10th to 11th Scope of Work (SoW)
The New QIO Program
I. 10th Scope of Work (SoW)
II. 11th Scope of Work (SoW)
III. Timeline Overview
IV. Program Overview
V. Important Contacts
VI. Questions
Support a continuously evolving network of dedicated and committed experts in quality improvement, working together in partnership with multiple entities, patients and families to improve health care, support the creation of healthy people in healthy communities and lowering costs through improvement.

“To change a nation……..”
What did the 10th Scope of Work (SoW) look like?...
10th Scope of Work (SoW) – 4 Major Aims

- **Beneficiary and Family Centered Care**
  - Case Reviews
    - Quality of Care - Appeals
    - EMTALA - HWDRGs

- **Improving Individual Patient Care**
  - Reduction of Health Care Acquired Conditions including Hospital Acquired Infections; Reduction in Adverse Drug Events; Quality Reporting and Improvement

- **Integrating Care for Populations and Communities**
  - Improving Care Transitions Leading to the Reduction of Readmissions

- **Improving Health for Populations and Communities**
  - Promotion of Immunizations and Screenings
  - Cardiovascular Health Campaign
  - Diabetes Disease Management Campaign
  - Elimination of Health Disparities
The program was administered through 53 State-based QIOs contracts with 41 independent organizations.

Focusing on three (3) drivers:

- Supporting and Convening Learning and Action Networks
- Providing Technical Assistance
- Care Improvement through Innovation Spread
Reduced Potential for Adverse Drug Events

3,531 beneficiaries have INRs within Therapeutic Range

First Measurement Period

- n = 1,795
- d = 3,482
- % in control = 52% in control

Second Measurement Period

- n = 3,531
- d = 4,695
- % in control = 75% in control

24% absolute improvement in control

*limitation = rolling recruitment
Reduced Potential for Adverse Drug Events

44,640
Potential adverse drug events were prevented

Measurement Period

n = 44,640 instances of potential adverse drug events identified and prevented

d = 195,352 opportunities for adverse drug events

Total Beneficiaries = 57,657
5,167 diabetics who are in control of A1c levels

First Measurement Period

n= 1,184 out of control
d= 3,378 beneficiaries with diabetes
% in control = 35% out of control

Second Measurement Period

n= 901 out of control
d= 6,068 beneficiaries with diabetes
% in control = 15% out of control

20% absolute improvement in control
*limitation = rolling recruitment
Reducing HAC in Hospitals - Fewer infections.

53% relative improvement in reduced Central Line Associated Blood Stream Infections (CLABSI)

85,149 fewer days with urinary catheters for beneficiaries
Partnering to Rapidly Improve Care…

The Nursing Home Collaborative

4,993 Nursing Homes recruited!

- High Performing Nursing Home site visits (10) completed by November 2012
- Change Package of strategies and actionable items finalized and shared.
- NNHQCC LAN Event activities in February, May, August and November in 2013 with March and June events in 2014
By working with QIOs, communities across the country have collectively saved over 27,000 people from being readmitted and over 95,000 people from being admitted to the hospital. This implies nearly 1 billion in cost savings.
How will the 11th SoW change the QIO program?
A Message from the Field

• Support Beneficiaries and their families so that they can fully participate in their health and wellness decisions.
• Facilitate the organization of local communities and build momentum for change within the community.
• Support the development of learning communities.
• Measure and review often, while responding quickly to data.
• Use principles of idealized design, constantly questioning and testing assumptions.
• Conduct and apply operations research principles and reducing waste using Lean techniques.
• Support advance quality improvement and value activities such as value stream mapping, health system economics, using continuous improvement tools.
• Serve as a facilitator and coach in transformation activities.
• Help with “sense making” in a growingly complex health care market place.
The QIO Program’s Approach to Clinical Quality

Aims:
- Better Health
- Better Care
- Lower Cost

Goals:
- Make care safer
- Strengthen person and family engagement
- Promote effective communication and coordination of care
- Promote effective prevention and treatment
- Promote best practices for healthy living
- Make care affordable

Foundational Principles:
- Enable innovation
- Foster learning organizations
- Eliminate disparities
- Strengthen infrastructure and data systems
Formula for the 11th SOW Development

