Report on a QI Project Eligible for MOC – ABMS Part IV and AAPA PI-CME

Michigan Emergency Department Improvement Collaborative (MEDIC): Reducing Chest X-ray (CXR) Use in Children with Asthma, Bronchiolitis or Croup

Instructions

Determine eligibility. Before starting to complete this report, go to the Michigan Medicine MOC website [http://www.med.umich.edu/moc-qi/index.html], click on “Part IV Credit Designation,” and review sections 1 and 2. Complete and submit a “QI Project Preliminary Worksheet for Part IV Eligibility.” Staff from the Michigan Medicine Part IV MOC Program will review the worksheet with you to explain any adjustments needed to be eligible. (The approved Worksheet provides an outline to complete this report.)

Completing the report. The report documents completion of each phase of the QI project. (See section 3 of the website.) Final confirmation of Part IV MOC for a project occurs when the full report is submitted and approved.

An option for preliminary review (strongly recommended) is to complete a description of activities through the intervention phase and submit the partially completed report. (Complete at least items 1-20.) Staff from the Michigan Medicine Part IV MOC Program will provide a preliminary review, checking that the information is sufficiently clear, but not overly detailed. This simplifies completion and review of descriptions of remaining activities.

Questions are in bold font. Answers should be in regular font (generally immediately below or beside the questions). To check boxes, hover pointer over the box and click (usual “left” click).

For further information and to submit completed applications, contact either:
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Ellen Patrick, Michigan Medicine Part IV Program Administrator, 734-936-9771, partivmoc@umich.edu

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<td>42. Part of UMHS, AAVA, other affiliation with UMHS</td>
</tr>
</tbody>
</table>
QI Project Report for Part IV MOC Eligibility

A. Introduction

1. Date (this version of the report): November 7, 2019

2. Title of QI effort/project (also insert at top of front page):

3. Time frame
   a. MOC participation beginning date – date that health care providers seeking MOC began participating in the documented QI project (e.g. date of general review of baseline data, item #14c): April 12, 2019
   b. MOC participation end date – date that health care providers seeking MOC completed participating in the documented QI project (e.g., date of general review of post-adjustment data, item #29c): November 8, 2019

4. Key individuals
   a. QI project leader [also responsible for confirming individual’s participation in the project]
      Name: Michele M. Nypaver, MD
      Title: Professor, Dept. of EM & Pediatrics, Co-Director, Michigan Emergency Department Improvement Collaborative (MEDIC)
      Organizational unit: Dept. of EM/ Division of Children’s Emergency Services
      Phone number: 734.763.9299 (Nypaver direct office)/ Admin: Heidi Zayan 734.763.9849
      Email address: michelen@med.umich.edu
      Mailing address: CW 2-737 / 1540 E. Hospital Drive. SPC 4260/ Ann Arbor, MI 48109
   b. Clinical leader who oversees project leader regarding the project [responsible for overseeing/ "sponsoring" the project within the specific clinical setting]
      Name & Title:
      i) Prashant Mahajan MD, MPH, MBA, Dept of EM Vice Chair & Children’s Emergency Services Division Chief
      ii) Keith Kocher MD, MPH. MEDIC Director
      Organizational unit: Department of Emergency Medicine, Michigan Medicine
      Phone number: Prashant Mahajan: 734.232-3729
                     Keith Kocher: 734.232.6845
      Email address: pmahajan@med.umich.edu
                     kkocher@med.umich.edu
      Mailing address: CW 2-737 / 1540 E. Hospital Drive. SPC 4260/ Ann Arbor, MI 48109

5. Participants
   a. Approximately how many health care providers (by training level for physicians) participated in this QI effort (whether or not for MOC):

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number (fill in)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing Physicians</td>
<td>50</td>
</tr>
<tr>
<td>Residents/Fellows</td>
<td>10</td>
</tr>
<tr>
<td>Physicians’ Assistants</td>
<td>0</td>
</tr>
<tr>
<td>Nurses (APNP, NP, RN, LPN)**</td>
<td>14</td>
</tr>
</tbody>
</table>
**MEDIC includes numerous abstractors and within facility nursing staff in the QI work. Most abstractors are nurses and we do not collate information on all nurses participating in this work within sites.**

