Plans for the Quality Payment Program in 2017: Pick Your Pace

By Andy Slavitt, Acting Administrator of CMS

As the baby boom generation ages, 10,000 people enter the Medicare program each day. Facing that demand, it is essential that Medicare continues to support physicians in delivering high-quality patient care. This includes increasing its focus on patient outcomes and reducing the obstacles that make it harder for physicians to practice good care.

The bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) offers the opportunity to advance these goals and put Medicare on surer footing. Among other policies, it repeals the Sustainable Growth Rate formula and its annual payment cliffs, streamlines the existing patchwork of Medicare reporting programs, and provides opportunities for physicians and other clinicians to earn more by focusing on quality patient care. We are referring to these provisions of MACRA collectively as the Quality Payment Program.
We received feedback on our April proposal for implementing the Quality Payment Program, both in writing and as we talked to thousands of physicians and other clinicians across the country. Universally, the clinician community wants a system that begins and ends with what’s right for the patient. We heard from physicians and other clinicians on how technology can help with patient care and how excessive reporting can distract from patient care; how new programs like medical homes can be encouraged; and the unique issues facing small and rural non-hospital-based physicians. We will address these areas and the many other comments we received when we release the final rule by November 1, 2016.

But, with the Quality Payment Program set to begin on January 1, 2017, we wanted to share our plans for the timing of reporting for the first year of the program. In recognition of the wide diversity of physician practices, we intend for the Quality Payment Program to allow physicians to pick their pace of participation for the first performance period that begins January 1, 2017. During 2017, eligible physicians and other clinicians will have multiple options for participation. Choosing one of these options would ensure you do not receive a negative payment adjustment in 2019. These options and other supporting details will be described fully in the final rule.

First Option: Test the Quality Payment Program.

With this option, as long as you submit some data to the Quality Payment Program, including data from after January 1, 2017, you will avoid a negative payment adjustment. This first option is designed to ensure that your system is working and that you are prepared for broader participation in 2018 and 2019 as you learn more.

Second Option: Participate for part of the calendar year.

You may choose to submit Quality Payment Program information for a reduced number of days. This means your first performance period could begin later than January 1, 2017 and your practice could still qualify for a small positive payment adjustment. For example, if you submit information for part of the calendar year for quality measures, how your practice uses technology, and what improvement activities your practice is undertaking, you could qualify for a small positive payment adjustment. You could select from the list of quality measures and improvement activities available under the Quality Payment Program.

Third Option: Participate for the full calendar year.

For practices that are ready to go on January 1, 2017, you may choose to submit Quality Payment Program information for a full calendar year. This means your first performance period would begin on January 1, 2017. For example, if you submit information for the entire year on quality measures, how your practice uses technology, and what improvement activities your practice is undertaking, you could qualify for a modest positive payment adjustment. We’ve seen physician practices of all sizes successfully submit a full year’s quality data, and expect many will be ready to do so.


Instead of reporting quality data and other information, the law allows you to participate in the Quality Payment Program by joining an Advanced Alternative Payment Model, such as Medicare Shared Savings Track 2 or 3 in 2017. If you receive enough of your Medicare payments or see enough of your Medicare patients through the Advanced Alternative Payment Model in 2017, then you would qualify for a 5 percent incentive payment in 2019.

However you choose to participate in 2017, we will have resources available to assist you and walk you through what needs to be done. And however you choose to participate, your feedback will be invaluable to building this program for the long term to achieve outcomes that matter to your patients.

We appreciate the sincere and constructive participation in the feedback process to date and look forward to advancing step-by-step in that same spirit. We look forward to releasing the final details about the program this fall. Most importantly, we look forward to further engagement with physicians and other clinicians toward our shared goal of the highest quality of care and best outcomes for patients.

