

**Health Reform Quality Workgroup
Quality Initiative Descriptions**

Row	Organization	Initiatives	Acronym used on grid	Targets
1	NC Office of Emergency Medical Services	Emergency Medical Services Performance Improvement Center (EMS Toolkits)	EMSPIC	EMS providers
2	American Hospital Association	CLABSI reduction (Central line associated blood stream infections)	CLABSI	Hospitals
3	NC Center for Hospital Quality and Patient Safety	NC Prevent CAUTI (catheter-associated urinary tract infections)	Prevent CAUTI	Hospitals
4	NC Center for Hospital Quality and Patient Safety	Surgical Care Improvement Project	SCIP	Hospitals
5	NC Office of Emergency Medical Services	Trauma Center designation program	Trauma	Hospitals
6	NC Public Health Foundation	NC Center for Public Health Quality	NC-CPHQ	Local public health depts
7	Community Connections for Seniors	Chatham-Orange Community Resource Connections for Aging and Disabilities		Long term care
8	NC Foundation for Advanced Health Programs	ICare	I-Care	Mental health, Primary care
9	NC Center for Pharmaceutical Care	The Asheville Project	AP	Patients, Pharmacy, Primary Care
10	NC Healthcare Facilities Association	Family Resource Center	NCHFA-FRC	Patients, SNF
11	AHEC	IPIP	IPIP	Primary care
12	AHEC	REC	REC	Primary care

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13	BCBS	Blue Quality Physician Program	BQPP	Primary care
14	CCNC	Physician Incentive Program	PIP	Primary care
15	CCNC	646 waiver	646	Primary care, Transitions
16	CCNC	NC Community Care Networks - Informatics	CMIS	Primary care, Transitions
17	NC Community Care Networks (NCCCN) NC Office of Rural Health and Community Care	CCNC	CCNC	Primary care, Transitions
18	FutureCare of NC		FCNC	SNF
19	NC Healthcare Facilities Association	Journey to National Best	JNB	SNF
20	NC Medical Society Foundation	NC Physician Institute for Quality Enhancement	NCPIQE	Specialty physicians

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21	American College of Cardiology	Hospital to Home	H2H	Transitions
22	Carol Woods, Chapel Hill, NC	National Transition of Care Coalition		Transitions
23	NC Division of Medical Assistance	Children's Health Insurance Reauthorization Act	CHIPRA	Transitions
24	Carol Woods, Chapel Hill, NC	Community Connections for Seniors		Transitions
25	Community Connections for Seniors	Person-Centered Hospital Discharge Planning Model		Transitions
26	Carol Woods, Chapel Hill, NC	Continuity of Care Coalition		
27	Carolinas Center for Medical Excellence (CCME)		CCME	
28	NC Healthcare Quality Alliance			
29	NC Hospital Association	NC Center for Hospital Quality and Patient Safety		
30	Novant Health	Quality and Safety	Novant Health QS	

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Row	Financial incentives (e.g., tiered payments)	Optional/ required	Disease or clinical focus	Description
1	No	Required	Pre-hospital care	Evaluate and improve EMS service delivery, personnel performance, and clinical care.
2			ICU	Implementation of evidence-based interventions to reduce CLABSI
3				
4				Improving surgical care by significantly reducing surgical complications
5				
6				Collaborates with state and local partners to provide training in quality improvement (QI) methods and tools and develops, leads, and supports strategic QI initiatives for the Division of Public Health and local public health agencies in North Carolina.
7			Older adults	Streamline information, assistance and access to long term services and supports
8				Assist providers in meeting the physical and mental health needs of their patients in one location through an integrated, patient-centered approach to care
9		Optional	Chronic disease (e.g., diabetes)	Disease-state management by pharmacists
10				Selecting a nursing home
11				Addresses system improvement at the practice level by furnishing primary care providers with the tools, resources, and support needed to enhance healthcare delivery and improve satisfaction for patients and the healthcare team; Onsite Quality Improvement Consultant
12				Implementing and achieving meaningful use of HER

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13	Yes	Optional		Participating physicians who meet a set of criteria that includes nationally recognized, evidence-based standards for quality of care are eligible for reimbursement that offers double-digit increases over BCBSNC's standard fee schedule for some of their most commonly billed codes. Three quality categories: <ul style="list-style-type: none"> - Clinical quality outcomes, which includes recognitions by the National Committee for Quality Assurance, use of electronic prescribing and other quality-related standards - Administrative efficiency, including electronic claims submission - Patient experience with care, which measures the physician's ability to provide such patient-centered needs as after-hours care and electronic visits
14	Yes	Optional		Incentive strategies to award pediatric and adult Medicaid providers for excellent performance or quality improvement
15				
16				
17			Asthma, diabetes, pharmacy, ED, high cost/high risk, heart failure	Medical homes and community networks. Building community health networks organized and operated by community physicians, hospitals, health departments, and departments of social services.
18				Conduit for the assessment and dissemination of state-of-the-art technologies and best practices related to medical/nursing care, as well as, those strategies for enhancing the residential life experience of persons residing in skilled nursing facilities.
19		Optional		Transform our skilled nursing homes into facilities and services of the future.
20	No	Optional	Orthopedics	Establish infrastructure and resources to support Quality Improvement in the processes by which specialty medical care is delivered in North Carolina. It will do this by working with physicians to participate in care registries, identify opportunities for improvement from these registries and other appropriate data sources, develop physician quality improvement fellows through a structured training program, and implement process improvements using the QI fellows in their hospital.

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21			Cardiovascular	Reduce cardiovascular-related hospital readmissions and improve the transition from inpatient to outpatient status for individuals hospitalized with cardiovascular disease
22			Older adults	Improving transitions for elderly individuals.
23			Children	Implement and evaluate the use of recommended quality measures and strengthen the medical home for children with special health care needs by testing and evaluating three provider-led community-based models. These models will be used to identify, treat, and coordinate care for children with special health care needs, particularly children with developmental, behavioral, and/or mental health disorders North Carolina has also agreed to be one of two States implementing a model electronic health record format for children.
24				Develop a model of innovative, collaborative, community-based services for seniors – a model that can be duplicated throughout the state and the nation. In addition to service delivery, the grant also focuses on workforce development and policy and planning.
25				
26			Older adults	The Coalition provides a forum for identifying unmet needs of older adults. It advocates for and supports the process of change to get the needs met and it monitors the process of change as it happens.
27				Works with all health care settings to improve the quality and cost-effectiveness of the services provided to patients.
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