**b. Approximately how many physicians (by specialty/subspecialty and by training level) and physicians’ assistants participated for MOC?**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Specialty/Subspecialty (fill in)</th>
<th>Number (fill in)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing Physicians</td>
<td>Pediatrics/Pediatric EM</td>
<td>50</td>
</tr>
<tr>
<td>Fellows</td>
<td>Pediatric EM</td>
<td>10</td>
</tr>
<tr>
<td>Residents</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Physicians’ Assistants</td>
<td>(Not applicable)</td>
<td>0</td>
</tr>
</tbody>
</table>

6. How was the QI effort funded? (Check all that apply.)

- ☐ Internal institutional funds (e.g., regular pay/work, specially allocated)
- ☐ Grant/gift from pharmaceutical or medical device manufacturer
- ☒ Grant/gift from other source (e.g., government, insurance company)*
- ☐ Subscription payments by participants
- ☐ Other source (describe):
  *Blue Cross Blue Shield of Michigan Value Partnerships Program

The Multi-Specialty Part IV MOC Program requires that QI efforts include at least two linked cycles of data-guided improvement. Some projects may have only two cycles while others may have additional cycles – particularly those involving rapid cycle improvement. The items below provide some flexibility in describing project methods and activities. If the items do not allow you to reasonably describe the steps of your specific project, please contact the UMHS Part IV MOC Program Office.

B. Plan

7. Patient population. What patient population does this project address (e.g., age, medical condition, where seen/treated):

Children < 18 years visiting any of the 14 emergency departments in the MEDIC collaborative network who qualify as cases defined by ICD 10 diagnostic code for asthma, croup or bronchiolitis, and are eligible per MEDIC pediatric CXR algorithm.

8. General purpose.

a. Problem with patient care (“gap” between desired state and current state)

(1) What should be occurring and why should it occur (benefits of doing this)?

Respiratory illnesses, including asthma, croup and bronchiolitis, are among the top 10 diagnoses for which children present to an ED. There is wide variation in practice among physicians in the ordering of CXRs for these conditions in children, particularly in general emergency departments compared to children’s hospital ED settings.
Children presenting to the ED with these conditions should be assessed in light of evidence-based guidelines for common respiratory illnesses. Evidence suggests that the x-ray rarely reveals significant information that leads to changes in management.

(2) **What is occurring now and why is this a concern (costs/harms)?**

Evidence demonstrates continued overuse of chest x-rays in children visiting EDs with common respiratory illnesses (croup, bronchiolitis, asthma) in the United States. Overuse of chest x-rays in children visiting EDs exposes them to unnecessary, dangerous radiation with potential for long term increased risk of cancer (Knapp JF. Et al. Variation and trends in ED use of radiographs for Asthma Bronchiolitis and Croup in Children). Young children, especially, are put at increased risk. Overuse of chest x-rays in the ED also results in unnecessary healthcare resource utilization and cost.

b. **Project goal. What general outcome regarding the problem should result from this project?**

(Med general goal here. Specific aims/performance targets are addressed in #13.)

MEDIC is a Quality Collaborative of both children’s and general emergency departments in Michigan, funded by Blue Cross Blue Shield of Michigan (BCBSM). MEDIC represents ~ 25% of all Michigan emergency visits. MEDIC creates a robust platform for cross disciplinary quality improvement activity. Built on a framework of clinical data sharing via the MEDIC registry, this collaborative allows for both clinician consensus building and performance measurement using detailed ED visit data collected through manual abstraction, supplementing reports from administrative data analysis.

The goal of this MEDIC project is to reduce overuse of chest x-rays in the pediatric emergency department population presenting with common respiratory illnesses (asthma, croup, bronchiolitis). We will collaborate with a network of general EM & pediatric EM physicians to discuss evidence, derive consensus and share best practice interventions. Participating sites will develop site-specific interventions, and de-identified practice data will be shared across collaborative members.

9. **Describe the measure(s) of performance:** (QI efforts must have at least one measure that is tracked across the two cycles for the three measurement periods: baseline, post-intervention, and post-adjustment. If more than two measures are tracked, copy and paste the section for a measure and describe the additional measures.)

- **Name of measure** *(e.g., Percent of . . ., Mean of . . ., Frequency of . . .):* % CXR overutilization rate.

- **Measure components** –
  - Denominator = # of children < 18 yr. in MEDIC registry respiratory illness cohort who have ICD10 code for asthma, bronchiolitis or croup.
  - Numerator = # of these children who received CXR imaging.

