



## High Value Practice Alliance Membership Agreement

The High Value Practice Alliance (HVPA) is a consortium of health care delivery organizations working to improve value through collaborative performance improvement and education. Any medical center, department or practice may join, and there is no registration fee.

### **Requirements of membership**

- Approval from institutional, departmental or practice leadership
- Commitment to advance at least 1 value improvement initiative in your organization annually

### **Membership Agreement**

Name of Organization: \_\_\_\_\_

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

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

Department (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country: \_\_\_\_\_

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

### **Membership Category (select one)**

#### **Departmental with approval by department chair/director**

\_\_\_\_\_

Department Chair/Director

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

#### **Institutional or practice with approval by leadership**

\_\_\_\_\_

President  VP  CEO  CQO  CMO

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Member institutions are required to implement at least one value-based quality improvement project annually. Briefly describe your initiative(s) for the FY24 here:

**Return completed forms by email:**  
HighValuePracticeAlliance@gmail.com



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**Looking for a high value QI project?** Helpful resources include [Choosing Wisely](#) and [Things We Do For No Reason article series](#) and [teaching file](#).

Here are some suggestions:

### General

- Decrease length of stay
- Improve equitable delivery of high value care
- Improve care transitions
- Reduce avoidable use of ED or hospital
- Reduce unwarranted variability

### Improve Preventative Care

- Aortic aneurysm screening and/or surveillance
- Cancer screening (colon, lung, breast, prostate)
- Coronary artery disease/atherosclerosis screening
- VTE prophylaxis for inpatients

### Decrease Low Value Labs

- ANA subserologies without a positive ANA
- Amylase in pancreatitis
- Both ESR and CRP for inflammatory work-up
- C. difficile testing outside AUCs
- Hemoccult testing in ED or inpatient setting
- Paraneoplastic work up outside AUCs
- Preoperative labs on low-risk patients
- Preoperative coagulation studies in healthy patients
- Repeat labs
- Routine UA and urine culture inpatient admission
- Serum ammonia in chronic liver disease
- Serum folate testing for anemia
- Urinary fractional excretion indices in AKI
- Vitamin D

\*AUC: appropriate use criteria

### Decrease Low Value Imaging

- Abdominal CT for acute uncomplicated pyelonephritis
- Abdominal CT for acute, mild pancreatitis
- Abdomen/pelvis CT with & without IV contrast outside AUCs
- Brain CT/MR for uncomplicated headache
- Brain CT in nonneurologic hospital-acquired delirium
- Carotid US screening in asymptomatic, healthy patients
- Carotid US for non-neurologic syncope workup
- Chest radiograph for bronchiolitis
- Coronary calcium CT in patients with no CAD risk factors
- Coronary CTA as a screening tool for CAD
- Inpatient abdominal US after CT
- Inpatient liver duplex US after contrast enhanced CT
- Lumbar spine MRI for uncomplicated back pain
- Noncontrast CT AP for “renal colic” without hematuria
- Pulmonary CTA in patients at low-risk for pulmonary embolism
- Renal US in hospital acquired AKI
- Routine daily chest radiographs in ICUs
- Sinus CT in patients with acute uncomplicated sinusitis
- Thyroid ultrasound for incidental nodules below size threshold

### Decrease Low Value Cardiac Diagnostics

- CK-MB in patients with suspected ACS
- Repeat transthoracic echocardiography
- Telemetry overuse

### Decrease Low Value Procedure/Treatment

- Antibiotic stewardship
- Opioid stewardship
- Incidental thyroid nodule biopsy outside AUCs
- Peripheral artery revascularization outside AUCs
- Transfusions (reflexive use of >1 unit, outside AUCs)

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