

# VBP/VBC Domain – Quality Improvement

## DESCRIPTION

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According to CMS, “Quality improvement is the framework used to systematically improve care. Quality improvement seeks to standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. Structure includes things like technology, culture, leadership, and physical capital; process includes knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training).”

Quality improvement is the foundation for building a successful VBP/VBC program. Building a culture of quality improvement throughout the health center helps it achieve predictable results and improve health outcomes for patients, while lowering the total cost of care. Common quality improvement models that FQHCs implement include PDSA (Plan, Do, Study, Act) cycles, Six Sigma, and Lean.

Capabilities in the Quality Improvement domain include:

- The HC should be leveraging QI processes that utilize data and patient feedback to continuously improve care for the patients and populations that the HC serves.
- Rapid cycle change management processes can help the HC identify, test, and spread solutions to issues that are barriers to providing better quality care.
- Provider teams should be supported by a QI infrastructure with meaningful involvement of patients and families.
- There should be a culture of quality improvement throughout the organization.
- The HC should build adaptive reserve to reduce provider burnout.

## RATING YOUR HC LOW, MEDIUM, OR HIGH FOR THIS DOMAIN

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Attributes of HCs that are rated low, medium, or high for capabilities in this domain.

1. The responsibility for conducting quality improvement activities is... *(from Delta Center’s MAHP 2.0 Assessment)*.
  - a. Low – not assigned by leadership to any specific group or is assigned to a group without committed resources.
  - b. Medium – assigned to an organized quality improvement group who receive dedicated resources.
  - c. High – shared by all staff, from leadership to team members, and is made explicit through protected time to meet and specific resources to engage in QI.
2. The FQHC has a formal approach to obtaining patient and family feedback and incorporating this into the QI system, as well as the strategic and operational decisions made by the practice. *(Delta Center’s MAHP 2.0 Assessment)*.
  - a. Low – The milestone has not yet been addressed or work is beginning.
  - b. Medium – The milestone is being implemented or partially operational.
  - c. High - The milestone is functioning, performing, and producing results.
3. The FQHC uses a rapid cycle change management process, develops a change management plan and moves forward with timely decision-making about the solutions needed *(Delta Center’s MAHP 2.0 Assessment)*.
  - a. Low – This is a serious challenge for the FQHC or the health center has quite a bit of concern.
  - b. Medium – This is a moderate concern to the FQHC.
  - c. High – This is a small concern for the FQHC or not a challenge at all.
4. Quality improvement activities are conducted by... *(Delta Center’s MAHP 2.0 Assessment)*.
  - a. Low – A centralized committee or topic specific committees,
  - b. Medium – All practice teams supported by a QI infrastructure.

- c. High – All practice teams supported by a QI infrastructure with meaningful involvement of patients and families.
- 5. The health center has knowledge and experience with quality improvement (NACHC Payment Reform Readiness Assessment Tool).
  - a. Low – The health center has had limited involvement in Health Resources and Services Administration (HRSA)-funded disease collaboratives, Patient Centered Medical Home (PCMH) transformation, or other clinical practice transformation efforts. Continuous Quality Improvement (CQI) efforts are primarily focused on clinical processes.
  - b. Medium – The health center has goals and measurable objectives for quality improvement. Health center has selected and implemented a formal model for CQI (e.g. Plan, Do, Study, Act (PDSA), LEAN, Six Sigma, etc.). The CQI model includes both clinical and non-clinical arenas and engages staff from all levels of the organization in defining and implementing initiatives.
  - c. High - Health center has developed an identity as a “learning” or CQI organization. QI measures are regularly shared with team members, leadership, and staff. Health center has institutionalized support for quality improvement, such as robust data and information systems and analysis to inform improvement processes, expectations of leadership staff to lead and support improvement efforts, and coaching (external or internal) to address implementation barriers.

