTER CARE

**97.6%**

Percent of participating practices using a blood pressure (BP) protocol.

**11%**

Clinician improvement in knowledge about BP competency and hypertension management.

*"Our partnership with [Lake Superior QIN] has been an important part of our ongoing mission at the American Heart Association to build healthier lives free of cardiovascular diseases and stroke."*

*—Kristian Hurley, Director of Multicultural Initiatives, American Heart Association Southeast Michigan Chapter*

subject matter experts at LAN events and cross-promote services and available resources.

Individuals often must make lifestyle changes to foster better heart health. Lake Superior QIN advanced the use of Motivational Interviewing as a method for clinicians to elicit a patient's needs, goals and capabilities to support their ability to take action on their health. Direct community-based interventions, such as hosting BP fairs and participating in senior expos, allowed Lake Superior QIN to engage with patients and their families to better understand their challenges and support clinicians in addressing barriers.

### Sustaining Improvement

Lake Superior QIN developed hypertension champion selection criteria, helped practices identify their champions and provided resources so the champions could offer BP measurement trainings internally on an annual basis. To promote consistency in hypertension identification and management, Lake Superior QIN instructed clinicians and HHAs on how and why to use a BP protocol. To ensure the protocols were embedded in practice,

we used techniques such as workflow observation to determine utilization. The elearning module [Taking an Accurate Blood Pressure Reading - Outpatient Adults](#) generated more than 1,481 views and was adopted as a training resource in various organizations. Lake Superior QIN developed the [Hypertension Management Toolkit](#) that provides clinics direct access to national resources that guide clinical processes and process improvement strategies to achieve optimal hypertension control.



# COORDINATION OF CARE

## Improving transitions of care and reducing readmissions

Avoidable hospital readmissions are often a signal that patient needs and the ability to manage their condition have not been adequately addressed before they leave the hospital, or that processes were inadequate to support patients as they moved between settings of care. Health care and community organizations came together in local collaboratives to reduce hospital admissions and 30-day readmissions by improving care coordination and care transitions.

### Better Care

Lake Superior QIN mobilized more than 2,450 people from 1,182 organizations to improve care coordination and transitions in 27 community collaboratives that serve 1.5 million Medicare FFS beneficiaries—63 percent of the total across our region.

Medicare beneficiaries were able to spend more nights at home rather than in the hospital. The patients in our participating communities:

- Avoided 58,047 hospital admissions, at a cost savings of \$669.4 million.
- Avoided 15,499 hospital readmissions, at a cost savings of \$199.4 million.

### Collaborative, Patient-Centered Approach

Collaboration across organizations in a community is key for addressing gaps in care. Lake Superior QIN invited key organizations in each community to participate in a collaborative. They, in turn, invited other local stakeholders. We facilitated workshops for communities to determine their priority improvement areas. Fifty-seven locally-led problem-solving workgroups met to tailor interventions for their own communities. Key community changes to address

### LOWER COSTS

**73,546**

Fewer unnecessary readmissions and admissions.

**\$868.82 million**

Cost savings from fewer readmissions.

*"The Tri-county Skilled Nursing Facility Collaborative allows us to improve care coordination throughout southeast Michigan. It's a great opportunity to learn from one another and improve on best practices. Lake Superior QIN, as a neutral partner, helps us drive improvement through data and technical assistance."*

*—DaJuan Smith, President/CEO,  
Partners4Health*

patient care-transition needs focused on the need to:

- Build connections between health care and community organizations to form new partnerships.
- Forge new care processes that help clinicians and facilities work better together to provide seamless care.
- Put into place evidence-based interventions, such as the care transitions intervention Project RED (Re-Engineered Discharge).

Lake Superior QIN held 61 educational sessions on a variety of topics related to reducing hospital stays, with congestive heart failure and sepsis programs drawing the greatest participation. Based on regional interests, we hosted a heart failure conference in Michigan and readmissions conferences in Minnesota and Wisconsin. We emphasized patient-centered care through training and resources, like workshops on Motivational Interviewing.

Our 13 rural communities applied creative solutions to overcome a lack of community resources, such as connecting to their area agency on aging to provide evidence-based programs to keep people safe at home.

### Sustaining Improvement

Lake Superior QIN assisted each community to develop a locally-based, decentralized leadership infrastructure to ensure collaboratives do not rely on one person. Local volunteers led the problem-solving workgroups. Lake Superior QIN's Leadership, Organizing and Action program workshops built skills to foster sustainability of community efforts. We also offered train-the-trainer programs to community leaders, such as the hospital/nursing home sepsis prevention/early recognition program.

# LAKE SUPERIOR QIN

## IMMUNIZATIONS

### Reducing disparities in adult immunizations for influenza, pneumonia and shingles in Michigan



Medicare beneficiaries can protect their health by being vaccinated against influenza and pneumonia. These vaccine-preventable diseases rank among the leading cause of death in the United States. Lake Superior QIN supported clinicians to increase immunization rates through assessment and documentation.

#### Better Care

At CMS's request based on the area with the greatest need, Lake Superior QIN worked specifically in Michigan to increase immunization rates. We exceeded CMS's goal to recruit 190 health care organizations and clinicians, maintaining 229 participants—43 percent of which serve rural areas—and 10 HHAs. Following support from Lake Superior QIN from 2015 to 2018:

- More than 24,700 Medicare beneficiaries at recruited practices received vaccinations for influenza and more than 6,000 received pneumonia vaccinations who had never received the vaccine in their lifetime.
- Patients at recruited home health agencies experienced a 16 percent increase in being screened and vaccinated as necessary for influenza—4 percentage points higher than the state rate. Pneumonia screening and vaccinations increased more than 14 percent—2 percentage points above the state rate.
- Nearly all (99 percent) participating health care professionals are voluntarily reporting adult immunizations to the Michigan Care Improvement Registry (MCIR), the Immunization Information Registry (IIS).

