# 2015 QIO Program Progress Report

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Introduction

**Dennis Wagner & Jeneen Iwugo**

An introduction from Dennis Wagner, Director, and Jeneen Iwugo, Deputy Director, Quality Improvement and Innovation Group, Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services (CMS).

How We Serve Medicare Beneficiaries

**An Overview of the QIO Program Structure**

The QIO Program structure follows a functional model with two types of QIOs: Quality Innovation Network-QIOs (QIN-QIOs) and Beneficiary and Family Centered Care-QIOs (BFCC-QIOs). Fourteen regional QIN-QIOs work with providers, community partners and beneficiaries on multiple data-driven quality improvement initiatives to improve patient safety, reduce harm, engage patients and families, improve clinical care and reduce health care disparities. Two BFCC-QIOs manage all beneficiary complaints and appeals across the nation, ensuring that beneficiaries are treated fairly.

The Program is committed to driving rapid, large-scale change that puts patients first and contributes to better patient care, better population health and lower costs through improvement.

Locate your local QIN-QIO and BFCC-QIO.
The Year in Numbers

QIN-QIOs

2015 was a banner year for QIN-QIOs as they exceeded recruitment targets for six initiatives between August 1, 2014 and October 31, 2015.

CARDIAC HEALTH
QIN-QIOs work to implement evidence-based practices to improve cardiovascular health and support the Million Hearts® initiative’s goal to prevent one million heart attacks and strokes by 2017.

- 2,000+ Home health agencies recruited
- 3,000+ Clinicians* recruited

CARE COORDINATION
QIN-QIOs help providers and communities reduce avoidable hospital admissions and readmissions by improving the quality of care transitions.

- 200+ Communities engaged by QIN-QIOs to reduce hospital readmissions and improve care coordination
- 11.5M+ Beneficiaries potentially affected

Comparing calendar year (CY) 2013 to CY 2014, both hospital admissions and readmissions per 1,000 FFS beneficiaries improved by over 3.0%, surpassing the QIN-QIO goal of a 1.4% and 2% improvement rate, respectively, for QIN-QIO Care Coordination work.

DIABETES CARE
QIN-QIOs work to provide diabetes self-management education, improve clinical outcomes, and increase adherence to clinical guidelines.

- 6,200+ Beneficiaries completed DSME
- 1,000+ Clinicians* recruited
- 1,900+ Lay diabetes educators trained in the DSME curriculum utilized by QIN-QIOs

HEALTHCARE-ASSOCIATED INFECTIONS (HAIs)
QIN-QIOs focus on patient-centered, comprehensive HAI reduction targeting CLABSI, CAUTI, C. diff infections, and VAEs.

- 900+ Hospitals recruited

HEALTH INFORMATION TECHNOLOGY
QIN-QIOs use health IT to decrease paperwork, improve access to medical records, and facilitate care coordination among providers.

- 300+ Hospitals recruited
- 8,200+ Clinicians* recruited

IMMUNIZATIONS
QIN-QIOs work to improve immunization rates among minority and underserved populations in 37 states and territories nationwide, helping increase their rates of influenza, pneumonia and herpes zoster vaccinations.

- 50+ Hospitals recruited
- 600+ Home health agencies recruited
- 3,800+ Clinicians* recruited

MEDICATION SAFETY
QIN-QIOs work to improve medication safety and to reduce or prevent adverse drug events via simple steps and education on proper medication use and patient engagement.

- 3M+ Beneficiaries recruited
- 500+ Pharmacies recruited
- 300+ Hospitals recruited
- 100+ Nursing homes recruited

NURSING HOME CARE
Through the creation of a National Nursing Home Quality Care Collaborative, QIN-QIOs seek to ensure that every nursing home resident has the highest quality of care.

- 7,700+ Nursing homes recruited

QUALITY REPORTING
QIN-QIOs support CMS in activities essential for the continued efficient, effective and successful implementation of CMS’ value based payment, quality reporting and Physician Feedback Report Programs.

