Introduction from Dennis Wagner and Jeneen Iwugo ........................................ 3
QIO Program Structure: How We Serve Medicare Beneficiaries ....................... 3
An explanation of the QIO Program and its alignment with
the CMS Quality Strategy
Year in Numbers  ........................................................................................................ 4
Spotlight on key data and results achieved during the last year
Year in Review  ........................................................................................................... 6
QIO Program highlights from the previous performance period
Snapshots of Success  .................................................................................................. 9
Stories of QIN- and BFCC-QIOs in action
2016 CMS Quality Conference  .................................................................................. 25
An overview of Important announcements and milestones
from CMS’ Premier Learning and Action Event
Introduction

Dennis Wagner & Jeneen Iwugo

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

QIO Program Structure:
How We Serve Medicare Beneficiaries

The Quality Improvement Organization (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 and helping them exercise their right to high-quality health care.

Locate your local QIN-QIO and BFCC-QIO.

The QIO Program aligns with the six goals of the CMS Quality Strategy and represents an integral part of the U.S. Department of Health and Human Services’ (HHS) National Quality Strategy for providing better care and better health at lower cost.

CMS Quality Strategy Goals

• Make care safer by reducing harm caused in the delivery of care.
• Strengthen person and family engagement as partners in their care.
• Promote effective communication and coordination of care.
• Promote effective prevention and treatment of chronic disease.
• Work with communities to promote best practices of healthy living.
• Make care affordable.
The Year in Numbers

Video: Dr. Paul McGann shares the importance of outcomes, discussing 2016 data and results.

In 2016, QIN-QIOs were especially successful in achieving impactful results in the areas of care coordination, diabetes care and nursing home care. BFCC-QIOs exceeded established targets for the timely review of beneficiary complaints and yielded flexible, hands-on resolutions.

QIN-QIOs

**BEHAVIORAL HEALTH**
Six regional QIN-QIOs provide technical assistance and educational interventions to help primary care providers screen for and increase the identification of people with depression or alcohol use disorder. In addition, QIN-QIOs work with inpatient psychiatric facilities to improve transitions of care and reduce readmissions for these and other patients after discharge.

- **5,050+** Practices recruited**
- **150+** Inpatient psychiatric facilities (IPFs) recruited**
- **0.8%** Reduction in IPF readmissions

**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 2022.

- **2,100+** Home health agencies (HHAs) recruited
- **2,200+** Practices recruited, representing 8,200+ clinicians
- **950+** Blood pressure protocols implemented by recruited practices
- **1,200+** Blood pressure protocols implemented by HHAs

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

- **350+** Communities engaged
- **23M+** Beneficiaries potentially affected
- **24,350+** Readmissions avoided

**DIABETES CARE/EVERYONE WITH DIABETES COUNTS**
QIN-QIOs work to provide diabetes self-management education (DSME) to beneficiaries in minority diverse, rural, and impoverished communities, improve clinical outcomes, and increase adherence to clinical guidelines.

- **2,150+** Practices recruited
- **27,850+** Beneficiaries completed DSME
- **3,300+** Diabetes educators (“train-the-trainers”) trained by QIN-QIOs
- **10+** Languages in which DSME classes were taught, including English, Spanish, French, Russian, Mandarin, Cantonese, Korean, Vietnamese, Swahili, Hmong and Tagalog

**HEALTH CARE-ASSOCIATED INFECTIONS**
QIN-QIOs focus on patient-centered, comprehensive HAI reduction targeting central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), Clostridium difficile (C. diff) infections, and ventilator-associated events (VAEs).

- **1,100+** Hospitals recruited**
- **450+** CLABSI infections avoided, a 16.7% reduction**
- **400+** C. diff infections avoided, a 1.5% reduction**

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

- **350+** Facilities recruited
- **1,150+** Home health agencies (HHAs) recruited
- **2,050+** Practices, representing 7,000+ clinicians recruited
- **500+** Pharmacies recruited
- **3.7M+** Recruited Medicare beneficiaries impacted through education/outreach
- **544,250+** Pneumonia and flu immunizations administered by recruited clinicians and practices
MEDICATION SAFETY
QIN-QIOs work to improve medication safety and to reduce or prevent adverse drug events via improvement processes and education on proper medication use and patient engagement.

1.2M+ Beneficiaries at high risk for an adverse drug event (ADE) were screened for ADE
662,750+ Medication errors were identified for opportunities of harm avoidance (potential ADEs)*
3,700+ Facilities, clinicians and practices are working with QIN-QIOs on improving medication safety and preventing adverse drug events

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

11,450+ Nursing homes recruited (more than 74% of all nursing homes in the U.S.)
21% Reduction in antipsychotic medication use in nursing homes across the nation

QUALITY REPORTING/QUALITY PAYMENT PROGRAM
Building on their experience assisting providers with electronic health record use, value-based payment programs, and Physician Quality Reporting System (PQRS) reporting, QIN-QIOs now serve as a Quality Payment Program technical assistance resource for groups of 16 or more Eligible Clinicians. QIN-QIOs will help eligible clinicians to easily comply with their Quality Payment Program reporting requirements and to smoothly transition into Alternative Payment Models (APMs). QIN-QIOs will utilize a service-oriented approach when providing technical assistance, education and outreach, and LAN activities. The QIN-QIOs’ technical assistance includes, but is not limited to: reporting and submission support, leveraging the use of Certified Electronic Health Record Technology, selecting quality measures, and identification of resources.

400+ Hospitals recruited**
9,750+ Clinicians recruited**

QIN-QIOs support the ability of hospitals and clinicians to report quality data to CMS. They also help providers use this data to drive improvement.

1,650+ Practices representing 26,300+ clinicians received direct technical assistance related to PQRS measure improvements from QIN-QIOs**
207,450+ Practices received communication and education about value modifier (VM) and PQRS**
650+ Hospitals received technical assistance regarding outpatient quality improvement
750+ Hospitals received technical assistance regarding inpatient quality improvement
1,150+ Other facilities (ambulatory surgical center, inpatient psychiatric facility, Prospective Payment System-Exempt Cancer Hospitals, and critical access hospitals) received technical assistance

TCPI
The Transforming Clinical Practice Initiative (TCPI) is preparing 140,000 clinicians for successful participation in Alternative Payment Models like Accountable Care Organizations and bundled payment programs. QIN-QIOs partner with the Practice Transformation Networks in their region to assess the progress of participating practices through the five phases of practice transformation. The QIN-QIOs assess progress by conducting baseline and ongoing assessments.

3,550+ Baseline assessments completed
1,900+ Follow-up assessments completed

Numbers are based on the most recent data sources available to the Quality Innovation Network National Coordinating Center as of January 31, 2017, unless otherwise noted.

*Potential ADEs (pADEs) are reported by QIOs quarterly, and an individual beneficiary may have multiple pADEs per quarter.

