

COMPLETING AND SCORING THE QUALITY IMPROVEMENT CHANGE ASSESSMENT (QICA)

INTRODUCTION TO THE QICA

The QICA is intended to help clinical practices understand their current level of care for patients with regard to prevention and chronic illness treatment and identify opportunities for improvement. The QICA can also help sites track progress toward practice transformation when it is completed at regular intervals.

The QICA was developed for the Healthy Hearts Northwest (H2N) project, part of EvidenceNOW, an Agency for Healthcare Research and Quality initiative, and was extensively used with over 200 participating practices.

BEFORE YOU BEGIN

Identify a multidisciplinary group of practice staff

We strongly recommend that the QICA be completed by a multidisciplinary group (e.g., physicians, nurses, medical assistants, residents, other operations and administrative staff) in order to capture the perspectives of individuals with different roles within the practice and to get the best sense possible of ‘the way things really work.’ We recommend that staff members complete the assessment individually, and that you then meet together to discuss the results, produce a consensus version, and develop an action plan for priority improvement areas. We discourage sites from completing the QICA individually and then averaging the scores to get a consensus score without having first discussed it as a group. The discussion is a great opportunity to identify opportunities and priorities for practice quality improvement.

Have each site in an organization complete an assessment

If an organization has multiple practice sites, each site should complete a separate QICA. Practice improvement or transformation, even when directed and supported by organizational leaders, happens differently at each site. Organizational leaders can compare QICA scores across sites and use this information to share knowledge and cross-pollinate improvement ideas.

Consider where your practice is on the journey

Answer each question as honestly and accurately as possible. There is no advantage to overestimating or upcoding item scores, and doing so may make it harder for real progress to be apparent when the QICA is repeated in the future. It is not uncommon for teams to begin the practice transformation journey in any content area with average scores below “5” for some (or all) areas of the QICA. It is also common for teams to initially believe they are providing more patient-centered, efficient and higher quality care than they actually are. Over time, as your understanding of high

quality, patient-centered care increases and you continue to implement effective practice changes, you should see your QICA scores increase.

SCORING THE QICA

The QICA provides subscale scores corresponding to each of the High Leverage Changes that were the framework of the H2N initiative. Scores are obtained by summing the values for all items within a section and dividing by the number of items within that section.

The QICA is organized such that the highest "score" on any individual item or subscale indicates optimal support for prevention and chronic illness care. The lowest possible score on any given item or subscale is a "1", which corresponds to limited support for prevention and chronic illness care.

The interpretation guidelines are as follows:

Between "1" and "3" = limited support for prevention and chronic illness care

Between "4" and "6" = basic support for prevention and chronic illness care

Between "7" and "9" = reasonably good support for prevention and chronic illness care

Between "10" and "12" = fully developed prevention and chronic illness care

It is common for teams to begin a quality improvement initiative with average scores below "5" on many (or all) areas the QICA. After all, if everyone was providing optimal care for prevention and chronic illness, there would be no need for a quality improvement program. Over time, as teams' understanding of good care increases and they continue to implement effective practice changes, they should see overall improvement in their QICA scores.