

Quality Improvement Organizations (QIOs) Medicare Beneficiary Protection by the Numbers

- Forty QIOs work under three-year contracts to Medicare to protect more than 40 million beneficiaries in all 50 states, Puerto Rico and the U.S. Virgin Islands.
- QIOs are funded by apportionment from the Medicare Trust Fund at about \$10 per year per beneficiary. Total funding for all QIO activities was \$1.15 billion for the 2002-2005 contract and is projected at \$1.265 billion for the 2005-2008 contract.
- The QIO program shifted focus in the 1990s in response to recommendations from the Institute of Medicine. Originally launched to assure quality care by reviewing medical records, the current QIO program works proactively to help providers avoid medical errors and make sure all patients get effective care by helping doctors and hospitals adopt better clinical practices.
- During the 2002-2005 contract cycle with Medicare, approximately three-quarters of QIO funding supported the provision of technical assistance to make care safer and more effective for patients in all clinical settings. QIOs also helped thousands of hospitals begin publicly reporting on quality of care.
- During 2002-2005, QIOs also addressed the concerns of individual beneficiaries by responding to complaints and appeals. From mid-2002 through March 2005, QIOs reviewed over 217,000 beneficiary medical records in response to beneficiary complaints, beneficiary appeals related to denial or curtailment of care health services or access to emergency room care, and efforts to ensure proper billing for hospital services.
- From Oct 2002 through March of 2005, QIOs reviewed over 13,000 medical records to address quality of care concerns in response to written beneficiary complaints. In many cases, QIOs and practitioners subsequently undertook a joint plan of action to systematically improve issues identified in the review process. QIOs also offer mediation services to help resolve complaints.
- In the 2005-2008 contract cycle, the scope of QIO efforts to improve care for all patients will broaden. For example, QIOs will help 10,000-15,000 primary care physicians use electronic information systems to improve chronic and preventive care; work intensively with hospitals to slash treatment errors rates and reduce surgical complications; help thousands of nursing homes improve care; help 1,400 home health agencies cut preventable hospitalizations; and ensure the quality of new Medicare drug benefits.

The American Health Quality Association represents the national network of Quality Improvement Organizations that work with hospitals, medical practices, health plans, long-term care facilities, home health agencies, and employers to encourage the spread of best practices and improve systems of care delivery.