- 700+ Hospitals recruited
- 18.6K + Clinicians* recruited
- 600+ Other (ASC, IPF, PCH) recruited

*Count can represent either the physician practice level or individual providers
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BFCC-QIOs

Having completed their first year of providing medical record reviews and Immediate Advocacy for Medicare beneficiaries, BFCC-QIOs better understand the types of beneficiary complaints and appeals received, and their geographic distribution. Through this data collection, BFCC-QIOs can best determine where and how resources should be focused.

172,482 | Total Review Volume
$9.4M | Cost savings achieved through Higher Weighted Diagnosis-Related Group (DRG) reviews

BFCC-QIOs conducted more than 6,400 reviews for quality of care concerns, and identified more than 1,900 opportunities for quality improvement across a variety of health service providers.

More than 135,000 discharge appeal reviews were completed, resulting in more than 27,000 beneficiaries not being discharged earlier than necessary.

QIO Program Year in Review

In 2015, the QIO Program entered the second year of its five-year performance period. Besides exceeding recruitment targets for six out of seven quality improvement initiatives – including care coordination and nursing home care – the Program had a number of other highlights:

ONLINE CASE STATUS TOOLS INTRODUCED

BFCC-QIOs KEPRO and Livanta introduced online case status tools to make it faster and more efficient for Medicare beneficiaries and health care providers to check the status of patients’ discharge appeals.

IMMUNIZATION CONTRACTS AWARDED

CMS awarded all 14 QIN-QIOs a four-year contract to improve immunization rates and reduce immunization disparities among Medicare beneficiaries in 37 states and territories.

NATIONAL QUALITY IMPROVEMENT PROGRAMS/INITIATIVES ALIGNED

In an effort to better integrate CMS quality programs and initiatives and promote collaboration, CMS’ Center for Clinical Standards and Quality brought together the QIO Program, the Partnership for Patients, the Transforming Clinical Practices Initiative and the End Stage Renal Disease (ESRD) Networks under unified leadership.

HAPPY 50TH ANNIVERSARY, CMS!

QIN-QIOs and BFCC-QIOs helped celebrate CMS’ 50th Anniversary and the evolution of the QIO Program into one of the leading federal programs driving health care transformation through collaboration, a commitment to person-centered care, and data-driven results.

BEHAVIORAL HEALTH CONTRACTS AWARDED

CMS awarded six QIN-QIOs a four-year contract to improve the identification of behavioral health conditions among Medicare beneficiaries in primary care settings and during care transitions.

STRATEGIC INNOVATION ENGINE LAUNCHED

CMS announced the creation of the QIO Program Strategic Innovation Engine (SIE), an endeavor aimed at advancing CMS’ six Quality Strategy goals by rapidly moving innovative, evidence-based quality improvement practices from research to implementation through the QIO Program and the Medicare program, with the effects spreading throughout the greater health care community.

SPECIAL INNOVATION PROJECTS AWARDED

CMS awarded 16 partnership-driven special innovation projects with a combined value of just under $10 million to 10 regional QIN-QIOs.

QIO PROGRAM RECEIVED HHS’ HIGHEST AWARD

QIO Program representatives joined other CMS and Department of Health and Human Services (HHS) members of the National Hospital-Acquired Condition and Readmission Reduction Team in receiving HHS’ highest award – the Secretary’s Award for Distinguished Service – for the team’s work in reducing patient harm and readmissions in hospitals nationwide.

LARGEST CMS QUALITY CONFERENCE CONVENED

CMS held its largest CMS Quality Conference ever, with just under 2,000 attendees from the QIO Program, Hospital Engagement Networks (HENs), Practice Transformation Networks (PTNs), Medicaid/CHIP, provider and partner organizations, as well as beneficiaries.
Snapshots of Success

Cardiac Health: QIN-QIO Serving Alaska, Partners Help Rural Clinics Improve Cardiac Health Via Education, Lean Techniques

In the state of Alaska, Medicare beneficiaries make up about 10 percent of the population, and about 30,000 of those beneficiaries live in rural areas. The leading cause of death in Alaska is heart disease and stroke, when statistics are combined.

