About the QIO Program

The Centers for Medicare & Medicaid Services (CMS) functional structure for the Quality Improvement Organization (QIO) Program delivers program value to Medicare beneficiaries and their families, maximizes learning and collaboration for improving care, and supports the spread and sustainment of effective new practices and models of care. Two Beneficiary and Family Centered-Quality Improvement Organizations (BFCC-QIOs) address quality of care concerns and appeals, while 14 Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) work with providers, stakeholders, and Medicare beneficiaries to improve the quality of health care for people with targeted health conditions. Both types of QIOs serve all 50 states and three territories.

QIN-QIOs

QIN-QIOs bring Medicare beneficiaries, providers, and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality. QIN-QIOs are skilled in creating opportunities for providers to learn from each other, applying advanced improvement and analytical methods, engaging Medicare beneficiaries and their families, and structuring processes for sustaining positive change. QIN-QIOs serve regions of two to six states, rapidly spreading best practices for better care, while accommodating local conditions and cultural factors.

Foundational Principles

The work of QIN-QIOs is grounded in foundational principles that support CMS’ Person and Family Engagement Strategy, align with the CMS Meaningful Measures Framework, reduce physician burden, use data to drive improvement, and convene providers, partners, patients and families for data-driven initiatives that create lasting change and improvement in health quality. For the remainder of their current five-year performance period, QIN-QIOs will build on this platform to accomplish these major goals:

Improve the Health Status of Communities

Goal 1: Promote Effective Prevention and Treatment of Chronic Disease by:

- Working with physicians to provide more effective treatment to patients at risk for heart attack and stroke, especially those in underserved populations.
- Helping physician practices use electronic health records to their full potential, and to make sure patients receive preventive services.

The Quality Improvement Organization (QIO) Program 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 health care stakeholders in every setting in which care is delivered. QIN-QIOs assist Medicare beneficiaries and their 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, improve access to care, and make care affordable. To learn more, visit www.qioprogram.org.
QIO Program:
Quality Innovation Network –
Quality Improvement Organizations
Better Health, Better Care, Lower Cost

• Improving routine assessment of patients’ vaccination status; improving immunization rates, especially in minority and underserved populations; and increasing documentation of Medicare beneficiary immunization status in immunization registries where available.

• Providing technical assistance for primary care providers to increase screening rates for depression and alcohol use disorder; and assisting inpatient psychiatric facilities to improve care transitions for people with behavioral health conditions by achieving reductions in the rate of 30-day, all-cause readmissions for inpatient psychiatric discharges.

Promote Safe Care that is Person and Family-Centered, Reliable and Accessible

Goal 2: Make Care Safer and Reduce Harm Caused in the Delivery of Care by:

• Spreading the principles of antimicrobial stewardship in outpatient settings at the point of care where antibiotics are prescribed; assisting health care facilities to monitor, reduce and prevent misuse and/or overuse of antibiotics.

• Targeting prevention of health care-acquired conditions in nursing homes, and – in all patient safety efforts – facilitating collaboration, innovation, and enhanced person and family engagement.

Goal 3: Promote Effective Communication and Coordination of Care by:

• Helping community stakeholders, providers, patients and families organize for better coordination of care transitions, improved discharge communication, better access to community services and for broader sharing of evidence-based approaches to reduce avoidable hospital readmissions, especially in vulnerable populations affected by poor care coordination.

• Working with providers and stakeholders across care settings to reduce potential adverse drug reactions, medication errors, overdoses, allergic reactions and other adverse drug events; promoting medication management strategies, especially for high-risk medications like anticoagulants, opioids and diabetic agents.

Provide Better Care at Lower Cost

Goal 4: Make Care More Affordable by:

• Helping physicians and other eligible clinicians understand the CMS Quality Payment Program and make a smooth transition from volume-based to value-based reimbursement by increasing their capacity to collect and report data, improve clinical quality, use health IT effectively and manage the total cost of care.

• Helping hospitals participate successfully in CMS’ quality reporting programs and use these data to improve their clinical performance.

• Innovating through QIN-QIO Special Innovation Projects that advance efforts for better care at lower cost.

Learn More and Become Involved

The QIO Program invites all providers, community stakeholders, Medicare beneficiaries, family members and caregivers to become partners in its improvement initiatives. To get involved, contact your QIN-QIO: www.qioprogram.org/contact.