CHCN HEDISPalooza

Bright Spots Submission Form

Please submit a HEDIS best practice using the form below. The Bright Spots submissions will be assembled and shared at HEDISPalooza as a way to prompt deeper discussions and have a takeaway for follow-up conversations. We request at least one Bright Spot per clinic, but encourage multiple submissions!

HEDIS Measure Chosen:

Title: Your HEDIS Best Practice or Intervention (one phrase or sentence)

Contact Name and Title for Questions

Contact Email

Clinic Organization

Why did you implement this change? Why this measure? (50-100 words)

Outcome or progress on this change or intervention. Describe your results. How is this improving HEDIS measures? What has changed? Include any data and/or let us know if we can help with pulling any relevant data.

Recommendations for others implementing this change. If someone is interested in implementing this approach at their clinic, what would you recommend? What are some critical success factors? What lessons have you learned so far? How could others get past some of the challenges your team experienced?