

# Quality Innovation Network – Quality Improvement Organizations Providing Better Care at Lower Costs



## About Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs)

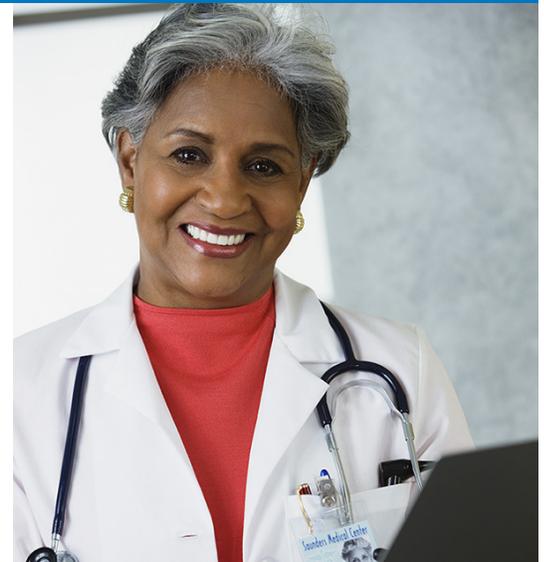
The Centers for Medicare & Medicaid Services QIO Program is an integral part of the U.S. Department of Health and Human Services' (HHS) National Quality Strategy and is one of the largest federal programs dedicated to improving health quality at the community level. This network of experts in quality improvement works in partnership with patients and families, providers, communities, and healthcare stakeholders in every setting in which care is delivered. QIN-QIOs assist patients and families, providers, and communities to: make care safer, support active engagement and self-management of chronic conditions, eliminate health disparities, promote best practices for healthy living, deliver improved access to care, and make care affordable.

## Reporting Quality Data to Improve Care

As part of its strategy to promote higher quality and more efficient care, CMS has implemented agreed-upon quality measures, value-based payment and quality reporting programs. The measures assess clinical quality of care, care coordination, patient safety and the patient and caregiver experience of care. Two of the QIO Program foundational principles for quality improvement are strengthening infrastructure and data systems and fostering learning organizations. These principles come together in the CMS quality reporting and incentive programs.

## Helping Providers in Multiple Care Settings

QIN-QIOs work with eligible physicians, physician groups and other health care providers, inpatient and outpatient hospital departments, acute care and Critical Access Hospitals, Inpatient Psychiatric Facilities, PPS-exempt Cancer Hospitals, and Ambulatory Surgical Centers to navigate quality reporting, the Physician Feedback/Value-Based Payment Modifier Program (VM), and Quality and Resource Use Reports (QRURs). The VM Program provides comparative performance information to physicians and medical practice groups, as part of Medicare's efforts to improve the quality and efficiency of medical care. By providing meaningful and actionable information to physicians so they can improve the care they deliver, CMS is moving toward physician reimbursement that rewards value rather than volume. Using workflow analysis and other proven methods, QIN-QIOs help providers identify and close gaps in care coordination, improve efficiency and quality, and meet or exceed national reporting requirements.



As of August 1, 2014, the Centers for Medicare & Medicaid Services (CMS) has established a new functional structure for the Quality Improvement Organization (QIO) Program that delivers program value to patients and families, maximizes learning and collaboration for improving care, and supports the spread and sustainment of effective new practices and models of care. Under the new structure, CMS has separated case review from quality improvement work, with both segments of the QIO Program serving all 50 states and three territories.

Two Beneficiary and Family Centered Care-QIOs review quality of care concerns and appeals, while 14 Quality Innovation Network-QIOs work with providers and communities on data-driven quality initiatives to improve patient safety, reduce harm, engage patients and families, and improve clinical care at the community level. To learn more, visit [www.qioprogram.org](http://www.qioprogram.org).

*Continued*

## Quality Improvement Organization Program

[www.qioprogram.org](http://www.qioprogram.org)

[QIOProgram@cms.hhs.gov](mailto:QIOProgram@cms.hhs.gov)

# Quality Innovation Network – Quality Improvement Organizations

## Providing Better Care at Lower Costs



### Measure, Report, Improve

QIN QIOs seek to achieve these larger goals by helping provider groups in the following ways:

#### Physicians and Physician Groups

- Convene forums for interested physicians and eligible professionals in group practices to discuss quality reporting through Physician Quality Reporting System (PQRS), the VM program, uses of the QRUR, and best practices for quality improvement
- Share successful interventions, quality improvement and efficiency best practices, information on quality reporting through the PQRS and the VM program to physicians, eligible professionals in group practices, and other QIN-QIOs through Learning Action Networks
- Utilize data to identify gaps in quality of care (including disparities) and care coordination and assist physicians and eligible professionals in group practices to develop interventions for addressing these gaps
- Support value-based program initiatives related to collecting, reporting and analysis of beneficiary quality data by providers that may develop during the course of this contract
- Help providers and practitioners understand the linkages and inter-relationships between the Value-Modifier Program, PQRS, and other programs and initiatives that affect eligible professionals (e.g., the EHR Incentive Program, Medicare Shared Savings Program, Pioneer Accountable Care Organization [ACO] model, Transforming Clinical Practice Initiative)
- Assist physicians/eligible professionals/group practices in successfully meeting the requirements of PQRS and Physician Value-based Modifier. Assistance includes, but is not limited to, the following:
  - o Provide technical assistance on setting up appropriate submission access accounts (e.g., IACS or Enterprise Identity Management (EIDM) to group practices requesting assistance
    - Assist group practices logging into the value modifier enterprise portal to access and view QRUR
    - Provide quality/performance improvement assistance to practices. QIN-QIO assistance includes, but is not limited to, educating group practices on how they can use the QRUR to improve care inside their practice and/or coordinate with providers outside their practice that are featured in the report
- Provide quality improvement/best practice, PQRS, and VM program information related to submission, deadlines, eligibility, data, features and uses of the QRUR report (or other appropriate data sources), etc., to physicians and/or eligible professionals in

group practices to promote quality reporting, quality improvement and health information exchange including:

- o Outreach and education related to QI, efficiency, PQRS, VM and other relevant value-based purchasing information to reach all practices and eligible professionals in the areas the QIN-QIO serves as a part of their outreach efforts. Information dissemination includes, but is not limited to, appropriate electronic and other distribution channels, including use of social media, posting on QIN-QIO websites, collaborating with and sending to local professional associations, collaborating with and sending to vendor partners, and dissemination through ListServes to practices/eligible professionals, etc.
  - o Educational materials about the programs will be provided quarterly
  - o Informational material about deadlines, submission requirements, national provider calls, CMS notifications, etc., as information is available
  - Provide technical assistance to physicians and eligible professionals in group practices related to using QRURs. QRURs are reports that summarize quality of care provided by physicians and eligible professionals in group practices participating in the VM Program. Technical assistance includes:
    - o Helping physicians and eligible professionals in group practices identify causes of excessive resource use and/or overuse and opportunities to improve their quality of care and efficiency through improvements in patient care coordination
- #### Healthcare Settings: Hospitals, Ambulatory Surgery Centers, Inpatient Psychiatric Facilities and PPS-exempt Cancer Hospitals
- Provide technical assistance that focuses on improving performance measures and quality improvement
  - Help facilities interpret and use their performance data
  - Analyze the performance improvement needs in provider settings and offer interventions, tools, and resources to address needs
  - Facilitate networking opportunities with similar healthcare settings for support and best practices
  - Provide information and resources that show the linkages and inter-relationships among multiple quality incentive payment programs
  - Share successful interventions and quality of care efficiency improvement efforts