

Recommendations for Quality Improvement Project Topics

- I. One of the top 15 Choosing Wisely® topics for your Specialty (Top 10 Family Medicine used as example).** *Choosing Wisely®* is an initiative of the ABIM Foundation to help providers and patients engage in conversations to reduce overuse of tests and procedures, and support patients in their efforts to make smart and effective care choices.
1. Don't do imaging for low back pain within the first six weeks, unless red flags are present.
 2. Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement
 3. Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors
 4. Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
 5. Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.
 6. Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age
 7. Avoid elective, non-medically indicated inductions of labor between 39 weeks, 0 days and 41 weeks, 0 days unless the cervix is deemed favorable.
 8. Don't screen for carotid artery stenosis (CAS) in asymptomatic adult patients
 9. Don't screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer
 10. Don't screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology.
- For the entire top 15 choices in your specialty, please visit <http://www.choosingwisely.org>.
- II. Achieving Clinical Excellence® (ACE) outcome measures.** Topics may include any of the outcome measures associated with the ACE incentive plan. These measures include:
1. **Pharmacy Utilization** – Lowering the use of brand prescriptions.
 2. **Quality Outcome Measures** – Improving patient outcomes compiled from completed self-audits. Self-audit diseases include Diabetes, CHF, CAD, COPD, Adult Asthma, Peds Asthma, Adult Preventative, Peds Preventative, Hypertension.
 3. **Health Information Management** - Attesting for meaningful use or confirming that the practice meets meaningful use standards and participating in Valley Preferred CG CAHPS (non-LVPG practices) patient engagement.
 4. **Admissions per Thousand** – reduction in the number of hospital admissions per 1000 attributed members
 5. **Readmission** – Reduction in patient admission to a hospital within 30 days after being discharged from an earlier hospital stay. Patients transferred to another hospital for longer term care won't count as a readmission.
 6. **Total Emergency Visits per Thousand** – Reduction in the number of ED visits per 1000 attributed members.
 7. **Episode Cost** – Reduction in the cost of treating patients over an entire episode in comparison to national benchmarks.
- III. Improving ACE outcome scores.** Topics may include areas of opportunity your specific practice may have relating to your most recent semi-annual Achieving Clinical Outcomes scores. The areas of opportunity would include any low score measure and/or any measure not achieving benchmark status. ACE scores will be tabulated to the above categories. This is practice performance specific.