

QIO Beneficiary Protection Activities

The nation's Quality Improvement Organizations (QIOs) are dedicated to improving health care and patient safety for more than 40 million Medicare beneficiaries. In fact, QIOs have been at the forefront of national initiatives launched by Medicare to improve care in specific settings -- such as making surgery safer, increasing preventive care, adopting health information technology, and improving pain management in nursing homes.

Background

When Congress created the QIO program in 1982, much of the work focused on chart reviews that occurred after medical care was provided (retrospective chart reviews). Congress added the responsibility for investigation of beneficiary complaints in 1986. But in 1990, the Institute of Medicine (IOM) determined that this approach alone was not generating broad improvements in the quality of care for Medicare beneficiaries. The IOM recommended that, in addition to responding to beneficiary complaints, the QIOs work hand-in-hand with health care professionals to actively spread best practices in medicine to improve patient outcomes.

Research shows that improving quality is linked directly to working with providers and patients to identify system-wide care problems and jointly developing workable solutions. QIOs have used this approach to generate safety improvements in every state across the country.

But QIOs also recognize the importance of listening directly to the patients themselves. Thanks to the QIO beneficiary complaint program, patients or family members have somewhere to lodge com-

plaints or file appeals about care that they believe was harmful, inappropriate, or inadequate.

Case Review

To help beneficiaries get the best care possible, QIOs review case records, hear beneficiary complaints, and process appeals.

Medical record review is an integral part of the work that QIOs do. It focuses on solving problems for patients and improving patient safety, not on singling out "bad" providers; Medical record reviews help QIOs identify system-wide quality problems and work with providers to fix them. *Here's an example of how the process works:*

A hospital admitted a Medicare beneficiary, but, due to gaps in care, did not record his regular medication regimen, which included anti-seizure medication. As a result, the patient missed several days of his medication that he otherwise would have taken at home. The QIO worked with the facility to implement a process of medication reconciliation to make sure the incident did not occur again. The hospital now obtains a complete

and accurate list of each patient's current home maintenance medications and compares that list with the physician's admission order—this program is now in place for all admissions.

Medical record reviews are integral to helping QIOs respond to beneficiary complaints and determine whether beneficiaries are receiving the appropriate care. From mid-2002 through March 2005, QIOs reviewed more than 217,000 medical records in response to beneficiary complaints, beneficiary appeals related to denial or curtailment of health care services or access to emergency care, and in the course of their efforts to ensure proper billing for hospital services.

Beneficiary Complaints

QIOs take beneficiary complaints seriously. From October 2002 through March 2005, QIOs reviewed 13,000 medical records to address quality of care concerns in response to written beneficiary complaints. In many cases, the complaint led QIOs and practitioners to work on a joint plan of action (called a Quality Improvement Plan or QIP) to systematically improve issues identified in the review process.

Under Medicare's rules, QIOs are fact finders, but do not decide punishment for health care providers who violate professional standards, and they are barred from sharing certain information regarding their findings, unless the provider approves. If, however, in the course of a review, a QIO finds that care delivered threatens public health or is grossly unacceptable, the case is immediately referred to the appropriate authorities (e.g., state licensing boards or the US Office of Inspector General) for follow up action.

In addition to assessing complaints for validity, QIOs assess them with an eye to identifying systemic problems that require broader solutions. Many beneficiary complaints stem from a poor communication with providers,

as well as a perception by patients that the care received was bad. For example, a beneficiary might believe he was given the wrong medication, when in fact, the correct medication was given but the instructions for taking the medication were either unclear, or not completely understood.

In some instances a QIP can lead to lasting improvements. After a hip surgery patient in one Ohio nursing home asked his QIO to review his medical chart, the QIO found that the facility needed improvement on following physician orders and care plans. Working together, the nursing home and QIO developed a plan to address these issues that lead to 100% compliance from the nursing home staff with both physician orders and care plans. The nursing home continues to use the plan developed with the QIO to improve care in other areas.

Appeals

Beneficiaries who have been denied health care services in a hospital or emergency room can turn to their QIO for an immediate appeal of the decision. That speed can make all the difference to a person not ready to leave the hospital or in need of additional care. No other system offers this kind of timely response.

For example, if a beneficiary receives a discharge notice from a hospital he/she can appeal that discharge to the QIO. QIOs interview the beneficiary and request information from the hospital regarding the patient's care. If the QIO agrees with the beneficiary that he/she should not be discharged, Medicare will continue to cover the beneficiary's hospital stay. QIOs are concerned with helping patients get the right care at the right time.