



INHALE

Inspiring Health Advances in Lung Care

2024 PO Recruitment

Feb 1, 2024

Our Mission



The Inspiring Health Advances in Lung Care (INHALE) is a Collaborative Quality Initiative in partnership with Blue Cross Blue Shield of Michigan that aims to engage and empower Physician Organizations across the state to improve patient outcomes, address inequities in care, and promote high-value health care for children and adults with asthma and adults with chronic obstructive pulmonary disease (COPD).

“Our vision is a world where anyone can breathe deeply and live fully.”

Agenda



- Overview of CQIs
- Introduction to INHALE
- Participation & Incentives
- Next Steps
- Q&A

Leadership



Dr. Njira Lugogo, MD

Program Director
Asthma Content Expert



Dr. Michael Sjoding, MD

Program Co-Director
COPD/Data Content Expert



April Proudlock, BBA, RN

Program Manager
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Definitions



- **BCBSM** – Blue Cross Blue Shield of Michigan
- **CQIs** – Collaborative Quality Initiatives
- **VBR** – Value Based Reimbursement; provider earned incentive in the form a fee-schedule increase associated with commercial PPO members.
- **Coordinating Center** - Leadership of the statewide CQI
 - Composed of providers and support staff
 - Set QI agenda and targets for state of Michigan
- **PO** – A physician organization that agrees to participate in a CQI and earns VBR from achieving QI goals
- **Clinical Champion** – Local participating provider
 - Champions QI goals of the CQI at their respective PO/Practice

CQI Background



- Statewide quality initiatives developed and executed by Michigan providers/practices and funded by BCBSM
- Promotes Partnership with physicians, hospitals, and practices to improve outcomes, enhance community well-being, and reduce costs.
 - Goal is to reduce variation in clinical care and develop and share best practices
- CQIs set performance measures and targets
- Utilize data dashboards which allow for rapid analysis and dissemination of data
- BCBSM is offering 5% VBR for participation and performance in INHALE

Current CQI Portfolio

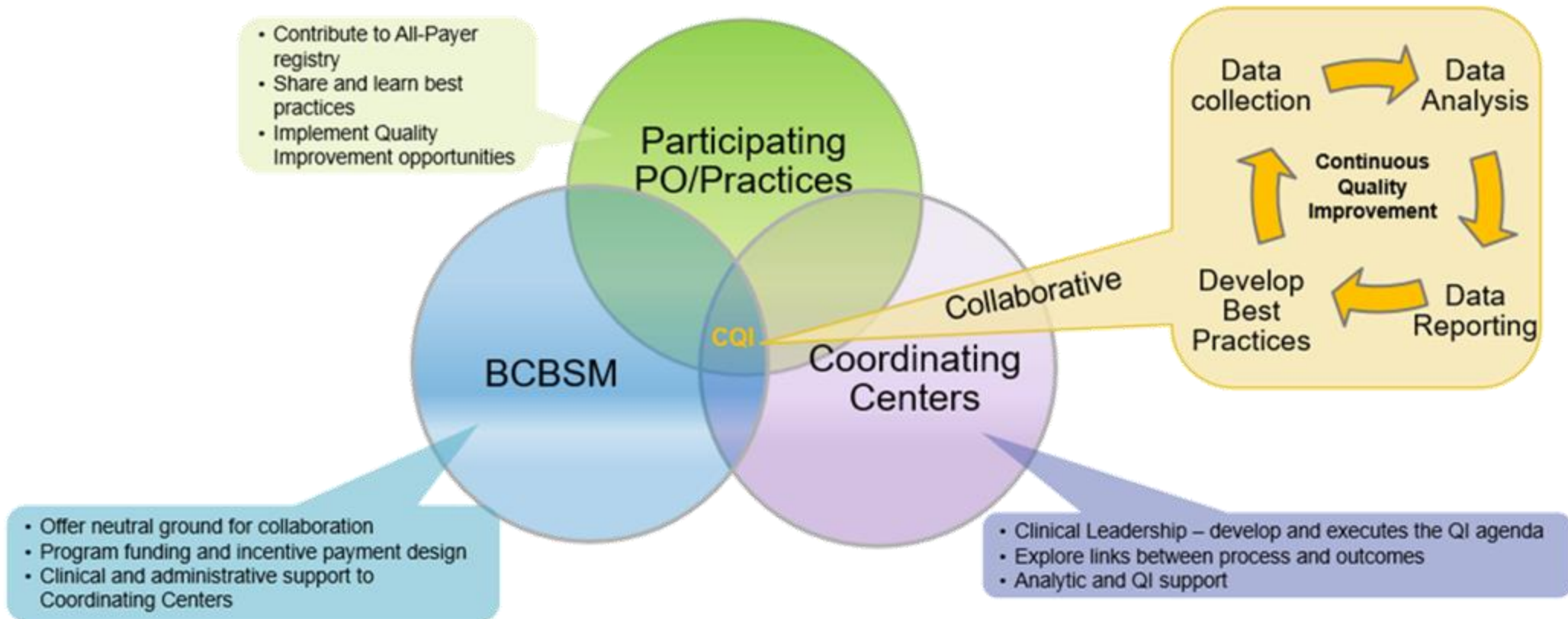


- ASPIRE – Anesthesiology
- BMC2 – Angioplasty/Vascular Sx
- HMS – Hospital Medicine
- **INHALE – Asthma/COPD ***
- MAQI2 – Anticoagulation
- MARCQI – THA/TKA
- MBSC – Bariatric Sx
- MCT2D – Type 2 Diabetes*
- MEDIC – Emergency Department
- MiBAC – Low Back Pain*