Given these facts, Mountain-Pacific Quality Health (Mountain-Pacific) – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Alaska, Montana, Wyoming, Hawaii and the Pacific Territories – joined with other key health care stakeholders like the Alaska Primary Care Association (APCA) to develop a program to improve cardiac health in the nation’s largest state. These partners wanted to make a statewide impact on uncontrolled heart disease through training, learning in action and mentoring. The goal was to have in-clinic projects linked to tangible results.

The program received funding from the State of Alaska’s Chronic Disease Prevention division under a grant from the Centers for Disease Control and Prevention (CDC). The work began in earnest when the APCA’s board of directors approved heart disease measures as being one of the key target areas for improvement in early 2015. APCA and Mountain-Pacific designed a “Quality Improvement Academy” to train clinic staff with proven health care quality improvement tools and resources, including materials from national QIO Program partners like Million Hearts®. The goal was to improve outcomes and patient engagement in managing cardiovascular disease and diabetes. Mountain-Pacific was heavily involved in curriculum design, development of instructional materials, and employment of Lean Six Sigma techniques for process improvement.

Six clinics were chosen for the first cohort. Each clinic brought two or three staff members to the three-day Quality Academy in Anchorage. During the face-to-face session, each clinic identified a problem that impacted its heart disease or uncontrolled blood pressure patients. The clinic then used tools to analyze their problems and create a solution and action plan. When participants returned to their rural clinics, the quality staff at the APCA provided mentorship.

The clinics selected various interventions and improved call-back systems, just-in-time scheduling processes, in-home blood pressure management; and initiated patient and family support groups. Online sessions were hosted through Adobe Connect, allowing each clinic to report-out about their Plan-Do-Study-Act (PDSA) cycle and spread the work.

As a result of the Quality Academy, one clinic was able to increase the number of available appointments each day by two slots due to better enforcement of its no-show policy. Previously, the lack of available appointments had prevented cardiovascular patients from visiting the clinic for regular appointments, resulting in their occasionally ending up in the Emergency Department.

At another clinic, depression screening increased by 30 percent following the Quality Academy. This was considered important because cardiovascular and diabetes patients who fail to consistently take medications often experience feelings of hopelessness. Depression screening helps providers determine whether patients are taking their medications and encourage them to do so.

At yet another site, both staff and the community received hypertension education, including information on making healthy lifestyle choices and the impact this can have on a person’s overall health and well being. Having been educated in a positive, non-threatening way, community members with hypertension who hadn’t previously been seen on a regular basis are now present at the clinic and engaged with their care team. This has resulted in a 25 percent increase in controlled hypertension in that community as of the end of 2015.

Based on these successful results, APCA is conducting a second cohort, and Mountain-Pacific will continue to play an integral, collaborative role in helping clinics help patients improve their heart health.
Diabetes Care: QIN-QIOs Serving Minnesota, South Carolina Work with Community Partners to Promote Diabetes Awareness, Self-Management

Quality Improvement Organizations (QIOs) have been intimately involved in Diabetes Self-Management Education (DSME) since 2007, when an initial pilot program was rolled out in Florida under the banner of the national “Everyone with Diabetes Counts” initiative. A key facet of the QIOs’ success in engaging Medicare beneficiaries in DSME has been collaboration with local retailers, chapters of national advocacy organizations and community-based resource centers.

In 2015, Stratis Health, a member of the Lake Superior Quality Innovation Network (QIN) — the QIN-QIO serving Michigan, Minnesota and Wisconsin — collaborated with the American Diabetes Association, the Minnesota Lions Diabetes Foundation, Novo Nordisk, and Walmart to lead World Diabetes Day events across Minnesota, which shared educational resources in the community and focused on fun ways to increase diabetes awareness.

The events, which were hosted at Walmart stores in rural and/or underserved areas of Minnesota, highlighted five free activity stations throughout the stores, which covered risk assessments, food and healthy eating, exercise demonstrations and a kids’ zone.

