

# MMA Office Based Quality Improvement Program

## Quality Improvement Plan Review Checklist

Facility Name:						
Reviewer:				Phone Number:		
Date Reviewed:		Check One:	<input type="checkbox"/> New Plan	<input type="checkbox"/> Revised Plan	<input type="checkbox"/> Response to Comments	

Recommendation	<input type="checkbox"/> Acceptable:	<input type="checkbox"/> Acceptable w/comments:	<input type="checkbox"/> Unacceptable w/comments:

**Section 1 – Participation**

A medical practice may voluntarily elect to participate in the MMA Office Based Quality Improvement Program (the “Program”). Each medical practice desiring to participate must:

- a) Initiate and administer a written Quality Improvement Plan (QI) that is approved by the MMA Committee on Physician Quality (the “Committee”);
- b) Agree to submit reports to the Committee as required by Section 3;
- c) Agree to participate in periodic audits surveys as required by Section 4, and
- d) Pay the user fees required by Section 7.

In as much as Title 32, MRSA §3296 provides the statutory protection from discovery and includes language providing this protection only to members of the state or county medical society; therefore, it is assumed that all members of the practice participating in this program will be members of MMA.

**Section 2 – Quality Improvement Plan**

A participating medical practice shall adopt a written QI Plan which must be considered and approved by MMA’s Committee on Physician Quality. To be approved by the Committee, the QI Plan must, at a minimum contain the following:

Quality Improvement Plan	A	U	NI	NA	Section	Comments
a) Does the plan include a description of the goals and objectives of the QI activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b) Is there a description of the organizational structure of the practice and the committee or entity responsible for conducting the QI activities? This ideally would include the mission statement for the practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c) Is there a description of the method(s) for obtaining data or other information and the analytic plan that will be utilized? <ul style="list-style-type: none"> <li>• Number of charts/patients/group of patients involved in the data for the Indicator.</li> <li>• Are the assessment tools identified in the document? (e.g. quality system audits, management system reviews, peer reviews, performance evaluations, data quality assessments, readiness reviews)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d) Does the document outline the responsibilities and authority of the individual or committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

that is responsible for the plan?						
e) Does the document describe the process for developing, reviewing, approving, implementing, and revising QI plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f) Does the document outline the methods for developing and maintaining confidential records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g) Does the document define the reporting mechanism within the practice leading to the data being made available under the Plan to members of the practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h) Provisions ensuring confidentiality of the information, data and analysis within the Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i) Provisions for reporting to the Committee the information required in Section 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j) Procedures for participating in the Committee's audit surveys in compliance with the recommendations in Section 4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Section 3 - Annual Report/Appraisal

Each participating medical practice shall file an annual report/appraisal with the Committee for their preceding year. This report shall include, at a minimum the following:

Annual Report/Appraisal	A	U	NI	NA	Section	Comments
a) Are each of the Indicators reviewed as outlined in their previously submitted QI plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b) Does the Annual Report include the conclusions from these indicators, including the raw data (sample size, benchmarks, etc.)? <ul style="list-style-type: none"> <li>Does the appraisal include information for how the results will be shared with physicians and staff?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c) Are there plans/actions/recommendations based on the conclusions of these indicators,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Key: A=Acceptable; U=Unacceptable; NI=Not Included; NA=Not Applicable

<p>which may include any of the following:</p> <ul style="list-style-type: none"> <li>• Were expectations met?</li> <li>• Opportunities for patient safety, process improvement or risk management.</li> <li>• Best practices found and any plans for implementation.</li> <li>• Plans to either continue or discontinue the present indicator(s).</li> <li>• Modify the indicator(s) or process due to learnings in the past year, and continue to monitor</li> <li>• Identification of a new indicator or process and demonstrate best practice to improve the results of this indicator.</li> </ul>						
<p>d) Does the Annual Report/Appraisal include plans for the upcoming year which may include any organizational changes?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Section 4 - Audit Surveys**

As part of the Program, the Committee reserves the right to perform an audit of the implementation of the Plan approved by the Committee. The survey shall:

- a) Be performed by a board-certified physician or other expert retained by the Committee who is experienced in quality improvement activities and by mutual agreement of the practice and the Committee: and
- b) Focus on the processes undertaken by the practice in compliance with its Plan, but the surveyor may review the entire medical practice’s Plan, including methods, results and conclusions. The surveyor shall not comment on the action(s) that the practice decides to take - i.e. disciplinary measures, etc. These are internal matters and need not be disclosed. The surveyor and Committee need only to know that the Plan’s process was properly conceived and performed with corresponding conclusions.

The Committee shall notify the practice of the results of each survey, including but not limited to, any noted deficiencies of its Plan. In the event the practice fails to address any noted deficiencies to the satisfaction of the Committee, the Committee shall withdraw approval of the practice’s Plan by giving a written notice to the practice and thereafter the practice shall cease to participate in the Program.