#### BETTER HEALTH

**30,000**

Medicare beneficiaries at participating practices vaccinated for influenza.

**157,618**

Medicare beneficiaries received a pneumonia vaccination, with 6,000 of these received for the first time

*"[Lake Superior QIN] and South Eastern Michigan Health Association have helped me achieve a goal—of being able to provide more vaccines to my patients."*

*—Sheldon Pharmacy,  
St. Clair County*

#### Collaborative, Patient-Centered Approach

Lake Superior QIN collaborated with groups including the Michigan Association for Local Public Health, Adult Immunization in Michigan, South Eastern Michigan Health Association (SEMHA) and the state health department's Immunization Stakeholder Group to increase immunizations. We partnered with the St. Clair County Health Department to form and facilitate the St. Clair County Adult Immunizations Coalition, which aimed to increase the rate of reported vaccinations within the county. Its quarterly meetings covered topics like flu vaccine annual updates, Hepatitis A outbreak, free peer-to-peer immunization training for clinicians, workplace flu programming and resources for clinicians and patients. As a result, the coalition has seen MCIR reporting for influenza and pneumococcal vaccinations increase by 31 percent and 64 percent, respectively from 2017 to 2018.

To help educate patients, Lake Superior QIN developed an easy-to-read,

concise reference card to help determine recommended vaccines for adults. In this effort, we disseminated approximately 2,100 education cards to pharmacies and clinicians for use with their patients.

#### Sustaining Improvement

To sustain improvements for the future, we connected clinicians to free, up-to-date patient and clinician resources on vaccines from the Michigan Department of Health and Human Services Clearinghouse. We also connected clinicians to trusted sources on immunization information, such as CDC annual updates and weekly flu surveillance reports, local health department public health advisory announcements and Immunization Action Coalition vaccination resources and articles.



# LAKE SUPERIOR QIN

## DIABETES CARE

### Empowering individuals to prevent and manage diabetes

Medicare beneficiaries who participated in diabetes self-management education (DSME) workshops through Lake Superior QIN learned how to better manage their diabetes or prediabetes through healthy eating, physical activity, dealing with difficult emotions, communication and working with their clinicians. Lake Superior QIN trained more than 170 primary care practices on referral workflow processes, conducted in-office DSME workshops and provided foot exam education for clinicians and patients.

#### Better Care

CMS set a goal of graduating nearly 2,400 beneficiaries (1,380 in Michigan, 486 in Minnesota and 500 in Wisconsin) from DSME programs. The initiative focused on individuals with a diagnosis of diabetes or prediabetes, who were in at least one of these underserved populations: racial minority, rural geographic location or lower socioeconomic status. With our support, 2,800 beneficiaries graduated from the 723 DSME workshops.

- Graduates from 2015 and 2016 that were measured again in 2017 lost an average of five pounds. Even more significantly, 72 percent of these graduates reported no weight gain, which is a challenge for this audience. These participants also reduced their triglyceride levels by an average of 9 mg/dL, thereby reducing their risk for stroke.
- Workshop participants improved their understanding of diabetes self-management across all 14 DSME measures, on average, comparing pre- and post-survey responses. Highlights include a 132 percent increase in the number of beneficiaries who reported they know of healthy ways to handle the stress of having diabetes, and a 22 percent

#### BETTER HEALTH

**2,800**

Medicare beneficiaries learned to better manage diabetes.

**132%**

Increase in number of beneficiaries who know healthy ways to handle the stress of having diabetes.

*"In the last month, I have probably lost close to 10 pounds—and that is a lot. But a lot of it is from [the leaders] explaining how to eat, portion control and stuff like that. It's real good."*

*—Jim Lebeck five weeks into DSME class*

increase in the number of graduates who reported they eat at least five fruits or vegetables per day.

#### Collaborative, Patient-Centered Approach

Lake Superior QIN engaged patients and family members for insights on how to promote DSME workshops. The collaborative nature of the Everyone with Diabetes Counts initiative resulted in building successful partnerships with community organizations and referral sources. Partnership activities included creating statewide websites for access to evidence-based programs, data collection collaboration and sharing of marketing materials. We identified organizations that serve diverse and rural populations to jointly promote and offer DSME workshops. These included rural hospitals and clinics, community organizations, subsidized public housing, senior centers and state and federal community health centers.

Lake Superior QIN worked with partners such as state health departments and area agencies on aging to promote one-stop resource sites to locate and sign-up for DSME workshops. Our stakeholders, including health plans, community-based organizations and cross-task recruited practices, were essential for facilitating DSME workshops and enrolling workshop participants.

#### Sustaining Improvement

By using a train-the-trainer approach throughout this initiative, the number of community-based organizations accredited or recognized by a diabetes association to deliver DSME increased. This broadened the base of trainers across the region who can continue this work.



# MEDICATION SAFETY

## Keeping patients safe through best practices



In the Lake Superior QIN region, Medicare beneficiaries on multiple medications now have greater access to medication therapy management services, including comprehensive medication management (CMM). These decrease their chances of being harmed by an adverse drug event (ADE), such as a harmful drug-drug interaction or accidental overdose.

