

Medicare QIOs and Hospitals

Overview

QIOs will work with hospitals in the 9th Statement of Work (SOW) across three of the four QIO SOW Themes – Beneficiary Protection, Patient Safety, and Care Transitions – and will build upon much of the progress made in the 8th SOW. Quality data reporting, improvement of processes and systems related to key measures of patient care, and coordination of patient care with external providers are a few of the key focus areas in the 9th SOW.

Opportunity for Quality Improvement

Work with hospitals has long been a core component of the QIO Program, and the hospital setting continues to provide high-profile national challenges and hallmarks of success. Hospitals have made remarkable progress over the past several years in reporting quality data, improving results on key performance measures, and implementing processes to ensure that their patients receive better care. However, there is still a long way to go, and with an increasing national focus on quality of medical care and potential movement in the industry toward pay-for-performance models, the incentive has never been greater for hospitals to focus significant energy and resources on quality improvement.

QIO Activities

The majority of QIO activities with hospitals fall under the **Patient Safety Theme** (otherwise known as the CMS National Patient Safety Initiative, or NPSI). QIOs will continue work on improving quality measures from the 8th SOW as well as push into new areas of quality improvement. From the 8th SOW, QIOs will continue to work with hospitals on improving surgical care and heart failure care, as well as improving drug safety. Added to these will be initiatives to improve rates of health care-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections and to reduce pressure ulcer rates in hospitals.

QIO activities under the NPSI will support the development of an “all-teach, all-learn” community in action to meet the goals within each component of the Initiative. To that end, CMS will convene a cadre of National Quality Improvement Leaders culled from hospital quality experts at each of the nation’s 53 QIO contractors. These National Quality Improvement Leaders will serve as liaisons between QIO senior leadership and the work that is occurring at the patient care level in each state/jurisdiction. They will also liaise with health care executives in their respective states/jurisdictions to highlight the work occurring at the national level in their provider groups. The National Quality Improvement Leaders will meet up to three times per year to share practices that are proving to be successful at the local level.

QIOs will have a wealth of tools available to them to assist in reaching their goals for specific quality measures. These include survey instruments geared toward leadership and/or patient safety processes in hospitals and nursing homes. Additionally, QIOs can draw upon successful tools that were utilized in the 8th SOW. CMS expects that as successful tools and practices develop, the QIOs will share these with one another.

QIOs may expand their local quality improvement communities by reaching out to potential patient safety partners and encouraging their participation to expand upon the momentum that will be created by the CMS NPSI.

In addition, under the **Beneficiary Protection Theme**, QIOs must actively promote and support hospitals in submission of quality data for reporting and Annual Payment Update (APU) purposes. QIOs must have a basic understanding of all measures, deadlines for submission, and the impact on the APU. QIOs will offer educational and technical assistance to providers on the use of CMS systems and reporting tools such as CART, QualityNet, and the QIO Clinical Warehouse. The data from the APU reporting process equips CMS with vitally important quality information, which the Agency posts on the Hospital Compare Web site to inform the public of the quality of care available from hospitals.

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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Select QIOs will also participate in sub-national **Care Transitions Theme**, which focuses on improving coordination across the continuum of care. In particular, QIOs that are selected to perform this task will promote seamless transitions from the hospital to home, skilled nursing care, or home health care.

The process by which patients move from hospitals to other care settings is increasingly problematic as hospitals shorten lengths of stay and as care becomes more fragmented. QIOs will implement quality improvement initiatives throughout their local communities concerning quality of care for Medicare beneficiaries at or after hospital discharge. Each QIO is required to work with partners to implement hospital and community system-wide interventions (designed to address system-level weaknesses), interventions that target specific diseases or conditions (focused on evidence-based practices and processes designed to have an impact on rehospitalization rates for particular conditions such as acute myocardial infarction, congestive heart failure, or pneumonia), and interventions that target specific reasons for admission (tailored to address the causes that drive local readmission rates).

Hospitals should note that in the 9th SOW, QIOs will no longer be responsible for implementing the Hospital Payment Monitoring Program (HPMP). Hospitals may wish to contact the following organizations for questions previously directed to QIOs related to compliance or payment error reduction activities:

- Compliance-related questions – Health Care Compliance Association
- Billing questions – Fiscal Intermediary or Medicare Administrative Contractor

Resources

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

MedQIC: www.medqic.org (Click on “hospital” or “care coordination” tabs for resources)

AHRQ: www.ahrq.gov (Resources available on clinical topics and drug therapy)

Hospital Compare: www.hospitalcompare.hhs.gov