For More Information

Get CMS news at cms.gov/newsroom, sign up for CMS news via email, visit The CMS Blog, and follow CMS on Twitter @CMSgov.
Administration takes first step to implement legislation modernizing how Medicare pays physicians for quality

The Department of Health and Human Services today issued a proposal to align and modernize how Medicare pays physicians for quality and value. This Notice of Proposed Rulemaking is a first step in implementing certain provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). This legislation – supported by a bipartisan majority and stakeholders such as patient groups and medical associations – ended more than a decade of last-minute fixes and potential payment cliffs for Medicare doctors and clinicians, while making numerous improvements to America’s health care system.

“The legislation Congress passed a little over a year ago was a milestone in our efforts to advance a health care system that rewards better care, smarter spending, and healthier people,” said HHS Secretary Sylvia M. Burwell. “We have more work to do, but we are committed to implementing this important legislation and creating a health care system that works better for doctors, patients, and taxpayers alike. We look forward to listening and learning from the public on our proposal for how to advance that goal.”

Currently, Medicare measures the value and quality of care provided by doctors and other clinicians through a patchwork of programs. Some clinicians are part of Alternative Payment Models such as the Accountable Care Organizations, the Comprehensive Primary Care Initiative, and the Medicare Shared Savings Program – and most participate in programs such as the Physician Quality Reporting System, the Value Modifier Program, and the Medicare Electronic Health Record (EHR) Incentive Program.

Congress streamlined these various programs into a single framework to help clinicians transition from payments based on volume to payments based on value. Today’s proposed rule would implement these changes through the unified framework called the Quality Payment Program, which includes two paths:

The Merit-based Incentive Payment System (MIPS)

Advanced Alternative Payment Models (APMs).

“We are working with the medical community to advance our collective vision for Medicare payment reform,” said Dr. Patrick Conway, CMS acting principal deputy administrator and chief medical officer. “By proposing a flexible, rather than a one-size-fits-all program, we are attempting to reflect how doctors and other clinicians deliver care and give them the opportunity to participate in a way that is best for them, their practice, and their patients. Reducing burden and improving how we measure performance supports clinicians in doing what they do best – caring for their patients.”

Merit-based Incentive Payment System (MIPS)

Most Medicare clinicians will initially participate in the Quality Payment Program through MIPS. The ACA moved many Medicare payment systems, including that for clinicians, towards value, and MACRA builds on that work. Consistent with the goals of the law, the proposed rule would improve the relevancy and depth Medicare’s quality-based payments and increase clinician flexibility by allowing clinicians to choose measures and activities appropriate to the type of care they provide. MIPS allows Medicare clinicians to be paid for providing high value care through success in four performance categories: Quality, Advancing Care Information, Clinical Practice Improvement Activities, and Cost.

Quality (50 percent of total score in year 1): For this category, clinicians would choose to report six measures from among a range of options that accommodate differences among specialties and practices.

Advancing Care Information (25 percent of total score in year 1): For this category, clinicians would choose to report customizable measures that reflect how they use technology in their day-to-day practice, with a particular emphasis on interoperability and information exchange. Unlike the existing reporting program, this category would not require all-or-nothing EHR measurement or redundant quality reporting.

Clinical Practice Improvement Activities (15 percent of total score in year 1): This category would reward clinical practice improvements, such as activities focused on care coordination, beneficiary engagement, and patient safety. Clinicians may select activities that match their practices’ goals from a list of more than 90 options.

Cost (20 percent of total score in year 1): For this category, the score would be based on Medicare claims, meaning no reporting requirements for clinicians. This category would use 40 episode-specific measures to account for differences among specialties.

The proposed rule seeks to streamline and reduce reporting burden across all four categories, while adding flexibility for physician practices. CMS would begin measuring performance for doctors and other clinicians through MIPS in 2017, with payments based on those measures beginning in 2019.