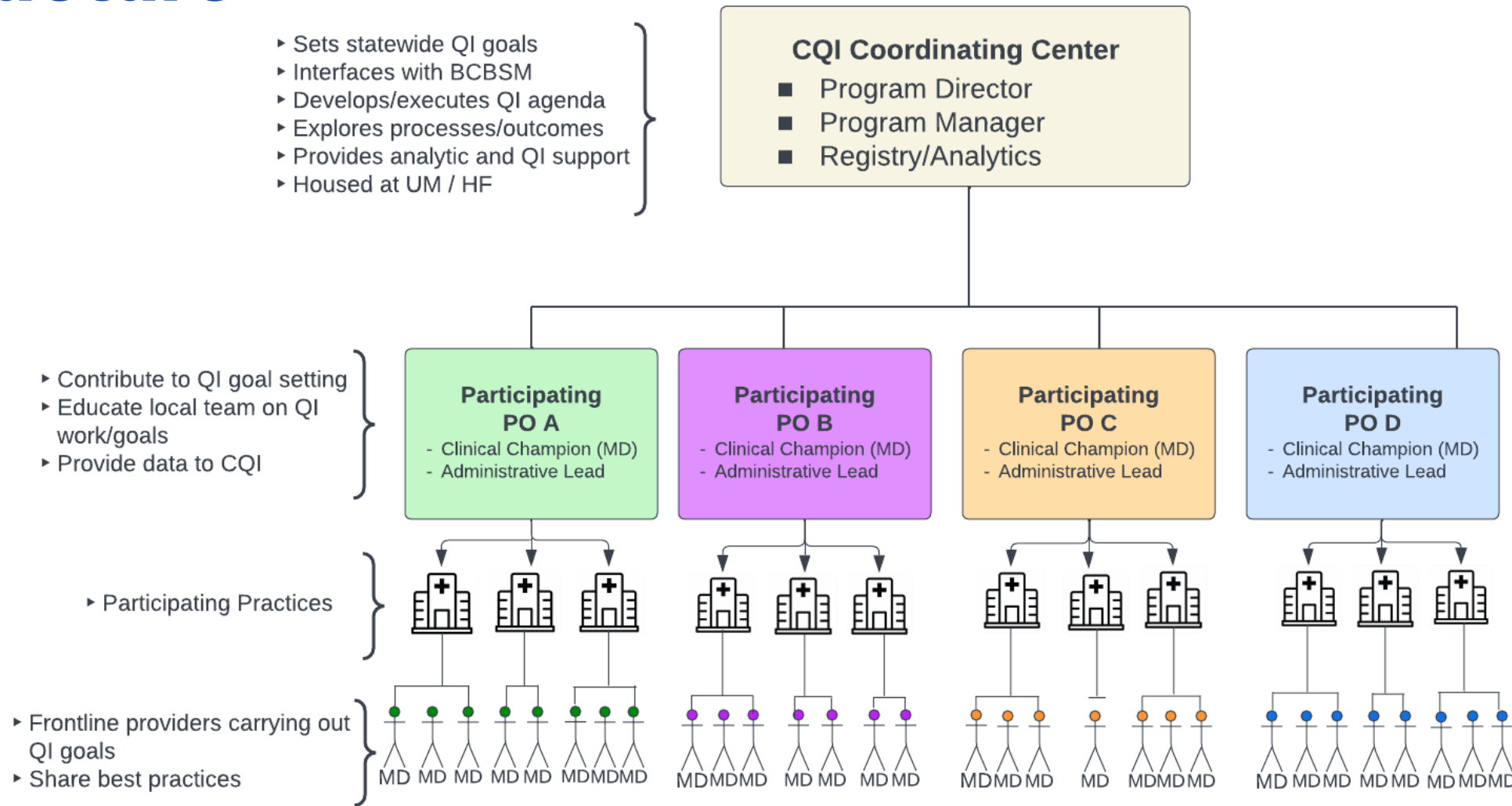
- MiMIND – Suicide Prevention*
- MOQC – Oncology
- MROQC – Radiation Oncology
- MSQC – Surgery
- MSSIC – Spine Sx
- MSTCVS – Cardio-Thoracic Sx
- MTQIP – Trauma
- MUSIC – Prostate Ca
- MVC – Value Collaborative
- OBI – Cesarean Section

