

Medicare QIOs and Physician Offices

Overview

In the 9th Statement of Work (SOW), QIOs will conduct several activities to help improve the quality of care available to physician office patients.

- Under the **Beneficiary Protection Theme**, QIOs will review beneficiary appeals and the quality of care for beneficiaries and will implement quality improvement activities as a result of individual case reviews.
- Under the **Patient Safety Theme**, QIOs will improve patient safety by improving drug safety.
- Under the **Prevention Theme**, QIOs will impact the national rates of breast and colorectal cancer screenings and two immunizations (influenza and pneumococcal) among Medicare beneficiaries in participating practices.
- Also under the **Prevention Theme**, QIOs in select communities that are experiencing disparities in diabetes care across racial/ethnic populations will support Diabetes Self-Management Education (DSME). QIOs will also work in certain communities to slow the progression of chronic kidney disease (CKD) and to improve CKD clinical care.

Opportunity for Quality Improvement

QIO interventions that support physician use of health information technology (HIT) can improve screening rates by setting up systems that notify providers and patients when cancer screenings should be scheduled. QIOs will also work with physician offices to deploy HIT-focused interventions to help increase vaccination rates.

QIOs will work to develop interventions that help individuals with diabetes to control their disease more proactively through diabetes self-management training. To do this, QIOs will need to work very closely in establishing care coordination relationships between beneficiaries, primary care physicians, and other care providers.

QIOs will work to stem the tide of chronic kidney disease patients whose illnesses progress to end-stage renal disease (i.e., kidney failure). QIOs will implement interventions that help detect CKD early enough to slow its progression in an effort to achieve a substantial reduction in the kidney failure rate.

QIO Activities

Under the **Prevention Theme**, QIOs will recruit a number of practices to participate in HIT-focused interventions, and will also identify non-participating practices with electronic health record (EHR) capability for performance comparisons.

QIOs will educate each participating practice on using its EHR capabilities to improve rates of screenings and immunizations, using Doctor's Office Quality–Information Technology University (DOQ-IT University).

Each participating practice will use its certified EHR to report breast cancer and colorectal cancer screening and influenza and pneumococcal immunization data directly to the CMS. Reporting will begin in early 2009 and will be updated regularly.

QIOs will help practices assess their care processes, which will tell CMS the impact of using EHR on the practices' care processes related to breast cancer and CRC screening and immunizations. QIOs will be accountable for obtaining assessments from 90% of participating practices and 65% of comparison practices.

For the sub-national task on reducing disparities in diabetes care, participating QIOs will monitor statewide diabetes rates and focus their efforts on increasing diabetes education efforts. QIOs will also submit the number of patients who have completed a CMS-approved DSME program on a monthly basis.

QIOs awarded the CKD sub-national task will use existing or new collaborative efforts to support a community effort to effect quality improvement at the system level. The QIOs selected for work on CMS' CKD quality initiative will be required to:

1. Focus on three clinical areas, each with a corresponding clinical measure: detection of CKD in diabetic beneficiaries; appropriate medication treatment (ACE inhibitors/ARBs) to slow the progression of kidney failure; and adequate renal replacement therapy counseling prior to initiation of hemodialysis as evidenced by placement of arteriovenous fistulas for new hemodialysis patients.

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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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2. Use collaboration as a means of achieving sustainable CKD system-level changes. Partners in each collaborative will include community health centers, community representatives, ESRD Network Organizations, health department diabetes grantees, local chapters of kidney organizations, patient representatives, community representatives, provider groups, state and county government representatives, and others.

QIOs must address any CKD care disparities identified in their state/jurisdiction and implement interventions to reduce these disparities. As part of this effort, QIOs will:

1. Focus on provider implementation of clinical practices that have been tested and proven to be successful in the prevention and management of CKD;
2. Target beneficiaries who are most likely to benefit from education on risk factors, early identification, and treatment choices for CKD;
3. Disseminate tools and resources to providers and beneficiaries that are available through federal partners; and
4. Work through a collaborative model to effectuate system-level change that will have a lasting impact on the prevention and management of CKD.

Resources

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

MedQIC: www.medqic.org (Click on “physician office” tab for resources)

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

Arteriovenous Fistula First Breakthrough Initiative Coalition: www.fistulafirst.org