Keeping the Patient at the Center + CMS and HHS Priorities + Statutory Requirements + Evidence and Input from National and Local Leaders in the Field + Experience and Data from 10th SOW and Previous Contracts = QIO 11th Statement of Work

**Example of Inputs Considered:** Secretary’s Priorities (e.g. National Quality Strategy, Million Hearts, Partnership for Patients, HAI High Priority Goal)-National Action Plan to Prevent Health-care Associated Infections-National Prevention Strategy -HHS Action Plan to Reduce Racial and Ethnic Health Disparities-Federal Health IT Strategic Plan-AHRQ Comprehensive Unit Based Safety Program-HRSA Consultation in Rural Health and Adverse Drug Events-IOM Reports: Medicare QIO Program and Better Care at Lower Costs – GAO and OIG Reports –Focused Groups with Patients, Families and Providers of Care
CMS separated medical case review from quality improvement work creating two separate structures:

- Medical case review to be performed by Beneficiary Family Centered Care Quality Improvement Organizations (BFCC-QIOs).
- Quality improvement and technical assistance QIOs to be performed by Quality Innovation Network Quality Improvement Organizations (QIN-QIOs).

*Note*: Both types of contracts cannot be held by the same organization.

- BFCC-QIOs are organized among 5 geographic areas across the Nation.
- QIN-QIOs will be regional, and could cover anywhere from 3 to 6 states.
- The QIO contract cycle will be extended from 3 to 5 years.
How Does CMS Propose to Operate the QIO Program in the Future?

BFCC Oversight & Review Center

Program Collaboration Center

Independent Evaluation Center

Value Incentives and Quality Reporting Centers

1) O&E Hospital Inpatient-Psych and Cancer

2) O&E ASC and Outpatient

3) Coordination and Policy Advisory Contractor

4) M&E/Analytics

5) Validation Support

6) Appeals

QIN NCC

BFCC NCC

BFCC—QIO

BFCC 1

BFCC 2

BFCC 3

BFCC 4

BFCC 5

BFCC—QIO

QIN—QIO

Multiple Service Areas covering the entire country

Strategic Innovation Center
10th to 11th SoW QIO Transition Timeline

**Timeline Events:**

- **July 7, 2014**
  - VIQRC Outpatient Contract Award

- **June 13, 2014**
  - VIQRC Inpatient Contract Award

- **July 1, 2014**
  - VIQRC Validation Contract Award

- **July 18, 2014**
  - QIN-QIO & BFCC-NCC QIO Contract Award

- **August 1, 2014**
  - 11th SoW BFCC-QIOs & QIN-QIOs Begin Work

- **September 1, 2014**
  - PCC & VIQRC M&E Contract Awards

- **August 15, 2014**
  - 11th SoW DDST Deployed

- **September 15, 2014**
  - QIN-NCC QIO & VIQRC Appeals Contract Awards

- **June 13, 2014**
  - VIQRC Inpatient Contract Award

- **July 1, 2014**
  - VIQRC Validation Contract Award

- **August 1, 2014**
  - 11th SoW BFCC-QIOs & QIN-QIOs Begin Work

- **September 1, 2014**
  - PCC & VIQRC M&E Contract Awards

- **January 30, 2015**
  - SIE & BFCC ORC Contract Awards

- **December 30, 2014**
  - IEC Contract Award

**Timeline Details:**

- **May 8, 2014**
  - BFCC-QIO Contract Award

- **June 13, 2014**
  - VIQRC Inpatient Contract Award

- **July 1, 2014**
  - VIQRC Validation Contract Award

- **August 1, 2014**
  - 11th SoW BFCC-QIOs & QIN-QIOs Begin Work

- **September 1, 2014**
  - PCC & VIQRC M&E Contract Awards

- **July 1, 2014**
  - VIQRC Validation Contract Award

- **August 1, 2014**
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- **September 1, 2014**
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- **January 30, 2015**
  - SIE & BFCC ORC Contract Awards

- **December 30, 2014**
  - IEC Contract Award

**Key Activities:**

- **Prep & Ship Electronic Equipment**
  - 7/01

- **Knowledge Transfer**
  - 7/14

- **Ship Closed Case Review Files**
  - 6/23

- **Ship Completed and Closed Case Review Files**
  - 7/14

- **Prepare & Ship Open Case Review Files & Appeals**
  - 7/15

- **August 15, 2014**
  - 11th SoW DDST Deployed

- **July 31, 2014**
  - All 10th SoW QIO activities end
BFCC-QIO SoW - What’s New?

