



Quality Improvement Glossary

Benchmarks—A standard by which something can be measured. Benchmarking provides the opportunity to quantify performance measures; quantify the gap between your organization and best practices; encourage new ideas, innovation, and creative thinking; and make operational improvements using an objective basis for your decision making. Benchmarks can be local, regional, or national and divided by specialty, type of provider, and many other categories.

Best practice—A method, technique, or process that has consistently shown results superior to those achieved with other means, preferably demonstrated in an evidence-based way.

Comparative data—Data showing results of an individual or group compared to a benchmark as described above.

Coordination of Care Document (CCD)—A brief summary (one or two pages) of the major medical problems, significant clinical data, and additional clinical information necessary in transfers of care for patients, most important for medically complex patients. Can be electronic or paper.

Electronic health record (EHR)—A portable electronic record of an individual's health. EHRs share information with other health care providers, such as laboratories and specialists, so they contain information from all the clinicians involved in a patient's

care. The information moves with the patient—to the specialist, the hospital, the nursing home, the next state, or even across the country.

Electronic medical record (EMR)—An electronic record of the paper charts found in a clinician's office. An EMR contains the medical and treatment history of the patients in one practice.

Health Information Exchange (HIE)—A warehouse of clinical information accessible to appropriate individuals, which contains health information on all or some of the people in a region. Can be small (limited to a few offices) or national. Should contain all health information available, regardless of source, to include physicians' offices, hospitals, claims data, laboratory, radiology, and others.

Meaningful Use—Providers need to show they're using certified EHR technology in ways that can be measured significantly in both quality and quantity.

The American Recovery and Reinvestment Act of 2009 specifies three main components of meaningful use:

- The use of a certified EHR in a meaningful manner, such as ePrescribing
- The use of certified EHR technology for electronic exchange of health information to improve quality of health care

- The use of certified EHR technology to submit clinical quality and other measures.

Outcomes data—Data that reports about patients’ health results from the care they receive or do not receive.

Patient-centered care—Care that focuses on the total care of the patient, not just when they present for care, but also when they do not. This health care delivery model also includes involving patients in planning their health care and encourages them to take responsibility for their own health.

Patient-centered medical home (PCMH)—Developed by the Patient-Centered Primary Care Collaborative, the definition of a PCMH includes the following elements:

- Personal physician
- Physician-directed medical practice
- Treat the whole person
- Patient needs first and enhanced access
- Quality and safety emphasis
- Better delivery system
- Fair payment model

Pay-for-performance (P4P)—Payment for some additional items or achievements outside of a fee-for service environment.

Performance measurement—Measurement of clinical or practice performance.

Physician Quality Reporting System (PQRS)—The 2006 Tax Relief and Health Care Act required the establishment of a physician quality reporting system, which the Centers for Medicare and Medicaid Services originally named the Physician Quality Reporting Initiative (PQRI). The PQRI was further modified as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2007 and the Medicare Improvements for Patients and Providers Act of 2008. In 2011, the program name was changed to the Physician Quality Reporting System.

Process data—Data that shows that a physician is following a prescribed process of care, such as prescribing certain drugs for a given condition.

Quality metrics—The measurement of quality care and outcomes. These are increasingly being tied to productivity measures.