**Data reported through July 2016.
BFCC-QIOs

In their second year of providing medical record reviews and Immediate Advocacy for Medicare beneficiaries, BFCC-QIOs nearly doubled the cost savings achieved.

**$20M**  
Cost savings achieved through Higher Weighted Diagnosis-Related Group (HWDRG) reviews

**448,200+**  
Total Case Review Volume

BFCC-QIOs conducted more than **29,050** reviews for quality of care concerns, and identified more than **3,850** opportunities for quality improvement across a variety of health service providers. The primary quality of care concern, representing 16% of concerns identified, was not establishing an appropriate treatment plan. More than **328,800** discharge appeal reviews were completed, resulting in more than **68,200** beneficiaries not being discharged earlier than necessary.

BFCC-QIOs worked in partnership with QIN-QIOs to perform and report more than **730** successful Quality Improvement Initiatives (QIIs) that improve health care quality by assisting providers and/or practitioners to identify the root cause of a concern, develop a framework in which to address the concern, and improve a process or system.

QIO Program Year in Review

**Strategic Innovation Engine Call for Innovative Practices**

The QIO Program’s Strategic Innovation Engine (SIE) kicked off its initiative to gather and spread innovative practices in June, reaching out to providers, insurance companies, government agencies, professional associations and other health care industry stakeholders to discover what’s working in their community. Approved innovative practices will be selected based on their value and ease of implementation. The SIE will combine the selected practices into Quality Improvement Innovation Packages (QIIPs) and disseminate them widely for implementation throughout the health care community.

**HIIN Contract Awards**

In September 2016, the Centers for Medicare & Medicaid Services (CMS) awarded $347 million to 16 national, regional or state hospital associations, QIN-QIOs and health system organizations to continue the former Hospital Engagement Networks’ efforts in reducing hospital-acquired conditions and readmissions in the Medicare program. Through 2019, the newly designated Hospital Improvement Innovation Networks will work to achieve a 20 percent decrease in overall patient harm and a 12 percent reduction in 30-day hospital readmissions as a population-based measure (readmissions per 1,000 people) from the 2014 baseline.
Samuel J. Heyman Service to America Honor

CMS leaders accepted the Samuel J. Heyman Service to America Medal (SAMMIE) for Federal Employees of the Year. The award was made for achieving major improvements in hospital patient safety in collaboration with diverse public-private sector partners like Quality Improvement Organizations and Hospital Engagement Networks, and including physicians, nurses, hospitals, social service providers, employers, patients and their advocates. The reductions resulted in an estimated 87,000 lives saved, 2.1 million fewer patient harms and nearly $20 billion in cost savings.

Special Innovation Projects Awards

In October 2016, CMS awarded 20, two-year Special Innovation Projects (SIPs) to 12 QIN-QIOs. The SIPs are quality improvement projects that align with the goals of the CMS Quality Strategy, addressing critical health care issues that represent a significant opportunity if spread locally, regionally or nationally. QIN-QIOs were eligible to submit proposals for two types of SIPs: Projects addressing issues of quality occurring within the QIN-QIOs’ local service area, and projects focusing on expanding the scope and national impact of quality improvement interventions that have proven but limited success. Read more about a SIP led by Great Plains QIN-QIO.

Indian Health Service Contract Award

CMS awarded a contract in September 2016 to HealthInsight, the QIN-QIO serving Nevada, New Mexico, Oregon and Utah, to assist Indian Health Service (IHS) hospitals with building capacity in the primary areas of leadership, quality improvement support to front line staff, data and analytics standardization, clinical standards of care, quality improvement practice, and patient, family and tribally centered care. HealthInsight, as the leader of this work, will work collaboratively with multiple partners and stakeholders like the IHS Area Offices, Tribal Communities, and Hospital Improvement Innovation Networks (HIINs), among others, to improve the quality of care delivered across the hospital system. Additional information can be found here.

Establishment of Quality Payment Program

CMS formally established the Quality Payment Program in October 2016 and launched a user-friendly website to help stakeholders understand the program, participation options and measurement criteria for its January 2017 launch. QIN-QIOs offer technical assistance to providers participating in the Quality Payment Program.
Debut of Person and Family Engagement Strategy

In December 2016, CMS announced the new Person and Family Engagement (PFE) Strategy, which outlines key tenets, foundational principles, values and goals for establishing a health care system that proactively engages persons and caregivers in the definition, design and delivery of their care. Based on stakeholder research, CMS began replacing the word “patient” with “person” to reflect the focus on the individual – who is not always in the position of being a patient. At the regional level, QIN-QIOs partnered with PFE Advisory Councils, and BFCC-QIOs worked with beneficiaries on immediate advocacy efforts and the Beneficiary and Family Advisory Council (BFAC) to further focus on persons at the center of their work.

Largest-Ever CMS Quality Conference

CMS held its largest CMS Quality Conference to date, with more than 2,400 attendees from the QIN- and BFCC-QIOs, Hospital Improvement Innovation Networks (HIINs), Practice Transformation Networks (PTNs), Medicaid/CHIP, ESRD Networks, Support and Alignment Networks (SANs), provider and partner organizations, as well as beneficiaries.

Increased Transparency and Quality Data for Consumers

CMS unveiled new Compare websites for both Inpatient Rehabilitation Facilities (IRFs) and Long-Term Care Hospitals (LTCHs), helping families compare key quality metrics, such as pressure ulcers and readmissions, for over 1,100 IRFs and 420 LTCHs across the nation. QIN-QIOs work with providers to improve their scores on Compare websites.
Snapshots of Success

ANTIBIOTIC STEWARDSHIP: Mountain-Pacific Quality Health and Partners Help Keep Antibiotic Stewardship Front and Center in Wyoming

Two million people in the United States are infected with antibiotic resistant bacteria each year, and approximately 23,000 people die as a result, according to the Centers for Disease Control and Prevention. Yet, knowledge of antibiotic resistance – what it is and why it matters for health care delivery – has been slow to reach many providers in health care settings, as well as the general public.

“We’re looking at 30 or 40 years down the road; if we don’t have good stewardship now, we’re going to encounter serious difficulties in combating even simple infections in the future,” says Catherine Darnell, the National Health Care Safety Network Enrollment Advisor at Mountain-Pacific Quality Health – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) serving Montana, Wyoming, Alaska, Hawaii and the U.S. Pacific Territories.

It is this knowledge gap that inspired Mountain-Pacific, in conjunction with the Wyoming Department of Health, to start the 41-memberWyoming Infection Prevention Advisory Group (WIPAG) in early 2015 to help raise awareness of antibiotic use in the state. An Antibiotic Stewardship Subcommittee emerged from this group with the aim of assessing antibiotic programs and use among Wyoming hospitals, and convening stakeholders to improve stewardship practices.