Advanced Alternative Payment Models

Thanks to new tools created by the Affordable Care Act, increasing numbers of Medicare clinicians are participating in alternative payment models, which are helping transform how our health care system delivers care. Building on the Affordable Care Act, the bipartisan MACRA legislation created additional rewards for clinicians who take this further step towards care transformation. Medicare clinicians who participate to a sufficient extent in Advanced Alternative Payment Models – would be exempt from MIPS reporting requirements and qualify for financial bonuses. These models include the new Comprehensive Primary Care Plus (CPC+) model, the Next Generation ACO model, and other Alternative Payment Models under which clinicians accept both risk and reward for providing coordinated, high-quality care.

Many clinicians who participate to some extent in Alternative Payment Models may not meet the law’s requirements for sufficient participation in the most advanced models. The proposed rule is designed to provide these clinicians with financial rewards within MIPS, as well as to make it easy for clinicians to switch between the components of the Quality Payment Program based on what works best for them and their patients.

We expect that the number of clinicians who qualify as participating in Advanced Alternative Payment Models will grow as the program matures.

Beginning a Dialogue

In implementing the law, we were guided by the same principles underlying the bipartisan legislation itself: streamlining and strengthening quality-based payments for all physicians; rewarding participation in Advanced Alternative Payment Models that create the strongest incentives for high-quality, efficient, and coordinated care; and giving doctors and other clinicians flexibility regarding how they participate in the new payment system. Today’s rule incorporates input from patients, caregivers, clinicians, health care professionals, and other stakeholders, but it represents only the first step in an iterative implementation process.
The National Urgency for Optimal Antibiotic Use

**Driven in part by antibiotic overuse and misuse, increasing antibiotic resistance is an urgent concern for healthcare field as well as for public health and national security. Article Brief by the National Quality Forum**

According to the U.S. Centers for Disease Control and Prevention (CDC), drug-resistant bacteria cause 23,000 deaths and 2 million illnesses each year. The discovery of antibiotics over the past century has changed the field of medicine beyond any other discovery to date. Because of the availability of these drugs, we are able to cure many serious infections that previously would have been untreatable and, in many cases, deadly. Unfortunately, overuse and misuse of antibiotics have resulted in increasing resistance, creating the real and growing threat of new “super-bugs” that are increasingly difficult to treat. Studies indicate that 30-50 percent of antibiotics prescribed in hospitals are unnecessary or inappropriate. Misuse occurs in healthcare settings for a variety of reasons, including use of antibiotics when not needed, continued treatment when no longer necessary, wrong dose, use of broad-spectrum agents to treat very susceptible bacteria and wrong antibiotic to treat an infection.

ASPs (antibiotic stewardship programs) can optimize treatment of infections and antibiotic use—with the goal to provide every patient with the right antibiotics, at the right time, at the right dose, and for the right duration—to reduce adverse events associated with antibiotics and improve patient outcomes. ASPs also reduce hospital C. Difficile rates and antibiotic resistance. In 2014, the CDC recommended that all acute-care hospitals in the United States have an ASP to lead efforts to improve antibiotic use. Additionally, the American Hospital Association has identified antimicrobial stewardship as one of the five top areas for improvement in hospital resource utilization. To help hospitals implement stewardship programs, the CDC developed *The Core Elements of Hospital Antibiotic Stewardship Programs*, which outlines seven key components that have been associated with successful stewardship programs.

**Overview of CDC Core Elements and Rationale:**

1. **Leadership Commitment:** Dedicate necessary human, financial, and information technology resources

2. **Accountability:** Appoint a single leader responsible for program outcomes who is accountable to an executive-level or patient quality-focused hospital committee. Experience with successful programs show that a physician leader is effective.

3. **Drug Expertise:** Appoint a single pharmacist leader responsible for working to improve antibiotic use.

4. **Action:** Implement at least one recommended action, such as a systemic evaluation of ongoing treatment need after a set period of initial treatment (i.e., “antibiotic time out” after 48 hours.)

