

The Medicare QIO Program: A National Infrastructure for Health Care Measurement, Reporting, and Improvement

Quality Improvement Organizations (QIOs) across the country work with health care professionals to improve patient safety and help them implement best practices in hospitals, physician offices, home health, nursing homes, and in underserved populations.

QIOs and the Medicare program have played a leading role over the past ten years helping providers in a wide variety of clinical settings adopt standard measures for self assessment and reporting on quality of care. Collection and analysis of performance data on these standard measures is a critical first step towards improving systems of delivering care. QIOs help providers:

- Collect and publicly report accurate data on their performance.
- Use performance data for self assessment and as a guide for making changes to improve outcomes.
- Measure and improve care as patients move between clinical settings.

QIOs are helping providers improve care assessed by a range of quality measures, including those related to:

- Treatment of heart attacks, heart failure, pneumonia, and the prevention of surgical infections and other complications in hospitals.
- Treatment of coronary artery disease, diabetes, heart failure, and hypertension—as well as increased use of health information technology, chronic care management and preventive care in physician offices.
- Improved prescribing, disease-specific therapy and medication management through the new Medicare drug benefit.
- Reduction of pressure ulcers, use of restraints, and the management of chronic pain in nursing homes.
- Improvement in common medical conditions and the reduction of acute care hospitalization in home health care.
- Reducing disparities of care for racial and ethnic minorities.

The full list of QIO quality of care measures is presented on the following pages by clinical setting.

QIO Quality of Care Measures 2005-2008

Hospital Care

QIOs are working with hospitals to improve the safety of surgical care and boost performance on 10 key measures reflecting quality of care provided for heart attacks, heart failure, and pneumonia. QIOs are also helping hospitals publicly report performance on a broader set of quality measures; develop workforce cultures committed to patient safety; develop telehealth services; and adopt computerized prescription ordering systems. QIOs are also addressing similar measures in Critical Access Hospitals, which mainly serve rural populations. In addition, QIOs are ready to help hospitals gather consumer satisfaction data.

Focus	Quality of Care Measures
<p>Acute myocardial infarction (AMI)</p>	<ul style="list-style-type: none"> • Aspirin at arrival • Aspirin prescribed at discharge • ACEI or ARB for LVSD • Adult smoking cessation advice/counseling • Beta blocker prescribed at discharge • Beta blocker at arrival • Thrombolytic agent received within 30 minutes of hospital arrival • Angioplasty received within 120 minutes of hospital
<p>Heart failure (HF)</p>	<ul style="list-style-type: none"> • Discharge instructions • Heart failure assessment • ACEI or ARB drugs for severe heart failure • Adult smoking cessation advice/counseling
<p>Pneumonia (PNE)</p>	<ul style="list-style-type: none"> • Oxygenation assessment w/in 24 hours of hospital arrival • Pneumococcal vaccination • Blood culture before first antibiotic • Adult smoking cessation advice/counseling • Initial antibiotic received within 4 hours of hospital arrival • Initial antibiotic selection for community-acquired Pneumonia (CAP) in immunocompetent patients • Influenza vaccination
<p>Systems Improvement</p>	<ul style="list-style-type: none"> • Use of CPOE, barcoding, or telehealth

Surgical Care Improvement Project (SCIP)

QIOs are part of the national SCIP partnership that aims to make surgery safer by reducing preventable complications such as surgical site infections, perioperative cardiac events, blood clots, and ventilator-associated pneumonia.

Focus	Quality of Care Measures
Infection	<ul style="list-style-type: none"> • On-time prophylactic antibiotic administration • Appropriate selection of prophylactic antibiotics • Prophylactic antibiotics discontinued within 24 hours after surgery • Controlled perioperative blood sugar • Post-operative wound infection diagnosis • Appropriate hair removal (clipping—not shaving) • Perioperative temperature control (normothermia)
Cardiovascular care	<ul style="list-style-type: none"> • Perioperative beta-blockers for heart patient and those on beta-blocker prior to surgery • Intra- or post-operative AMI diagnosed during index hospitalization and within 30 days of surgery • Intra- or post-operative cardiac arrest diagnosed during index hospitalization and within 30 days of surgery
Thromboembolic	<ul style="list-style-type: none"> • Thromboembolism prophylaxis • Appropriate venous thromboembolism prophylaxis • Intra- and post-operative pulmonary embolism • Intra- and post-operative deep venous thrombosis
Respiratory	<ul style="list-style-type: none"> • Post-operative orders and documentation of elevation of head of bed • Post-operative ventilator associated pneumonia during index hospitalization • Peptic ulcer disease prophylaxis received • Ventilator-weaning protocol
Vascular access	<ul style="list-style-type: none"> • Use of fistula for vascular access in end stage renal disease patients
Global	<ul style="list-style-type: none"> • Mortality within 30 days of surgery • Readmission within 30 days of surgery