• **Enhancements to the BFCC-QIO SOW**
  • Five CMS defined areas
    – Each required to maintain local presence
  • Business hours 7 days a week
    – Staffing to cover the following times in each time zone within the QIO area
      ▪ Mon-Fri 9am-5pm
      ▪ Weekends/holidays 11am-3pm

• **On May 9th CMS awarded the Beneficiary and Family-Centered Care (BFCC) Quality Improvement Organization (QIO) Program contracts to:**
  • Ohio-based **KEPRO** for 33 states, and the District of Columbia; and
  • Maryland-based **LIVANTA** for 17 states, the USVI and Puerto Rico
BFCC-QIO Tasks

Quality of Care Reviews
- Beneficiary complaints
- Immediate advocacy
- General quality of care
- Referrals

Medical Necessity Reviews
- Reasonable and medically necessary
- Appropriateness of setting
- Medical necessity review shall be conducted on all cases reviewed by the QIO for any purpose, unless otherwise directed
BFCC-QIO Tasks

- Higher Weighted Diagnostic Related Group (DRG) Reviews
- Readmission Reviews
- Emergency Medical Treatment and Labor Act (EMTALA) Reviews
- Focused Reviews
  - CMS may direct the QIO to perform any of the reviews in the SOW as part of a focused review
  - Some examples,
    - In response to concerns identified in beneficiary appeal review
    - In response to a trend identified in case review
BFCC-QIO Tasks

Recommendations for Quality Improvement Initiatives (QII) and Technical Assistance

• BFCC to make recommendations to QIN-QIOs for QII associated with quality of care concerns

Discrimination Referrals

• Referral of cases for investigation to Office of Civil Rights
  – Suspicion of delay or denial of care due to discrimination on basis of race, color, national origin, age, disability, religion, or sex

Patient and Family Engagement

• Will be phased in
What Happens to Case Reviews, phone lines, etcetera on August 1st?

CMS has been Working with incumbent QIOs and the new BFCC-QIOs to ensure:

• **Beneficiaries & Providers have the new POCs**
  • Incumbent QIOs have begun messaging about the change

• **Telephone Numbers**
  • Will be rolled over to the new BFCC QIOs, and/or
  • Incumbent QIOs will revise their automated directories to reflect the new POC
What Happens to Case Reviews, phone lines, etcetera on August 1st?

CMS has been Working with incumbent QIOs and the new BFCC-QIOs to ensure:

- **Case Review Records**
  - Closed Cases – began in June
  - Reconsideration Cases – begins mid-July
- **Open Cases**
  - Incumbents will continue until 7/31
  - BFCC-QIOs will be given “read only” access through 7/31
  - BFCC-QIOs will be given “full access” on 8/1 to ensure seamless operations
## BFCC QIO Important Contacts

<table>
<thead>
<tr>
<th>Area</th>
<th>Address</th>
<th>Toll-Free Number</th>
<th>Fax Number</th>
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<tr>
<td><strong>Livanta</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Livanta BFCC-QIO Program 9090 Junction Drive, Suite 10 Annapolis Junction, MD 20701</td>
<td>866-815-5440</td>
<td>Appeals: 855-236-2423 All other reviews 844-420-6671</td>
</tr>
<tr>
<td>5</td>
<td>Livanta BFCC-QIO Program 9090 Junction Drive, Suite 10 Annapolis Junction, MD 20701</td>
<td>877-588-1123</td>
<td>Appeals: 855-694-2929 All other reviews 844-420-6672</td>
</tr>
<tr>
<td><strong>KEPRO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>5201 W. Kennedy Blvd., Suite 900 Tampa, FL 33609</td>
<td>844-455-8708</td>
<td>844-834-7129</td>
</tr>
<tr>
<td>3</td>
<td>5700 Lombardo Center Dr., Suite 100 Seven Hills, OH 44131</td>
<td>844-430-9504</td>
<td>844-878-7921</td>
</tr>
<tr>
<td>4</td>
<td>5201 W. Kennedy Blvd., Suite 900 Tampa, FL 33609</td>
<td>855-408-8557</td>
<td>844-834-7130</td>
</tr>
</tbody>
</table>
EMTALA POCs

