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| Understand the demographics of patients (pts) with AF in the practice and those prescribed DOACs | Patients of color are more likely to be undertreated to prevent stroke. | 2-3 weeks | Physician and allied health care providers, practice manager, and/or IT | Review charts of all pts seen in the last 6 months | Strategy: Run Electronic Health Record (EHR) report or conduct chart review  
Measure: # of pts of color, by race, ethnicity, with AF and treated with DOAC | Consider how information about race and ethnicity are gathered and entered into the medical chart |
| Understand the number and demographics of pts at high risk of AF in the practice | High risk patients may benefit from screening and follow-up treatment | 2-3 weeks | Physician and allied health care providers, practice manager, and/or IT | Review charts of all pts seen in the last 6 months | Strategy: Run Electronic Health Record (EHR) report or conduct chart review  
Measure: # of pts of color, by race, ethnicity, at high risk for AF | May implement a simple approach to defining high risk, such as older age without a diagnosis of AF |
| Identify pts with AF previously undiagnosed | Undiagnosed AF poses risk of stroke that can be prevented with DOAC treatment | 3 months | Physician lead, front desk staff person, and medical assistants/nurses | Pts at high risk of AF | Strategy: Invite high risk pts to participate in screening upon appointment check-in; implement the screening during rooming or in exam room  
Measure: # of pts who agree to be screened and rate of positive AF identification | Pts enjoy implementation of simple screening tools |
| Increase awareness of AF stroke risk among pts | Patients often do not understand the risk of stroke presented by AF | 3 months | Front desk staff person, and/or medical assistant | All pts | Strategy: Hang posters in waiting area or exam room  
Measure: Successful posting of education; knowledge change from survey of small sample of pts pre- and post-educational postings | Previous QI programs highlighted the importance of increasing pts education |
| Improve practice staff understanding of risks for AF, AF treatment and stroke prevention, and potential screening options | Clinical staff may not understand the risks posed by AF or the potential benefit of screening | 1 weeks | Champions | All clinical staff at clinical practice | Strategy: Conduct lunch-and-learn for staff  
Measure: Pre- and post knowledge surveys | Engaging staff in a lunch-and-learn can help build knowledge and a long-term culture of quality improvement |
| Train physicians and nurses in Shared Decision Making (SDM) and Motivational Interviewing (MI) | Patient-centered care using SDH and MI improves adherence and satisfaction. | 1 months | Physicians and advanced practice staff and nurses | Physicians and nurses | Strategy: Training presentation and role-playing with SDM and MI  
Measure: # of trained staff; pre- and post test of knowledge, practice, attitudes, and barriers | Clinicians often require training on SDM and MI, approaches that apply across many medical conditions |
| Increase DOAC use in appropriate pts by 50% | DOACs can reduce risk of stroke | 6 months | Physicians, pharmacists, nurse practitioners, nurse | All pts with untreated AF who come in for an office visit and qualify for DOAC use | **Strategy:** Using SDM approach to discuss DOAC treatments with patients  
**Measures:** # of eligible pts; # of pts educated of those eligible; % increase in DOAC use | If disparities exist between White patients and patients of Color target the group with lower rates |
|-------------------------------------------|---------------------------------|---------|-----------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------------|
| Understand medication adherence          | 50% or more of patients with chronic diseases do not take medicine as directed, reflecting a number of reasons from lack of understanding of the medications, side-effects, costs, and other barriers | 6 months | Physician/nurse lead, front desk staff person, or medical assistant | All pts with AF who have been prescribed a DOAC who come in for an office visit | **Strategy:** Survey via patient portal OR paper survey during check-in/rooming  
**Measures:** Response rate; Survey results | Understanding patient knowledge and attitudes toward medication can help the clinical team have more informed and effective conversations with pts |
| Increase adherence rates by 50% percent in population identified as having low medication adherence | Medication adherence is often 50% or lower | 6 months | Physicians, nurses, medical assistants; pharmacist | All pts with AF prescribed a DOAC who come to an appointment and were identified as having low medication adherence | **Strategy:** Using MI techniques and patient education resources to discuss the DOAC role in AF  
**Measures:** # of eligible patients, # of MI/patient resources implemented, change in adherence rates | Many resources exist that can be shared with patients; adherence can be measured with follow-up survey at next visit |

1. The champions are part of all projects; include other clinical staff as appropriate to their role. Remember it is important to make this a team activity.

2. Multi-step PDSAs could be done with cycle 1 being assessing baseline; cycle 2 pilot implementation of an improvement strategy; cycle 3 broadening implementation of the improvement across the practice; another cycle that may be included is improvement of medical record documentation.