

Practice Expectations

We thank you for your enthusiasm and the commitment you have made to lead the effort of improving healthcare delivery in Colorado. Colorado Clinical Guidelines Collaborative (CCGC) values this partnership with Improving Performance In Practice (IPIP) participants and looks forward to developing the IPIP initiative and achieving the goals set forth to effect national change.

Physician Opportunities

Participation in IPIP provides physician practices the ultimate reward of playing an integral leadership role in improving health care in Colorado and nationwide. In addition, several professional opportunities are available for initiative participants:

- **AMA Category 1 CME Credit**—Up to 20 CME Credits are available to physicians who participate in the IPIP practice redesign activities. Credits are allocated as follows:
 - » 5 CME Credits available for active participation in practice assessment component
 - » 5 CME Credits available for active participation in implementing the practice redesign strategy
 - » 5 CME Credits available for active participation in the evaluation of practice redesign effectiveness, including assessment and suggestions for improvement
 - » 5 additional CME Credits available for active participation in all three above activities.
- **COPIC ERS Points**—Up to 2 COPIC ERS Points over a 2-year period for active participation.
- **Credit toward maintenance of board recertification**—Although the Boards of Primary Care Specialties are still working on details, initial indications suggest that up to 40% of credit required for the Improving Performance components can be satisfied by participating in IPIP.

Requirements

CCGC expects the following from IPIP participants:

- **Time & Commitment**—First and foremost, practices must commit the time and resources necessary to achieve their goals and work with their QI coach to design, implement, and carry out selected redesign activities; weekly meetings for the first 6-8 weeks, tapering off to monthly meetings.
- **Use of a Patient Registry**—Use of a patient registry is mandatory to collect, track, and report your data.
 - » Practices may use their current registry or EMR if it sufficiently meets the needs of the initiative.
 - » If practices do not already have a patient registry in place, IPIP will provide options:
 1. **Reach My Doctor:** RMD offers registry functionality plus HIPAA-compliant e-mail communication to facilitate coordination of care as well as a patient portal to foster patient engagement. Available at no charge.
 2. **Chronic Disease Electronic Management System (CDEMS):** CDEMS Software is loaded onto a practice server or PC. It has been configured to support IPIP measures and reporting requirement. Available at no charge.
 3. **Doc Site:** This web-based registry is commercially available. Available for ~\$60 per doctor per month.
- **Data Collection & Reporting**—Practices will collect and submit data on IPIP measures monthly.
- **Participation in Learning Collaboratives**

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Timeline of Expected Activities

ACTIVITY <i>(Can be performed by one or several groups or individuals within practice)</i>	TIMELINE
Clarifying Expectations —Conversation with Lead Physician, Office Manager, IPIP Director, and QI Coach to quantify goals and measurable objectives of the practice to clarify the practice’s expectations and IPIP’s expectations, as well as how to go about achieving these goals.	Pre-IPIP Involvement
Practice Assessment —Your assigned QI Coach will provide and help you complete a practice assessment that will help identify the strengths and needs of your practice and determine which areas to focus on.	Month 1
Data Collection / Patient Registry —Practices will follow one of two paths: <ol style="list-style-type: none"> 1. Practices who already have a registry or electronic medical record (EMR) to enable collection of required IPIP data will work with your QI Coach to integrate and configure that system for the IPIP practice redesign plan. 2. Practices who do not have a registry or EMR will choose from the three pre-configured database options listed in the previous section, “Requirements”, under “Use of a Patient Registry”. Until practices are able to extract the IPIP measures data electronically, they will pull at least 15 charts per month for data abstraction and reporting to be able to track progress on improvement activities.	Months 1—2 (Can be done simultaneously or sequentially with the Practice Redesign Plan Activity)
Practice Redesign Team —Develop a team comprised of practice leaders with representation from providers, clinical support, front office, and administration. Team will work directly with the QI Coach on a weekly basis for the first 6-8 weeks, tapering off to monthly meetings. The team will lead the effort to implement and spread changes throughout the practice.	Months 1—2
Practice Redesign Plan —Based upon the results of the practice assessment, you will work with your QI Coach to develop a semi-customized plan and proposed timeline to address the needs of your practice. Your QI Coach will also help identify key “Tool Kit” resources and experts to utilize as you carry out your redesign plan.	Months 1—2
Monthly Data Reporting to IPIP	Months 2—12
Participation in Learning Collaborative —Hear from experts and share with your peers about best practices and lessons learned in three 1 ½ day Learning Collaborative sessions throughout the year. Between learning sessions there may be webinars and telephonic conversations.	Months 1—12
Implementation of Practice Redesign Plan —Continually evaluate progress against both the IPIP measures and the practice redesign plan using small, incremental tests of change to arrive at an effective, efficient, reliable process in order to achieve your goals.	Months 2—12
Fulfillment of External Endorsements —Continued monthly data reporting and collaborative networking may qualify your practice for NCQA certification, COPIC ERS points and/or CME credits and Maintenance of Board Certification.	1—2 years