### Better Care

Our goal was to improve the quality of care for some of Medicare's sickest beneficiaries: those on at least three medications, one of which is an anticoagulant, diabetic agent or opioid. Health care organizations working with Lake Superior QIN exceeded readmissions reduction goals on anticoagulants and diabetic agents for beneficiaries on these high-risk medications (HRM). Achievements included:

- Screening 168,104 Medicare beneficiaries considered at high risk for an ADE.
- Reducing HRM beneficiaries in our region taking opioids. In fact, there are now 68,705 fewer.
- Reducing readmissions by 1,176 for HRM beneficiaries on anticoagulants, a cost savings of \$15.1 million.
- Reducing readmissions by 1,842 for HRM beneficiaries on diabetic agents, a cost savings of \$23.7 million.

### Collaborative, Patient-Centered Approach

Improvement in this area involves all aspects of patient care. We brought together more than 370 caregivers from nursing, pharmacy, home health and social services to improve medication reconciliation through a webinar series. We facilitated development and implementation of

### LOWER COSTS

**68,705**

Fewer beneficiaries considered at high risk are taking opioids.

**\$23.7 million**

Cost savings from fewer readmissions for HRM beneficiaries on diabetic agents.

*"[Dr. John A. McAuliffe] has a true passion for helping this population and has been a wonderful champion in our facility as well as the surrounding clinics and even on the Legislative level. Thanks for your help in arranging this. Hoping we are able to get more providers stepping into the ring."*

*—Webinar participant,  
comment on Lake Superior QIN  
subject matter expert presenter*

23 interventions in 27 communities to improve medication safety. Worked with Wisconsin Health Literacy to help 67 pharmacies to change patient medication labels to a more health-literate format. Alongside stakeholders, we identified care settings with opportunities to improve ADEs among beneficiaries on anticoagulants, diabetic agents or those with a chronic pain diagnosis. To help drive reduction in ADEs for beneficiaries, Lake Superior QIN provided 19 hospitals and 54 HHAs with quarterly ADE data.

Through this initiative, Lake Superior QIN educated 26 pharmacists across care settings on how to implement CMM in their practice, in partnership with the Alliance for Integrated Medication Management. Pharmacists apply this standard of care to ensure each patient's medications are individually assessed to determine that each is appropriate for the patient, effective for the medical condition, safe given comorbidities and other medications being taken and able to be taken by the patient as intended. We also contributed to a regional effort to better quantify the positive impact CMM has on clinician burden and physician engagement.

### Sustaining Improvement

Lake Superior QIN strengthened the capacity of organizations in our region—including the University of Minnesota College of Pharmacy, the Michigan Opioid Prescribing Engagement Network, the Alliance for Integrated Medication Management and the Great Lakes Addiction Technology Transfer Center—to support others in medication safety and training those that will continue to improve medication safety.



# NURSING HOME QUALITY

## Improving resident quality of life

Nursing home residents across the Lake Superior QIN region enjoy a better quality of care and quality of life, as nursing home staff learned how to decrease antipsychotic medication use, integrate infection prevention and control best practices, and implement Quality Assurance and Performance Improvement (QAPI).

### Better Care

Lake Superior QIN supported 933 nursing homes (which is 86 percent of all Medicare and/or Medicaid certified nursing homes in our three states) in developing a culture focused on system-wide improvements that ensure every resident receives the highest quality of care. Working with Lake Superior QIN, nursing homes realized these resident outcomes:

- Approximately 7,900 fewer residents take antipsychotic medication—an 18.89 percent relative improvement rate (RIR).
- Improved health with 4,697 fewer urinary tract infection diagnoses—a 38.14 percent RIR, resulting in \$12.79 million in avoided costs.
- Approximately 54 fewer CDI diagnoses—a 20.17 percent RIR.

### Collaborative, Patient-Centered Approach

Peer and beneficiary coaches advised our work and shared best practices with participating nursing homes.

Lake Superior QIN provided participants with basic QAPI knowledge, as well as topic-specific training. To reduce healthcare-acquired conditions, we offered virtual learning sessions on antibiotic stewardship and *Clostridium difficile* management, dementia care and unnecessary antipsychotic medications and hospital admissions. For staff new to the

### BETTER CARE

**7,900**

Fewer nursing home residents take antipsychotic medications.

**4,697**

Fewer urinary tract infection diagnoses.

**86%**

Of all Medicare and/or Medicaid certified nursing homes engaged.

*“After Lake Superior QIN’s antipsychotic medication training, I feel inspired to continue to reduce the use of these medications in our nursing home. One of our hospice residents had been taking an antipsychotic medication for five years. We discontinued it. The resident is more awake and no longer needs hospice.”*

*—Jill Lubbesmeyer, Administrator,  
The Estates at Excelsior*

role of infection preventionist, we offered a webinar series on infection prevention basics. Our assistance included 78 virtual LAN events, with over 6,000 organizations participating in live events and more than 41,000 views of recorded events. Lake Superior QIN also developed 47 educational resources to support nursing homes in this initiative.

We reduced clinician burden by creating resources to help nursing homes meet new regulations. Our short, on-demand videos covered each quality measure in the CMS composite score, how measure rates are determined and tips on how to improve for each measure. In fact, nursing homes that reported using the Lake Superior QIN QAPI Written Plan How-To Guide, spent an average of only nine hours rather than the projected 56 hours to complete a plan for an effective QAPI program.

In a groundbreaking pilot program, we worked with 202 nursing homes to submit *Clostridium difficile* data into the CDC National Healthcare Safety Network (NHSN) and to prevent and manage CDIs. Lake Superior QIN provided participants with quarterly composite score/quality measures, re-hospitalization reports and provided CDI participants with quarterly reports.

### Sustaining Improvement

Information and resources were shared with nursing homes on implementing system-wide change and built on QAPI principles such as root cause analysis (RCA), PDSA cycles and including residents, their families and staff for a holistic perspective and engagement. This system-wide change provides a framework for continued improvement.



