

# QUALITY COLLABORATIVE

## Joint Commission Q&A

**Question:** How often should we review data from the ongoing professional practice evaluation (PPE)? One consultant told us that semiannual reports are not sufficient.

**Joint Commission:** The ongoing professional practice evaluation process is outlined in Standard MS.08.01.03. The standard does not specify a time frame for conducting annual reviews or reports. Answers to ongoing PPE frequently asked questions (FAQs) on the Joint Commission Web site include the following: “A clearly defined process would include but not be limited to ... how often the data will be reviewed. The frequency of such evaluation can be defined by the organized medical staff, e.g., every 3 months, 6 months, or 9 months. However, as noted in the 2007 teleconferences, 12 months would be periodic rather than ongoing.” More FAQs can be viewed at [www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/09\\_FAQs/MS/Ongoing\\_Professional\\_Practice\\_Evaluation.htm](http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/09_FAQs/MS/Ongoing_Professional_Practice_Evaluation.htm).

*Editor's note: Do you have a question for the Joint Commission? Please send it to [e-news@nahq.org](mailto:e-news@nahq.org) or reply to the Readership Poll in this issue.*

## NQF's New Health IT Consensus Standards Now Available

The National Quality Forum (NQF) recently released the *National Voluntary Consensus Standards for Health Information Technology Structural Measures 2008*, which contains nine national voluntary consensus standards for health information technology (IT) recently endorsed by NQF in the areas of electronic prescribing, electronic health record interoperability, care management, quality registries, and the medical home. Visit [www.qualityforum.org/publications/reports/hit.asp](http://www.qualityforum.org/publications/reports/hit.asp) to read the report's executive summary or here [www.qualityforum.org/publications/reports/hit.asp](http://www.qualityforum.org/publications/reports/hit.asp) to purchase and download the full report.

In other news, the *Health Affairs* Web site recently posted “Building Organizational Capacity: A Cornerstone of Health Reform,” coauthored by Janet Corrigan, president and CEO of NQF, and Dwight McNeill, NQF's vice president for education and outreach. This article addresses the challenges of reforming the healthcare delivery system and makes three central assertions: (1) stronger organization capabilities and supports, such as IT and specialized expertise, are urgently needed to achieve higher levels of performance; (2) as new organizational structures evolve, they will open up opportunities to align payment and capital investments with value; and (3) a focused policy agenda is needed to help cultivate these new supports and structures.

Furthermore, NQF's 2009 Spring Membership Meeting and Implementation Conference will focus on waste within the healthcare system. The conference will bring together experts, innovators, and stakeholders to discuss the latest evidence and the potential of a healthcare system free of waste. The conference will take place March 25–27 at the Renaissance Cleveland in Cleveland, OH. For more information about the conference, visit <http://www.qualityforum.org/conference/index.asp>.

## AHRQ Issues Two Funding Opportunity Announcements

On January 2, 2009, the Agency for Healthcare Research and Quality (AHRQ) issued two funding opportunity announcements (FOAs) that update previous program announcements by

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including new AHRQ portfolio objectives. Applications should focus on identified priority areas in one of the six AHRQ portfolios described below:

- *Value*: The goal of the value portfolio is to help ensure that consumers and patients are served by healthcare organizations that reduce unnecessary costs (waste) while maintaining or improving quality.
- *Health information technology (IT)*: This portfolio aims to identify challenges to health IT adoption and use, solutions and best practices for making health IT work, and tools that will help hospitals and clinicians successfully incorporate new health IT.
- *Comparative effectiveness*: This portfolio strives to provide healthcare decision-makers—including patients, clinicians, purchasers, and policy makers—with up-to-date, evidence-based information about their treatment options to make informed healthcare decisions.
- *Prevention and care management*: This portfolio aims to improve the quality, safety, efficiency, and effectiveness of the delivery of evidence-based preventive services and chronic care management in ambulatory care settings.
- *Patient safety*: This portfolio strives to identify risks and hazards that lead to medical errors and find ways to prevent patient injury associated with the delivery of healthcare.
- *Innovations and emerging issues*: This portfolio aims to identify and support research that has the potential to lead to significant advances in healthcare. Research and activities will reflect ideas substantially different from those already being pursued by AHRQ and will constitute transformative research to solve pressing healthcare problems.

These FOAs also reinstitute a budget of up to \$500,000 in total annual project costs. The two FOAs are listed below:

- AHRQ Health Services Research Projects (R01): This FOA, PA-09-070, supports large research extramural grants. The first application receipt date is March 9, 2009.
- AHRQ Health Services Research Demonstration and Dissemination Grants (R18): This FOA, PA-09-071, solicits large research demonstration and dissemination projects. The first application receipt date is March 9, 2009.

If you have questions about the FOAs, please contact the appropriate staff member associated with each portfolio. Visit <http://www.ahrq.gov/fund/staffcon.htm> to view the list of staff members.