

Senators Introduce Bipartisan QIO Program Reforms

Created by Congress to ensure high quality care for Medicare beneficiaries and safeguard the integrity of the Medicare Trust Fund, the Medicare Quality Improvement Organization (QIO) program is administered by the Centers for Medicare & Medicaid Services. Congress is now considering legislation to modernize and strengthen the law governing the QIO program. Legislation introduced November 16 by Senators Hatch (R-UT), Rockefeller (D-WV), Lott (R-MS), and Kennedy (D-MA) would improve the QIO program's accountability and effectiveness.

The Hatch-Rockefeller-Lott-Kennedy legislation will:

Provide a consistent focus for the QIO program:

- Reduce health care disparities and improve rural health care.
- Strengthen coordination of care as patients move between settings.
- Support the adoption and use of health information technology.
- Assist providers in accurately measuring and publicly reporting their quality performance.
- Teach providers how to better prepare patients with self-management techniques and improve health literacy.
- Permit QIOs to share patient-specific information with a treating physician when necessary for patient safety purposes.

Reform the Medicare beneficiary complaint program:

- Restore the QIOs' funding to actively educate Medicare beneficiaries about quality of care problems and their right to file complaints and appeals.
- Overturn regulations that prohibit QIOs from informing beneficiaries of complaint findings.
- Teach providers how to proactively solicit and respond in a timely way to patient feedback about quality of care problems.
- Provide oversight to confirm that quality problems are being referred appropriately to regulators.

Enhance program administration:

- Require HHS to consult IOM prior to each contract to evaluate the adequacy and propriety of CMS' plans for use of

Medicare trust fund dollars allocated to the QIO contract.

- Require a Government Accountability Office report to Congress on CMS capabilities and management of the program.
- Establish a minimum threshold for QIO funding at 2006 levels.
- Allow QIOs to develop intervention strategies suited to local providers.
- Assess the validity, feasibility, and reliability of measures used to evaluate the QIO program.
- Help establish measurable goals for each QIO task.
- Set deadlines for timely decisions on program work and funding.
- Extend the current QIO contract and funding by one year to allow sufficient time for implementation of these legislative changes.

Increase competition for contracts and ensure continuous program improvement:

- Require mandatory competition for all QIO contracts after each contract cycle.
- Extend QIO contracts from three to five years to facilitate more rigorous evaluation.

Guarantee high levels of accountability and performance:

- Require that QIO boards represent diverse stakeholders, including consumers.
- Require the Secretary to set organizational integrity standards for board and executive compensation and conflicts of interest, backed by federal audits.
- Establish safe harbors to permit QIOs to serve public and private clients other than Medicare.

The American Health Quality Association is dedicated to improving the safety and effectiveness of health care. AHQA represents the national network of Quality Improvement Organizations (QIOs) that work with hospitals, medical practices, health plans, long-term care facilities, home health agencies, pharmacists, and employers to encourage the spread of best clinical practices and improve systems of care delivery. Visit www.abqa.org.