

Medicare QIOs and Nursing Homes

Overview

In the 9th Statement of Work (SOW), QIOs will conduct several activities related to their charge to improve the quality of care available to nursing home patients:

- For the **Beneficiary Protection Theme**, QIOs will review beneficiary appeals and the quality of care for beneficiaries and implement quality improvement activities as a result of case reviews.
- For the **Care Transitions Theme**, QIOs will promote seamless transition of care from the hospital to the skilled nursing or long-term care setting, including reducing hospital readmission rates from the nursing home setting.
- For the **Patient Safety Theme**, QIOs will improve patient safety by reducing rates of pressure ulcers and use of physical restraints and provide quality improvement technical assistance for nursing homes in need.
- For the **Prevention Theme**, QIOs will produce an annual report of statewide trends, showing baselines and rates for mammography, colorectal cancer screening, and immunizations.

Opportunity for Quality Improvement

Work with nursing homes has long been a focus of the QIO Program, and nursing homes are progressing on a number of quality improvement measures. In addition, reducing pressure ulcer and restraint rates continues to be a goal of the Advancing Excellence in America's Nursing Homes campaign, which has shown progress toward reaching national goals for pressure ulcer and restraint measures, but opportunity exists for further improvement through QIO expertise and intervention.

QIO Activities

The nursing home setting is featured prominently in the **Patient Safety Theme**, also known as the CMS National Patient Safety Initiative (NPSI), which addresses several quality of care issues, including pressure ulcer prevention and reduction of restraint use. QIOs have been focusing on these issues for several years now, so CMS expects that they will build on the progress they have made with providers to date.

In this SOW, the safety focus also pushes into the new area of QIO technical assistance for nursing homes in need. A list of those homes in need in each state can be found at www.cms.hhs.gov/CertificationandCompliance/12_NHs.asp.

CMS will convene a cadre of National Quality Improvement Leaders culled from nursing home 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 healthcare 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 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.

Under the **Care Transitions Theme**, QIOs in select states will work with nursing homes to reduce unnecessary readmissions to hospitals that may increase risk of harm to patients and cost to Medicare. QIOs will implement projects that effectuate process improvements to address issues in medication management, post-discharge follow-up, and plans of care for patients who move across healthcare settings.

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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(Nursing Homes continued)

QIOs that are tapped by CMS to conduct Care Transitions work will implement quality improvement initiatives throughout their local communities concerning quality of care for Medicare beneficiaries at or after hospital discharge. These QIOs are 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).

Under the **Beneficiary Protection Theme**, QIOs will work with providers, including nursing homes, identified through the beneficiary complaint and appeals process to identify opportunities for alternate dispute resolution and quality improvement activities.

Resources

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

MedQIC: www.medqic.org (Click on “nursing home” tab for resources)

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

Nursing Home Compare: www.medicare.gov/nhcompare