Since starting WIPAG and the Antibiotic Stewardship Subcommittee, Mountain-Pacific has succeeded in helping keep antibiotic stewardship front and center at statewide events like the 2016 Annual Wyoming Infection Prevention Conference, as well as more locally focused webinars and trainings. They also have developed tools for patients and providers, such as a newsletter, brochures and educational booklets. The subcommittee is also in the process of developing a guide for antibiotic stewardship in rural hospitals, which are common in Wyoming.

Mountain-Pacific already has been planning the next stage of its work. The QIN-QIO plans to hire a pharmacist in 2017 who will serve as a local expert on antibiotic resistance and assist area providers across the health care spectrum in creating a uniform policy and standard protocol for antibiotic stewardship, especially among Wyoming’s 26 hospitals.

“We’re focused first on the hospitals, getting buy-in from administrators,” says Darnell. “We think there will be a trickle-down effect from there to providers, clinics, as well as nursing homes and their staff.”

According to Darnell, Mountain-Pacific is seeing an increased interest in WIPAG within the state’s health care community, and this interest is evidence that educational efforts about the importance of developing better protocols for how and when antibiotics are prescribed and used are starting to pay off.

“We believe we’re going to see a lot of our efforts come to fruition in 2017,” she says.
BEHAVIORAL HEALTH: HealthInsight QIN-QIO Collaborates with Primary Care Providers and Partners to Increase Behavioral Health Screenings Across Four States

Behavioral health is a critical issue for the Medicare population. According to the Centers for Disease Control and Prevention (CDC), roughly 20 percent of older Americans experience a mental health condition such as anxiety, depression or bipolar disorder. In addition, the inappropriate use of prescription drugs and alcohol are becoming increasingly common, especially among older men. That group in particular experiences alarming rates of suicide. The CDC reports that men 75 and older have the highest rates of suicide per 100,000 people.

HealthInsight – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) serving Nevada, New Mexico, Oregon and Utah – is working in each of its states to better support primary care practices with resources and education to increase behavioral health screenings.

With over 800 practices spread out over a large geographic area, coordination is key. Throughout its network, HealthInsight has increased collaboration with local, state and national partners such as the National Alliance on Mental Illness (NAMI), Project ECHO™ (Extension for Community Healthcare Outcomes) programs, and government mental health authorities.

The QIN-QIO also has worked to raise awareness about the important role of primary care providers in the delivery of behavioral health screenings and other behavioral health services, especially in rural areas.

“Many Medicare beneficiaries feel more comfortable receiving mental health services from their primary care providers versus going to a community mental health center,” said Joan Gallegos, Project Manager at HealthInsight. “It’s been helpful to link primary care providers with the larger mental health services community to share resources and increase the level of service available to beneficiaries.”

To better support care providers, HealthInsight created a Practice Intervention Toolkit, a step-by-step guide of best practices, screening tools, and evidence-based strategies. They’ve also hosted a series of webinars for practices across all four of their states. Moving forward, the QIN-QIO is exploring ways to spread the word about the importance of screenings and the serious nature of behavioral health.

“We’re looking for spokespersons for behavioral health who can help get the message out in our states,” said Gallegos. “There’s so much stigma around these issues. To take this work to the next level, we need more education with the public about the impact and prevalence of behavioral health and substance abuse.”
BFCC-QIO AND QIN-QIO COLLABORATION: Alliant Quality QIN-QIO and KEPRO BFCC-QIO Partner to Reduce Adverse Drug Events

In early 2016, a Medicare beneficiary’s family member contacted KEPRO – the Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) for that state – with a complaint regarding the patient’s postoperative care. Following hip surgery, the patient had received medication and, a few days later, was found in the hospital room not breathing. The hospital called a Code Blue and transferred the patient to the intensive care unit (ICU), where the patient recovered before being discharged. Afterwards, KEPRO reviewed the case and determined that the standard of care delivered by the hospital needed to be improved. The BFCC-QIO notified the hospital and transferred the case to Alliant Quality – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Georgia and North Carolina – to help the hospital perform a root cause analysis and work through the quality improvement process.

This BFCC-QIO and QIN-QIO collaboration enables complementary steps towards improving quality of care. “The BFCC-QIO’s case review at the national level provides a standardized intake and review process,” says Dr. Adrienne Mims, Vice President and Chief Medical Officer at Alliant Quality QIN-QIO. “Then, when QIN-QIOs work with facilities on quality improvement cases at the local level, we can truly focus on changing processes of care. Facilities are really receptive and engaged with us.”

Alliant Quality guided the hospital’s review process, beginning with a root cause analysis to determine what went wrong, whether the case reflected a pattern, and how the quality of care could be improved. Upon review of the full patient chart, from admission through discharge, the hospital review team found several issues regarding prescription dosage and timing, duplicate ordering of similar medications, and monitoring for slowing of respiration. Further, the hospital performed a retrospective chart review of 30 similar cases and found many instances of these issues.

“We often talk about narcotic abuse, but there’s a whole other area of appropriate and safe use of opioids that’s important to seniors,” says Dr. Mims. “Many seniors are opioid naïve and extra sensitive to opioids, so we unwittingly put them in danger when we treat them the way we would treat a younger person with pain.”

Realizing that they were at risk of endangering patients repeatedly, the hospital stepped up to make big changes. It implemented new process improvements and training for each problem area, including the purchasing of smaller opioid dose volumes, improving pharmacy communication and alerts, and requiring medication instructions and nurse respiration monitoring.

The hospital sent the QIN-QIO quarterly reports on its improvement progress throughout 2016, assessing 30 charts on the same four measures. By the third quarter, the hospital had achieved 98 percent success on three of their four measures, and the potential for improvement didn’t stop there. The hospital looks forward to promoting its findings to all 67 medical facilities (hospitals, clinics, urgent care, rehabilitation centers) in their system.
BFCC-QIO AND QIN-QIO COLLABORATION: Qualis Health QIN-QIO and Livanta BFCC-QIO Partner to Improve Medication Access and Care Coordination

When a Medicare beneficiary with stage 5 chronic kidney disease (CKD) entered hospice in early 2016, the beneficiary’s family was concerned to learn that the necessary medications used for comfort care (known as a Comfort Kit) were not available when the patient had an increase in pain and shortness of breath the day after admission. The beneficiary’s family member subsequently contacted Livanta – the Beneficiary and Family Centered Care- Quality Improvement Organization (BFCC-QIO) for that state – with a complaint about the lack of availability of the Comfort Kit and the resulting delay in comfort care. Livanta confirmed the quality of care concern and referred the case to Qualis Health – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) serving Idaho and Washington – to help the hospice provider review the case and evaluate its improvement plan.

