

America's Quality Improvement Organizations

A Community-based Force for Better Health Care

Ensuring the Quality of Medicare

In health care, quality means getting the right care at the right time – safely and effectively.

Efforts to improve health care quality for Medicare beneficiaries have come a long way since the program was established in 1965. Today, Medicare has a community-based corps of health care experts dedicated to improving health care quality and patient safety in every state. This work is done by 40 Quality Improvement Organizations (QIOs) under contract with Medicare to spread best practices, reduce medical errors, and promote preventive care.

This wasn't always the case. Initially, federal policymakers sought to ensure that Medicare beneficiaries would receive appropriate care by hiring physicians to retrospectively review care, identify quality problems, and target providers that failed to meet professional standards for corrective action.

That "peer review" system didn't work. In 1990, the Institute of Medicine (IOM) concluded that the peer review approach had no demonstrable effect on broadly improving the quality of care for Medicare beneficiaries.

That's Where the QIOs Come In...

Taking guidance from the IOM, Medicare changed its approach in the 1990s and created a system of technical support, mentoring, and education to help health care professionals improve care quality at the community level.

To deliver this assistance, Medicare contracted with QIOs—-independent, largely non-profit health care organizations that work in their communities to promote and accelerate the diffusion of evidence-based medicine into everyday clinical practice.

Because QIOs focus on changing systems of care, their work affects all patients, not just Medicare beneficiaries.

QIOs serve as a national infrastructure for helping doctors, hospitals, home health agencies, and nursing homes make good care significantly better.

QIOs employ physicians from a wide range of specialties who have expertise in quality improvement techniques. They

also employ statisticians and epidemiologists, health information technology experts, nurses, communications professionals, pharmacists, and other health care specialists who serve as a resource for local health care professionals and consumers.

Because QIOs focus on changing systems of care, their work affects all patients, not just Medicare beneficiaries. In addition, QIOs respond to quality-of-care problems brought to them by Medicare patients and refer valid complaints to appropriate regulatory authorities.

Saving Lives, Reducing Suffering, Improving Safety

Research shows that improving quality is linked directly to working in partnership with providers and giving them the technical expertise and guidance they need to solve problems. The QIOs work hand-in-hand with health care professionals to identify systemic quality-of-care problems, design solutions to those problems, and then test those solutions to ensure that they achieve the desired results.

For example, when health care professionals at Truman Medical Centers in Kansas City, Mo., set out to increase the number of heart attack patients receiving aspirin at discharge, they enlisted the expertise of their Medicare QIO. Together, they developed a standardized chest pain order sheet that is attached to the medical chart of every chest pain patient. The form prompts physicians to remember aspirin therapy, which can prevent future heart attacks. The result: 100 percent of the hospital's heart attack patients now receive aspirin at discharge.

At the University of Tennessee Medical Center in Knoxville, the local QIO helped physicians revamp their processes for treating cardiac patients, dramatically increasing the use of life-saving ACE inhibitor drugs and smoking cessation counseling. The QIO worked with hospital staff to develop a clinical pathway, create corresponding standing orders, and produce a formal smoking cessation education packet.

The QIO Approach to Quality Is Working

The experience of QIOs across the country shows QIOs are achieving impressive results, including these:

- Getting needed antibiotics more quickly to pneumonia patients, cutting their hospital stays.
- Increasing the use of life-saving drugs for heart attack patients.
- Making surgery safer by reducing infection rates.
- Extending the lives of patients with congestive heart failure.
- Working with physicians to take advantage of new information technologies.
- Helping patients stay out of the hospital by teaching them to use their medications properly.

These and other improvements for Medicare beneficiaries were achieved on the front lines of health care, through dedication, hard work, and collaboration. That is the QIO approach to quality improvement, and it's an approach that's making a difference.

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.