10th to 11th Scope of Work (SoW)

The New QIO Program
Agenda

I. 10\textsuperscript{th} Scope of Work (SoW)
II. 11\textsuperscript{th} 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
QIO Program Administration

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
10th SOW Successes

1. **Improving Transitions of Care**
   - Nearly $1 billion in cost savings

2. **Improving Health for Populations and Communities**
   - 1,826 professionals recruited/assisted with PQRS EHR 2012 reporting potentially impacting 41 million Medicare beneficiaries

3. **Reducing Health Care Associated Infections**
   - 85,149 fewer days with urinary catheters for Medicare beneficiaries

4. **Reducing Potential for Adverse Drug Events**
   - 44,640 potential adverse drug events were prevented

5. **Preventing or Healing Pressure Ulcers in Nursing Homes**
   - 3,374 pressure ulcers prevented or healed in 787 nursing homes

6. **Minimizing the Use of Physical Restraints in Nursing Homes**
   - 6,250 Medicare beneficiaries in 961 nursing homes are now restraint free

7. **Partnering with More Nursing Homes**
   - 5,021 nursing homes recruited to participate in national collaborative

8. **Improving the Lives of People with Diabetes**
   - 20% absolute rate of improvement in controlling blood sugar levels among participants screened

QIO PROGRAM
2011-2014
Keeping the Patient at the Center
Reducing Potential for Adverse Drug Events & Improving Lives of People with Diabetes

Reducing Potential for Adverse Drug Events

44,640 potential adverse drug events were prevented

- Worked with 27,650 Medicare beneficiaries
- 195,352 opportunities for adverse drug events

20% absolute rate of improvement in controlling blood sugar level among participants screened

- People taking hypoglycemic medication for diabetes are in better control of their blood sugar. Among participants, the initial rate of people with diabetes who were screened with an A1c rate of ≥9 dropped from 34.8% to 17.2%
Reducing HAC in Hospitals - Fewer infections.

Reducing Health Care Associated Infections

- 85,149 fewer days with urinary catheters for Medicare beneficiaries
- 53% relative improvement rate in reduced Central Line Associated Blood Stream Infections (CLABSI)

- Reducing the number of days in which a catheter is used is a major intervention for reducing Catheter Associated Urinary Tract Infections (CAUTI)
- Worked with 667 participating facilities

- Worked with 148 participating facilities to improve central line insertion practices, maintenance practices and timely removal
Making Care Safer in Nursing Homes

Initiatives in the Nursing Home Setting

Preventing or Healing Pressure Ulcers
- 3,374 pressure ulcers prevented or healed in 787 nursing homes
  - 38% decrease in pressure ulcer rates among participating nursing homes

Minimizing the use of Physical Restraints in Nursing Homes
- 6,250 Medicare beneficiaries in 981 nursing homes are now restraint free
  - 76% decrease in physical restraint rate among participating nursing homes

Partnering with more Nursing Homes
- 5,021 nursing homes recruited to participate in the National Nursing Home Quality Care Collaborative
  - 31% of nation’s nursing homes participating in Medicare recruited
Improving Transitions of Care

Nearly $1 billion in cost savings from combined QIO Programs

- Over 14,000,000 Medicare beneficiaries live in the communities served by the QIO Program
- The Program collectively saved over 27,000 people from being readmitted to the hospital and over 95,000 from being admitted to the hospital
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

Centers for Medicare & Medicaid Services
Center for Clinical Standards & Quality
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

11th Scope of Work (SoW) – Major Changes

• 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

**BFCC NCC**

**BFCC—QIO**

- BFCC 1
- BFCC 2
- BFCC 3
- BFCC 4
- BFCC 5

**QIN NCC**

**QIN—QIO**

Multiple Service Areas covering the entire country

**Strategic Innovation Center**
• **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 s) and Technical Assistance

• BFCC to make recommendations to QIN-QIOs for QII s 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 into the SOW.
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
<table>
<thead>
<tr>
<th>Area</th>
<th>Address</th>
<th>Toll-Free Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livanta</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></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></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>KEPRO</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** – Gayle Smith,  
GSmith@kepro.com,  
330-323-2188

Visit…  
**KEPRO** –  [www.keproqio.com](http://www.keproqio.com)  
**LIVANTA** –  [www.livanta.com](http://www.livanta.com)
Additional CMS Information

QIO Program
http://www.qioprogram.org

Medicare Forms for Beneficiaries

Medicare Provider Notices

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
## Quality Innovation Network (QIN-QIO) Work

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

### A. Excellence in Operations
- QIN NCC

### B. Better Health
1. Improving cardiac health & reducing cardiac disparities
2. Reducing disparities in diabetes care
3. Coordinating care through Immunization IS
4. Coordinating prevention through HIT meaningful use

### C. Better Care
1. Reducing care-associated infections
2. Reducing care-acquired conditions
3. Coordinating care to reduce readmits & adverse drug events

### D. Lower Costs
1. TA provided to for Physician Value Modifier
2. Local QIO Projects

### E. Technical Assistance
- BFCC
- VBP

---

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:
This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.
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?

Value Incentives and Quality Reporting Centers

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).
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