

# QIOs Target Disparities in Health Care

## *Ethnic and Racial Minorities Benefit from QIO Interventions*

Since 1999, Quality Improvement Organizations (QIOs) across the nation have been working to reduce disparities, or variations, in health care provided to minority and underserved Medicare beneficiaries by helping providers increase access to health care services, address cultural and language differences, and overcome social barriers to preventive care.

QIOs work under contract to the Centers for Medicare & Medicaid Services (CMS) in three-year cycles. In the current cycle, 2005 to 2008, QIOs are continuing efforts to help providers improve care for vulnerable populations in the areas of timely administration of flu and pneumonia immunizations, mammography screening for breast cancer, and diabetes management.

In addition, QIOs are working with a group of physician practices in each state to promote the adoption of Culturally and Linguistically Appropriate Services (CLAS) standards and encourage attention to cultural competency education. With QIO assistance, physicians will also adopt care management processes that assess, plan, implement, coordinate, monitor, and evaluate treatment options and services to meet a patient's health needs.

Every QIO is also helping a group of physicians that primarily treat underserved patients to adopt and effectively use HIT, including e-prescribing, registries, e-labs, and fully integrated electronic health records. QIOs are also helping doctors prepare for upcoming pay-for-performance initiatives by using HIT systems to examine quality of care data on coronary artery disease, diabetes care, heart failure, hypertension, and preventive care.

## **Building on Previous Success**

From 1999 to 2005, QIOs targeted improvements in care for African Americans, Asian/Pacific Islanders, American Indian/Alaskan Natives, Hispanics, and beneficiaries enrolled in both Medicare and Medicaid (dual eligibles). In 2002, CMS asked QIOs to broaden their efforts to include beneficiaries residing in rural communities.

The clinical topics QIOs addressed from 2002 to 2005 were heart attack, heart failure, pneumonia, adult immunizations, breast cancer screening, diabetes management, and surgical infection prevention (SIP). Overall, QIO efforts in this time period led to reductions in care disparities in 46 of 52 states and territories.

## **How They Do It**

QIOs primarily work through partnerships with physicians and other providers, health systems, faith based organizations, local chapters of national organizations, and community or state-based advocacy groups to reach underserved or rural beneficiaries.

## **Physicians and Health Care Systems**

When QIOs work in partnership with providers, they often offer technical assistance, patient education materials, and training to

address disparities in a particular clinical area. Some examples:

- Providing technical assistance and coaching to rural hospitals to increase timely antibiotic administration for rural residents.
- Conducting cultural competency training for physicians to help them overcome cultural barriers.
- Helping physicians integrate HIT into their practices and use it effectively to reduce discrepancies in care.
- Providing performance data to physicians and hospitals along with resources and free patient educational materials to help improve care for African Americans with diabetes.

### **Partnerships**

QIOs have found, for example, that partnering with a physician practice and a community or faith-based group, can lead to even greater reductions in disparities.

Partnerships are a key element of quality improvement efforts and are critical to QIO success – particularly in efforts to reach underserved or rural beneficiaries. For example:

- QIOs bring together organizations and individuals to organize public immunization clinics to increase immunizations in African Americans.

- QIOs collaborate with community groups and faith-based organizations to develop and disseminate educational materials, conference presentations, and training — both one-on-one and online — to decrease the disparity in immunizations for rural populations.
- QIOs create bilingual materials and messages about essential diabetes care and distribute them to Hispanics through partnerships with community organizations in rural and underserved communities using print, radio, and television announcements.
- To identify social and cultural barriers that prevent African Americans from having lipid testing, QIOs hold focus groups with African American beneficiaries, non-African American beneficiaries, and physicians to gain information that will help them develop patient workbooks, brochures, and messages disseminated through health fairs, housing authorities, community centers, and on city buses.

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*The American Health Quality Association represents the national network of Quality Improvement Organizations (QIOs) that work to encourage the spread of best clinical practices and improve systems of care delivery. Visit [www.abqa.org](http://www.abqa.org).*