

## QASP

### **PERFORMANCE STANDARDS, QUALITY ASSURANCE (QA) AND QUALITY IMPROVEMENT(QI)**The

Government may evaluate the quality of professional and administrative services provided in accordance with the standards as outlined in this document, but retains no control over the medical, professional aspects of services rendered (e.g., professional judgments, diagnosis for specific medical treatment), in accordance with Federal Acquisition Regulation (FAR) 37.401(b). The following measures represent the performance standards required to be met and will be included on the government's Quality Assurance Surveillance Plan:

#### Measure: Qualifications and Availability of Key Personnel

Performance Requirement: Physicians shall be board certified.

Standard: All (100%) of Physicians shall be board certified in accordance with Standards and available to provide the required scheduled services to veterans 100% of the time.

Acceptable Quality Level: No deviations from the standard (100%).

Surveillance Method: Periodic Sampling of qualification documentation and medical records submitted in accordance with contractor reporting requirements.

Frequency: During Credentialing/privileging of physician

Incentive: Positive Past Performance

Disincentive: Negative Past Performance

#### Measure: Provider Quality Performance

Performance Requirement:

Standard: OPPE documentation for all (100%) staff providing services under the contract. All staff (100%) meet stated Standards noted on OPPE.

Acceptable Quality Level: The target stated on OPPE

Surveillance Method: Ongoing Provider Performance Evaluation (OPPE) data pertinent to care performed for each provider working under this contract. The Contractor shall furnish OPPE data on new providers added as requested.

Service: OPPE data should include the following elements:

- A. Patient Care and Procedural skills Performance
- B. Medical/Clinical knowledge
- C. Cervical Cytology Monitors
- D. Interpersonal and Communication Skills
- E. Professionalism
- F. System Based Practice

Frequency: Quarterly

Incentive: Positive Past Performance

Disincentive: Negative Past Performance

**PERFORMANCE MEASURES**

Ongoing Professional Practice Evaluation (OPPE)	OPPE Dates: FY 2017					
Provider:	Service: PSM					
MEASURE	Sample/Data Source	Target	QTR 1	QTR 2	QTR 3	QTR 4
<b>ADMINISTRATIVE</b>						
Panel Size	PCMM Coordination	NA				
Encounters Face-to-Face	PCMM Coordination	NA				
Encounters TCP	PCMM Coordination	NA				
Encounters Telehealth	PCMM Coordination	NA				
Procedures	PSM Quality Coordination	NA				
Blood Transfusions ( <i># of episodes</i> )	PSM Quality Coordination	NA				
<b>PATIENT CARE AND PROCEDURAL SKILLS</b>						
	Sample/Data Source	Target	QTR 1	QTR 2	QTR 3	QTR 4
<b>Med Rec:</b> % of Progress notes signed w/in 7 days	PSM Admin Assistant	NA				
<b>Encounter Closure:</b> % of encounters closed w/in 7 days	PSM Admin Assistant	99%				
<b>3rd Next available:</b> Average 3rd next available date per quarter	PCMM Coordination	NA				
<b>Consult Completion:</b> % of consults cancelled by receiving service due to insufficient information in consult request	PSM Quality Coordination	<10%				
<b>Procedures:</b> Complication Rate	PSM Quality Coordination	< 1%				
Informed consent completed	PSM Quality Coordination	90%				
Participation in time out	PSM Quality Coordination	90%				
Correct site surgery marking or Provider remains with patient from consent to procedure performed	PSM Quality Coordination	90%				
<b>Blood Utilization:</b> Complication Rate	PSM Quality Coordination	0%				
Pre-transfusion labs	PSM Quality Coordination	95%				
Appropriate indication documented	PSM Quality	95%				