In 2014, 8.1 percent of Minnesota adults were diagnosed with diabetes, and around 18,000 new cases are diagnosed across the state each year. In addition, one in four people with diabetes do not know they have the disease, making the true number of adults with diabetes in Minnesota closer to nine percent. In an effort to address this lack of education and awareness, the Lake Superior QIN, along with its community partners, provided “Are You At Risk” cards to be filled out by attendees. During the half-day event, over 1,000 attendees submitted the forms to receive a free fun gift bag.

In 2016, Lake Superior QIN plans to use the event to promote DSME workshops and other education programs in Minnesota, which will be established near the rural and underserved communities where the events are held. The QIN-QIO has begun partnering with clinics in these areas and has kicked off the first program in a clinic near a Walmart partner location.

Meanwhile, as a member of the Atlantic Quality Innovation Network (QIN), the Carolinas Center for Medical Excellence (CCME) has found that since South Carolina functions as a farm to market, farm to city state and has a large population of rural underserved beneficiaries, it too needs to focus on reaching people outside of the metropolitan areas with DSME classes.

Key challenges in engaging seniors in largely rural South Carolina have included transportation and health literacy issues. Early on, the Atlantic QIN determined that it needed to reach out to trusted community-based resources, including local nutrition centers, YMCAs, libraries and senior centers. By partnering with these organizations, the Atlantic QIN was able to win over seniors by offering DSME in familiar settings, using non-technical language.

At one senior center, where the first day of class happened to coincide with BINGO day, the Atlantic QIN’s DSME instructor took the opportunity to engage beneficiaries by incorporating learning into a social activity that mattered to the audience; the instructor created a picture-based Diabetes BINGO game.

According to CCME Care Improvement Specialist Sharon Eubanks: “It’s not ‘What's the Matter with the Patient?’ but rather ‘What Matters to the Patients?’”

By the end of December 2015, 170 participants had completed and graduated from the DSME programs, and 32 workshops had been completed.
Health IT: QIN-QIO serving Florida, State Government Agency “Quickinars” Help Providers Leverage HIEs

Health Services Advisory Group (HSAG) – the Quality Innovation Network-Quality Improvement Organization for Arizona, California, Florida, Ohio and the Virgin Islands – hosted a series of 30-minute “quickinars” in Florida in August 2015 to support health information exchange (HIE) between health care providers that use electronic health records. HSAG collaborated with the Florida Agency for Health Care Administration (AHCA), an HIE contractor in Florida, on the quickinars. The goal of the sessions was to better equip providers with information on how to navigate, connect with and collaborate in HIEs to improve coordination of care. The format of the quickinars – concise sound bites of information – was aimed at increasing attendee retention of information about the types of HIEs available in Florida, HIE impact on physician practices, and HIE influence on efficient patient-centered care. The quickinars were offered at different times on different days of the week to accommodate the busy schedules of health care providers. Feedback was positive and indicated that the majority of attendees planned to participate in Florida’s HIEs.

Healthcare-Associated Infections: QIN-QIO serving Washington, CDC TAP into Major Patient Safety Improvements

In January 2015, Qualis Health – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Idaho and Washington – began working with the Centers for Disease Control and Prevention (CDC) to integrate the “Target-Assess-Prevent” (TAP) strategy into its quality improvement (QI) work. QIN-QIO consultants began analyzing the CDC’s National Healthcare Safety Network data to identify hospital units producing “excess” infections. Qualis Health then reached out to those facilities to assist them in prioritizing specific healthcare-associated infection (HAI) prevention activities. After implementing targeted unit-based interventions that addressed gaps in prevention, the hospital units began realizing rapid, substantial improvements in patient safety. For example, the central line-associated bloodstream infection (CLABSI) rate within a unit at Virginia Mason Medical Center from July 2014 to March 2015 – before TAP was implemented – was 1.9 per 1,000 central line days. After implementing TAP – between April and December 2015 – the rate fell to zero. Additionally, the catheter-associated urinary tract infection (CAUTI) rate within an Intensive Care Unit at PeaceHealth Southwest’s Washington Hospital from July 2014 to April 2015 – before TAP was implemented – was 3.7 per 1000 catheter days. After implementing the strategy – between May and December 2015 – the hospital’s rate was just 0.97.
Nursing Home Care: QIN-QIO Strategies and Tools Greatly Reduce Antipsychotic Use

