

Medicare Quality Improvement Organization Modernization Act (H.R. 1046)

Created by Congress, the Quality Improvement Organization (QIO) program works to ensure high quality care for Medicare beneficiaries and safeguard the integrity of the Medicare trust fund. Efforts are underway in Congress to modernize and strengthen the law governing the QIO program to better support performance improvement in the nation's health care system and enhance patient care. Legislation to enhance the program will:

Update the QIO statute to provide access to quality improvement assistance for providers and plans that want help improving care by:

- Promoting implementation of proven quality improvement strategies.
- Assisting with collection and effective use of quality data for improvement.
- Redesigning care systems, including effective use of Health Information Technology, to improve the safety, coordination, and effectiveness of care.
- Reducing health care disparities and improving rural health care.

Reform the Medicare beneficiary complaint program to:

- Actively educate Medicare beneficiaries of their right to bring quality of care concerns to QIOs.
- Report findings of complaint investigations to the beneficiary.

- Help providers fix unsafe systems of care and refer to the proper authorities those providers who are unable or unwilling to improve.
- Help providers proactively solicit and welcome patient feedback about quality of care problems.

Ensure that program administration:

- Provides for independent program evaluation.
- Increases local stakeholder input into QIO activities and ensures appropriate funding.
- Provides for maximum flexibility to innovate locally to improve quality.
- Requires the Comptroller General to report on effective implementation of the law and management of the program by March 2010.

Allow QIOs to securely provide data to physicians for patient safety and quality improvement in accordance with HIPAA.

Increase competition for contracts and ensure continuous program improvement by:

- Extending QIO contracts from three to five years to allow for comprehensive evaluation of the program.
- Mandating regular competition of contracts.

Establish an orderly, consultative process for setting program priorities:

- Update QIO program funding floor from 1988 to 2006 level.
- Reserve a portion of QIO funding for work on quality priorities identified by local stakeholders.
- Set deadlines for timely decisions on program work and funding.

Guarantee high levels of accountability and performance by:

- Ensuring that QIO boards represent diverse stakeholders, including consumers.
- Requiring the Secretary to audit compliance with private sector organizational integrity standards.
- Requiring those bidding to serve as QIO contractors to demonstrate previous success in large scale performance improvement.

Encourage state Medicaid programs to improve quality utilizing QIO expertise.

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.