As they examined the process to acquire the Comfort Kit, hospice quality team members looked for opportunities to shorten the length of time between admission to hospice and the family’s receipt of a Comfort Kit. Originally, specialists and primary care physicians within the health care system ordered medications for hospice patients – a decentralized process that led to communication gaps and delays. Under the new streamlined process, the hospice physician group began ordering all scheduled drugs for hospice patients to improve efficiency. The hospice quality team also identified an alternative process for delivery of the Comfort Kit, using the health network’s transportation system to enable delivery within hours.

Improvements in acquisition and delivery processes further enabled the hospice provider to help families receive all medications in a timelier manner – not just Comfort Kits, but any medications urgently needed before the kit arrives or once drugs are initiated. Once hospice nurses assess the need for any urgent medications at the initial visit (and all ensuing visits), they can implement different delivery options based on need. Using a courier service, pharmacies close to the family’s residence, and volunteer staff, urgent medications can be processed and delivered in as little as one to two hours.

The hospice provider sent the QIN-QIO monthly reports monitoring patient complaints and has registered no complaints related to delays in receiving medications or concerns with symptom management for hospice care since the implementation of their plan.

“IT’s important to recognize how a single complaint led to looking at an overall process – the process of ordering, receiving and delivering medications for all patients, beyond the Comfort Kit and beyond one family’s concern,” says Evan Stults, Communications Director for Qualis Health. “One complaint opened a window to identify and implement fundamental process revisions, and to share improvements in medication ordering and delivery within the whole system.”

After performing a root cause analysis and a retrospective audit to identify any similar delays in medication access for comfort measures, the hospice quality team determined that the complaint represented a single isolated occurrence of a family’s dissatisfaction with the symptom management provided. The team consulted the Medicare Conditions of Participation and the state’s hospice and palliative care association, and determined that their organization was meeting national standards and its own standards of care. Yet, despite the absence of a systemic process problem, the team took the complaint seriously and assessed additional opportunities for quality improvement.
CARDIAC HEALTH: New England QIN-QIO and Partners Help Home Health Patients Quit Tobacco

The New England Quality Innovation Network-Quality Improvement Organization (QIN-QIO) – the QIN-QIO serving Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island and Vermont – works closely with the New Hampshire Department of Health and Human Services (NH DHHS) to implement Million Hearts® strategies across the state. As part of the regional New England Home Health Collaborative, together the New England QIN-QIO and NH DHHS have worked to implement smoking cessation – one of the “ABCS of Heart Health” – at the state level in New Hampshire.

One of the original challenges facing NH DHHS was a lack of home health clinician knowledge about smoking cessation resources for patients, and clinician uncertainty about how to approach the subject with them.

Through the New England QIN-QIO’s partnership with the NH DHHS, 11 home health agencies were connected to the New Hampshire Tobacco Prevention and Cessation Program. A tobacco treatment specialist offered to provide on-site education at the agencies to increase awareness among clinical staff about the health risks of smoking. The partners worked to connect clinical staff directly with patients.

Cornerstone VNA, a home health agency serving 35 communities in southern New Hampshire and Maine, spearheaded the smoking cessation initiative within its organization. A key manager at Cornerstone VNA was identified to enter patient data into the Home Health Quality Improvement (HHQI) National Campaign’s Home Health Cardiovascular Data Registry. Initially it was challenging for the manager to identify appropriate resources and the steps necessary to accomplish the goals. To help streamline the process, home health staff at the New England QIN-QIO created the “Road Map to Success Implementation Checklist” tool to help agencies better navigate the registry and its deadlines.

To implement the smoking cessation initiative, a dedicated quality improvement team at Cornerstone VNA identified the data needed based on the quality improvement measure it chose. In particular, team members needed to collect two pieces of information: whether the patient had been screened for tobacco use and whether smoking cessation education had been provided for at least three minutes. Once this data was collected, Cornerstone VNA was able to implement specific clinician interventions into a patient’s care plan.

Through the New Hampshire Tobacco Prevention and Cessation Program, Cornerstone VNA received a customized referral form to refer patients to the New Hampshire Tobacco Helpline. The program also provides smoking cessation patient education booklets, which the New England QIN-QIO shares with providers. “We are connecting patients with resources that we never knew were available. Clinicians are more comfortable asking about smoking cessation with patients and connecting them with the resources they need to be successful,” said Jennifer Gullison, RN, MSN, Clinical Director at Cornerstone VNA.

Cornerstone VNA closely monitors HHQI data on a monthly basis to identify what additional education is needed for its patient population. The staff educator at Cornerstone VNA brings concerns to the clinical director and works to re-educate staff – all of whom are trained on the initiative – when they see numbers begin to rise. Since implementing the initiative, 100 percent of Cornerstone VNA patients have been screened, and patients who agreed to quit smoking have received education and resources.
CARDIAC HEALTH: TMF QIN-QIO and Partners Improve Access to Blood Pressure Monitoring and Management Tools

The TMF Quality Innovation Network – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) serving Texas, Arkansas, Missouri, Oklahoma and Puerto Rico – has partnered with Greater Grace Church and a large health care provider system in the St. Louis area to reduce hypertension within the community using the American Heart Association’s (AHA) Check.Change.Control blood pressure program. Check.Change.Control focuses on educating participants about blood pressure and how to monitor and manage it.

Following initial blood pressure screenings, local volunteer health mentors, which TMF QIN staff have trained, follow up with participants and encourage them to continue monitoring their blood pressure and tracking their numbers. As a complement to the screening, the QIN-QIO offers diabetes self-management education through the Health for Life – Everyone with Diabetes Counts initiative, since high blood pressure is a risk factor for developing diabetes.

During the first phase of the project, starting in August of 2015, 45 church members took advantage of the Check.Change.Control program. The second phase of the project began in the spring of 2016. During the “Spring into Better Health” session the program grew to 67 members, with a majority of the participants coming for more than one visit.

Following this success, Mercy Clinic East, a branch of the Accountable Care Organization representing Missouri, received the Million Hearts “Hypertension Control Champion” award for its activities in surrounding communities, in which Greater Grace and TMF QIN played a big part. The team used proven methods to accomplish these goals, including timely data, quick interventions, involving the patient in communication, and effective tools for comprehensive management of care.

TMF QIN’s staff in Missouri, along with partners under the Million Hearts® campaign, hope to continue improving population health with the launch of a diabetes self-management program in the spring of 2017.
CARE COORDINATION: Health Quality Innovators QIN-QIO Builds Community Connections to Improve Health

When health care services are not easily accessible in a community, people often call 9-1-1 or visit a local emergency room for their care. In Maryland, Health Quality Innovators (HQI) – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) serving Maryland and Virginia – is connecting organizations within and across local communities to better coordinate care for seniors.