	Coordination					
Transfusion order present	PSM Quality Coordination	95%				
Informed consent completed	PSM Quality Coordination	95%				
<b>Reassignments:</b> Total # of Primary Care Provider Reassignment Requests	PSM Quality Coordination	NA				
# of Pt Neg Reassign Requests/ # of Neg Reassign Req Approved	PSM Quality Coordination	NA				
# of Provider Reassign. Requests	PSM Quality Coordination	NA				
# of Other Reassign. Requests (distance, different gender, saw PCP in Community, etc.)	PSM Quality Coordination	NA				
<b>MEDICAL KNOWLEDGE</b>	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
DM BP<140/90	Clin Rem Rpt by Stop Code	77%				
DM FOOT EXAM	Clin Rem Rpt by Stop Code	90%				
HGB A1C >/= 9	Clin Rem Rpt by Stop Code	≤ 19%				
Hgb A1C Annually	Clin Rem Rpt by Stop Code	93%				
HTN BP<140/90 Ages 18-59	Clin Rem Rpt by Stop Code	80%				
HTN BP<150/90 Ages 60-85	Clin Rem Rpt by Stop Code	80%				
TBI Screening	Clin Rem Rpt by Stop Code	95%				
% of + Alcohol screens completed within 14 working days	PSM Quality Coord	62%				
% of + Depression screens completed within 24 hours	PSM Quality Coord	77%				
% of + PTSD screens completed within 24 hours	PSM Quality Coord	77%				
<b>CERVICAL CYTOLOGY MONITORS</b>	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Appropriate recommendation for follow-up of abnormal cervical cytology according to ASCCP criteria.	PSM Quality Coordination	100%				
Unsatisfactory Pap Obtained	PSM Quality Coordination	≤ 1				

<b>MEDICAL KNOWLEDGE</b>	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Evidence of chief complaint or reason for evaluation	Clinical Pertinence Review by Peer	90%				
Evidence of examination appropriate to chief complaint	Clinical Pertinence Review by Peer	90%				
Impression/diagnosis accurate	Clinical Pertinence Review by Peer	90%				
Evidence plan is appropriate	Clinical Pertinence Review by Peer	90%				
Evidence that evaluation addressed reason for visit	Clinical Pertinence Review by Peer	90%				
Documentation indicates results of test(s) done day of office visit were communicated to the patient within 14 days of available for normal and non-actionable results	PSM Quality Coordination	90%				
Med list reconciled/updated and documented in the medical record	PSM Quality Coordination	90%				
Communication/education provided to the patient regarding the updated medication regimen	PSM Quality Coordination	90%				
<b>PRACTICE-BASED LEARNING AND IMPROVEMENT</b>						
<b>PRACTICE-BASED LEARNING AND IMPROVEMENT</b>	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Med Staff Meeting attendance (For MDs only)	COS Admin Asst.	50%				
Clinical Pertinence Reviews: # completed / # given	PSM Admin Staff	NA				
<b>INTERPERSONAL AND COMMUNICATION SKILLS</b>						
<b>INTERPERSONAL AND COMMUNICATION SKILLS</b>	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Patient complaints	Report of Contact, Communications to Pt Advocate Office, Survey Comments, PSM Administration, or COS office	≤ 3 complaints in a quarter				

Colleague or other staff complaints	PSM Administration, or COS office	≤ 3 complaints in a quarter				
Patient compliments	Report of Contact, Communications to Pt Advocate Office, Survey Comments, PSM Administration, or COS office	NA				
Colleague or other staff compliments	PSM Administration, or COS office	NA				
<b>PROFESSIONALISM</b>						
	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Validated disruptive or unprofessional behavior	PSM SLD or PSM Nurse Administrator	0				
<b>SYSTEMS-BASED PRACTICE</b>						
	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
<b>Interfacility Transfers</b>						
Use of I-Med Consent at the time of interfacility transfer out	PSM Quality Coordination	90%				
Documentation of patient transfers to receiving facility using the Provider Interfacility Transfer Template	PSM Quality Coordination	90%				
% have the consulting MD co-sign note when Inter-Facility Transfer Form 10-2649Ais completed by a non-MD	PSM Quality Coordination	90%				
<b>Intrafacility Transfers</b>						
Provider to provider verbal hand-off communication	PSM Quality Coordination	90%				
Acceptance of patient documentation	PSM Quality Coordination	90%				
Medical summary documented	PSM Quality Coordination	90%				

**Note: All provider profile measures/data are customized to reflect provider-specific practice and are defined at the time of credentialing and privileging.**