5. **Tracking:** Monitor process measures (e.g., adherence to facility-specific guidelines, time to initiation or de-escalation), impact on patients (e.g., Clostridium difficile infections, antibiotic related adverse effects and toxicity), antibiotic use, and resistance.

6. **Reporting:** Report the above information regularly to doctors, nurses, and relevant staff.

7. **Education:** Educate clinicians about disease state management, resistance, and optimal prescribing.

As we look to the future, investment in antibiotic stewardship programs has been demonstrated to improve patient outcomes, reduce antibiotic resistance, and save lives as well as reduce healthcare costs. With that said, provider-level quality measures as well as a comprehensive understanding of the situations where antibiotics are commonly misprescribed can support ASP efforts. Further, antibiotic drug discovery and development, rapid diagnostics, and surveillance are very significant issues for further work. In conclusion, a comprehensive, long-range strategy for antibiotic stewardship should extend beyond the acute-care setting to the full continuum of care.

To read the article in its entirety go to [http://www.idsociety.org/Stewardship_Policy/](http://www.idsociety.org/Stewardship_Policy/)

**National Quality Partners Playbook: Antibiotic Stewardship in Acute Care**
District Updates

District A — Michele Dettmann

Wednesday Aug 3 and Nov 2, 2016 at Cherokee Regional Hospital 10am–2pm

District B — Megan Mollenbeck

District C — Sarah Pavelka’s group met June 10, 2016 10:30-2pm Cedar Falls-Sarah’s Barn. Next meeting Fall 2016

District D — Jennifer Arp’s group met June 24th @ Creston; Aug 26th @ Atlantic; Oct 28th @ Clarinda; Dec 2nd @ Council Bluffs Jennie Ed.

District E — Ellyn Cowan

District F — Angela Freeman’s group will meet on 11/15-Tuesday @ Keokuk County Health

District G: Natasha Hauschilt

Communique’ Editor: Phyllis McDonald 641-791-4307 pmcdonald@skiffmed.com

District Meeting News

District A met in Cherokee on Aug 3, 2016. Education for the meeting was Barb Wilke from Telligen on the MBQIP measures for Hospitals and choosing Quality projects around the CMS and MBQIP measures. Other discussion included Medicaid Managed care, Observation notices (MOON) and other topics of interest from the group. Attendance was 18. District A will meet on November 2, 2016 in Cherokee at 10:00 a.m.

Michele

Future topics of interest for Webinars

Jennifer Arp would like a better understanding of our new payment models with ACO’s, MACRA/MIPS etc.

Michele Dettman suggested engaging staff and their influence on quality for our patients

Amy ORourke recommended Policy management in CAHs, using LEAN tools and using Excel for data analysis.

Kris Hoyt was interested in information regarding OPPE/FPPE and how other facilities are managing this

Melanie Boyd suggested topics on How and what to prepare for a DIA visit and how patient experience improve patient outcomes.

District G & F: Hosted Elly Shaw at Knoxville Hospital July 22. Telligen Update by Lori Parsons. Elly presented The road to Patient Centered Medical Home and Educating Patients on medications at Discharge. We were also given a tour of the facility at Knoxville.
2017 Quality Professional Award
Iowa Association for Healthcare Quality
Iowa Outstanding Quality Professional Award

Description
The Iowa Association for Healthcare Quality (IAHQ) annually grants the Outstanding Iowa Quality Profession award to recognize a dynamic and passionate IAHQ member who has demonstrated enthusiasm and leadership with local, state and national healthcare associations and has made contributions to healthcare quality through healthcare consultation, publications and presentations.

Eligibility Criteria
Eligible candidates will be an IAHQ members who has demonstrated the characteristics of commitment, dedication, passion, and enthusiasm for the healthcare quality profession. Candidates may be self-nominated or nominated by a co-worker or IAHQ member.

Award
The recipient will receive a plaque or pin, recognition at the IAHQ annual conference and recognition in the quarterly IAHQ newsletter. A letter and with an example press release for local papers will be sent to the CEO of the award recipients place of employment for both internal and external recognition.