The numerator represents the total # of children < 18 years in the MEDIC registry respiratory illness cohort (including all those with asthma, bronchiolitis and croup) visiting a MEDIC ED who did receive a CXR during the visit.
Eligible patients (denominator) include the total # of children < 18 years in the MEDIC registry respiratory illness cohort (including all those with asthma, bronchiolitis and croup) visiting a MEDIC ED who did and did not receive a CXR during the visit.

- **The source of this measure is:**
  - ☒ Internal to our organization and it was chosen because (describe rationale):
    - This measure was developed from published medical evidence reporting overuse of CXRs in the ED care of children visiting for asthma bronchiolitis and croup.

- **This is a measure of:**
  - ☒ Process – activities of delivering health care to patients
  - ☐ Outcome – health state of a patient resulting from health care

*(If more than two measures are tracked across the two cycles, copy and paste the section for a measure and describe the additional measures.)*

**10. Baseline performance**

a. **What were the beginning and end dates for the time period for baseline data on the measure(s)?**  
   - April 1, 2018 – Mar 31, 2019

c. **What was (were) the performance level(s) at baseline?** Display in a data table, bar graph, or run chart (line graph). Can show baseline data only here or refer to a display of data for all time periods attached at end of report. Show baseline time period, measure names, number of observations for each measure, and performance level for each measure.

<table>
<thead>
<tr>
<th>Period</th>
<th>Start</th>
<th>End</th>
<th>% CXR utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>4/1/2018</td>
<td>3/31/2019</td>
<td>30%</td>
</tr>
</tbody>
</table>

**11. Specific performance aim(s)/objective(s)**

a. **What is the specific aim of the QI effort?**  
   - "The Aim Statement should include: (1) a specific and measurable improvement goal, (2) a specific target population, and (3) a specific target date/time period. For example: We will [improve, increase, decrease] the [number, amount percent of [the process/outcome] from [baseline measure] to [goal measure] by [date]."  
   - MEDIC will demonstrate a collaborative-wide decrease in pediatric (< 18 years) chest x-ray use for all children presenting with diagnoses of asthma, croup or bronchiolitis, from a baseline of 30% to <25% by October 31, 2019.

b. **How were the performance targets determined, e.g., regional or national benchmarks?**
   - Performance targets were derived by consensus among MEDIC members and the MEDIC coordinating center, informed by medical evidence (i.e. achievable benchmarks for care, evidence from benchmarking in children’s hospitals).

**12. Baseline data review and planning. Who was involved in reviewing the baseline data, identifying underlying (root) causes of problem(s) resulting in these data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)**

a. **Who was involved?**
   - MEDIC Collaborative project leaders.
   - Clinical champions from each site
   - ED and Peds Emergency Medicine physicians at each site
   - QI teams and abstractors at each site
b. **How?** *(e.g., in a meeting of clinic staff)*

In collaborative-wide meetings, and at departmental meetings at each site. Email communication supplemented face to face meetings.

c. **When?** *(e.g., date(s) when baseline data were reviewed and discussed)*

Baseline data were given in hard copy and were discussed with clinical champions at the April 12, 2019 MEDIC collaborative wide meeting (Blue Cross Blue Shield of Michigan Lyon Meadows Conference Center, South Lyon MI). Data were distributed by clinical champions to participating physicians at each site in the following weeks. Clinical champions met with providers at their sites either via departmental meetings or individually where they went over baseline performance and objectives for improving performance.

*Use the following table to outline the plan that was developed: #15 the primary causes, #16 the intervention(s) that addressed each cause, and #17 who carried out each intervention.* This is a simplified presentation of the logic diagram for structured problem solving explained at [http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation](http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation) in section 2a. As background, some summary examples of common causes and interventions to address them are:

<table>
<thead>
<tr>
<th>Common Causes</th>
<th>Common Relevant Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals: Are not aware of, don’t understand.</td>
<td>Education about evidence and importance of goal.</td>
</tr>
<tr>
<td>Individuals: Believe performance is OK.</td>
<td>Feedback of performance data.</td>
</tr>
<tr>
<td>Individuals: Cannot remember.</td>
<td>Checklists, reminders.</td>
</tr>
<tr>
<td>Team: Individuals vary in how work is done.</td>
<td>Develop standard work processes.</td>
</tr>
<tr>
<td>Workload: Not enough time.</td>
<td>Reallocate roles and work, review work priorities.</td>
</tr>
<tr>
<td>Suppliers: Problems with provided information/materials.</td>
<td>Work with suppliers to address problems there.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. What were the primary underlying/root causes for the problem(s) at baseline that the project can address?</th>
<th>14. What intervention(s) addressed this cause? P – passive interventions A – active interventions</th>
<th>15. Who was involved in carrying out each intervention? (List the professions/roles involved.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinicians not aware of evidence for use of CXR in Asthma, bronchiolitis or croup at time of patient ED evaluation/chest x-ray ordering</td>
<td>Discuss MEDIC CXR utilization QI measure, evidence &amp; collaborative/site level performance at MEDIC collaborative physician meetings &amp; local ED physician meetings. (P)* Electronic health record physician order sets, embedded chest x-ray guidance to/with radiology ordering. (A) OR Local signs/placards for chest x-ray ordering guidance distributed to physicians and/or placed in ED work environment. (A)</td>
<td>Local QI team of clinical champion, abstractor, QI personnel &amp; IT personnel + participating ED physicians at 14 participating sites.</td>
</tr>
<tr>
<td>Limited/no ability to self-monitor chest x-ray utilization (cannot</td>
<td>MEDIC distribution of collaborative, institutional performance data in hard copy to clinical champions.</td>
<td>Limited/no ability to self-monitor chest x-ray utilization (cannot</td>
</tr>
</tbody>
</table>
Encourage ED providers' login/self-monitoring (all providers) through the MEDICQI.org website. Clinical champions have admin rights to view and share with all providers and participating ED physicians.

Note: If additional causes were identified that are to be addressed, insert additional rows.

Each site’s QI team, including at minimum the local clinical EM/PEM champion, their respective abstractor(s), local physician faculty and other disciplines/units (e.g. information technology staff, radiology) planned, designed and implemented interventions tailored to their specific emergency department. The timing and operational implementation of these interventions then occurred as directed by the local clinical champions and their team. Some sites chose several interventions while others chose just one (meeting our MEDIC collaborative-wide requirement for at least one intervention/site).

C. Do

16. By what date was (were) the intervention(s) initiated? (If multiple interventions, date by when all were initiated.)

Each site’s clinical champion and QI team directed the timing of each intervention: Passive distribution of condition (asthma, bronchiolitis and croup) low value clinical guidelines to clinicians. Passive site interventions were initiated by May 31, 2019.

D. Check

17. Post-intervention performance measurement. Are the population and measures the same as those for the collection of baseline data (see items 10 and 11)?

☒ Yes ☐ No – If no, describe how the population or measures differ:

18. Post-intervention performance

a. What were the beginning and end dates for the time period for post-intervention data on the measure(s)?


b. What was (were) the overall performance level(s) post-intervention? Add post-intervention data to the data table, bar graph, or run chart (line graph) that displays baseline data. Can show baseline and post-intervention data incrementally here or refer to a display of data for all time periods attached at end of report. Show baseline and post-intervention time periods and measure names and for each time period and measure show number of observations and performance level.
b. Did the intervention(s) produce the expected improvement toward meeting the project’s specific aim (item 13.a)?
No, not yet. While the entire collaborative is aware of CXR reduction QI work, some sites are working consistently on this measure while others are prioritizing other MEDIC QI measures. However, the measure represents thousands of pediatric visits and is moving in right direction.

E. Adjust – Replan

19. Post-intervention data review and further planning. Who was involved in reviewing the post-intervention data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

a. Who was involved? (e.g., by profession or role)
   ☒ Same as #14? ❏ Different than #14 (describe):

b. How? (e.g., in a meeting of clinic staff)
   ☒ Same as #14? ❏ Different than #14 (describe):

c. When? (e.g., date(s) when post-intervention data were reviewed and discussed)
   August 2, 2019

Use the following table to outline the next plan that was developed: #22 the primary causes, #23 the adjustments(s)/second intervention(s) that addressed each cause, and #24 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation in section 2a.

Note: Initial intervention(s) occasionally result in performance achieving the targeted specific aims and the review of post-intervention data identifies no further causes that are feasible or cost/effective to address. If so, the plan for the second cycle should be to continue the interventions initiated in the first cycle and check that performance level(s) are stable and sustained through the next observation period.