**LIVANTA**
EMTALA Coordinator
6830 W. Oquendo Road
Suite 202
Las Vegas, NV 89118
email: emtala@livanta.com.

**KEPRO**
Rita Bowling,
email: Rita.Bowling@hcqis.org
216.447.9604 x5759
The BFCC-QIO points of contact for the JOA(s) are:

**Livanta** – Lance Coss,
lcoss@livanta.com,
702-340-3402

**KePRO** – Meghan Harris,
MHarris@kepro.com,
717-265-7036

Visit…

KEPRO – [www.kepro.com](http://www.kepro.com)
LIVANTA – [www.livanta.com](http://www.livanta.com)
Additional CMS Information

QIO Program

Medicare Forms

Division of Beneficiary Healthcare Improvement & Safety (BHIS)

Director – Jeneen Iwugo: 410.786.1028
- BFCC Program Lead - Steven Rubio: 410.786.1782
- BFCC QIO GTL - Angel Davis: 410.786.4693
- BFCC NCC GTL – Emerson Carvalho: 410.786.7406
Four key roles of the QIO permeate all QIN work:

• **Champion local-level, results-oriented change**
  − Data driven
  − Active engagement of patients and other partners
  − Proactive, intentional innovation and spread of best practices that “stick”

• **Facilitate learning and action networks**
  − Creating an “all teach, all learn” environment
  − Placing impetus for improvement at the bedside level – e.g. hand washing

• **Teach and advise as technical experts**
  − Consultation and education
  − The management of knowledge so learning is never lost

• **Communicate effectively**
  − Optimal learning, patient activation, and sustained behavior change

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Quality Innovation Network (QIN-QIO) Work

QIN NCC

A. Excellence in Operations

B. Better Health
B1. Improving cardiac health & reducing cardiac disparities
B2. Reducing disparities in diabetes care
B3. Coordinating care through Immunization IS
B4. Coordinating prevention through HIT meaningful use

C. Better Care
C1. Reducing care-associated infections
C2. Reducing care-acquired conditions
C3. Coordinating care to reduce readmits & adverse drug events

D. Lower Costs
D1. TA provided to for Physician Value Modifier
D2. Local QIO Projects

E. Technical Assistance
- BFCC
- VBP

Essential Functions
1. Results-Oriented Quality Improvement Activities
2. Community Learning and Action Networks
3. Technical Assistance (i.e., QI Experts)
4. Integrated Communications

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Where can I learn more about the status of the QIN-QIO program?

Division of ESRD Population and Community Health (EPCH)

Director – Teresa Titus-Howard: 410.786.0092

QIN Coordinator – Melissa Dorsey: 410.786.4134
Value Incentives and Quality Reporting Centers – What will they do?

1) Outreach & Education
   Hospital Inpatient-Psych and Cancer

2) Outreach & Education
   ASC and Outpatient

3) Coordination and Policy
   Advisory Contractor

4) Monitoring & Evaluation
   /Analytics

5) Validation Support

6) Appeals
Inpatient Value Incentives Quality Reporting (IVIQR) Support Contract was awarded to Florida Medical Quality Assurance, Inc. (FMQAI) on June 16, 2014.

FMQAI is currently working with Telligen to transition the tasks associated with this contract. Under this contract FMQAI will provide education and direct support to stakeholders of these quality programs:

- Hospital Inpatient Quality Reporting (HIQR);
- EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals (CAHs);
- Hospital Value-Based Purchasing (HVBP);
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR); and
- Inpatient Psychiatric Facility Quality Reporting (IPFQR).
VIQR Contracts - Validation

• The DVIQR Validation Support Contractor was awarded to Mathematica Policy Research (MPR) effective July 8, 2014 to provide support to CMS in ensuring the accuracy of Hospital IQR and OQR program data. The new contract includes subcontracts with:

  • Telligen - ongoing validation support
  • Lantana - electronic clinical quality measure validation design
  • Booz Allen Hamilton – healthcare associated infection validation collection tool and process improvements

• Previously, Telligen, Florida Medical Quality Assurance, Inc. (FMQAI), and Oklahoma Foundation for Medical Quality (OFMQ) provided support through three separate contracts. This new consolidated contract offers a more coordinated approach to validation.
QUESTIONS