* Population Health CQIs

Population Health CQI Partnership



Population Health CQI Structure



Population Health vs Hospital CQIs



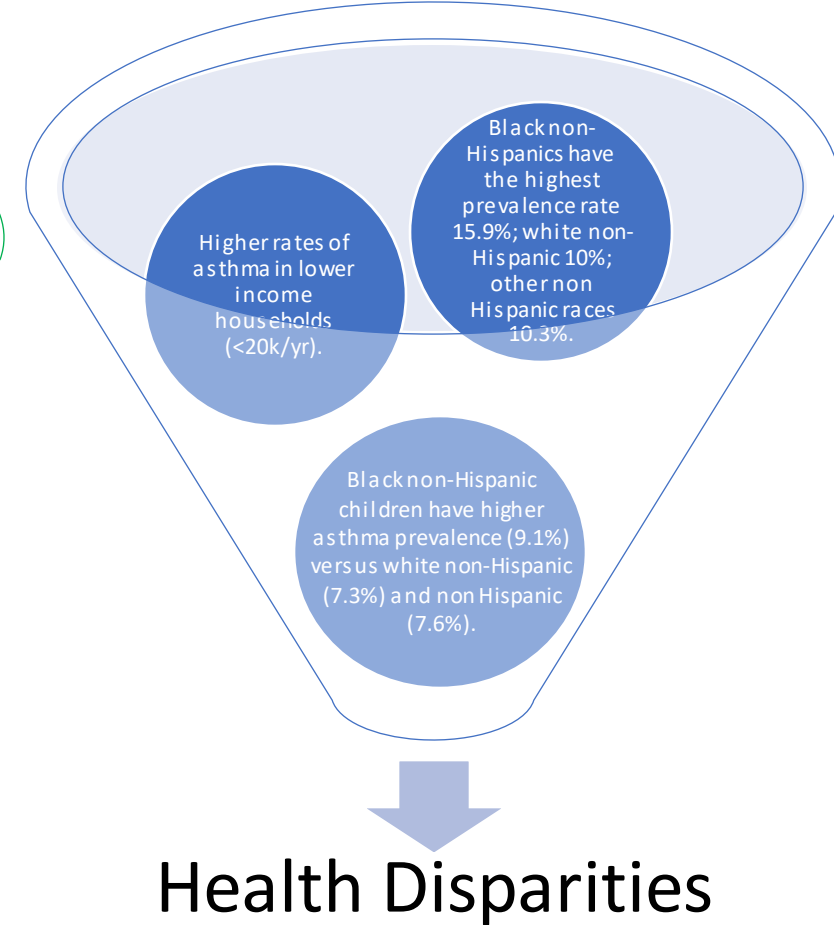
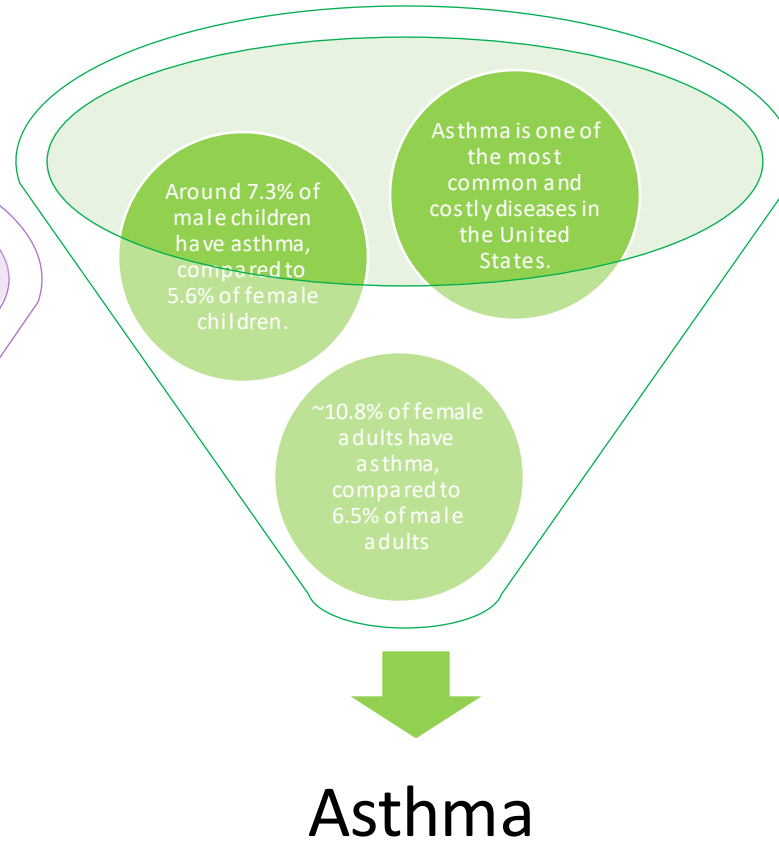
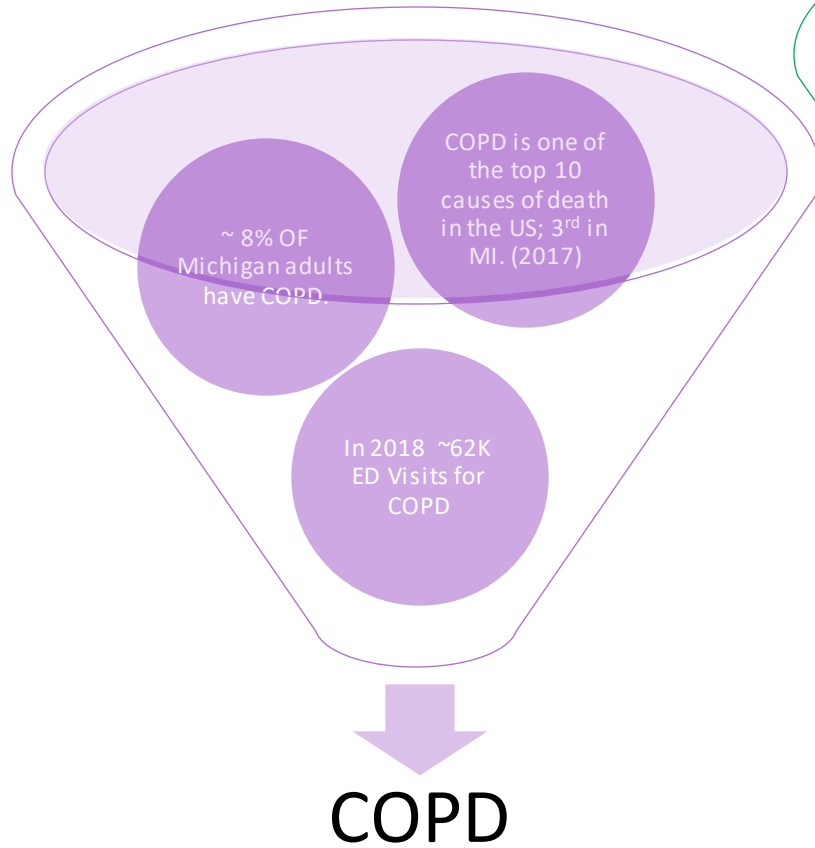
INHALE *(Population Health)*

- Large patient population
- Includes adult AND pediatric patients
- Focus on Primary Care and Specialists
- Includes POs, practices, and hospital systems
- Uses MDC data hub

Hospital CQIs

- Have smaller population
- Mostly focused on adults
- Typically episodic care
- Focus on Specialists
- Typical participate at the hospital level
- Use abstracted registry data

