



## High Value Practice Academic Alliance Membership Agreement

The High Value Practice Academic Alliance (HVPAA) is a consortium of academic medical centers working together to advance high value health care, through collaborative quality improvement, research and education. Any academic medical center may join, and there is no registration fee.

### **Requirements of membership**

- Academic medical center (medical school affiliation or GMEC program)
- Approval from institutional or departmental leadership
- Commitment to advance at least 1 value improvement initiative in your institution annually
- Participation in monthly conference calls

### **Membership Agreement**

Faculty Representative (First, Last) \_\_\_\_\_ Degree(s) \_\_\_\_\_

Academic Rank \_\_\_\_\_

Title(s) \_\_\_\_\_

Department \_\_\_\_\_

Academic Institution \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

### **Membership Category**

**Departmental with approval by department chair**

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Institutional with approval by institutional leadership**

\_\_\_\_\_  
 President  Dean  CEO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

VP Quality  CQO

**Return completed forms to Pamela Johnson by June 30<sup>th</sup>, 2017**

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## High Value Practice Academic Alliance Membership Agreement

Member institutions are required to implement at least one value-based quality improvement project annually. Please indicate your departmental or institutional initiative(s) for the 2017-2018 academic year by selecting from the following list. A brief description of project status will be due June 1, 2018.

- Length of stay (describe objective):
- Readmission or discharge transition (describe objective):
- Reducing variability of costs across disease management (ie sepsis) or procedure (describe objective):

### Labs

- serum folate testing for anemia
- Hepatitis C viral loads/genotype testing
- repeating daily labs on inpatients
- preoperative labs on low risk patients
- outpatient labs
- type and screen every 3 days for inpatients
- UA and urine culture inpatient admission
- Urinary fractional excretion indices in AKI
- C. difficile testing
- ANA subserologies without a positive ANA
- TSH or T3
- Thrombophilia
- H pylori antibody testing
- Anti-platelet factor 4/ SRA testing to r/o HIT
- HIT panel in thrombocytopenia
- serum ammonia in AMS (esp noncirrhotics)
- hypercoag work up in acute thrombotic event
- urine legionella antigen in CAP
- routine AFB cultures from body fluids/bone
- community GI pathogen panel
- urea and GGT in the ED panel
- both ESR and CRP for inflammatory work-up
- diff with CBC
- peripheral smear
- CMP and BMP or LFTs
- parathyroid protein
- paraneoplastic work up
- 1,25 OH-Vitamin D
- HPV testing in women <30

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### Imaging

- routine chest radiographs in ICUs
- admission chest radiographs
- routine CXR in ICUs
- preoperative CXR for low risk procedures
- brain imaging (CT, MRI) for headache
- imaging for nonneurologic syncope
- combined head and sinus CT
- sinus CT in patients with acute sinusitis
- lumbar spine MRI for uncomplicated LBP < 6 weeks duration
- whole body imaging in trauma patients; pan-spine imaging
- chest CTA for suspected pulmonary embolism
- abdominal/pelvic CT for pancreatitis
- noncontrast abdominal/pelvic CT for suspected renal colic
- carotid ultrasound screening in asymptomatic, healthy patients
- thyroid ultrasound for incidental nodules
- renal US in AKI
- CT head in hospital-acquired delirium without neurological symptoms
- lower extremity US in asymptomatic trauma patients

### Cardiac Diagnostics

- CPK-MB in patients with suspected acute coronary syndrome
- telemetry
- transthoracic echocardiography
- preoperative cardiac testing in low risk procedures

### Procedure/Treatment

- thyroid nodule biopsy
- transfusions (trigger level and number of units)
- antibiotics for asymptomatic bacteremia
- antibiotics for acute sinusitis
- antibiotics for recently treated C Difficile infection
- sedatives (including benzodiazepines) for insomnia in hospital
- antipsychotic use for delirium and prolonged use for dementia with BPSD
- PPI for GERD or dyspepsia or PUD prophylaxis (ICU patients)

### Preventative care

- VTE order sets to ensure appropriate guideline management
- Cancer screening reminders in EHR- colon, lung, prostate, breast
- Aortic aneurysm screening BPA in EHR and standardized follow up recommendation

Other:

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