

Prevention Learning and Action Network Project Consent Agreement

_____ and Qsource, the Medicare Quality Improvement Organization (QIO) for Tennessee, agree to collaborate on the Centers for Medicare & Medicaid Services (CMS) 10th Scope of Work (SOW) Learning and Action Network (LAN) Project. Under its contract with CMS, the QIO is charged with facilitating a LAN for all Regional Extension Center (REC)-recruited practices in Tennessee after implementation of their electronic health record (EHR) system as well as other practices focusing on cardiac population health. The LAN will focus on effective use of clinical decision support, clinical quality improvement and using the EHR to track and improve cardiac population health.

The information below outlines the collaborative project and the responsibilities of the physician practice and the QIO. The effective date of this Consent Agreement shall commence on the date signed below and will remain in effect until July 31, 2014.

The practice agrees to (Please check all that apply):

- Participate in educational programming and use resources provided through the LAN.
- Share best practices related to effective use of health information technology to improve use of preventive services and cardiac population health.
- Participate in PQRS via claims, registry or qualified EHR and report three or more of these measures:
 - Improving flu immunizations of patients ages 50 and older during the flu season
 - Improving pneumococcal immunization of patients ages 65 and older
 - Improving appropriate low-dose aspirin therapy use in patients with ischemic vascular disease
 - Improving BP control in patients with hypertension
 - Improving LDL-C control among adults with ischemic vascular disease
 - Improving tobacco cessation intervention among adult patients who smoke (screening and cessation counseling).
 - Improving colorectal cancer screening in patients ages 50-75
 - Improving breast cancer screening in women ages 40-69.(Please select three or more measures)
- Provide bi-annual reports of numerators and denominators for the following measures:

- Percentage of patients with Medicare with coronary artery disease or peripheral vascular disease whose most recent blood pressure during the measurement year is <140/90 mm Hg
 - Percentage of patients with Medicare with ischemic vascular disease whose most recent LDL-C screening result was <100
 - Percentage of patients with Medicare with ischemic vascular disease who have documentation of use of aspirin or other antithrombotic during the measurement year
 - Percentage of patients with Medicare who smoke who receive smoking cessation counseling
- Share effective strategies for patient self-management.
- Provide required identifiers, such as practice tax identification number.

The QIO agrees to:

1. Assist practices with benchmarking.
2. Assist practices with using the registry and care management functions of their EHRs.
3. Assist practices with interpreting EHR data and reporting to identify and address disparities in care.
4. Provide educational programming, best practices and intervention tools to improve use of preventive services and cardiac health, including approaches to promote engagement of the patient and family to improve patient health and self-management.
5. Assist in identifying best practices and success stories.

Confidentiality Statement

Under federal regulations, a healthcare quality improvement project is considered a quality review study as defined in 42 CFR Section 480.101(b) as being "an assessment, conducted by or for Qsource, of a patient care problem for the purpose of improving patient care through peer analysis, intervention, resolution of the problem and follow-u." Further, federal regulations at 42 CFR Section 480.140 protect the identities of individual patients, practitioners, and institutions that participate in such studies, and prohibits, with few exceptions, Qsource from disclosing any specific information about their work on quality review studies. Qsource cannot disclose information or data about participants in a quality review study to any party unless the information identifies only physicians, other practitioners, or practices, and those parties must consent to the release of information.

The above terms are accepted by:

Signature of Authorized Practice Representative on behalf of designated eligible professionals

Print Name _____

Title _____

Date _____

continued



Signature of QIO Representative _____

Print Name _____

Title _____

Date _____

Public Release Option

Your success or improvement story and supporting documents would be beneficial to share with others across Tennessee and the nation with similar interests in healthcare quality improvement. Please indicate if we have permission to share your story.

- I hereby grant permission to Qsource to disclose our relationship with them in quality improvement projects and to use and/or publish information regarding this organization's quality improvement efforts, including interventions, literature, documents, images, graphs, or other materials, for the purpose of furthering the advancement of healthcare quality. This is to include print, electronic, visual, verbal, Web and/or various media for an indefinite period of time. This release and consent is made without compensation and no compensation is required or anticipated.
- I do not wish to disclose my relationship or share my story

Please mail/fax this form to:

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