Reducing antipsychotic use in nursing homes is a critical area of focus for Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs). Two QINs, Lake Superior – serving beneficiaries in Michigan, Minnesota and Wisconsin, and Telligen – serving beneficiaries in Colorado, Iowa, and Illinois, have experienced significant success in this area.

Thanks to the QIN’s antipsychotic reduction strategy, Lake Superior has been able to achieve large-scale antipsychotic medication reduction in all three of its states. Results in Michigan, Minnesota and Wisconsin include 18.5, 28.9 and 28.7 percent drops, respectively, in antipsychotic medication use between 2011 and 2015.

Lake Superior’s strategy includes the facilitation of peer collaboration to share best practices; self-directed, virtual learning sessions; technical assistance to nursing homes with highest state rates, and integrating key stakeholders such as state survey agency, trade associations, LTC ombudsmen, Alzheimer’s association, medical director associations, and subject-matter experts into the process.

Telligen demonstrated similar success during two separate pilot projects with a long-term care tool developed to help facilities prioritize residents for appropriate and gradual antipsychotic dose reduction and discontinuation. Relative improvement rates in unnecessary antipsychotic use of 36.4 percent were seen among 13 Iowa nursing homes in the first 15-month pilot, compared with a statewide improvement rate of 12.4 percent during the same time period.

The second eight-month pilot showed a 33.7 percent relative improvement among six nursing homes compared with a statewide improvement rate of 8.8 percent. These relative improvement rates translated into 127 fewer residents receiving unnecessary antipsychotic medications over the course of the two pilots. Telligen estimated a conservative yearly cost savings of about $210,000 over the course of the projects using project data and federal antipsychotic drug claim reports—funds that were then available to allocate to other resident quality-of-life improvements.

Care Coordination: Three QIN-QIOs Collaborate To Improve Medication Safety and Transitions of Care

Three QIN-QIOs, Alliant Quality, the Atlantic Quality Innovation Network and VHQC, whose neighboring service areas share similar population health challenges, have worked together to develop a common Adverse Drug Event (ADE) screening methodology and data analysis process to share information about rates of medication-related harm in their communities, including D.C., Maryland, Virginia, North Carolina, South Carolina and Georgia. The process (which uses Part A & Part D Medicare Claims) follows better-defined and evidence-based criteria, is more efficiently coded, and is consistently applicable and comparable across care settings and geographies. As a result of these efforts, large health care systems, physician practices, nursing homes and pharmacies are able to better address improvement opportunities for medication safety and care transitions across the multi-QIN-QIO region.
Immunizations: QIN-QIO serving Illinois, Partners Bring Seasonal Vaccines, Education to Public Housing Residents

An average of 3,500 individuals in the state of Illinois die each year from influenza or pneumonia, according to the Illinois Department of Public Health. During the 2014 - 2015 flu season, 79 percent of all pneumonia and influenza-associated deaths were among adults ages 65 and older based on data from the Centers for Disease Control and Prevention. These statistics depict the need for disease prevention and education throughout the state, but even more so in Chicago where the population is heavily comprised of Medicare patients.

In response to this demand, Telligen – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Illinois, Iowa and Colorado – formed a multi-faceted partnership with stakeholders such as Walgreens, Blue Cross Blue Shield of Illinois (BCBSIL), and the Chicago Housing Authority (CHA).