Trivergent, an organization HQI is working with in western Maryland, expressed an interest in starting a Mobile Integrated Health Program (MIHP) to provide patient-centered, mobile health care services to people outside of the hospital. These services include providing chronic disease care management and post-discharge care coordination, and offering care advice to 9-1-1 callers instead of dispatching emergency medical services (EMS) to their location.

HQI, which is working with organizations in Montgomery County, Maryland, was able to connect Trivergent with Montgomery County Fire and Rescue. This group of EMS professionals has spent two years tracking 9-1-1 calls from senior high rises for the WISH Program and has developed a program called MCNIC³ which targets high-utilizers of 9-1-1 systems and connects them with proper resources. Montgomery County Fire and Rescue shared their experience and lessons learned in a meeting with Trivergent, along with EMS teams from nearby Washington, Allegany and Frederick counties. When Trivergent was ready to begin their MIHP program, HQI helped identify areas of high hospital admissions and readmissions in Washington, Allegany and Frederick counties to give the EMS teams a starting point for tracking their 9-1-1 calls. Trivergent is now in the process of expanding their MIHP by involving home health organizations.

HQI also was able to help Montgomery County Fire and Rescue with its expansion of services to frequent users of 9-1-1 for non-emergencies. Kelly Arthur, one of HQI’s Improvement Consultants in Maryland, invited Montgomery County Fire and Rescue to attend a Health Enterprise Zone (HEZ) meeting with another HQI partner, Totally Linking Care in Maryland (TLC-MD), based in Prince George’s County. The HEZ is using community health workers to follow high-risk patients in its area and connect them to various programs and organizations to address their social determinants of health. The connection Arthur made between Montgomery County Fire and Rescue and TLC-MD also had a positive outcome for the people of Prince George’s County; TLC-MD asked two of Prince George’s County EMS staff to take the Community Health Worker course offered by the Prince George’s Health Department so EMS responders can be better prepared to address their patients’ social determinants of health and refer them for appropriate services.

Recently, Montgomery County Fire and Rescue received the Congressional Fire Service Institute’s Excellence in Fire Service-Based EMS Award for 2016 for its MCNIC³ program.

This collaborative approach demonstrates how technical assistance from QIN-QIOs helps communities identify the root causes of readmissions, analyze local data and choose effective, community-level interventions.
DIABETES CARE/EVERYONE WITH DIABETES COUNTS: HSAG QIN-QIO Addresses Cultural Barriers to Improve DSME Participation Rates

Providing Diabetes Self Management Education (DSME) to people with diabetes can significantly decrease the symptoms of the disease. As the nation grows more culturally diverse, QIN-QIOs are facing new challenges in providing DSME resources to Medicare beneficiaries through the Centers for Medicare & Medicaid Services’ Everyone with Diabetes Counts (EDC) program. English is not the primary language of many beneficiaries across the nation. Often, a lack of English proficiency can inhibit a person’s ability to understand educational resources like DSME classes. Disparities in diabetes care have been attributed to cultural and language barriers.

Health Services Advisory Group (HSAG) – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) serving Arizona, California, Florida, Ohio and the U.S. Virgin Islands – has addressed this changing cultural climate through language initiatives to provide comprehensive DSME to Medicare beneficiaries.

In states with large Hispanic populations like Arizona, California and Florida, providing DSME resources in both English and Spanish is now common practice for many DSME programs. The biggest challenge lies in providing resources in other languages for increasingly diverse populations. In California, HSAG has seen an increase in Asian language speakers. To meet their needs, HSAG coordinated the translation of DSME materials and classes for many languages, including Vietnamese, Mandarin, Hmong, Korean and others.

In California and Florida, certain Native American communities prefer to learn from teachers within their own communities. HSAG provides the training and support that Native American health ambassadors need in order for them to go back to their respective communities to educate beneficiaries about DSME.

In addition to accommodating the language needs of beneficiaries, HSAG’s outreach methods include high-touch strategies like conducting weekly phone calls, sharing facilitator cell phone numbers and sending handwritten greeting cards to increase retention rates in the program.

“High touch is a really important part of the Diabetes Empowerment Education Program,” says HSAG’s Laura Gamba, who works to recruit and provide DSME resources in Florida. “When someone is supposed to get a meter [to monitor blood sugar], for example, we follow up to make sure they know how to use it.” HSAG also has met beneficiaries in person at public locations to provide catch-up sessions if they missed a class.

HSAG recently partnered with the Food is Medicine program in the Tampa Bay area of Florida to encourage beneficiaries in lower-income communities to attend DSME classes. The Food is Medicine program offered $10 vouchers to each DSME class attendee for local fruits and vegetables from its Food is Medicine truck. This helped stimulate initial interest in the class, as well as improve retention rates, because people were given access to healthy foods in an accessible manner.

In total for 2016, HSAG graduated 5,201 beneficiaries from DSME programs, 4,736 of whom were Medicare beneficiaries.
Video from atom Alliance QIN-QIO about how one Mississippi man learned the importance of taking an active role in controlling his diabetes.

DIABETES CARE/EVERYONE WITH DIABETES COUNTS: atom Alliance QIN-QIO Promotes DSME Through High-Touch, Community Oriented Approach

According to the Centers for Disease Control and Prevention (CDC), approximately 22 percent of Americans ages 65 and older have diabetes.

Diabetes Self-Management Education (DSME) is an ongoing process that facilitates the knowledge, skills and abilities necessary for diabetes self-care. Empowering people with the knowledge and ability to self-manage their diabetes through DSME can significantly improve their quality of life and long-term health.

atom Alliance – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) serving Alabama, Kentucky, Indiana, Mississippi and Tennessee – has implemented a high-touch, community-oriented approach to promote DSME in both rural and urban coverage areas, through the Centers for Medicare & Medicaid Services’ Everyone with Diabetes Counts (EDC) program. Additionally, atom Alliance has identified community centers and locations at which beneficiaries frequently gather to enable ease of access to DSME programs.

“One of the ways we engage beneficiaries is by going to their health care providers,” said Anthony Culver, Communication Specialist at atom Alliance. “However, meeting people where they are, like in community centers, libraries and senior centers, is often the best way to reach them.”

With this in mind, atom Alliance partnered with Methodist Healthcare’s Congregational Health Network in Memphis, Tennessee to promote DSME programs through its wide-reaching network of more than 600 congregations across the state of Tennessee.

atom Alliance works directly with 10 of Methodist’s health liaisons that are connected to the broad-reaching network of church groups, to promote various health engagement and education programs to the faith-based communities.

atom Alliance has found faith-based communities to be particularly effective in spreading the word about its DSME classes. “When we launch DSME at a new church, 10 or 15 people might show up,” said Debra Bratton, Quality Improvement Advisor at atom Alliance. “But when we host the second week of class, all those people bring a friend.” Bratton says the smaller, more intimate communities enable people who have benefited from DSME to become ambassadors for the program.