Asthma & COPD in Michigan

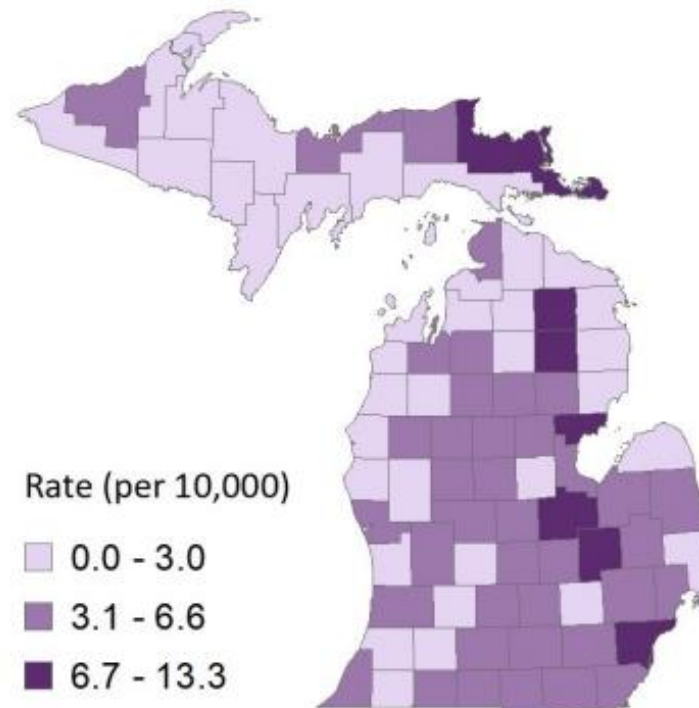


Michigan Hospitalizations



ASTHMA HOSPITALIZATION

In 2017, there were 6,152 asthma hospitalizations for an asthma hospitalization rate of 6.6 per 10,000 residents for the state of Michigan. The asthma hospitalization rate for adults in Michigan was 5.1 per 10,000 and that rate for children was 10.9 per 10,000. Blacks had about 5 times the rate of asthma hospitalization (20.5 per 10,000) compared to whites (3.8 per 10,000). Wayne county had about twice the asthma hospitalization rate of the state. Six other counties also had higher rates of asthma hospitalization than the state; Genesee, Saginaw, Montmorency, Oscoda, Chippewa, and Arenac.⁷



INHALE Operations



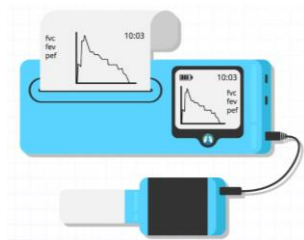
- INHALE recruits Physician Organizations in Michigan to participate
- POs then enroll eligible PCP/Pediatric, Allergy, and Pulmonology practices.
 - Each practice is required to have a Clinical Champion and Practice Liaison.
 - Providers must be enrolled in PGIP, PCMH designated (PCPs) and designated in PGIP PA Physician Tool as combined specialty allergy or pulmonology(SCPs).
- Coordinating Center guides POs and Clinical Champions on quality improvement initiatives, sets QI targets, and provides resources and educational materials.

- INHALE contracts the Michigan Data Collaborative (MDC) to build and maintain our data dashboard
 - Statewide, multi provider, multi-payor (future-state) claims data
 - Currently only have BCBSM PPO, BCN, and BCBSM PPO MA data
 - Medicaid data projected 1Q25
 - Will eventually include SDOH and PROs
- Data transfers 4x per year
- Allows both POs and Providers to see how their performance compares to others within the PO and to the collaborative (blinded).

Current Areas of Focus



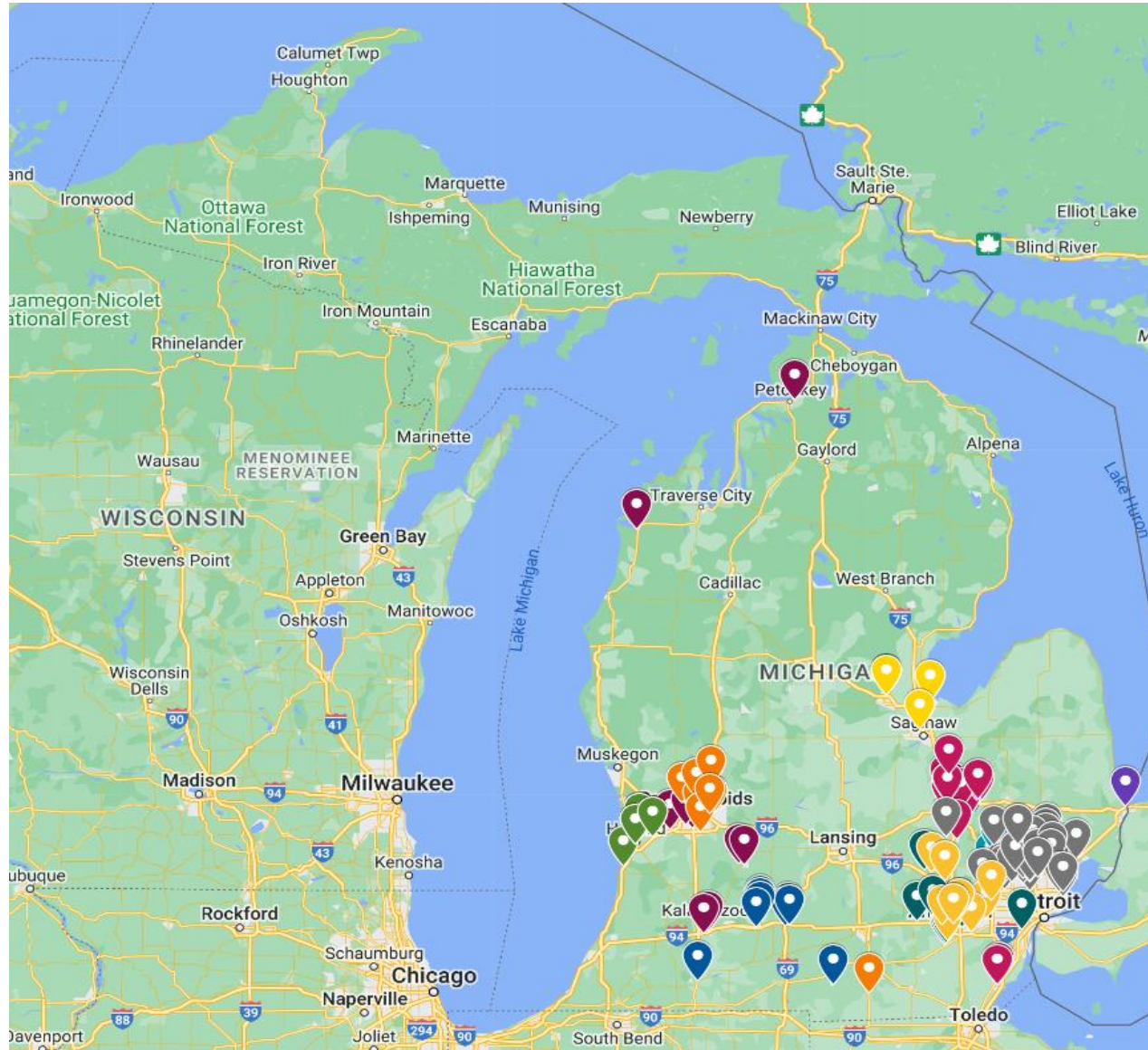
SPIROMETRY	PATIENT EDUCATION	UTILIZATION	MEDICATION OVER RELIANCE
<p>Appropriate use of spirometry as a tool to accurately diagnose both Asthma and COPD.</p>	<p>Education for both providers and patients on inhaler use; recognition of good disease control and measures to reduce acute exacerbations</p>	<p>Tracking urgent care, emergency department, observation stays and hospitalization in order to identify high risk patients and opportunities for improved management</p>	<p>Reduce reliance on short acting beta agonists (SABA) and exposure to oral corticosteroid overuse (OCS) as a means of improving disease control, reducing exacerbations, and long-term adverse effects.</p>