# QUALITY PAYMENT PROGRAM

## Supporting clinician and health care organization transition into the Quality Payment Program

Lake Superior QIN assisted eligible clinicians, practices and health care organizations in our region to successfully report to the CMS Quality Payment Program (QPP), which became the Medicare payment mechanism for physicians and other clinicians in 2017. We helped them achieve success in the program while minimizing the time and effort they need to analyze and understand program changes—which allows them more time to focus on patients and improving care delivery.

### Better Care

Of the 7,877 eligible clinicians across our region, nearly 93 percent indicated their intention to report data for 2018. We expect actual participation to be close to 100 percent when the final data becomes available. Lake Superior QIN provided support for clinicians and practices by serving as a help desk to answer questions about the QPP. We worked quickly to provide responses within one day more than 96 percent of the time. Surveys of those who contacted the help desk indicated high satisfaction in the service provided.

### Collaborative, Patient-Centered Approach

More than 90 percent of eligible clinicians in all three states received technical assistance services and education at no cost. Lake Superior QIN provided clinicians with:

- Tools and educational resources to guide transition from legacy reporting programs (Meaningful Use, Physician Quality Reporting System and Value-Based Modifier) to QPP.

### LOWER COSTS

**93%**

Of the 7,877 eligible clinicians planned to report to the Quality Payment Program in 2018.

*“[Our QPP Advisor] has always answered our questions, going above and beyond to attach supporting documentation when requested.”*

*—Lake Superior QIN QPP technical assistance recipient in Wisconsin*

- Timely updates that summarized CMS reporting requirements, submission processes and deadlines.
- QPP subject matter experts who provided tailored responses to QPP inquiries and scenarios via the help desk.

Lake Superior QIN held a variety of educational sessions to help address health disparities, engage stakeholders and inform beneficiaries, including:

- 32 regional LAN events, with 1,441 attendees
- Special state-based educational events to tribal clinics, critical access hospitals, federally qualified health centers and state departments of health

### Sustaining Improvement

We took a train-the-trainer approach to teach organizations the best ways

to use CMS and other trusted resources to understand how to succeed in QPP. For example, the Stratis Health MIPS Estimator, adopted across the region as a powerful, precision technical assistance tool, explained each component of the QPP planning process and linked users to official program resources.



# LAKE SUPERIOR QIN

## QUALITY REPORTING

### Supporting hospitals, and facilities with their quality reporting efforts relating to Value-Based Care reporting



By supporting Value-Based Care reporting, Lake Superior QIN helped facilities understand how to demonstrate that they provide high quality clinical care to Medicare beneficiaries. Facilities, whether they are an acute care or critical access hospital, ambulatory surgery center or inpatient psychiatric facility, must deliver care that is safe, efficient and provides the best experience for both the patient and their caregiver. Annually, CMS evaluates hospitals and other facilities on various quality outcomes, and may provide incentives or penalties based on their performance. CMS also focuses on excess readmissions, an issue that impacts patient wellbeing and Medicare spending.

#### Better Care

We set a goal for 55 percent of recruited hospitals to improve on three or more quality measures and exceed the national median score across the domains of safety, clinical care, efficiency/cost reduction or person and community engagement. By 2019, 98.7 percent of recruited hospitals working with Lake Superior QIN improved on three or more measures, on average for our three states.

Lake Superior QIN helped hospitals and facilities across the region:

- Achieve high quality ratings in the CMS Hospital Compare five-star rating system. In 2018, 64.5 percent (195 of the 302) acute care and critical access hospitals working with Lake Superior QIN, that met minimum case volume requirements, achieved a rating of four or more stars.

#### LOWER COSTS

**65%**

Participating acute care and critical access hospitals achieved at least a four-star rating.

**99%**

Percent of participating hospitals improved on three or more measures.

*"Having the expertise of [Lake Superior QIN] staff at the Michigan Critical Access Hospital Quality Network (MICAH QN) has been incredibly beneficial. The longstanding partnership is a key factor in the success of the MICAH QN."*

*—Crystal Barter,  
Michigan Center for Rural  
Health, Michigan State University*

- Avoid penalties related to the Hospital Value-based Purchasing program for fiscal year 2019. Across the region, 77.4 percent of acute care hospitals will avoid penalties to their Medicare Severity-Diagnosis Related Group Part A claims.
- Save more than \$822 million in Medicare spending for years 2016 and 2017 compared to the national average.

Our support has made quality reporting more efficient for participating hospitals, inpatient psychiatric facilities and ambulatory surgery centers. An estimated 8,227 fewer hours per year are needed in aggregate by health care organizations for quality reporting efforts. Many of the quality measures are publicly reported, which demonstrates a commitment to transparency and quality by the hospitals, and enables community members and patients to have additional data to inform health care decision making.

#### Collaborative, Patient-Centered Approach

Lake Superior QIN has worked with hospitals and facilities, in both rural and metropolitan areas. Our assistance

has included 53 educational events and 14 educational resources, including worksheets and fact sheets.

#### Sustaining Improvement

The continued decrease in Hospital Value-based Purchasing penalties indicates our hospitals and facilities have created a solid foundation to remain successful in this initiative. Strengthened hospital activities, such as the implementation of standardized processes of care and the use of effective quality improvement strategies, will ensure their ongoing success.