In rural Mississippi, providers have had difficulty getting beneficiaries to return to classes week after week to finish DSME courses. Often, lack of retention is due to barriers involving transportation or literacy. Through high-touch methods, atom Alliance has helped improve retention and provide necessary information to beneficiaries who do not have access to resources to attend the classes.

“You kind of have to be a detective,” says Trannie Murphy of atom Alliance-Mississippi. Dropout rates in rural areas can be high due to lack of transportation, so Murphy says the QIN-QIO calls individuals to remind them not to miss class and ensure they have a way to get there. Murphy says they also try to fill absentees in on what they missed or visit them at home to ensure beneficiaries are getting access to useful information.

Through these high-touch methods, atom Alliance has trained 370 beneficiaries in the state of Mississippi since the EDC program began coordinating DSME classes in 2015. As a QIN-QIO, atom Alliance has successfully educated 2,231 DSME graduates and trained 116 DSME trainers across all five states.
IMMUNIZATIONS: Atlantic QIN-QIO and Partners Spread Vaccine Awareness and Achieve Higher Immunization Rates

The Atlantic Quality Innovation Network (AQIN) – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) serving New York, South Carolina and the District of Columbia – has committed to changing the way South Carolinians think about immunizations.

Seeking to build on its ongoing vaccination efforts, AQIN, in partnership with the South Carolina Department of Health and Environmental Control (DHEC), launched a coalition in early 2015 of nearly 40 organizations in the state, including the South Carolina Office of Rural Health, the South Carolina Academy of Family Physicians, the South Carolina Pharmacy Association, and the Medical University of South Carolina. Now the coalition has started reaching its goals of sharing best practices, tools and resources in an effort to increase immunizations, and to encourage providers to document and report immunization rates.

“We knew from the start that community outreach would be the key to success, so we incorporated immunizations into our other quality improvement work and engaged partners that helped attract new collaborators,” said Melinda Postal, Quality Specialist at AQIN-South Carolina. “That led us to our initial work with the Governor’s Office.” With encouragement from AQIN, former South Carolina Governor Nikki Haley issued a proclamation that recognized Senior Vaccination Season and the need for expanded vaccination awareness efforts across the state. According to Postal, this recognition was an important tool that helped draw attention to the coalition’s work.

The partnership developed educational bookmarks that have now been distributed to approximately 15,000 seniors and nearly 200 public libraries statewide. One side of the bookmark focuses on flu prevention and the other side on shingles, which also impacts seniors at alarming rates. Coalition members also started a vaccine-awareness monthly newsletter that is disseminated to stakeholders across the state. It aims to encourage providers to prioritize vaccinations, implement best practices and collaborate with peers.

The coalition’s efforts yielded dramatic results during the 2015 flu season, and early numbers for the 2016 season are expected to be equally impactful. From August 2014 to March 2015, 29 out of the 40 counties in South Carolina saw an uptick in influenza immunization rates, and from January to December 2015, all counties achieved higher pneumonia immunization rates.

Nevertheless, barriers still exist. Many seniors aren’t able to access clinics because they lack transportation, and more education is needed – particularly around the fact that Medicare Part D covers many vaccinations.

Given these needs, the coalition is looking to expand its efforts, using county-level data to determine where to target efforts.

In the fall of 2016, coalition members launched the next phase of their strategy, a partnership with Walgreens to host immunization clinics in rural areas. Through collaboration with Walgreens and other local stakeholders, the coalition has been successfully hosting three community events per quarter, with topics ranging from immunization awareness to assisted living options. They also have begun preparations for 2017 events, including a State Immunization Resolution, championed by pharmacist and Senator Ronnie Cromer, in March, and a statewide immunization day in August.

The coalition views culture-specific messaging as critically important moving forward, as it strives to continue the upward trend in immunization rates. “Family is very important in the South, especially among rural populations,” said Postal. “We’re finding that when we’re talking to seniors about getting vaccinated, it really hits home to say, ‘Do it for yourself, but also do it for your family and grandkids.’”
MEDICATION SAFETY: Telligen QIN-QIO’s Medication Reconciliation Project Helps Reduce Adverse Drug Events

Adverse Drug Events (ADEs) are defined as any harm to a patient resulting from the use of a medication – whether the harms stem from medication errors, overdoses, or adverse drug reactions or interactions. ADEs negatively impact patient health in many ways and potentially cause unnecessary hospitalization or death. Yet despite the serious nature of ADEs, the good news is that most are preventable.

With this in mind, Telligen – the Quality Innovation Network-Improvement Organization (QIN-QIO) serving Colorado, Illinois and Iowa – initiated a medication reconciliation project for members of its medication safety care collaborative in response to their feedback, which indicated that “medication reconciliation and communicating about patients’ medication lists” are some of their biggest challenges involving medication safety for their patients.

Medication reconciliation is a review of all the medications a patient takes, including doses and frequency of use. “Medication reconciliation should happen at every juncture in the [care] continuum,” says Katy Brown, Program Manager Lead and Clinical Pharmacy Specialist at Telligen. “Not just once, not just twice, but every time the patient interacts with a provider. Every time a med is changed, and every change in level of care demands an accurate list,” says Brown. Doing so significantly reduces the risk of ADEs and unnecessary hospitalizations, she says.

Telligen’s three-part project aimed to reduce ADEs by increasing the frequency of medication reconciliation in a variety of care settings, including hospitals, clinics and community pharmacies. The first part of the project involved gathering general medication reconciliation process data from care facilities. Telligen created a short online assessment that evaluated care facilities’ current medication reconciliation process against best practices. The QIN-QIO then analyzed the collected data and assigned points to each step of the facility’s medication reconciliation process to create an overall score. Using this data, a Telligen pharmacist gave feedback to providers to help them improve their processes.

One important recommendation was granting community pharmacists access to discharge medication lists, as these health care providers typically have extensive contact with patients post-discharge. Initially care providers were reluctant to share their medication lists. Providers cited patient confidentiality and legal concerns, time constraints, problems with faxing and more. However, Telligen provided reassurance that medication lists were shared with virtually all other stakeholders in the care continuum, including home health agencies, nursing homes, primary care providers and specialists, among others. In the end, the providers who chose to participate in Telligen’s project saw immediate benefits in communication between patients and caregivers, as well as lower rates of ADEs through this more holistic care approach.

The project was developed and tested during the summer of 2015, implemented in the fall of 2015 and completed in June of 2016. At completion, 15 communities in Iowa and Colorado had used the assessment tool, and approximately 1,350 patient records had been analyzed. Each “community” is a care collaborative comprised of health care providers and social service agencies. Thus far, the project has helped prevent more than 440 potential ADEs.
NURSING HOME CARE: Quality Insights
QIN-QIO Improves Resident Quality of Life

Over the course of a year, the nation’s 15,600 nursing homes provide services to more than three million Americans. To ensure every nursing home resident receives the highest quality of care, Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) and their partners participate in the National Nursing Home Quality Improvement Campaign. As part of the Campaign, QIN-QIOs help nursing homes improve their performance on 13 National Quality Foundation-endorsed quality measures.