Requirements (All of the requirements listed below must be clearly evidenced in the nominee’s application or the attached one page essay.)

- Member of IAHQ for at least two (2) years
- Currently employed as a Quality Professional in the state of Iowa
- Participates in District meetings and IAHQ functions (if applicable)
- Has actively participated in the creation, implementation and completion of individual performance improvement projects that has had a direct effect on the quality of healthcare (the project must have been completed in the calendar year (January-December) before the year of the nomination). Submit examples.
- Demonstrates excellence in the specialty of healthcare quality through evidence of any of the following:
  - Service to local, state and national healthcare associations through leadership and/or serving as a team member or leader.
  - Contributions within the healthcare quality field through requests from others for voluntary consultation; evidence of recognition by others in the field as a contributor to healthcare quality best practices. Submit examples.
  - Presenter, co-presenter or instructor on healthcare quality practice and standards in local, state, or national workshops, seminars or conferences, or in-service training programs.

Deadline
The application and one page essay detailing how the applicant meets the criteria must be received electronically by March 15, 2017, by sending materials to Kathy Trytten at: tryttenk@ihaonline.org
Application Form
2017 Iowa Outstanding Quality Professional Award

Nominee’s Name: ________________________________

Title: ________________________________________

Organization: __________________________________

City: ___________________ State: ______ Zip Code: ______

Phone: (_____) __________________ Fax: (_____) __________________

Email: ______________________________________

Home Address: __________________________________

City: ___________________ State: ______ Zip Code: ______

Phone: (_____) __________________

Consecutive # of Years as an IAHQ member: __________

Person nominating the candidate (if applicable): ________________________________

Why do you believe you or the person you are nominating should be considered? (Use additional space as needed)

All of the information I have provided about myself or the nominee for the Outstanding Iowa Quality Profession Award is true and accurate.
2017 Scholarship Criteria

Iowa Association for Healthcare Quality
# 2017 Scholarship Application

**Iowa Association for Healthcare Quality**

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<td>Present Employer</td>
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<td>Address of Employer</td>
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<td>Email address</td>
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<td>Present position</td>
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<td>Immediate supervisor</td>
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<td>Number of years member of IAHQ</td>
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<td>Number of years member of NAHQ</td>
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<td>Name of school attending (if applicable)</td>
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<td>Name of certification exam or review course (if applicable)</td>
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<td>Course of study (if applicable)</td>
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<td>Anticipated date of completion of degree or certification exam</td>
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<td>Applicant’s goal for classes or course of study or certification</td>
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<td>List your involvement in IAHQ and/or NAHQ (district, state or national)</td>
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Please list on an additional page: Identify what you consider to be the most important challenge for quality professionals and how your education can help in 100 words or less.

When you submit this application, please include a reference from:
- Immediate supervisor
- Peer or Instructor

Return completed applications by March 15, 2017

to: Kathy Trytten, Senior Director, Info & Quality Services

Iowa Hospital Association
100 East Grand, Suite 100
Des Moines, IA 50309

Email: tryttenk@ihaonline.org
Fax: 515-283-9366
Purpose
The purpose of the scholarship fund is to provide financial assistance to members of the Iowa Association for Healthcare Quality (IAHQ) for continuation of formal education, completion of a certification exam or completion of a certification exam review course. The scholarship amount available is determined by the IAHQ Board on an annual basis.

Eligibility
The applicant must be a member of IAHQ and have been so for a minimum of one year prior to making application for the scholarship.

The scholarship shall be used towards an advanced degree, a certification exam or a certification exam review course.

The IAHQ Board will review each application and determine winners prior to the IAHQ Annual Conference.

The scholarship winner will be notified by the IAHQ president or their designee. The award will be announced at the Iowa Association for Healthcare Quality Annual Conference.

