

AHQA RECOMMENDATIONS FOR THE BPPI COMMITTEE

1. IOM should recommend that the federal government capitalize on the tremendous strengths of the QIO program—including its national reach and extensive local infrastructure, performance-driven competitive contracting, essential partnerships with local providers and other stakeholders, rich history of developing and publishing evidence of health care quality shortcomings and quality improvement methods, and extensive experience influencing behavior change—by strengthening and expanding the program.
2. IOM should obtain from CMS figures to assess the program's budget since 1988—when Congress set a new baseline funding level and required increases for inflation and new work— and determine whether funding actually available to QIOs has been sufficiently increased to account for additional work.
3. IOM should encourage the federal government to provide funding that is adequate to provide intensive local support for all providers, not just an identified few, unless resources are unavailable.
4. IOM should examine the support contracts funded by the QIO program to ensure that trust fund dollars are being spent on activities in a manner consistent with federal statute.
5. IOM should identify ways QIOs can expand and improve QIO rural improvement and health disparity reduction efforts and support allotting additional funds for QIO rural and disparity projects above the approximately \$13 million being spent annually during 7th Scope of Work for these vulnerable populations.
6. IOM should recommend that CMS encourage QIOs to pursue external public and private funding, particularly to develop and test new areas and techniques for quality improvement, but also to augment federally funded efforts where resources are inadequate or opportunities for greater impact arise.
7. IOM also should recommend that CMS provide funding for research and developmental projects to field test new quality improvement methods on new clinical topics. Once intervention strategies prove effective in a small-scale project, subsequent funding should be provided to expand to the level required for widespread implementation of the project across the country.

8. IOM should support the QIO program's existing funding mechanism, which involves an apportionment from the Medicare Trust Fund. IOM also should examine ways to further insulate continued QIO work on unresolved major clinical quality problems from shifting political priorities.
9. IOM should support the explicit inclusion of QIOs and their quality improvement technical assistance whenever the federal government undertakes a health care improvement initiative—whether it be pay-for-performance, public reporting, or revised conditions of participation. Also, IOM should encourage use of QIOs' technical assistance capacity to help providers reap the benefits of these incentive programs, especially among small and rural providers that otherwise might struggle to qualify for participation or achieve performance thresholds for incentive payments.
10. IOM should consider the number of problems that complicate CMS efforts to assess QIO performance, and recommend ways to improve measurement of performance in this context.
11. IOM should encourage CMS to work with QIOs to identify a core set of proven quality interventions, while also providing QIOs with significant resources and significant discretion to design, test, and use additional interventions as needed.
12. IOM should recommend that CMS remove regulatory barriers to QIOs' sharing beneficiary-specific data with the beneficiary's physicians in cases of threats to patient safety, for the purpose of documenting clinical system failures and triggering appropriate interventions.
13. IOM should recommend that CMS make better use of the QIOs' potential on cross-setting quality issues by launching a new program to improve the continuity of care in high priority clinical problem areas, starting on topics in which QIO work is already underway.
14. IOM should recommend improving the value of medical case review for beneficiaries, as well as providers and practitioners, by:
 - Supporting the integration of case-based and population-based quality improvement activities of QIOs.
 - Recommending that the next QIO contract be written and funded to permit QIOs to propose local or statewide quality improvement projects to address problems initially found as a result of one or more complaint investigations.

- Recommending that CMS ask QIOs to increase the reliability of clinical reviews through the use of a consensus panel of practitioners with the appropriate training to review and discuss complaints in a manner consistent with that employed by RAND and quality researchers in the Harvard Medical Practice and COPIC studies.
15. IOM should advise Congress to extend the three-year contract period to allow more time for QIOs and their provider partners to properly implement quality improvement strategies and allow adequate time for them to show results.
 16. IOM should support the maintenance of the stringent statutory qualifications required for becoming a QIO, which require substantial access to licensed physicians to conduct statutorily-mandated reviews and ensure broad physician support for the program's quality objectives.
 17. IOM should support CMS' model approach to performance-based contracting in the QIO program, and urge refinement of the QIO evaluation methodology to ensure a fair assessment that retains effective contractors.
 18. Consistent with IOM's recommendations in its study of federal health care quality programs, federal agencies should, whenever possible, align their quality improvement efforts with the areas recommended by IOM.
 19. IOM should urge the federal government to explore ways to better utilize the QIOs' knowledge and expertise in other federal health care programs and services where quality gaps persist, such as Veterans Affairs, TRICARE, programs under the Health Resources and Services Administration, and End-Stage Renal Disease services.
 20. For the non-Medicare-eligible population covered by Medicaid, IOM should recommend that CMS establish a set of national quality improvement priorities or require, as a condition of federal financial participation, a state process for identifying state priorities. Congress also should provide matching rates to encourage these Medicaid improvement efforts and require that states use common quality measures and active clinical improvement programs aligned with those underway in the Medicare program (where appropriate for the population).
 21. IOM should recommend that CMS look to expand QIO efforts into additional health care settings (e.g. rehabilitation facilities, psychiatric hospitals, and other sectors such as

Attachment 1

long-term care hospitals), following up on the thus far successful QIO experience supporting improvement in nursing homes and home health care agencies.