

Blue Quality Physician Program (BQPP)

Please complete the information below for your practice's quality measures that are at 50th and below national benchmark percentile. This plan will help practices move towards improving quality measures in your practice by documenting and submitting your Plan-Do-Study-Act (PDSA) process for Quality Improvement. This form and supporting documentation should be submitted to the **BQPP mailbox** BQPP@bcbsnc.com at the time of applying or renewing to the BQPP **program annually**.

Practice Name: _____

Practice Contact and phone number: _____

Practice NPI: _____

Practice Specialty: _____

Plan

Identify the Process selected for Quality Improvement:

Reason this topic was chosen including documentation of the problem and the date the topic was chosen:

Date Chosen: _____

Information:

Do

Improvement Procedure including the specifics of the procedure and the date implemented:

Date Implemented: _____

Information:

Study

Results of Improvement Procedure including documentation of the outcome and the date the evaluation was performed:

BCBSNC Confidential & Proprietary

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Date Evaluation was performed: _____

Information:

Act

Documentation of the next phase of the quality improvement procedure including what will be done and the start date of the next phase of the PDSA cycle.

Date the Next Phase will begin: _____

Information:

Form Completed by: _____

Date: _____