Completed Scholarship Application must be received by March 15, 2017
Reference Form
2017 Scholarship Application
Iowa Association for Healthcare Quality
(All shared information is strictly confidential.)

Applicant’s Name ________________________________

How long have you known the applicant? ________________________________

In what capacity have you known the applicant? (Check One)

Immediate supervisor  Instructor or peer

Please rate the applicant on the following characteristics:

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<tr>
<th>Characteristic</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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<td>Probability of success</td>
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<td>Initiative</td>
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<td>Ability to get along with others</td>
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<td>Communication skills</td>
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<td>Professionalism</td>
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Do you feel this applicant is deserving of a scholarship? Yes No

What indication can you give of the student’s desire to contribute to healthcare quality leadership?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

General Comments
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Return completed applications by March 15, 2017 to:
Kathy Trytten, Senior Director, Info and Quality Services

Signed ________________________________
Iowa Hospital Association
100 East Grand, Suite 100
Des Moines, IA 50309

Date ________________________________ Email: tryttenk@ihaonline.org

IAHQ
Iowa Association for Healthcare Quality
Attachment A

IAHQ Strategic Planning: IHA/IAHQ Partnership Subcommittee Summary

07/11/16

Situation

Based on IAHQ board discussion, strategy surrounding the Iowa Hospital Association (IHA) / Iowa Association for Healthcare Quality (IAHQ) relationship was explored. The intent of creating a subcommittee to review this topic was to identify ways to clarify and enrich the existing partnership as outlined in the IAHQ Bylaws in order to grow IAHQ membership.

Background

The subcommittee discussed numerous ways in which IAHQ members can receive/share relevant information, including but not limited to IAHQ List Serve, IAHQ Regional Meetings, IHA Friday Mailings and Legislative Bulletins; IHA webinars, Telligen newsletters, etc.

Also discussed was how IAHQ members were given access to the above-listed venues, and whether the IAHQ (as an organization) could help promote this information to our members to improve knowledge and increase job confidence, thereby gaining value in IAHQ membership.

Additional discussion centered on IAHQ participation in selected IHA committees to enhance IAHQ’s direct participation as well as provide information-sharing back to the IAHQ board and membership.

Assessment

The following activities were clarified:

IHA as Legislative Resource: Access to IHA Friday Mailing and Legislative Bulletins

- All IAHQ members automatically receive the IHA Friday Mailings and Legislative Bulletins.
IHA Webinars/Information: Leverage Endorsement to IAHQ Membership

- Existing IHA webinars can be “advertised” to IAHQ members.
- IHA can help with topic-specific webinar development for IAHQ members.

IAHQ as Communication/Sharing Resource: List Serve and Membership

- All IAHQ members belong to an existing IAHQ List Serve.
- IAHQ membership is intended to cross over to healthcare settings beyond the hospitals such as clinics, nursing homes, home care, etc.

IAHQ as Legislative Participant: IHA Council on Representation and Advocacy

- Council Description:
  “This council is charged with providing input on Association initiatives relating to state and national health care legislation, including recommendations on legislative positions, government agency and regulatory policies and finance policy concerns; assisting with mobilizing grass roots advocacy initiatives as well as other issues relating to how IHA and its members are perceived by various constituency groups.”

- IHA Council on Representation meets ~2-3 times/year.
- The IHA allows any member on this council with their CEO’s approval.

IAHQ/IHA Relationship: IAHQ Bylaws

- The IAHQ Bylaws are in place and outline the relationship between the two groups.

Recommendations

The following activities are recommended by the sub team to attain outcome goal of increased membership:

IAH as Legislative Resource: Access to IHA Friday Mailing and Legislative Bulletins

1. Remind IAHQ members of this feature as membership promotion as well as when membership is purchased.

IHA Webinars/Information: Leverage Endorsement to IAHQ Membership
1. Select quality-related IHA webinars to be “advertised” to IAHQ members.
2. Use IAHQ funds to work with IHA to create topic-specific quality webinars for IAHQ members.