Critical Access Hospitals

Many limited-service hospitals in rural areas are designated as a Critical Access Hospital (CAH) under the Medicare Rural Hospital Flexibility Grant Program. The majority of CAHs are in areas that lack an adequate number of health professionals and/or operate in medically underserved areas. Because of the particular services provided by CAHs, which often involves stabilizing critical patients and transferring them to full-service medical centers, the QIO program will work with CAHs on a modified set of hospital measures.

Focus	Quality of Care Measures
Acute Myocardial Infarction	<ul style="list-style-type: none"> • Aspirin at arrival • Aspirin at arrival (no transfer exclusion) • Aspirin at discharge • Beta blocker at arrival • Beta blocker at arrival (no transfer exclusion) • Beta blocker at discharge • Time to thrombolytics (no transfer exclusion) • ACEI or ARB drugs for severe heart failure
Pneumonia	<ul style="list-style-type: none"> • Pneumococcal vaccination • Oxygenation assessment • Initial antibiotic received within 4 hours of hospital arrival
Surgical Care Improvement Project	<ul style="list-style-type: none"> • Prophylactic antibiotic received within 1 hour prior to surgical incision • Prophylactic antibiotic selection for surgical patient • Prophylactic antibiotic discontinued within 24 hours after surgery end time
Process (test measure)	<ul style="list-style-type: none"> • Emergency Department transfer communication
Heart Failure	<ul style="list-style-type: none"> • Heart failure assessment • ACEI or ARB drugs for severe heart failure
Systems Improvement	<ul style="list-style-type: none"> • Use of CPOE, barcoding, or telehealth
Organizational Culture Change	<ul style="list-style-type: none"> • Improvement on safety culture survey

Physician Office Care

QIO assistance to physicians is expanding in 2005 beyond support for preventive care related to diabetes and immunizations. QIOs will help primary care physician practices adopt and use health information technology (e-prescribing, registries, e-labs and full electronic health record systems) to improve and publicly report the quality of care, and help physicians develop more effective chronic care management.

Focus	Quality of Care Measures
Use of Health Information Technology (HIT) systems	<ul style="list-style-type: none"> Physician implementation of HIT, including e-prescribing, electronic registries; e-labs and fully integrated electronic health records (EHRs)
Care management	<ul style="list-style-type: none"> Physician adoption of care management processes that assess, plan, implement, coordinate, monitor, and evaluate treatment options and services to meet a patient's health needs
Coronary Artery Disease	<ul style="list-style-type: none"> Antiplatelet Therapy Lipid Profile Drug Therapy for Lowering LDL Cholesterol LDL Cholesterol Level Beta-Blocker Therapy-Prior MI ACE Inhibitor Therapy Blood Pressure
Diabetes care and screening	<ul style="list-style-type: none"> HbA1c management Lipid Measurement HbA1c management control LDL Cholesterol Level Blood Pressure Management Urine protein testing Eye exam Foot exam
Heart Failure	<ul style="list-style-type: none"> Left Ventricular Function (LVF) Assessment Patient Education Left Ventricular Function (LVF) Testing Beta-Blocker Therapy Weight Measurement ACE Inhibitor Therapy Blood Pressure Screening Warfarin Therapy for Patients with Atrial Fibrillation

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Physician Office, continued

Focus	Quality of Care Measures
Hypertension (HTN)	<ul style="list-style-type: none"> • Blood Pressure Screening • Blood Pressure Control • Plan of Care
Hypertension (HTN)	<ul style="list-style-type: none"> • Blood Pressure Measurement • Pneumonia Vaccination • Tobacco Use • Colorectal Cancer Screening • Lipid Measurement • Tobacco Cessation • Influenza Vaccination • LDL Cholesterol Level • Breast Cancer Screening
Additional Assistance	<ul style="list-style-type: none"> • Medicare Advantage Organizations – Pay-for-Performance programs and/or quality initiatives • ESRD Network(s), as requested • Medicare Care Management Demonstration Project

Nursing Home Care

QIOs are helping nursing homes not only improve care for specific medical conditions, but also improve the entire culture of care. The goal is to provide care in a resident-centered, homelike environment.