<table>
<thead>
<tr>
<th>Period</th>
<th>Start</th>
<th>End</th>
<th>% CXR utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>4/1/2018</td>
<td>3/31/2019</td>
<td>30%</td>
</tr>
<tr>
<td>PDSA Cycle 1</td>
<td>6/1/2019</td>
<td>6/30/2019</td>
<td>29.7%</td>
</tr>
</tbody>
</table>

20. What were the primary underlying/root causes for the problem(s) following the intervention(s) that the project can address?
Physicians still not aware of condition specific asthma, bronchiolitis or croup guidelines (education) at time of patient eval/chest x-ray ordering

21. What adjustments/second intervention(s) addressed this cause? (Summary of adjustments)
Active discussion, refinement & distribution of MEDIC developed condition-specific CXR clinical support educational tools within the ED setting.

22. Who was involved in carrying out each adjustment/second intervention? (List the professions/roles involved.)
MEDIC coordinating center staff (MD Directors, RN QI coaches)
MEDIC member clinical champions (MD/DO’s) and site abstractor/QI leads (RNs)
Some physicians still not using the means provided to self-monitor chest x-ray utilization (still not aware current practice pattern)

Active discussion of MEDIC CXR performance reports at local physician meetings, reminders to self-monitor via website, dissemination of site/individual clinician rates of CXR.

MEDIC member clinical champions (MD/DO’s) and site abstractor/QI leads (RNs) and ED physicians

Note: If additional causes were identified that are to be addressed, insert additional rows.

F. Redo

23. By what date was (were) the adjustment(s)/second intervention(s) initiated? (If multiple interventions, date by when all were initiated.)
   
By August 31, 2019

G. Recheck

24. Post-adjustment performance measurement. Are the population and measures the same as indicated for the collection of post-intervention data (item #21)?

☒ Yes ☐ No – If no, describe how the population or measures differ:

25. Post-adjustment performance

a. What were the beginning and end dates for the time period for post-adjustment data on the measure(s)? 9/1/2019 – 10/31/2019

b. What was (were) the overall performance level(s) post-adjustment? Add post-adjustment data to the data table, bar graph, or run chart (line graph) that displays baseline and post-intervention. Can show here or refer to a display of data for all time periods attached at end of report. Show time periods and measure names and for each time period and measure show the number of observations and performance level.

<table>
<thead>
<tr>
<th>Period</th>
<th>Start</th>
<th>End</th>
<th>% CXR utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>4/1/2018</td>
<td>3/31/2019</td>
<td>30%</td>
</tr>
<tr>
<td>PDSA Cycle 1</td>
<td>6/1/2019</td>
<td>6/30/2019</td>
<td>29.7%</td>
</tr>
<tr>
<td>PDSA Cycle 2</td>
<td>9/1/2019</td>
<td>10/31/2019</td>
<td>28%</td>
</tr>
</tbody>
</table>

c. Did the adjustment(s) produce the expected improvement toward meeting the project’s specific aim (item 13.a)?

Not yet, but the numbers are encouraging and several individual sites are making significant improvements. However, MEDIC’s goal is to reduce CXR rates to 25% by December 1, 2019 and will continue into 2020 with further interventions as necessary to meet our goal. At the time of this report, data for subsequent months are not yet available.

H. Readjust

26. Post-adjustment data review and further planning. Who was involved in reviewing the post-adjustment data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

a. Who was involved? (e.g., by profession or role)

☒ Same as #19? ☐ Different than #19 (describe):
b. How? (e.g., in a meeting of clinic staff)
   ☒ Same as #19? ☐ Different than #10 (describe):

c. When? (e.g., date(s) when post-adjustment data were reviewed and discussed)

   Use the following table to outline the next plan that was developed: #30 the primary causes, #31 the adjustments(s)/second intervention(s) that addressed each cause, and #32 who would carry out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation in section 2a.

   Note: Adjustments(s) may result in performance achieving the targeted specific aims and the review of post-adjustment data identifies no further causes that are feasible or cost/effective to address. If so, the plan for a next cycle could be to continue the interventions/adjustments currently implemented and check that performance level(s) are stable and sustained through the next observation period.