**IAHQ as Communication/Sharing Resource: Utilize List Serve and Membership**

1. List Serve: Continue annual email to all members outlining List Serve.
2. List Serve: Article “reminder” on List Serve has been submitted to be included in next IAHQ newsletter.
3. List Serve: Board to utilize List Serve in various ways to promote usage.
4. Membership: Work with IHA, and use IAHQ funds as needed, to create IAHQ “Who Are We?” brochure for distribution to other health care settings such as nursing homes, home health, etc.

**IAHQ as Legislative Participant: IHA Council on Representation and Advocacy**

1. Recommend that one member of the IAHQ Board be “assigned” to the IHA Council on Representation for term to be determined and to coincide with their IAHQ Board membership.
2. This member would gain access via their CEO’s approval.
3. This member would share council’s legislative information/activities at all IAHQ board meetings and the IAHQ annual meeting (as appropriate).
4. This member would represent IAHQ through their participation/input on the council regarding applicable topics.

**IAHQ/IHA Relationship: IAHQ Bylaws**

No action recommended at this time.

Any recommendations approved by the IAHQ board would be guided by the [IHA/IAHQ Partnership] subcommittee or by separately-created task force(s) comprised of IAHQ board members.
Happy fall to you all!

I had the fortunate opportunity to attend a leadership seminar at Disney a few years ago. The phrase “purpose over task” resonated and stuck with me from that learning experience. What I learned was that list of requirements in a job description, the task, is what you do every day when you come to work. The "to-do" list, what must be accomplished. Purpose, though, is the reason you complete the "to-do" list and get everything accomplished. I think we can lose sight of our purpose when there is so much we must have knowledge about, maintain our list of things to get done, inspire and motivate our coworkers to do better, and all of the other work demands that aren’t always spelled out in a quality professional's job description. It’s easy to slip into a routine and get defeated when improvement doesn’t come as soon as we’d hoped. That is why the phrase is so important: "purpose OVER task". Purpose is much more important than the actual task. I can think of many examples. One that comes to mind quickly is when I’m walking through my hospital and I come upon someone who may not know where they are going. It’s not my job to escort people around but my purpose is to help others. I help them to the place they are trying to get too. And I do it with kindness and genuine courtesy.

You may have a personal purpose. Something within you or that has happened to you that makes you feel it’s so important that you’ve dedicated the majority of your waking hours to it. In having met many of you and know your passion for healthcare and the people you serve, there is definitely evidence of purpose. You may work for a company that has a mission and vision that resonates strongly to you. Being a part of a community with one common vision is uplifting and can contribute to your purpose. It can inspire you to do your "tasks" in a way that contributes to the quality of healthcare your patient’s receive.

So I ask, what quality metrics are you and your organization focused on? How do you arrive at understanding all of the information created from our medical care? How do you communicate it to leadership as well as front line staff? What performance improvement projects are needed, service excellence initiatives that need life, hard-wiring safety, and striving towards positive morale in the workplace; quality professionals do not have an easy task. You need the right tools and support. I hope that IAHQ does that for you and for others you work with. Combined with your purpose, IAHQ offerings can help you excel in your role.

IAHQ strives to promote improvement of quality, provide educational opportunities and promote standards and ethics for professionals in healthcare quality. Be on the lookout for information coming about our 2017 conference. The board has been working hard to bring you interesting, motivating and relevant speakers. Also, check out our website or ask your district representative about the awards and scholarships available with IAHQ. Yearly we award scholarship dollars and award the Quality Professional and Rising Star awards.

Finally I encourage you to get involved at the board level. Personally, I’ve found so much enjoyment from the people I’ve met and worked with, seen growth in my career, been exposed to new opportunities, and was able to impact quality in the State of Iowa through serving on the board. It has been a pleasure serving as your board President this year and I wish you and your family well these upcoming holidays!