# LAKE SUPERIOR QIN

## QUALITY IMPROVEMENT INITIATIVES

### Aiding in quick implementation of system-wide quality improvement initiatives when quality of care concerns arise

To ensure patient safety concerns were addressed, effective coordination of care occurs, and clinical quality standards are achieved, Lake Superior QIN, in collaboration with KEPRO, the Beneficiary and Family Centered Care (BFCC)-QIO, provided medical record case review for Medicare beneficiaries when quality of care (QOC) concerns arose during or after treatment. If a health care organization or clinician was involved in a QOC concern, steps were taken to ensure the case was fully reviewed and recommendations for improvement, if needed, were made quickly.

#### Better Care

Lake Superior QIN received 23 case referrals from the BFCC-QIO and provided direct assistance to guide individual or system-wide quality improvement initiatives (QII), as appropriate. Examples of concerns addressed by Lake Superior QIN, included:

- Infection prevention and control,
- Falls resulting in injury, and
- Premature hospital discharge.

All QIIs with health care organizations or clinicians were initiated in a timely manner to address the root cause of the concern. Following an analysis, we worked with the health care organization to improve processes and practices to lead to better care for all patients. Some examples of this work included:

- Guidance on evidence-based practices that can be adopted across the organization.
- Use of tools and resources relevant to quality improvement, including an root cause analysis (RCA) template.

#### BETTER CARE

23

Number of quality care case referrals.

#### Collaborative, Patient-Centered Approach

Experts from both the Lake Superior QIN medical review team and the BFCC-QIO work together to ensure Medicare beneficiary concerns are adequately assessed and addressed. Collaboration with the BFCC-QIO is especially important to gain a

comprehensive understanding of concerns and drive the direction for improvement. Through this groundwork and direct interaction with health care organizations and clinicians, QIIs were successfully resolved using a variety of technical assistance approaches including:

- Integration of system level changes including policy and procedure development.
- RCA.
- Sustainable quality improvement action plans.
- Engagement in the Nursing Home Quality and the Quality Reporting initiatives.
- Dissemination of best practices and other tools and resources.

#### Sustaining Improvement

To sustain QII efforts, Lake Superior QIN worked directly with clinicians and their organizations to ensure quality strategies are fully adopted and integrated prior to the case being resolved. Appropriate monitoring, including tracking data prior to resolution, aids in the evaluation of QII success. Helping facilities to build countermeasures helps ensure care processes are maintained and prevents future quality of concerns from occurring again.

# LAKE SUPERIOR QIN

## TRANSFORMING CLINICAL PRACTICE

### Supporting clinical transformation by assessing Practice Transformation Network progress



A CMS aim is for clinical practices to provide cost effective care that is high quality and includes patient and family engagement. Practice transformation is the process of a practice moving away from fee-for-service payments to value-based care payment models. Lake Superior QIN has successfully assessed clinical practices to determine their progress toward achieving transformation to value-based care as defined by the Transforming Clinical Practice Initiative (TCPI) five phases and components.

#### Better Care

From 2016 to 2019, Lake Superior QIN worked with eight Practice Transformation Networks (PTNs) to assess their approximately 750 clinical practices representing 7,000 clinicians.

We offered and accepted as many clinic Practice Assessments (PATs) as PTNs were able to assign to Lake Superior QIN, including:

- Providing 1,480 PATs from 2016 through 2017.
- Providing 1,366 PATs from 2017 through 2018.
- Providing 1,204 PATs from 2018 through 2019.

#### Collaborative, Patient-Centered Approach

Lake Superior QIN worked diligently to develop strong collaborative relationships with the PTNs and their participating medical practices. We met regularly to

#### BETTER CARE

**4,050**

Number of Practice Assessments conducted.

"I am very grateful to the quality of work and professionalism that [Lake Superior QIN has] provided during our TCPI work together. ... I have worked with four other QIN's during TCPI and would recommend yours as the best in all categories. ... I am very appreciative."

—David Muir, Vizient,  
a national PTN

understand each PTN's specific goals, clinical measures and approach to transformation. This allowed us to be better prepared to perform PATs for each PTN's practices every three-to-six months. Lake Superior QIN also stayed actively engaged with each PTN, which built a foundation of trust for ongoing collaborative working relationships.

#### Sustaining Improvement

Practices that achieve Phase 4 or Phase 5 transformation goals will be ready to join various alternative payment models supported in the Medicare QPP as well as other non-Medicare alternative payment models.

#### TCPI Impacts Reported Nationally

Nationally, PTNs are reporting the following preliminary TCPI results and impacts:

- Improved health outcomes for 5,744,266 patients.
- Reduced unnecessary hospitalizations by 493,199.
- Reduced unnecessary tests and procedures by 187,703.
- Savings generated to payers: \$2,761,943,796.
- Transitioned 4,551 practices to alternative payment model.