If you are interested in your HC taking a more comprehensive VBP assessment, below are some options:

- Delta Center’s MAHP 2.0 Assessment Tool <https://deltacenter.jsi.com/resources/road-ahead-model-advancing-high-performance-primary-care-and-behavioral-health-under>
- NACHC Payment Reform Readiness Assessment Tool <https://www.nachc.org/resource/payment-reform-readiness-assessment-tool/>

## RESOURCES FOR CHCs TO IMPROVE THIS CAPABILITY

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### LPCA, HCCN and/or LPCACO programs/support:

- LPCA provides education on CMS VBP initiatives focused on value-based transformation.
- LPCA will support HCs in completing VBP/VBC self-assessments through these Domain communication tools and by informing HCs of other tools and resources.
- List other LPCA, LPCACO, or HCCN programs to support QI.
  - o **Clinical Quality Measure Matrix Crosswalk**—dashboard developed to provide members with an overview of how the LPCA projects/grants used overlap, and can be used to support workgroups efforts and to provide quality care to our communities.
  - o **Quality Improvement Continuum**—dashboard developed to place centers into performance categories based on five primary clinical indicators: cervical cancer screening, breast cancer screening, colorectal cancer screening, hypertension control, and diabetes control.
  - o **LPCA Clinical Branch Committee**—assures the provision of high-quality health care and clinical practice transformation through the engagement of medical/clinical participation in LPCA’s mission and alignment of activities

### Other partners that can help CHCs improve this capability:

- PCA Value-Based Care Collaborative and Online Resources
- NACHC QI Online Resources and Conferences (CHI, FOM/IT, Peer Learning, etc.)
- NACHC Elevate program and Value Transformation Framework that has QI concepts throughout the framework and learning community
- JSI/Delta Center For A Thriving Safety Net

- AHRQ QI tools and resources
  - o Safety Net Medical Home Initiative tools (AAAHC, Joint Commission, National Committee for Quality Assurance (NCQA) PCMH resources). For health centers supported by HRSA, PCMH recognition has evolved into a standard of care. Ambulatory health care accreditation and PCMH recognition increase health outcomes, improve health equity, and lower costs for patients and health centers.
  - o [HRSA Accreditation and PCMH Recognition Initiative](#)
  - o [Patient Centered Medical Home Resources Comparison Chart](#)
- Institute of Medicine resources (**IOM**)

Links to resources for this capability:

- [IHI Model of Improvement](#)—provides a framework for developing, testing and implementing changes leading to improvement.
- Chronic Care Model—an organizational approach that can be utilized to care for people with chronic disease in a primary care setting.



Chronic Care  
Model\_CCM.pdf

- CMS quality measurement and quality improvement <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/mms/quality-measure-and-quality-improvement->
- AAFP QI basics and tool <https://www.aafp.org/family-physician/practice-and-career/managing-your-practice/quality-improvement-basics.html>
- AHRQ tool that assist practices in gathering more information on patient experience with the domains of primary care that define a medical home <https://www.ahrq.gov/cahps/surveys-guidance/item-sets/PCMH/index.html>
- IHI PDSA cycle videos <https://www.ihio.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard5.aspx>
- AHRQ PDSA directions and examples <https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html>
- AHRQ 4 ways to approach QI <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/4-approach-qi-process/sect4part2.html>
- National Library of Medicine, Lean methodology in QI <https://pubmed.ncbi.nlm.nih.gov/35302676/>
- ASQ Six Sigma and Lean Six Sigma <https://asq.org/quality-resources/six-sigma>
- NCQA QI Innovation Series <https://www.ncqa.org/education-training/quality-innovation-series/>
- NCQA getting inside the quality improvement mindset <https://www.ncqa.org/blog/qi-insidemindset/>
- Investopedia Six Sigma concept, steps, examples, and certification <https://www.investopedia.com/terms/s/six-sigma.asp>
- NIH association between adaptive reserve and burnout <https://pubmed.ncbi.nlm.nih.gov/29558229/>
- Annals of Family Medicine adaptive reserve and blood pressure control [https://www.annfammed.org/content/16/Suppl\\_1/S29](https://www.annfammed.org/content/16/Suppl_1/S29)
- Healthier Washington Collaborative Portal building adaptive reserve <https://waportal.org/node/17056>
- CMS Innovations Center <https://innovation.cms.gov>
- The Delta Center Model for Advancing High Performance in Primary Care and Behavioral Health Under Value-Based Payment [Delta Center.JSI Resources](#)
- NASEM implementing high quality primary care <https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care>
- NACHC's Quality Center provides quality improvement resources, TA and training <https://www.nachc.org/clinical-matters/quality-center/>