With support from CHA, the program began by delivering immunization education to CHA residents in 40 public senior housing locations. During September and October 2015, Telligen staff visited these locations to educate residents about seasonal flu, pneumonia and shingles vaccines. Telligen then coordinated a mobile van and driver provided by BCBSIL and pharmacists from Walgreens to administer flu and pneumonia vaccinations the week following the QIN-QIO’s educational program.

Telligen’s earlier work on its Healthy Connections Project – a Special Innovation Project awarded by CMS – focused on identifying seniors’ barriers to using preventative services. The work revealed that the two most common barriers to immunizations were myths surrounding vaccines and a lack of access to services. By providing education prior to the immunization days and offering direct access to vaccines, Telligen and its partners addressed the biggest challenges to disease prevention among Chicago’s senior residents.

Telligen is currently recruiting and forging partnerships with providers, home health agencies, hospital outpatient clinics, nursing homes and pharmacies to provide guidance on assessment, administration/referring, documenting and reporting of influenza, pneumonia and shingles immunizations. The QIN-QIO is continuing its educational outreach through a team of health care, government, nonprofit and private sector stakeholders to bring even more immunization services to Illinois communities where health disparities exist.

Quality Network Collaboration: QIN-QIO, HENs Join Forces to Improve Patient Safety, Reduce Hospital Admissions, Readmissions

The Lake Superior QIN – the QIN-QIO for Michigan, Minnesota and Wisconsin – has been collaborating with the Hospital Engagement Networks (HENs) for each of those states to help improve patient safety and reduce avoidable hospital readmissions. In each state, the QIN-QIO and its HEN partner penned joint letters to health care providers, clarifying their mutually supportive roles in reducing healthcare-associated infections (HAIs) and encouraging hospital participation in each of their initiatives.

In Michigan, MPRO – part of the Lake Superior QIN – and the Michigan Health and Hospital Association (HEN) coordinated their work plans and developed common messaging to improve understanding about their activities and expand statewide partnerships. Together, they developed and implemented an annual statewide forum attended by nearly 400 health care providers who learned about best practices in care transitions (CT).

In Wisconsin, MetaStar – part of the Lake Superior QIN – and the Wisconsin Hospital Association (HEN) coordinated their work plans and developed plans of action for Catheter-Associated Urinary Tract Infections (CAUTI) reduction at a jointly hosted hands-on workshop. The organizations credit their success to consistent messaging from key Wisconsin-based health care stakeholders about the importance of community engagement in improving CT.

In Minnesota, Stratis Health – lead organization for the Lake Superior QIN – joined with the Minnesota Hospital Association (HEN), the Minnesota Department of Health and the Association for Professionals in Infection Control and Epidemiology (APIC) Minnesota in 2011 to form the Collaborative Healthcare-Associated Infection Network (CHAIN). CHAIN developed the HAI Roadmap and agreed to use it as a statewide, unified approach for reducing and preventing HAIs.

The 17 hospitals participating in the QIO initiative, which reported unit specific CAUTI data into the CDC infection tracking system, reduced infections, almost reaching the national baseline (standardized infection ratio improved from 2.079 in 2012 to 1.036 in 2015). Also, Minnesota’s HEN presently is co-facilitating two coordination of care communities with the QIN-QIO. Lake Superior QIN and the HENs continue to expand their partnerships across all common initiatives, including CT, HAI, adverse drug events (ADEs) and nursing home care.
Beneficiary & Family-Centered Care:
Patient Receives Coverage for Needed Medications With Help of BFCC-QIO

A Medicare beneficiary’s daughter contacted the Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) – KEPRO – in her father’s geographic location with concerns about his health. He had multiple medical problems including end-stage cancer and had been seeing his long-time physician, a nephrologist, because he felt comfortable with him. The nephrologist prescribed medication for the man because he was struggling to eat and feeling depressed, but his Medicare Advantage (MA) plan declined to cover the medication.

The nephrologist prescribed an alternative medication to help spark the man’s appetite and assist with pain since the original medication hadn’t been approved. Meanwhile, the beneficiary’s daughter spent days trying to resolve the matter with no luck. She was concerned about why the original medication wasn’t covered and didn’t know what next steps to take.