Focus	Quality of Care Measures
Clinical Care	<ul style="list-style-type: none"> • Reduction of pressure ulcers in high risk patients • Reduced use of physical restraints • Management of chronic pain
Organizational Change	<ul style="list-style-type: none"> • Nursing homes setting performance targets • Experience of care (resident/staff satisfaction) • Workforce retention for front-line staff

Home Health Care

A major focus of QIO work with home health agencies during 2005-2008 is working with agencies and community partners to reduce acute care hospitalization. QIOs will also help agencies assess and improve organizational culture.

Focus	Quality of Care Measures
Care for medical conditions (publicly-reported)	<ul style="list-style-type: none">• Bathing• Transferring• Ambulation• Oral medications• Pain interfering with activity• Wound status of surgical incisions• Dyspnea• Urinary incontinence• Discharge to community• Acute care hospitalization
Telehealth	<ul style="list-style-type: none">• Implement telehealth• Use telehealth to achieve greater reduction of acute care hospitalization
Process Improvement	<ul style="list-style-type: none">• Incorporating influenza and pneumococcal immunizations into comprehensive patient assessments, offering vaccinations, and providing follow-up
Organizational Change	<ul style="list-style-type: none">• Home Health Agencies that set performance targets• Utilize a survey tool that measures organizational culture change• Implement a quality improvement activity and submit a plan of action based on the survey results

Improving Medication Use

Responding to a congressional assignment under the new Medicare drug benefit, QIOs will help Medicare drug benefit plans and providers utilize quality measures to improve medication use; adopt and use e-prescribing; and develop projects for improved disease-specific therapy using integrated data, medication therapy management services, and improved prescribing. Each QIO will begin work by choosing a project from the list below.

Focus	Quality of Care Measures
Medication Therapy Management Services (MTMS)	Measures to be defined but anticipated to address: <ul style="list-style-type: none">• Medication management services: process measures• Medication management services: outcome measures
Improving disease-specific therapy using integrated Part A, B, and D data	Measures to be defined but anticipated to address: <ul style="list-style-type: none">• Avoidance of specific drugs in beneficiaries with certain conditions (drug-disease interactions)• Therapeutic monitoring for patients receiving specific drugs
Improve Prescribing	Measures to be defined but anticipated to address: <ul style="list-style-type: none">• Use of avoidable drugs in the elderly• Frequency of selected, clinically important drug interactions• Generic prescribing ratios within certain therapeutic categories• Use of selected medications within certain therapeutic categories• Duplication of drugs in a therapeutic class

Underserved Populations

QIOs are also committed to working with providers and practitioners to improve quality of care received by racial and ethnic minorities, focusing on using HIT and cultural competency.

Focus	Quality of Care Measures
<p>Diabetes care and screening statewide</p>	<ul style="list-style-type: none"> • Biennial retinal exam by an eye professional • Annual Hemoglobin A1c testing • Biennial testing of lipid profiles
<p>Cancer screening – statewide</p>	<ul style="list-style-type: none"> • Biennial breast cancer screening (mammography)
<p>Adult immunization - statewide</p>	<ul style="list-style-type: none"> • Annual Influenza immunization • Pneumococcal immunization every ten years
<p>Use of Health Information Technology (HIT) systems</p>	<ul style="list-style-type: none"> • Physician implementation of HIT, including e-prescribing, electronic registries; e-labs and fully integrated electronic health records (EHRs)
<p>Care management</p>	<ul style="list-style-type: none"> • Physician adoption of care management processes that assess, plan, implement, coordinate, monitor, and evaluate treatment options and services to meet a patient’s health needs
<p>Reporting on care for common conditions</p>	<ul style="list-style-type: none"> • Coronary artery disease • Diabetes care • Heart failure • Hypertension • Preventive care
<p>Cultural Competency Education</p>	<ul style="list-style-type: none"> • Completion of online cultural competency training module

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, and employers to encourage the spread of best clinical practices and improve systems of care delivery.