# LAKE SUPERIOR QIN

## KEY RESOURCES DEVELOPED

### Top resources developed by Lake Superior QIN

Tools	Links
<b>Antibiotic Stewardship</b>	
<b>Community Pharmacy Antibiotic Toolkit</b> —Assists organizations to implement best practice and find solutions to barriers, gaps and dilemmas.	<a href="http://bit.ly/2FuKdmg">http://bit.ly/2FuKdmg</a>
<b>How to Feel Better</b> —A two-page primer for consumers on how to relieve symptoms and feel better while a viral illness runs its course.	<a href="https://www.lsqin.org/wp-content/uploads/2018/01/C.3.10_Feel_better_flyer_112017.pdf">https://www.lsqin.org/wp-content/uploads/2018/01/C.3.10_Feel_better_flyer_112017.pdf</a>
<b>Outpatient Antibiotic Toolkit</b> —Assists organizations to implement best practice and find solutions to barriers, gaps and dilemmas.	<a href="http://bit.ly/2gYziq0">http://bit.ly/2gYziq0</a>
<b>Top Ten Ways for Emergency Physicians to Avoid Prescribing Unnecessary Antibiotics</b> —One-page list of best practices.	<a href="http://bit.ly/2pIxnua">http://bit.ly/2pIxnua</a>
<b>Behavioral Health</b>	
<b>Alcohol is Good Medicine flyer</b> —Why physicians should screen for alcohol use/misuse in their practice.	<a href="https://www.lsqin.org/wp-content/uploads/2018/04/Why-We-Screen-Infographic_Final.pdf">https://www.lsqin.org/wp-content/uploads/2018/04/Why-We-Screen-Infographic_Final.pdf</a>
<b>Index of Quality Measure for Depression and Alcohol Screening</b> —Used to assist general practitioners in choosing specific measures.	<a href="https://www.healthcarecommunities.org/DesktopModules/Bring2mind/DMX/Download.aspx?portalid=3&amp;EntryId=114514">https://www.healthcarecommunities.org/DesktopModules/Bring2mind/DMX/Download.aspx?portalid=3&amp;EntryId=114514</a>
<b>Alternative Data Collection Template</b> —Used to collect depression and alcohol screening data from participating providers.	<a href="https://www.healthcarecommunities.org/DesktopModules/Bring2mind/DMX/Download.aspx?portalid=3&amp;EntryId=122529">https://www.healthcarecommunities.org/DesktopModules/Bring2mind/DMX/Download.aspx?portalid=3&amp;EntryId=122529</a>
<b>Alcohol Pocket Guide</b> —This pocket card outlines scoring guidelines for three alcohol screening tools (CAGE, AUDIT, AUDIT-C). On the reverse side, it shows alcohol consumption guidelines for moderate, at-risk, heavy and binge drinking.	<a href="https://www.lsqin.org/wp-content/uploads/2016/08/AlcoholPocketGuide_R.pdf">https://www.lsqin.org/wp-content/uploads/2016/08/AlcoholPocketGuide_R.pdf</a>
<b>Alcohol Use and Older Adults</b> —Consumer-facing infographic shows the increase in unhealthy alcohol use in older adults and guidance on alcohol/medication interactions, healthy drinking guidelines for older adults and the increased alcohol sensitivity present in older adults.	<a href="https://www.lsqin.org/wp-content/uploads/2018/03/Alcohol-Screening-in-Older-Adults.pdf">https://www.lsqin.org/wp-content/uploads/2018/03/Alcohol-Screening-in-Older-Adults.pdf</a>





Tools	Links
<b>Behavioral Health (continued)</b>	
<b>Everybody Gets Screened</b> —Consumer-facing infographic for physician practice waiting area or exam rooms. Messaging reminds patients that behavioral health screening is no different than other preventative screens they may be asked to participate in. Normalizing behavioral health screening is important as more practices integrate these into their workflow.	<a href="https://www.lsqin.org/wp-content/uploads/2018/10/Everybody-Gets-Screened-Poster_7-circles.jpg">https://www.lsqin.org/wp-content/uploads/2018/10/Everybody-Gets-Screened-Poster_7-circles.jpg</a>
<b>Cardiac Health</b>	
<b>Hypertension Management Toolkit</b> —Comprehensive toolkit provides resources developed or vetted by Lake Superior QIN to guide clinical processes and improvement strategies in the ambulatory care setting to achieve optimal hypertension control.	<a href="https://www.lsqin.org/wp-content/uploads/2018/11/Hypertension-Management-ToolkitV2.pdf">https://www.lsqin.org/wp-content/uploads/2018/11/Hypertension-Management-ToolkitV2.pdf</a>
<b>Coordination of Care</b>	
<b>Discharge Follow-up Call Process</b> —Developed by Glencoe Regional Health Services, this handout introduces discharge planners and the discharge follow-up call process, and includes a call script.	<a href="https://www.healthcarecommunities.org/DesktopModules/Bring2mind/DMX/Download.aspx?portalid=3&amp;Entryid=122422">https://www.healthcarecommunities.org/DesktopModules/Bring2mind/DMX/Download.aspx?portalid=3&amp;Entryid=122422</a>
<b>Home Health Patient/Family One-pager</b> —Patient education tool developed by a home health care workgroup to increase appropriate utilization of home health care services.	<a href="https://www.lsqin.org/wp-content/uploads/2019/01/Home-Health-Gap-Pt-Flier.pdf">https://www.lsqin.org/wp-content/uploads/2019/01/Home-Health-Gap-Pt-Flier.pdf</a>
<b>Discharge Planning Process Medicare Patients Referred for Home Health Care Services</b> —Developed by a hospital/home health care workgroup to assist hospital discharge planners/home health agencies in transitioning patients into home health care.	<a href="https://www.lsqin.org/wp-content/uploads/2019/01/HH-Discharge-Planning-Process-Tool.pdf">https://www.lsqin.org/wp-content/uploads/2019/01/HH-Discharge-Planning-Process-Tool.pdf</a>
<b>Hospital Readmission Report</b> —Provides data analysis for every Prospective Payment System (PPS) and critical access hospital's Medicare patient population. Reports are created for each facility and distributed on a quarterly basis.	<a href="https://www.lsqin.org/wp-content/uploads/2019/01/Hospital-Readmission-Report-Template.xltm">https://www.lsqin.org/wp-content/uploads/2019/01/Hospital-Readmission-Report-Template.xltm</a>
<b>Operation Community Tenure Presentation</b> —Developed by a home health care workgroup to assist hospital discharge planners with community resources for their patients.	<a href="https://www.healthcarecommunities.org/Communities/MyCommunities/QIO11thSOW/QIN-QIO/Tasks/TaskC3/Documents/TopID/84789?EntryID=130068&amp;CategoryID=830877">https://www.healthcarecommunities.org/Communities/MyCommunities/QIO11thSOW/QIN-QIO/Tasks/TaskC3/Documents/TopID/84789?EntryID=130068&amp;CategoryID=830877</a>



