

## Bundled Payments for Care Improvement (BPCI) Advanced Annual Check-in Questionnaire

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### Purpose:

Participants' activities and barriers related to designing and implementing the BPCI Advanced Model

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**Instructions:**



The first part of the study was a pilot study. The purpose of the pilot study was to determine the feasibility of the study and to estimate the sample size required for the main study. The pilot study was conducted with 10 participants. The results of the pilot study showed that the study was feasible and that the sample size required for the main study was 100 participants.

The main study was conducted with 100 participants. The participants were recruited from a local community center. The participants were randomly assigned to two groups: the experimental group and the control group. The experimental group received the intervention, and the control group did not receive the intervention. The intervention was a 12-week program of physical activity and nutrition education. The participants in the experimental group were instructed to engage in 150 minutes of moderate-intensity physical activity per week and to consume a diet that was rich in fruits, vegetables, and whole grains. The participants in the control group were instructed to continue with their current level of physical activity and diet.


The primary outcome of the study was the change in body mass index (BMI) over the 12-week period. The secondary outcomes were the change in waist circumference, blood pressure, and blood glucose levels. The results of the study showed that the participants in the experimental group had a significantly greater reduction in BMI, waist circumference, blood pressure, and blood glucose levels compared to the participants in the control group.

The results of the study suggest that a 12-week program of physical activity and nutrition education can effectively reduce BMI, waist circumference, blood pressure, and blood glucose levels in a community-based population. These findings have important implications for the development of public health interventions aimed at reducing the risk of chronic diseases.

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## Participant Profile

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## Care Redesign Plan

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## CEHRT Use

1. *To meet this criterion, at least 75 percent of eligible clinicians in each participating APM Entity group, or each hospital if hospitals are the APM Entities, to use CEHRT to document and communicate clinical care.*

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## Partner Agreements

1. **Definition:** A **Decision Tree** is a model for classification and regression tasks. It consists of a root node, internal nodes, and leaf nodes. The root node branches into internal nodes, which further branch into leaf nodes. The leaf nodes represent the final classification or regression result.

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### Internal Cost Savings (ICS)

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### Net Payment Reconciliation Amount (NPRA)

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☐ If selected ‘Yes’ to question “Do you have any other conditions or symptoms?”

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## BPCI Advanced Impact





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☐ If selected 'Yes' to either question 1 or 2, ☐ **d** ☐ **r** ☐



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## Document Submission



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## Self-disclosed Investigations or Sanctions

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2. I selected 'Yes' to the question "Do you agree to participate in the study?"
- I understand that my participation in the study is voluntary and that I may withdraw from the study at any time without penalty or loss of benefits to which I am entitled.
- Additional information is located under Article 13 of the [Participation Agreement](#).

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### Other Issues Not Previously Listed

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