Participating POs



INHALE Practice Map



148 Practices

PO Participation



Category	Description	Responsible
Administrative	Sign and Return all documents within 30 days: <ol style="list-style-type: none"> 1. Participation Agreement 2. Data Use Agreement 3. Business Associate Agreement 	Admin Lead
Administrative	Form a Team to work on INHALE <ol style="list-style-type: none"> 1. PO Administrative Lead 2. PO Clinical Champion 	Admin Lead
Administrative	Communicate with Coordinating Center	Admin Lead
Data	Allow data to be used in peer-reviewed publications to advance QI efforts	Included in DUA
Data	Share required data elements with MiHIN	Included in DUA
Data	Review INHALE Data Dashboard to review relevant measures and performance	Clinical Champion
Quality	Advance best practices	Admin Lead and Clinical Champion
Attendance	Participate in calls and meetings <ol style="list-style-type: none"> 1. Participate in PO monthly calls 2. Attend Collaborative Wide Meeting 3. Attend Regional Meetings 	Admin Lead and Clinical Champion
Practice Engagement	Recruit both SCs and PCPs to participate	Admin Lead
Practice Engagement	Communicate INHALE information to practice level	Admin Lead
Practice Engagement	Participate in INHALE programs such as discussions, trainings, education.	Clinical Champion and other providers

Administrative Liaison:

- Responsible for program operations
- Return signed documents
- Recruit eligible practices to participate in INHALE
- Primary contact for INHALE
- Disseminate information from INHALE to participating practices/providers (e.g. upcoming meetings, requirements)
- Develop a QI log with input from Clinical Champion/Quality Assurance
- Attend Collaborative Wide Meeting (1x/year)
- Attendance at Regional Meetings is optional but encouraged

PO Clinical Champion:

- MD/DO preferred, but may be another licensed medical professional (PA, NP, RN)
- Disseminates performance/educational materials/QI to sites and helps identify/advance best practices
- Participate in INHALE education sessions and train other participating providers in what they learn.
- Assist Administrative Liaison with QI Log
- Assist Administrative Liaison in practice recruitment
- Attend Collaborative Wide meeting (1x/year)

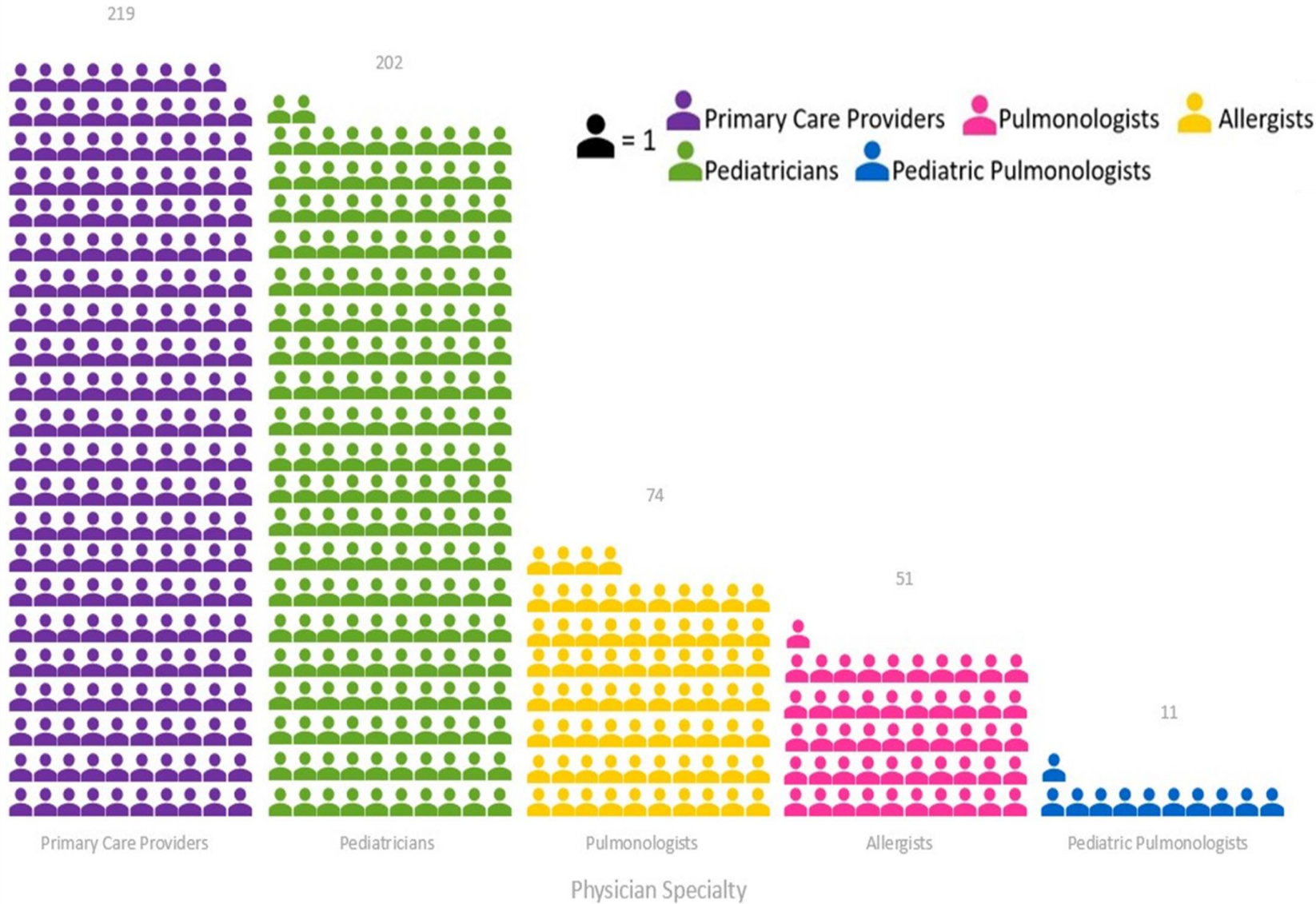
Practice Liaison:

- Oversight of Practice participation in INHALE
- Responsible for forming the team at the Practice level
- Primary contact for the PO and INHALE
- Responsible for ensuring Practice participation requirements are met
- Responsible for disseminating information (meetings, newsletters, etc)
- Attendance at Regional Meetings 2x/year is optional but encouraged

Clinical Champion:

- MD/DO preferred for this role, but may be another licensed medical provider (PA, NP, RN)
- Responsible for disseminating performance/QI/educational information to advance best practices
- Shares INHALE educational information/materials with participating providers
- Attends Regional Meetings 2x/year

Participating Providers



Stats:
11 POs
148 Practices
557 Providers

PCP/SCP Participation Expectations



Category	Description
Administrative	Identify practice contacts for communicating with POs
Administrative	Communicate with the PO
Administrative	Communicate to the PO pulmonologists and allergist practice refers patients to inform the Coordinating Center
Data	Share required data elements with MiHIN
Data	Provide missing data; submit data corrections as needed
Data	Allow data to be used in publications
Quality	Provide feedback and target QI on INHALE's quality initiatives
Quality	Provide feedback and share best practices
Engagement	Participate in INHALE educational and MOC opportunities
Engagement	Attend INHALE meetings

Practices:

- Must have \geq 50 BCBSM patients with a diagnosis of Asthma/COPD (PPO, PPO-MA, BCN, BCNA) over a 2-yr period identified by BCBSM claims analysis.

PCPs/Pediatricians:

- Participating in PGIP
- PCMH designated

SCPs:

- Participating in PGIP
- Designated in PGIP PA Physician Tool as combined specialty allergy or pulmonology

PO Rewards

(Flat Payment)



PO Flat Reward: Support CQI Infrastructure Development & Participation (Paid out in July)

	POs with Allergists/Pulmonologists (SCPs)	POs without SCPs:
\$75,000	Full flat payment: POs recruit $\geq 50\%$ of eligible SCPs	Full flat payment: POs recruit greater $\geq 25\%$ of PCPs
OR		
\$35,000	Partial Payment: POs recruit 20% to $< 50\%$ of eligible SCPs	Partial flat payment: POs recruit 10% to $< 25\%$ of PCPs <u>NOTE:</u> Partial payment exceptions will be made if $\geq 25\%$ of PCPs are recruited by a PO.

NOTE: No flat payment will be awarded if no recruitment targets are met.

PO Rewards (Variable Rewards)



PO Variable Rewards (Paid out in January)

Category	Amount	Notes
Practice Recruitment Reward (One-Time)	\$2,500/eligible recruited practice	Even applies for existing POs who recruit annually after joining INHALE.
Variable Reward (Annual)	TBD	BCBSM is currently reconfiguring the variable reward and will notify POs in 1Q24.

PO Rewards

Multi-CQI Bonus



- Rewarded to support additional effort and resources to manage multiple CQIs
- This reward bonus is applied to all components on the Population Health CQI rewards, including:
 - Flat Rewards
 - Variable Rewards
- Rewarded annually starting with the July PGIP payment cycle for the flat reward and ending with the variable reward in the January PGIP payment cycle
- Multi-CQI reward model is currently being revised (BCBSM will communicate changes in 1Q24).

PO Rewards

Participation/Performance



- To encourage and reward accountability for engagement in INHALE, POs are expected to meet a set of participation/performance criteria.
 - Performance measures increase over time
- INHALE has defined measures that are evaluated through a performance index scorecard.
 - Updated scorecards released for each measurement period
- Scorecard worth a total of 100%
- The reward amount a PO earns is proportional to their score.
- Earned score will apply to all portion of the INHALE PO rewards (i.e. flat, variable, bonus rewards)

PO Scorecard



INHALE CQI PO Scorecard
2025 VBR Measures
Measurement Period: September 1, 2023 - August 31, 2024

Meeting Attendance				
	Measure	Expectation	Target/Assessment	Points
1.	Monthly PO Check In Meetings	INHALE will host monthly calls with two attendance options every month. A monthly call will not be held during the month of the collaborative wide meeting and the month(s) of the regional meeting.	Attended 50% or Fewer Attended More than 50% and Fewer than 80% Attended 80% or Greater	0 1 2
2.	PO Clinical Champion Meetings	INHALE will host quarterly meetings with the PO Clinical Champions with two attendance options. PO Clinical Champions attendance is required, PO Administrative Lead attendance is optional but encouraged.	Attended No Requested Meetings Attended 50% of Requested Meetings Attended All Requested Meetings	0 1 2
3.	Collaborative Wide Meeting	One in-person Collaborative Wide Meeting (CWM) will be held each year. PO Administrative Lead and PO Clinical Champion Attendance is required.	Did not attend Attended	0 2
4.	Annual Check In Meeting	One virtual check-in meeting will take place a year. PO Administrative Lead attendance is required; PO Clinical Champion Attendance is optional but encouraged.	Did not attend Attended	0 2
5.	Practice Level Clinical Champion Regional Meeting	Ensure practice level clinical champions attend regional meetings. Practice Clinical Champions are EXPECTED to attend at least one Regional meeting in spring and in fall. Assist coordinating center in reaching out to practices not registered for meetings.	Fewer then 50% Practice Champion Attendance More than 50% and Less than 80% Attendance Greater than 80% Practice Champion Attendance	0 1 2
Communication				
	Measure	Expectation	Target/Assessment	Points
6.	Sign & Return Documents	Timely return of all documents related to PO, Practice, and Physician recruitment and participation.	Not achieved Achieved	0 2
7.	Maintain PO Level Contacts	Ensure that an administrative lead and PO clinical champion are identified and listed in the administrative portal.	Not achieved Achieved	0 2
8.	Maintain Practice Level Contacts	Ensure that practice level clinical champions and/or practice liaisons are identified and listed in the administrative portal with name and email address.	Not achieved Achieved	0 2
Engagement				
	Measure	Expectation	Target/Assessment	Points
9.	Disseminate INHALE newsletters and updates to practices	Create a report describing a PO-level plan for disseminating INHALE newsletters, initiatives, and updates to practices	Report not submitted Report submitted	0 2

