

Medicare Quality Improvement Organization Program Goals 2005-2008

Quality Improvement Organizations (QIOs) in every state, the District of Columbia, Puerto Rico and the Virgin Islands began working this August under a new three-year contract with the Centers for Medicare & Medicaid Services. The contract, known as the 8th Medicare QIO Statement of Work (8th SOW) calls on QIOs to accelerate quality improvement in hospitals, physician practices, nursing homes, home health agencies, and Medicare Advantage and prescription drug plans.

New Efforts For 2005-2008

QIOs are continuing to provide assistance redesigning care processes and sharing best practices in all clinical settings. They also continue to protect beneficiaries by reviewing complaints, hearing appeals, and improving hospital payment error rates. In addition, QIO work is expanding to include:

- Helping hospitals make surgery safer.
- Helping doctors use IT to provide more effective care.
- Improving the quality of prescription drug therapy.
- Helping nursing homes focus on resident satisfaction.
- Reducing hospital admissions for home care patients.
- Supporting organizational culture change in all clinical settings.

Assistance For Hospitals

QIOs will build on the growing commitment by hospitals to publicly report their performance in areas critical to improving patient safety. QIOs will work intensively with groups of hospitals, each representing about

15% of PPS hospitals in each state, that apply to CMS for assistance. QIO assistance will include:

- Working with a group of hospitals to improve their performance by 50% on a composite of the 10 publicly reported quality of care measures for heart attack, heart failure and pneumonia.
- Working with a second group of hospitals to improve performance on 13 surgical care processes important for preventing surgical infections, cardiovascular complications, venous thromboembolism, ventilator associated pneumonia, and for safer vascular access for dialysis. A major goal will be to help at least half of these hospitals achieve 50% relative improvement across the 13 measures.
- Helping a third group of hospitals adopt and use information technology such as computerized physician order entry systems, Rx bar coding systems or telehealth technology.
- Working to ensure that 95% of all hospitals in each state submit valid data for the 10 publicly reported measures; that 25%

of PPS hospitals publicly report an expanded set of 22 quality measures for heart attack, heart failure, pneumonia and surgical infection prevention; and that hospitals statewide improve by 12% on each of three infection prevention measures. Also, QIOs will consult with the management of a group of hospitals to improve organizational culture supporting patient safety.

- Helping ensure that critical access hospitals (CAH) report both baseline and re-measurement figures for a new set of 15 CAH Quality Improvement measures, and demonstrate improvement on these measures.

Helping Physicians

Beginning in late-2005, QIO assistance to physicians expands from a broad focus on improving preventive and chronic care to helping groups of mostly small and medium sized practices in each state adopt and use health care IT, address the needs of underserved populations, and improve prescribing.

- **Using information technology:** QIOs will work with at least five percent of adult primary care physician practices in every state to help them adopt and use health information technology (HIT) to improve the quality and efficiency of care—including e-prescribing, registries, e-labs and full electronic health record systems. QIOs will help physicians select HIT products, reorganize workflow and care processes and undertake quality improvement projects to realize the benefits of HIT.
- **Addressing the needs of the underserved:** QIOs will also work with a group of physician practices in each state to promote the adoption of Culturally and Linguistically Appropriate Services (CLAS) standards; provide cultural competency education; and in vulnerable populations,

improve the timely administration of flu and PPV immunizations, mammography screening for breast cancer, as well as timely testing of blood sugar, lipid levels and blindness in diabetes patients.

- **Improving prescription drug delivery and medication use:** Beginning in August 2006, QIOs will help Medicare drug benefit plans and providers develop quality measures; adopt and implement e-prescribing; and develop projects for improved disease-specific therapy, better patient medication self-management, and improved prescribing—with a focus on avoidable drugs in the elderly, clinically important drug interactions, or generic prescribing ratios.

Supporting Better Nursing Home and Home Health Care

- QIOs will help most nursing homes set improvement performance targets and achieve at least 30% statewide improvement in care for pressure ulcers, use of physical restraints, and management of depressive symptoms. They will also work with home health agencies on a statewide basis to achieve a 30% reduction in acute care hospitalizations.
- QIOs will work with specific groups of nursing homes to improve care by as much as 60% in key clinical areas; to collect and submit quarterly data on assessment and treatment processes for new admissions; to improve pain management; and to improve organizational culture as measured by increased resident and staff satisfaction and a reduction in staff turnover. QIOs will also work with specific groups of home health agencies to greatly improve clinical outcomes; facilitate organizational culture improvement and implementation and use of telehealth technology; and increase screening and immunization for influenza and pneumonia.