

Medicare QIOs and Health Disparities

Overview

As documented in the Institute of Medicine (IOM)'s report *Unequal Treatment*, racial/ethnic minority populations in the United States tend to receive lower quality health care than the majority white population. In the 9th Statement of Work (SOW), QIOs will address health disparities in ways that directly correlate with the CMS and QIO Program goal of ensuring safe, effective, patient-centered, timely, efficient, equitable care for all Medicare beneficiaries.

Opportunity for Quality Improvement

Published research reveals that members of racial/ethnic minority groups are less likely to receive routine medical procedures than white Americans. One study found that African Americans had fewer routine physician visits and more visits to the emergency room. Another study found that African American patients with diabetes were less likely to have their hemoglobin A1c (HbA1c) measured, lipids tested, and eyes examined than white patients with diabetes. Up-to-date information concerning all healthcare disparities in the United States can be found at www.ahrq.gov/qual/qrd07.htm.

Health disparities are addressed throughout all four 9th SOW Themes: Patient Safety, Prevention, Care Transitions, and Beneficiary Protection. The contract focuses on identifying individuals, sensitizing providers, and adopting appropriate interventions through evidence-based models and messaging.

QIO Activities

QIOs will work to reduce healthcare disparities in 14 measures under the **Prevention Theme**. These include measures related to pneumonia immunization, flu immunization, colorectal cancer screening, and breast cancer screening. Data obtained from physicians through electronic health records will be reported quarterly and analyzed to find disparities. Internal and external collaborations will take place in each state and territory through community of practice calls and development of an executive steering committee, which will be directed and managed by the QIO.

The second component that addresses health disparities under the **Prevention Theme**, diabetes self-management education (DSME) in underserved populations, will be assessed in terms of utilization and clinical outcomes. Utilization data will be obtained through claims for HbA1c testing, eye exams, and lipid testing and through the Physician Quality Reporting Initiative (PQRI) measures for blood pressure testing. QIO work under the DSME component focuses on support for provider education to beneficiaries on diabetes self-management and is inclusive of community outreach with advocacy groups, federal partners, and public and private entities in order to reach the intervention population. This is a subnational task under the Theme, so not all QIOs will be selected to participate in this task.

The chronic kidney disease (CKD) component of the **Prevention Theme** also addresses health disparities. The clinical CKD focus is to increase the timely detection and medical treatment of chronic kidney disease and to improve the frequency of treatment options counseling for advanced kidney failure patients, as evidenced by placement of arteriovenous fistulas in new hemodialysis patients. This component requires the implementation of CKD disparities reduction activities in each clinical CKD focus area in which disparities are evident. Education will be provided through interventions directed toward primary care practices and other practices that provide services to the underserved diabetic population in order to reduce disparities in CKD. This CKD component is also a subnational task under the Theme.

The **Patient Safety Theme** addresses health disparities through tasks related to care of nursing home residents in the core contract. QIOs working in either of two components – reduction of pressure ulcers or reduction in use of physical restraints in nursing homes – are required to conduct a study of disparities among that state's nursing home population. Reports addressing health care disparities will reflect consideration of factors and issues unique to each QIO's nursing home population and will include approaches for correcting these disparities and tracking related progress.

While the **Beneficiary Protection Theme** does not have measures that directly address healthcare disparities, QIOs have been tasked with evaluating case review data in light of the racial/ethnic categories made available via Social

The Medicare QIO Program

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program consists of a national network of 53 QIOs, responsible for each U.S. state, territory, and the District of Columbia. QIOs work with healthcare providers, consumers and stakeholder groups to refine care delivery systems to make sure patients get the right care at the right time, particularly patients from underserved populations. QIOs operate under three-year contracts with CMS, known as Statements of Work (SOWs), the next of which will begin in August 2008 and continue through July 2011.

For more information:

www.cms.hhs.gov/QualityImprovementOrgs/

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Security Act data. The QIOs have also been tasked with identifying additional data necessary to evaluate health disparities, developing methods and processes to collect the necessary data, and then determining ways to evaluate the data in order to draw valid conclusions and identify appropriate next steps.

The **Care Transitions Theme** addresses healthcare disparities through intervention strategies. The sources of information will be the CARE tool, claims data, the Dartmouth Atlas, the OASIS system, and the MDS database. QIOs are required to analyze the target locations in which they will carry out the Care Transitions Theme, in conjunction with their local provider community, to identify opportunities to address health care disparities. Interventions will be designed to address and mitigate those disparities that have been identified, specific to their impact on the local rates of re-hospitalization. Additionally, as interventions are implemented that aren't necessarily associated with disparate populations, monitors shall be developed to track whether unintended consequences arise as a result of those interventions. The results of all analysis will be provided on health disparities data to hospitals and facilities within the target regions of the Theme. Those QIOs who are selected for this subnational task will form partnerships to support the work.

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs/

CMS: www.cms.hhs.gov

Department of Health and Human Services: www.hhs.gov/ocr/healthdisparities.html

MedQIC: www.medqic.org