Tools	Links
<b>Diabetes Care</b>	
<b>Three-Minute Foot Check in Nursing Homes</b> —Adapted an existing flyer for use by certified nursing assistants in nursing homes to reduce lower extremity amputation rates.	<a href="https://www.lsqin.org/wp-content/uploads/2018/11/NCC_B2_FootFlyer_20170321_DFTV2.pdf">https://www.lsqin.org/wp-content/uploads/2018/11/NCC_B2_FootFlyer_20170321_DFTV2.pdf</a>
<b>DSME Prescription Pad</b> —Referral tool for physicians to encourage patient attendance at Diabetes Personal Action Toward Health (D-PATH) workshops.	<a href="https://www.lsqin.org/wp-content/uploads/2018/11/MI-DSME_Rx_pad_ENGLISH.pdf">https://www.lsqin.org/wp-content/uploads/2018/11/MI-DSME_Rx_pad_ENGLISH.pdf</a>
<b>Foot Health for Diabetes Poster</b> —Patient-facing poster for display in health care provider offices offers tips for foot care to lower extremity amputation rates.	<a href="https://www.lsqin.org/wp-content/uploads/2018/11/Foot_health_diabetes_poster2.pdf">https://www.lsqin.org/wp-content/uploads/2018/11/Foot_health_diabetes_poster2.pdf</a>
<b>“Take a Seat and Show Me Your Feet” Poster</b> —Developed as part of the “Love Your Feet” campaign to prompt patients to take off their shoes and socks at primary care visits to assist in regular foot exams.	<a href="https://www.lsqin.org/wp-content/uploads/2018/11/Foot-Poster_Final.pdf">https://www.lsqin.org/wp-content/uploads/2018/11/Foot-Poster_Final.pdf</a>
<b>Immunizations</b>	
<b>Immunization Patient Education Card</b> —An easy-to-read patient education card focused on adult immunizations. Provided to practices, health departments, home health agencies and pharmacies for distribution to Medicare beneficiaries.	<a href="https://www.lsqin.org/wp-content/uploads/2018/09/Vaccine-card-for-adultsV2.pdf">https://www.lsqin.org/wp-content/uploads/2018/09/Vaccine-card-for-adultsV2.pdf</a>
<b>Medication Safety</b>	
<b>Medication Therapy Management Referral Contact List</b> —Used to connect patients and their clinicians to patient-centered pharmacy services that reduce the risks associated with polypharmacy (i.e., being on multiple drugs).	<a href="https://www.lsqin.org/wp-content/uploads/2017/01/MN-MTM-referral-list.pdf">https://www.lsqin.org/wp-content/uploads/2017/01/MN-MTM-referral-list.pdf</a>
<b>Zone Tool Blood Thinner</b> —Used by people on blood thinners to manage their condition and utilize hospital and other services appropriately.	<a href="https://www.lsqin.org/wp-content/uploads/2017/05/Zone-Tool-Blood-Thinner.pdf">https://www.lsqin.org/wp-content/uploads/2017/05/Zone-Tool-Blood-Thinner.pdf</a>
<b>Zone Tool Diabetes</b> —Used by people with diabetes to manage their condition and utilize hospital and other services appropriately.	<a href="https://www.lsqin.org/wp-content/uploads/2017/05/Zone-Tool-Diabetes.pdf">https://www.lsqin.org/wp-content/uploads/2017/05/Zone-Tool-Diabetes.pdf</a>
<b>Zone Tool Pain</b> —Used by people with persistent pain to manage their condition and utilize hospital and other services appropriately.	<a href="https://www.lsqin.org/wp-content/uploads/2017/05/Zone-Tool-Pain.pdf">https://www.lsqin.org/wp-content/uploads/2017/05/Zone-Tool-Pain.pdf</a>
<b>Nursing Home Quality</b>	
<b>Antipsychotic Medication Use for Persons with Dementia</b> —Flier for nursing homes to share with hospitals and post-acute care organizations that reviews the importance of decreasing the use of antipsychotic medications in persons with dementia.	<a href="https://www.lsqin.org/wp-content/uploads/2018/04/antipsychotic-medication-use-for-persons-with-dementia-flier.pdf">https://www.lsqin.org/wp-content/uploads/2018/04/antipsychotic-medication-use-for-persons-with-dementia-flier.pdf</a>

