

2015 CCIP Annual Update 2- Template

**DO Section (D)**

Use this section to describe the steps taken to conduct the CCIP; this includes describing any changes to the educational component, any barrier(s) encountered, its effect(s), and associated mitigation strategies. Note that the MAO Information will default to MAO information that was already entered in HPMS for that particular plan.

MAO Name: *Will be auto-generated from Plan section*

Contract Number: *Will be auto-generated from Plan section*

Identification Number: *Will be auto-generated from Plan section*

Chronic Care Improvement Program Topic: *Will be auto-generated from Plan section*

Cycle Period: Contract Year 2015 – Annual Update 2

**D. Program Implementation**

D1. Annual Update 1 Action Plan: *Will be auto-generated from Annual Update 1*

D2. Did you conduct proposed education: Enter YES or NO

- If NO, explain:

*Character Limit: 1500*

D3. Barriers Encountered: Enter YES or NO

- If YES: What barrier(s)?

*Character Limit: 1500*

- If YES: Mitigation: How did you address the barrier(s) encountered?

*Character Limit: 1500*

**STUDY Section (E)**

Use this section to describe details about the results and findings of the project to date, including both quantitative and qualitative data. Also, provide a detailed analysis of the results, compare the results to the identified benchmark and indicate whether or not the anticipated goal and/or outcomes were achieved. The results and findings reported in the STUDY Section (E) should reflect an evaluation of the intervention(s) implemented during the first year of the CCIP.

E. Results and Findings

E1. Goal: *Will be auto-generated from Plan section*

E2. Benchmark: *Will be auto-generated from Plan section*

E3. Timeframe: January 1, 2015 through Annual Update Period

E4a. Total Population:

*Enter Number*

E5a. Numerator:

*Enter Number*

E6a. Denominator:

*Enter Number*

E7a. Total Percent or Results:

*Character Limit: 1500*

Additional Interventions Results and Findings: Enter YES or NO

If YES: list the Results and Findings

E4b. Total Population:

*Enter Number*

E5b. Numerator:

*Enter Number*

E6b. Denominator:

*Enter Number*

E7b. Total Percent or Results:

*Character Limit: 1500*

Additional Interventions Results and Findings: Enter YES or NO

If YES: list the Results and Findings

E4c. Total Population:

*Enter Number*

E5c. Numerator:

*Enter Number*

E6c. Denominator:

*Enter Number*

E7c. Total Percent or Results:

*Character Limit: 1500*

E8. Other Data Results:

*Character Limit: 1500*

E9. Analysis of Results or Findings:

*Character Limit: 1500*

**ACT Section (F)**

Use this section to describe the next steps for the CCIP by providing details about the Action Plan and any revisions to the interventions, changes in methodology, adjusted goal, and any other items of interest that occurred during the first year reporting period. This includes information regarding the next steps for the CCIP in the upcoming year. You should also describe best practices and lessons learned as applicable.

F. Next Steps

F1. Action Plan: *(check all that apply)*

- Revise Intervention(s)
- Revise Methodology
- Change Goal
- Other:*(character limit 1500)*

F2. Action Plan Description:

*Character Limit: 1500*

F3. Describe “Best Practices”:

*Character Limit: 1500*

F4. Describe “Lessons Learned”:

*Character Limit: 1500*