

Medicare QIOs and Value-Driven Health Care

Overview

In the 9th Statement of Work (SOW), QIO activities will serve to further the “four cornerstones” of value-driven health care, as articulated by the U.S. Department of Health and Human Services:

1. Interoperable health information technology (health IT standards)
2. Measuring and publishing information on health care quality (quality standards)
3. Measuring and publishing price information (price standards)
4. Promoting quality and efficiency of care (incentives)

These cornerstones are woven throughout the Themes of the 9th SOW and serve as the umbrella for health care quality-related initiatives that CMS and the QIOs will conduct over the next SOWs.

Opportunity for Quality Improvement

Increasing the value and transparency of America’s health care is of paramount importance to CMS and the QIOs. While great strides have been made over the past several years in areas such as publicly reporting provider quality measure data, adoption of health information technology, and narrowing the performance gap between health care providers, there is still much work to be done. The QIOs will continue to serve as a key resource to providers as they work to improve the efficiency, consistency, and quality of the care they deliver.

QIO Activities

At its core, the work of the **Prevention Theme** is aimed at using electronic health records (EHRs) to report and improve rates of colorectal cancer screening, mammography, influenza vaccination, and pneumococcal vaccination. By working with physicians’ offices to utilize EHRs to improve care management for their patients, QIOs will help to ensure that the cornerstone of **interoperable health information technology** moves forward significantly over the three years of the 9th SOW.

With an evaluation framework comprising 59 quality measures, the 9th SOW promotes the Department’s goal of **measuring and reporting quality information** and making it available to every citizen. QIOs will assist health care providers in both improving and reporting quality measure data, thereby increasing both the quality of care provided to beneficiaries and the transparency of information available to the public. The work of the QIOs under the **Patient Safety Theme** will pair QIOs with providers identified by CMS as “targeted for improvement,” based on past results from CMS reporting initiatives.

While QIOs focus on the quality of services available to beneficiaries—rather than their costs—the QIOs’ efforts under the 9th SOW will support the cornerstone of **measuring and publishing price information** through the activities of the **Care Transitions Theme**. QIOs will contribute to this effort by working with providers to reduce unnecessary re-hospitalizations that can drain the Medicare Trust Fund.

Under the **Beneficiary Protection Theme**, QIOs will be tasked with supporting hospitals under the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) pay-for-reporting program. This program rewards hospitals for reporting hospital quality measure performance data and relates directly to the cornerstone of **promoting quality and efficiency of care**. The RHQDAPU equips CMS with vitally important quality information, which the Agency uses to inform the public of the quality of care available from hospitals through CMS’ Hospital Compare website. The program also serves as the basis for CMS’ proposals for building a value-based purchasing (i.e., pay-for-performance) program for hospitals, which, when implemented, will increase incentives for providers to deliver the highest quality care.

Resources

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

CMS: www.cms.hhs.gov

Department of Health and Human Services: www.hhs.gov/valuedriven/

MedQIC: www.medqic.org

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/