Tools	Links
<b>Nursing Home Quality (continued)</b>	
<b>Infection Components Check-List</b> —A check list to evaluate a nursing home's progress toward meeting the 2016 Reform of Requirements for Long-Term Care infection control regulations.	<a href="https://www.lsqin.org/wp-content/uploads/2017/03/InfectionControlComponents-Checklist-2017-01.pdf">https://www.lsqin.org/wp-content/uploads/2017/03/InfectionControlComponents-Checklist-2017-01.pdf</a>
<b>Quality Assessment and Assurance (QAA)/QAPI Agenda Meeting Template and Guide</b> —Offers specific examples on how best to conduct a QAA/QAPI meeting.	<a href="https://www.lsqin.org/wp-content/uploads/2018/04/QAPI-Meeting-Agenda.docx">https://www.lsqin.org/wp-content/uploads/2018/04/QAPI-Meeting-Agenda.docx</a> and <a href="https://www.lsqin.org/wp-content/uploads/2018/04/QAPI-Meeting-Agenda-Guide.pdf">https://www.lsqin.org/wp-content/uploads/2018/04/QAPI-Meeting-Agenda-Guide.pdf</a>
<b>QAPI Implementation Self-Assessment</b> —A checklist to evaluate a nursing home's progress toward meeting the 2016 Reform of Requirements for Long-Term Care Facilities QAPI regulations.	<a href="https://www.lsqin.org/wp-content/uploads/2017/05/qapi-implementation-self-assess.docx">https://www.lsqin.org/wp-content/uploads/2017/05/qapi-implementation-self-assess.docx</a>
<b>QAPI Written Plan How-to Guide</b> —Assists nursing homes in writing a required plan that reflects the way their organizations have developed, implemented and maintained a quality program.	<a href="https://www.lsqin.org/wp-content/uploads/2016/08/LS3-QAPIPlanHow-To-Guide.docx">https://www.lsqin.org/wp-content/uploads/2016/08/LS3-QAPIPlanHow-To-Guide.docx</a>
<b>Quality Payment Program</b>	
<b>Audit Readiness and Data Validation Tool for Merit-based Incentive Payment System (MIPS) Advancing Care Information and Improvement Activities Categories</b> —Helps MIPS participants organize documentation to support them in case of an audit.	<a href="https://www.lsqin.org/wp-content/uploads/2018/11/Audit-Readiness-2018_final.xlsx">https://www.lsqin.org/wp-content/uploads/2018/11/Audit-Readiness-2018_final.xlsx</a>
<b>How to Obtain an Enterprise Identity Management (EIDM) Account and Report for the Quality Payment Program</b> —Step-by-step guide on how to fully create and access your account.	<a href="https://www.lsqin.org/wp-content/uploads/2018/03/EIDM_set-up_guide.pdf">https://www.lsqin.org/wp-content/uploads/2018/03/EIDM_set-up_guide.pdf</a>
<b>Make your plan to succeed in the Quality Payment Program</b> —MIPS Estimator Promotion flier.	<a href="https://www.healthcarecommunities.org/DesktopModules/Bring2mind/DMX/Download.aspx?EntryId=116264&amp;PortalId=3&amp;DownloadMethod=attachment">https://www.healthcarecommunities.org/DesktopModules/Bring2mind/DMX/Download.aspx?EntryId=116264&amp;PortalId=3&amp;DownloadMethod=attachment</a>
<b>QPP Office Hours Q&amp;A Summary</b> —An example summary shared after Office Hours, on the topic of Cost Category.	<a href="https://www.lsqin.org/wp-content/uploads/2018/09/LSQIN-QPP-September-2018-Office-Hours-Q-A.pdf">https://www.lsqin.org/wp-content/uploads/2018/09/LSQIN-QPP-September-2018-Office-Hours-Q-A.pdf</a>



Tools	Links
<b>Quality Reporting</b>	
<b>Understanding the Hospital-acquired Condition (HAC) Reduction Program</b> —Factsheet explaining the measures, scoring, penalties, eligibility requirements and public reporting for the HAC program.	<a href="https://www.lsqin.org/wp-content/uploads/2017/12/HAC-fact-sheet.pdf">https://www.lsqin.org/wp-content/uploads/2017/12/HAC-fact-sheet.pdf</a>
<b>Understanding the Hospital Readmissions Reduction Program (RRP)</b> —Factsheet explaining the measures, eligibility requirements, payment methodology and public reporting for the RRP.	<a href="https://www.lsqin.org/wp-content/uploads/2018/07/Readmissions-Reduction-Fact-Sheet-FY2019.pdf">https://www.lsqin.org/wp-content/uploads/2018/07/Readmissions-Reduction-Fact-Sheet-FY2019.pdf</a>
<b>Understanding Hospital Value-based Purchasing (VBP)</b> —Factsheet explaining measures, points, scoring, weighting incentive payment and eligibility requirements for the VBP program.	<a href="https://www.lsqin.org/wp-content/uploads/2017/12/VBP-Fact-Sheet.pdf">https://www.lsqin.org/wp-content/uploads/2017/12/VBP-Fact-Sheet.pdf</a>
<b>Value-based Purchasing Worksheet</b> —Used to estimate a hospital's performance in the FY2020 HVBP program.	<a href="https://www.lsqin.org/wp-content/uploads/2018/07/VBP-Worksheet-FY-2020.xlsm">https://www.lsqin.org/wp-content/uploads/2018/07/VBP-Worksheet-FY-2020.xlsm</a>
<b>Value-based Purchasing Worksheet Instructions</b> —Explains how to enter baseline data into the VBP worksheet.	<a href="https://www.lsqin.org/wp-content/uploads/2018/07/vbp-worksheet-inst-FY-2020.pdf">https://www.lsqin.org/wp-content/uploads/2018/07/vbp-worksheet-inst-FY-2020.pdf</a>
<b>Value-based Purchasing Worksheet Large Hospital Example</b> —Shows a completed example of VBP FY2020 worksheet for large hospitals.	<a href="https://www.lsqin.org/wp-content/uploads/2018/07/VBP-Worksheet-FY-2020-Large-Hospital-Example.xlsm">https://www.lsqin.org/wp-content/uploads/2018/07/VBP-Worksheet-FY-2020-Large-Hospital-Example.xlsm</a>
<b>Value-based Purchasing Worksheet Small Hospital Example</b> —Shows a completed example of VBP FY2020 worksheet for small hospitals.	<a href="https://www.lsqin.org/wp-content/uploads/2018/07/VBP-Worksheet-FY-2020-Small-Hospital-Example.xlsm">https://www.lsqin.org/wp-content/uploads/2018/07/VBP-Worksheet-FY-2020-Small-Hospital-Example.xlsm</a>