PO Rewards Example



PO ABC participates in INHALE

PO ABC scores 75 pts from INHALE

Maximum potential score = 100

POs performance score = 75%

POs maximum potential rewards from INHALE = \$300,000

➤ **POs reward amount is 75% of \$300,000 = \$225,000**

Providers (PCPs/SCPs)

- **105%** of the fee schedule on most BCBSM PPO claims (not only asthma/COPD)
- This is in addition to any other VBR the provider is eligible to earn.
- Additional **102%** for Tobacco Cessation Counseling INHALE + HBOM measure (performance)
 - Not additive if participating in multiple Pop Health CQIs offering the 2% Tobacco Cessation Measure.

**To incentivize PCPs/Pediatricians joining in 2024, participation VBR will be awarded 9/1/2024.

Provider Scorecard

PCPs



INHALE Adult and Pediatric Primary Care Physician (PCP) 2025 VBR Measures

	Measure	Responsibility	Measurement Date	Target/Assessment	Points	Category
1.	Submit the names of Clinical Champion and Practice Liaison	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
2.	Practice Clinical Champion attendance at Spring and Fall INHALE Regional Meetings	Practice Clinical Champion	01/01/2024 – 08/31/2024	No Attendance Attend 1 mtg Attend 2 mtgs	0 2 4	Participation
3.	PO Admin Leads, PO Clinical Champions, & PO Primary Contacts attend annual Collaborative Wide meeting	PO	01/01/2024 – 08/31/2024	No Attendance Attend	0 2	Participation
4.	All participating adult/peds PCPs in each practice attend 1 of 4 planned INHALE speaker sessions, live or on demand in 2024	Practice	01/01/2024 – 08/31/2024	<50% Attend 50%-80% Attend >80% Attend	0 1 2	Participation
5.	Complete Practice Resource Assessment survey	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
6.	Practice Clinical Champion completes Inhaled Medication Learning Module on the INHALearning Platform	Practice Clinical Champion	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
7.	BONUS Points: Complete one INHALE Engagement Activity: Case summary, resource library feedback, best practice document, patient experience feedback, Executive Committee nomination	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
				Total	Possible pts: 16*	
	* The participation score must meet a threshold of 11/16 points to be considered for the INHALE VBR reward. PCMH designation is a requirement of any PCP VBR.					
	2025 INHALE PCP VBR Performance Measure (this performance measure must be met to qualify for the VBR)					
8.	Pediatric asthma, adult asthma, and COPD patients ≥2yrs receiving Inhaler Education**	All Providers	01/01/2024 – 08/31/2024	5% Increase in patients receiving Inhaler Ed	5%	Performance
9.	Pediatric/adult asthma and COPD smokers ≥13yrs receiving tobacco cessation counseling [^]	All Providers	01/01/2024 – 08/31/2024	5% Increase in patients receiving TC counseling	2%	Performance
	**Participation requirements AND Inhaler education measures must be met to receive the total of 105% offered by INHALE. [^] Tobacco Cessation is an additional 2% which is in addition 5% offered by INHALE. The 2% VBR uplift is not additive, meaning that POs that already receive the VBR through another CQI (i.e. MiBAC) will not get an additional 2%. NOTE: Reimbursement occurs 9/1/2025-8/31/2026					

Provider Scorecard

SCPs



INHALE Adult and Pediatric Allergy/Immunology and Pulmonary Disease Specialty Care Physician (SCP) 2025 VBR Measures

	Measure	Responsibility	Measurement Date	Target/Assessment	Points	Category
1.	Submit the names of Clinical Champion and Practice Liaison	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
2.	Practice Clinical Champion attendance at Spring and Fall INHALE Regional Meetings	Practice Clinical Champion	01/01/2024 – 08/31/2024	No Attendance Attend 1 mtg Attend 2 mtgs	0 2 4	Participation
3.	PO Admin Leads, PO Clinical Champions, & PO Primary Contacts attend annual Collaborative Wide Meeting	PO	01/01/2024 – 08/31/2024	No Attendance Attend	0 2	Participation
4.	All participating adult/peds SCPs in each practice attend 1 of 4 planned INHALE speaker sessions, live or on demand in 2024	Practice	01/01/2024 – 08/31/2024	<50% Attend 50%-80% Attend >80% Attend	0 1 2	Participation
5.	Complete Practice Resource Assessment survey	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
6.	Practice Clinical Champion completes Inhaled Medication Learning Module on the INHALearning Platform	Practice Clinical Champion	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
7.	BONUS Points: Complete one INHALE Engagement Activity: Case summary, resource library feedback, best practice document, patient experience feedback, Executive Committee nomination	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
				Total	Possible pts: 16*	
	* The participation score must meet a threshold of 11/16 points to be considered for the INHALE VBR reward.					
	2025 INHALE SCP VBR Performance Measure					
8.	Pediatric asthma, adult asthma, and COPD patients ≥ 2 yrs receiving Inhaler Education**	All Providers	01/01/2024 – 08/31/2024	5% Increase in patients receiving Inhaler Ed	5%	Performance
9.	Pediatric/adult asthma and COPD smokers ≥ 13 yrs receiving tobacco cessation counseling [^]	All Providers	01/01/2024 – 08/31/2024	5% Increase in patients receiving TC counseling	2%	Performance
	<p>**Participation requirements AND Inhaler education measures must be met to receive the total of 105% offered by INHALE.</p> <p>[^] Tobacco Cessation is an additional 2% which is in addition 5% offered by INHALE. The 2% VBR uplift is not additive, meaning that POs that already receive the VBR through another CQI (i.e. MiBAC) will not get an additional 2%.</p> <p>NOTE: If provider has dual designation, must have pulmonology as primary in PGIP Snapshot to qualify for VBR.</p>					