<table>
<thead>
<tr>
<th>27. What were the primary underlying/root causes for the problem(s) following the adjustment(s) that the project can address?</th>
<th>28. What further adjustments/intervention(s) might address this cause?</th>
<th>29. Who would be involved in carrying out each further adjustment/intervention? (List the professions/roles involved.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians at each site still do not know, buy into or use condition specific CXR utilization evidence.</td>
<td>Sites offer repeat presentations at faculty meetings and/or email to review and discuss MEDIC condition specific “low value CXR” guide for physicians to use.</td>
<td>Local clinical champion, local EM QI teams (nursing) and local physicians at each site.</td>
</tr>
<tr>
<td>Physicians want to insure we/they are not missing cases of pneumonia (most common reason for ordering CXR) or causing readmissions by not performing CXRs</td>
<td>Use MEDIC custom balancing measure reports to review and disseminate data on rates of missed pneumonia, ED revisits within 72 hours and subsequent admission to the hospital for diagnosis of pneumonia (distributed at 11/8/19 CW meeting and triannually in 2020).</td>
<td>Local clinical champion and local EM QI team with MEDIC disseminate balancing measure data to local physician at each site.</td>
</tr>
</tbody>
</table>

Note: If additional causes were identified that are to be addressed, insert additional rows.

30. Are additional PDCA cycles to occur for this specific performance effort?
   ☐ No further cycles will occur.
   ☐ Further cycles will occur, but will not be documented for MOC. If checked, summarize plans:
       ☒ Further cycles will occur and are to be documented for MOC. If checked, contact the UM Part IV MOC Program to determine how the project’s additional cycles can be documented most practically.

I. Minimum Participation for MOC
31. Participating directly in providing patient care.

a. Did any individuals seeking MOC participate directly in providing care to the patient population?
   ☒ Yes ☐ No  If “No,” go to item #32.

b. Did these individuals participate in the following five key activities over the two cycles of data-guided improvement?
   - Reviewing and interpreting baseline data, considering underlying causes, and planning intervention as described in item #14.
   - Implementing interventions described in item #16.
   - Reviewing and interpreting post-intervention data, considering underlying causes, and planning intervention as described in item #21.
   - Implementing adjustments/second interventions described in item #23.
   - Reviewing and interpreting post-adjustment data, considering underlying causes, and planning intervention as described in item #29.
   ☒ Yes ☐ No  If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38.

32. Not participating directly in providing patient care.

a. Did any individuals seeking MOC not participate directly in providing care to the patient population?
   ☐ Yes ☒ No  If “No,” go to item #33

b. Were the individual(s) involved in the conceptualization, design, implementation, and assessment/evaluation of the cycles of improvement? (E.g., a supervisor or consultant who is involved in all phases, but does not provide direct care to the patient population.)
   ☐ Yes ☐ No  If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38. If “No,” continue to #37c.

c. Did the individual(s) supervising residents or fellows throughout their performing the entire QI effort?
   ☐ Yes ☐ No  If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 40.

33. Did this specific QI effort have any additional participation requirement for MOC? (E.g., participants required to collect data regarding their patients.)
   ☐ Yes ☒ No  If “Yes,” describe:

Individuals who want their participation documented for MOC must additionally complete an attestation form, confirming that they met/worked with others as described in this report and reflecting on the impact of the QI initiative on their practice or organizational role. Following approval of this report, the UMHS QI MOC Program will send to participants an email message with a link to the online attestation form.

K. Sharing Results

42. Are you planning to present this QI project and its results in a:
   ☒ Yes ☐ No  Formal report to clinical leaders?
☒ Yes ☐ No  Presentation (verbal or poster) at a regional or national meeting?
☒ Yes ☐ No  Manuscript for publication?

L. Project Organizational Role and Structure

43. UMHS QI/Part IV MOC oversight – indicate whether this project occurs within UMHS, AAVA, or an affiliated organization and provide the requested information.

☐ University of Michigan Health System
  • Overseen by what UMHS Unit/Group? (name):
  • Is the activity part of a larger UMHS institutional or departmental initiative?
    ☐ No    ☐ Yes – the initiative is (name or describe):

☐ Veterans Administration Ann Arbor Healthcare System
  • Overseen by what AAVA Unit/Group? (name):
  • Is the activity part of a larger AAVA institutional or departmental initiative?
    ☐ No    ☐ Yes – the initiative is:

☒ An organization affiliated with UMHS to improve clinical care
  • The organization is (name):
  • The type of affiliation with UMHS is:
    ☐ Accountable Care Organization (specify which member institution):
    ☒ BCBSM funded, UMHS lead state-wide Collaborative Quality Initiative (specify which):
      Michigan Emergency Department Improvement Collaborative (MEDIC)
    ☐ Other (specify):