KEPRO contacted the “escalation team” for the MA plan, which had received the appeal paperwork from the physician’s office. Apparently, the problem lay in the fact that the originally prescribed medication didn’t correspond to the diagnosis that was listed. The paperwork stated that the diagnosis was “end-stage cancer,” but it needed to state “anorexia/weight loss” due to lack of appetite from the disease process.

Following KEPRO’s intervention, the escalation team provided new paperwork to the physician’s office, which was faxed back with a new diagnosis. Since there was still a problem with the diagnosis listed, KEPRO set up a telephone call between the physician’s office and the Escalation team to obtain the appropriate information. This allowed KEPRO to work in partnership with the provider organizations to resolve the issues faced by the beneficiary.
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Social Media Engagement
2015 in Review

2,359 Mentions
765,311 People reached
1,783,369 Additional people reached via retweets and shares
A total of 2,548,680 people reached

282 Mentions
137,043 People reached
177,319 Additional people reached via retweets and shares
A total of 314,362 people reached

Twitter Chats and Campaigns

EquityChat
May 2015
@QIOProgram co-hosted #equitychat with the Robert Wood Johnson Foundation's @FndgAnswers.

Medicare and Medicaid 50th Anniversary
July 2015
@QIOProgram launched a 50 Tips in 50 Days campaign to celebrate the 50th anniversary of Medicare and Medicaid.

American Diabetes Month
November 2015
@QIOProgram launched an Everyone with Diabetes Counts Tip of the Day for the month of November and a Thunderclap campaign in honor of American Diabetes Month.
CMS Quality Conference Highlights

HEAR WHAT ATTENDEES SAID ABOUT THE CONFERENCE

7th
#CMSQualCon15 was the 7th trending health care conference out of 15 during the time period, November 30 - December 4, 2015.

75%
The CMS Quality Conference received 1,525 Twitter mentions from conference participants/followers, a 75% increase from the 2014 QualityNet Conference.

2,000
CMS held its largest Quality Conference to date, with just under 2,000 attendees.

KEY TAKEAWAYS FROM DAY 1

432,013
Conference tweets reached 432,013 individuals through participant/follower engagement (tweets, retweets, likes) – that’s 13x the number of individuals reached during the 2014 QualityNet Conference.

$20B
On Dec. 1, 2015, the Department of Health and Human Services (HHS) released a report showing a 17 percent decline in hospital-acquired conditions (HACs) between 2010 and 2014. As a result, an estimated 87,000 fewer patients died in the hospital, and nearly $20 billion in cost savings was achieved.

KEY TAKEAWAYS FROM DAY 2

$110M
CMS also announced the award of $110 million in End Stage Renal Disease (ESRD) funding for the 18 ESRD Networks to seven entities.
New in 2015

The conference featured six social media ambassadors representing CMS, QIN-QIOs and the ESRD Networks:

**Wyatt Packer**  
MHA  
@wpacker_hi  
Vice President, Utah Operations for HealthInsight, the QIN-QIO for Nevada, New Mexico, Oregon and Utah.

**Jayme Steig**  
PharmD, RPh  
@frugalrx  
Quality Improvement Specialist – Pharmacy for the Great Plains QIN, the QIN-QIO for Kansas, Nebraska, North Dakota and South Dakota.

**End Stage Renal Disease National Coordinating Center**  
@ESRDNCC  
for the Centers for Medicare & Medicaid Services’ (CMS) End Stage Renal Disease (ESRD) Network Program.

**Chisara N. Asomugha**  
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@ChisaraAsomugha  
Senior Technical Advisor/Medical Officer at CMS’ Center for Clinical Standards and Quality.

**Quality Insights Quality Innovation Network**  
@QualityInsights  
the QIN-QIO for Delaware, Louisiana, New Jersey, Pennsylvania and West Virginia.

**Atom Alliance**  
@atom_alliance  
the QIN-QIO for Alabama, Indiana, Kentucky, Mississippi and Tennessee.