What INHALE Provides



Collaboration

- Opportunity to learn from peers across the state
- Leverage a network of practitioners to improve patient outcomes

Tools and Resources

- Develop new and curate existing tools to assist both patients and providers
- Resource bags for practices

Guidance

- Sharing of best practices, guideline-based standard of care
- Clinical updates
- Quality Improvement methods
- Overcoming barriers

Data

- Track progress toward QI performance measures
- Assess areas for improvement
- Identify high performers and share best practices

Education

- Lung Learning Lab webinar series
- Earn CME/MOC
- INHALEarning Platform
- Patient Education Resources

INHALE Resources



Billing for Inhaler Education

CPT 94664

Demonstration and/or evaluation of patient utilization of aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing device.

Assessment & Education

Providers may delegate the inhaler technique evaluation and education to staff such as nurses and respiratory therapists.

Common reasons for billing 94664 include:

- training a new nebulizer or inhaler user
- a prescription for a new type of device - moving from one type to another
- assessing and re-educating appropriate technique if a patient poorly controlled

Documentation Requirements

- There must be a signed, written order in the chart for the education, which documents medical necessity.
- Documentation should clearly indicate that the service provided was the increased demand.



FLOVENT HFA AND FLOVENT DISKUS BRAND NAMES HAVE BEEN DISCONTINUED AS OF DECEMBER 31, 2023

An authorized generic for Flovent HFA (fluticasone propionate inhalation aerosol) and an authorized generic for Flovent Diskus (fluticasone propionate inhalation powder) are available. However, it is not known at this time if the supply for the generic products will meet the increased demand.

- Although generic alternatives are available, insurance coverage will vary
- Insurance plans that previously covered Flovent brand may/may not necessarily cover the generic version
- Additional details regarding alternatives are provided below, followed by specific dosing recommendations:

Metered-dose inhaler (MDI) Alternatives	Breath-actuated MDI Alternatives	Dry powder inhaler (DPI) Alternatives
<ul style="list-style-type: none"> • Fluticasone HFA generic • Alvesco HFA (ciclesonide) • Asmanex HFA (mometasone) <p>Recommended to be used with spacer +/- mask</p>	<ul style="list-style-type: none"> • Qvar Reditaler (beclomethasone) <p><small>*only available as a Reditaler (breath-actuated), so adequate inspiratory flow and lip seal is required for optimal drug delivery.</small></p> <p>Not recommended to be used with spacer +/- mask</p>	<ul style="list-style-type: none"> • ArmonAir Dighaler (beclomethasone propionate) • Arnuity Ellipta (fluticasone furoate) • Asmanex Twisthaler (mometasone) • Pulmicort Flexhaler (budesonide) <p>Not recommended to be used with spacer +/- mask</p>

Brand	Generic Delivery Indication	Available Product Strengths	Low Dose	Medium Dose	High Dose
Alvesco®	Ciclesonide METERED DOSE	80, 160, 320, 640 mcg/actuation	1 puff BID	1 inh. QD	2 puffs BID
Arnuity Ellipta®	Fluticasone furoate DRY POWDER	50, 100, 200, 400 mcg/actuation	1 inh. QD	1 inh. QD	2 puffs BID
Asmanex® HFA	Mometasone METERED DOSE	50, 100, 200, 400 mcg/actuation	1 puff BID	2 puffs BID	2 inh. BID
Asmanex Twisthaler®	Mometasone DRY POWDER	50, 100, 200, 400 mcg/actuation	1 inh. QD	1 inh. QD	2 puffs BID
Flovent Diskus®	Fluticasone prop. DRY POWDER	50, 100, 250, 500 mcg/actuation	1 inh. BID	2 puffs BID	2 inh. BID
Flovent® HFA	Fluticasone prop. METERED DOSE	44, 110, 220, 440 mcg/actuation	1 inh. BID	2 puffs BID	2 inh. BID
Pulmicort Flexhaler®	Budesonide DRY POWDER	90, 180, 360, 720 mcg/actuation	1-2 inh. BID	1 inh. QD	1-2 puffs BID
QVAR Reditaler®	Beclomethasone METERED DOSE	40, 80, 160 mcg/actuation	1-2 puffs BID	1 puff BID	1 puff BID

In this video, a child will demonstrate the proper use of a metered dose inhaler using a mouthpiece and a single breath.



Ask the Pharmacist

Services Offered:

- Explore clinical scenarios and answer patient specific clinical questions (note: PHI not permitted)
- Review online educational resources available to patients and providers
- Discuss INHALE CQJ operational logistics relevant to your practice site
- Develop strategies to operationalize transitions of care at your practice
- Open forum for other clinical questions or specific INHALE related topics



About the Expert

INHALE CQJ, MCMT, and INHALE are partnering to provide this service to practices and POS participating in the INHALE CQJ. Hosts serve on the INHALE education workshop and can help provide resources specific to your practice site. General educational resources related to INHALE are available to all practices (regardless of participation in the CQJ) at <https://inhalerqj.org/>.

Details: Slots are 30 minutes long and there is a maximum of 2 slots per month. Prior to your session, please complete the following form as well: Consult Questionnaire.

[Sign up Here](#) →

Recruitment Considerations



- Goal is to recruit 3 new POs in 2024
- If more than 3 POs interested will prioritize:
 - Geographic Diversity
 - Population Size
 - Patient Mix
 - Level of Engagement

Next Steps

- Notify INHALE by March 29th you are interested in joining @INHALE-support@med.umich.edu
- Complete the INHALE application
 - <https://inhalecqi.org/po-application/>
- Meet with the Coordinating Center
- Once recruitment confirmation received from INHALE:
 - Return signed agreements to INHALE
 - Identify a PO Clinical Champion and Administrative Lead
- **Participation begins September 1, 2024**

Questions?



Thank you for your interest!

Contacts



Email: INHALE-Support@med.umich.edu

Web: <https://inhalecqi.org>