In Pennsylvania, home to more than 700 nursing homes, Quality Insights – the QIN-QIO serving Delaware, Louisiana, New Jersey, Pennsylvania and West Virginia – is piloting state-based Affinity Groups to provide technical assistance and peer learning around select quality measures. Beginning in August 2016, Quality Insights led two small Affinity Groups of nursing homes to concentrate on improving bladder and bowel incontinence. Using the Quality Assurance and Performance Improvement (QAPI) process as a framework, nursing home staff met virtually every other week using GoToMeeting for intensive sessions focused on forming process improvement teams, completing Root Cause Analyses, conducting Plan-Do-Study-Act cycles, goal setting and ongoing monitoring of the measures, and sustainability. During off weeks, nursing home teams worked together to complete homework assignments to prepare them for the following week’s session. Nursing homes also learned how they can meet residents’ needs by engaging residents and their families in all nursing home quality improvement activities. At the end of the 12-week program, the Affinity Groups celebrated their accomplishments, and nursing homes received certificates of completion.

Preliminary data show nursing homes participating in the Affinity Groups are seeing improvement on their bladder and bowel incontinence measure, according to the nursing homes’ own data tracking. Nursing homes also indicate they are adopting the best practices, tools and resources they received through their participation in the Affinity Group. In 2017, Quality Insights plans to introduce a QAPI Affinity Group for nursing homes that are just getting started with quality improvement, as well as Affinity Groups concentrating on reducing falls and the unnecessary use of antipsychotic medications.
Qualis Health used the information from the Bureau of Rural Health to develop a comprehensive education plan for 10 CAHs that has resulted in approximately 700 providers avoiding nearly $275,000 in penalties and a 43 percent relative improvement in participation of reporting 2016 PQRS data.

As part of its strategy, the QIN-QIO developed educational materials, held community lunch-and-learns at local hospitals across the state, and hosted webinars on aligning physician efforts between PQRS and other clinical goals like Medicare Beneficiary Quality Improvement Project measures and other incentive programs.

Qualis Health also developed the MIPS Minute, a 12-part video podcast series with nearly 2,200 views as of December 2016, to help facilities and physicians understand the basics as the Quality Payment Program launches in 2017.

“Understanding the complexities of MACRA will be essential for physicians and practice staff that care for Medicare patients. The MIPS Minutes videos are an excellent vehicle for building that knowledge base,” a representative of the Washington State Medical Association says.

The QIN-QIO plans to release an updated MIPS Minute series on the final MACRA rules in early 2017.

Idaho is a primarily rural state, which in-and-of-itself can provide unique challenges. The QIN-QIO used a small team approach and leveraged the role of hospitals and providers, many of which are on their own, to foster team support in rural communities. “It takes a team to make quality reporting happen,” says Qualis Health’s Idaho Quality Improvement Consultant Deanna Graham.

The QIN-QIO also worked with key health care stakeholders such as the Idaho Hospital Association and the Idaho Medical Association to share these resources with a broader physician audience.

“As conveners and collaborators, we are thankful that the relationships we have developed in Idaho are moving the needle on quality improvement. We’ve seen many more organizations and providers who now have experience in quality reporting that will be the foundation for their success with the new Quality Payment Program under MACRA,” Graham concludes.
Ambulatory Surgery Centers in Washington

In Washington in 2016, Qualis Health concentrated on ambulatory surgery centers (ASCs), which account for more than 60 percent of all surgical procedures performed in the United States. The QIN-QIO focused on infection prevention — a topic of great interest to ASCs — to engage them in how to use their data for quality improvement purposes and prepare them for pay-for-performance.

Unlike in hospitals, rates of surgical site infections (SSIs) in ASCs are not well known for a variety of reasons, including lack of standard infection definitions for most procedures performed, limited reporting of infections, and inconsistent coding for health care-associated infections in claims data.

However, preliminary analysis of ASC Medicare claims data for Washington shows a rate of 2.85 post-operative infections per 1,000 procedures, which, while low compared to hospital rates, represents a substantial number of adverse outcomes in aggregate, given the high volume of procedures performed in these settings.

To engage ASCs and support them in the transition from pay-for-reporting to pay-for-performance, Qualis Health provided half-day infection prevention trainings for approximately 40 ASCs, as well as on-site walkthroughs where possible. The four- to five-hour workshops were interactive and included detailed technical advice relating to care of environment, sequencing of processes, risk assessments and high-level disinfection and cleaning. They also received intensive training on how to use data for quality improvement.

“It’s important for facilities to have scientific tools to gather data they can demonstrate to surveyors and other stakeholders,” says Qualis Health Quality Improvement Consultant Jeff West. “Our focus was on engaging these types of providers on motivating infection control and accurate reporting.”

One day when the clinic was closed to surgery, Qualis Health provided an on-site walkthrough where the entire nursing, technical and administrative staff followed the typical path of patient flow, starting with the waiting room and moving through pre-op, operating room and post-op care.

“ASCs are known for being physician-owned and run with hierarchical structure, thus, we also focused on building communication between various levels of staff with checklists, culture change tools and anything that improves teamwork,” West said.

In 2017, Qualis Health plans to focus on expanding SSI control training with a long series of webinars that repurpose materials and include expert guest speakers as well as QIN-QIO staff.
SPECIAL INNOVATION PROJECT: Great Plains QIN-QIO Improves Colorectal Cancer Screening Rates

When CMS’ QIO Program announced a call for Special Innovation Projects (SIPs) in summer 2015, the Great Plains Quality Innovation Network (QIN) – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) serving Kansas, Nebraska, North Dakota and South Dakota – seized the opportunity to propose improving screening rates for colorectal cancer (CRC). CRC is the second leading cause of cancer deaths in both men and women and the third most commonly diagnosed cancer in the United States – and a particular threat in the Midwest. The four states served by the Great Plains QIN have CRC incidence rates that are higher than the national average and CRC screening rates that are far below the national average, particularly among the states’ Native American populations.

Since being awarded a SIP contract in September 2015, the Great Plains QIN has been working in support of the National Colorectal Cancer Roundtable’s “80% by 2018” initiative, which aims to reduce the number of new colon cancer cases and avoidable deaths nationwide by getting 80 percent of patients screened in each state. The Great Plains QIN has focused on recruiting clinics that serve the states’ rural and Native American populations, and has worked with those clinics to establish baseline screening rates and a systematic process for providing screening recommendations and reminders. To date, 82 percent of clinics throughout the four-state region have signed the “80% by 2018” pledge. One particular provider in Kansas, PrairieStar Health Center, implemented a consistent screening policy, patient reminders and electronic health record (EHR) notes across its five practices, and has achieved an 84 percent screening rate thus far.

