

Health Care Improves More Rapidly with QIO Program Assistance

AHRQ Reports Show Strong Trend: Health Care Improvements Linked to CMS, QIO Efforts

In its 2006 *National Healthcare Quality Report* (NHQR), a Congressionally mandated annual report card on the quality of America's health care, the Agency for Healthcare Research and Quality (AHRQ) reports that many of the nation's largest improvements in care occurred in areas targeted by the Centers for Medicare & Medicaid Services (CMS) and Quality Improvement Organization (QIO) contractors — a continuing trend from previous reports. QIOs work under contract to Medicare to improve care in various health care settings for the nation's 43 million beneficiaries.

In hospitals, QIOs are working to improve heart attack and heart failure care; improve surgical care, including post-operative complications; and make sure patients receive appropriate treatment for pneumonia.

The 2006 NHQR found the strongest improvement in areas where QIOs are helping hospitals adopt best practices and improve systems of care. Overall, hospital care improved at a median annual rate of 7.8 percent versus 3.1 percent in ambulatory settings.

The 2006 report found:

- A 7.3 percent annual rate of improvement in post-surgical complications.
- A 15 percent improvement in good heart attack care in hospitals — more than five times the overall rate of improvement in all non-hospital measures (2.6 percent).
- A continuing trend of improvement for pneumonia and heart failure care, improving by 11.7 percent and 8.4 percent respectively — a pace that surpasses the combined 9.2 percent rate of improvement found in the 2005 NHQR for these same conditions.

“Quality improvement programs initiated by HHS are clearly enhancing health care in the nation, particularly within hospitals... Everyone is benefiting— the professionals who provide care, the insurers who help pay for care and the patients who receive care.”

*Carolyn Clancy, MD,
Director, Agency for Healthcare Research and Quality*

NHQR reports from 2003, 2004, and 2005 show trend of marked improvement in areas of focused QIO effort.

In 2003, AHRQ found that after Medicare established the prescription of beta blockers for heart attack patients when they leave the hospital as a national priority for QIOs, the national rate of improvement skyrocketed to 79 percent from 21 percent in the early 1990s.

In the 2004 report, that rate of improvement continued, climbing to more than 81 percent. The reliable delivery of this heart attack treatment reached 89 percent of patients in 2006.

The 2004 report also showed that nursing homes working intensively with QIOs in the CMS Nursing Home Quality Initiative achieved greater improvement in management of residents' pain and in the use of restraints than those that did not work intensively with QIOs. Findings from that report include:

- A relative decline in residents' chronic pain of 46 percent (intensive group) versus 33 percent (non-intensive group).
- A relative decline in residents' post-acute care pain of 17 percent (intensive group) versus nine percent (non-intensive group).
- A 29 percent decrease in the use of restraints (intensive group) versus 17.6 percent (non-intensive group).

In the 2005 report, four out of the five areas that showed the most improvement were areas of targeted QIO efforts: diabetes, heart disease, respiratory conditions, and nursing home care. The pace of improvement in QIO-targeted care for pneumonia and heart disease alone was almost four times the combined rate for all other measures.

Congress directed AHRQ to develop this annual report on the quality of American health care, as well as a companion report, the *National Healthcare Disparities Report*, beginning in 2003. Each year, the reports compile the most credible, scientifically sound measures and data available to broadly evaluate the quality of American health care based on its effectiveness, timeliness, patient-centeredness, and safety. The most recent report, 2006, includes a review of 40 core quality measures.

The QIO program is the largest single federal investment in improving health care quality at the community and state level. Funding for the program represents less than one tenth of one percent of all Medicare spending. The spread and implementation of best practices is at the heart of QIO program initiatives, an effort that these reports show is paying off.

Just Click...

Read the National Healthcare Quality and Disparities Reports on AHRQ's Web site at: www.ahrq.gov/qual

The American Health Quality Association represents the national network of Quality Improvement Organizations (QIOs) that support the spread of best clinical practices and improve systems of care delivery. Learn more about AHQA and the QIOs at: www.abqa.org.