Combining CRC screening with other CMS health quality priorities, like immunizations, has proven instrumental to screening improvements in rural areas, where the distance of colonoscopy centers and the lengthy preparation and testing processes, have presented barriers. The Great Plains QIN has helped flu clinics develop FLU-FIT (fecal immunochemical test) programs, offering at-home CRC tests to patients at the time of their annual flu shots. In collaboration with the American Cancer Society (ACS), the Great Plains QIN hosted a FLU-FIT webinar series to help clinics across the four states get FLU-FIT up and running. As a result, 30 sites launched FLU-FIT programs in 2016.

The Great Plains QIN’s partnerships with state, regional and national stakeholders have been a strong foundation for improvement throughout the region. The QIN has aligned with the ACS, local ACS affiliates, Centers for Disease Control and Prevention grantees, the Health Information Exchanges and Colorectal Cancer Roundtables in each of its four states, as well as partnered with the Great Plains Tribal Chairman’s Health Board and local public health units on or near the tribal areas to support efforts to improve CRC rates within the Native American population. “We and our partners share the same three-part aim of better care and better health at lower cost,” says Denise Kolba, RN, MS, CNS, Program Manager for the Great Plains QIN in South Dakota. “We know that improving CRC screening rates will help decrease the cost of treatment for cancers. In 2009, the mean total CRC cost per Medicare beneficiary was $29,196, which included 12 months of care but excluded things like home health and durable medical equipment. Even if we prevent just one case of colon cancer due to early screening in each of our 45 recruited clinics, we’ll save beneficiaries $1.3 million. Our SIP project will pay for itself.”
Dr. Robert Flemming and LCDR Fred Butler Jr. give an update on the Transforming Clinical Practice Initiative.

TRANSFORMING CLINICAL PRACTICE INITIATIVE: Lake Superior QIN-QIO Supports Six Practice Transformation Networks with Baseline and Follow-Up Assessments

The Centers for Medicare & Medicaid Services’ (CMS) Transforming Clinical Practice Initiative (TCPI) is a key component of the new CMS Quality Payment Program. TCPI is uniquely designed to help 140,000 clinicians nationwide transform their practices from volume-based care to patient-centered, data-driven, value-based quality care. Nationally, the 29 designated Practice Transformation Networks (PTNs) are charged with coaching and assisting clinicians in developing core competencies that prepare them to participate in Alternative Payment Models (APMs). In late 2015, 13 Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) were awarded contracts to assist the PTNs operating in their geographic regions. A key role of QIN-QIOs is to assess the clinician practices’ progress through five defined phases of practice transformation, by conducting TCPI baseline assessments and ongoing follow-up assessments for each practice.

From the start, Lake Superior QIN – the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) serving Michigan, Minnesota and Wisconsin – put a high priority on establishing strong working relationships with the six PTNs operating in its region, which currently represent 700 practices and 7,000 clinicians. Building trust and creating ongoing communications were instrumental in the process. Project charters defined expectations and identified shared PTN/QIN-QIO measures. Once relationships were established, the Lake Superior QIN-PTN project teams worked collaboratively to develop efficient practice assessment processes – introductions, warm-handoffs, assessment feedback to PTNs and assessment submission to CMS.

Bill Sonterre, Lake Superior QIN’s TCPI regional lead, says, “The scope of the areas and processes involved in TCPI transformation is extensive. The assessments, which gauge a practice’s baseline, have been eye-opening for many of the practices. The assessments have shown them what they need to better understand in order to achieve transformation goals; the PTNs provide support to enhance processes to effectively achieve transformation strategies.”

Lake Superior QIN’s TCPI team has completed 253 baseline assessments to date, more than double its annual target of 100 baseline assessments. By July 2019, the QIN plans to complete 400 baseline assessments and 3,913 follow-up assessments. To achieve these ambitious targets, current plans call for Lake Superior QIN to complete 100 percent of baseline and follow-up assessments for five of the PTNs, and a large percentage of the assessments for the sixth PTN. The strategy also calls for reaching out and supporting any new PTNs that may start operating in the three-state region.

Taking innovative steps, Lake Superior QIN is integrating TCPI with other QIN project work as budgets allow. Sonterre adds, “We’re getting a better feel for what each PTN is focusing on, so we can help the practices with quality improvements and meeting their transformation goals.”
2016 CMS Quality Conference
CMS held its largest Quality Conference to date, with more than 2,400 attendees.

Important Results Announced

500,000+
Former CDC Director Dr. Tom Frieden announced that the Million Hearts® initiative has prevented more than half a million heart attacks and strokes over the last five years, and will continue its work through 2022.

90%
CMS announced its goal to achieve 90 percent participation by eligible clinicians in the Quality Payment Program by the end of 2017.

21% decline
On Dec. 12, 2016, the Department of Health and Human Services (HHS) released a report showing a 21% decline in hospital-acquired conditions (HACs) between 2010 and 2015. As a result, an estimated 125,000 fewer patients died in the hospital, and more than $28 billion in cost savings was achieved.

Daily Recap Videos

KEY TAKEAWAYS FROM DAY 1
KEY TAKEAWAYS FROM DAY 2
KEY TAKEAWAYS FROM DAY 3
Expanding the Dialogue: Spotlight on Social Media

550
550 participants tweeted during the conference, a 150% increase from 2015.

1.8 million
#CMSQualCon16 was the 42nd most popular hashtag in the U.S., reaching more than 1.8 million individuals.

3rd
On December 19, the CMS Quality Conference was the 3rd trending health care conference out of 15.

Social Media Ambassadors
The conference featured nine social media ambassadors representing CMS, QIN-QIOs, the BFCC-NCC and community partners. Tweets by the social media ambassadors garnered a total of 5,172 engagements.

Andy Slavitt, MBA
Former Acting Administrator
Centers for Medicare & Medicaid Services
@ASlavitt

Kimberly Shorter, MA, PMP
Program Analyst, Office of Enterprise Information
Centers for Medicare & Medicaid Services
@KimberlyWriter

Shenita Freeman, MPH
Program Director, Wellness & Independence for Seniors at Home (WISH)
The Coordinating Center
@1_FreeBird

Emilie Fennell
Director, Communications and External Relations
TMF, the QIN-QIO for Texas, Arkansas, Missouri, Oklahoma and Puerto Rico
@EmilieFennell

Clare Bradley, MD
Senior VP and Chief Medical Officer
Atlantic Quality Innovation Network, the QIN-QIO for New York, South Carolina and D.C.
@clarebradleymd

Carmen Gonzalez
Communications Project Manager
Health Services Advisory Group, the QIN-QIO for Arizona, California, Florida, Ohio and the U.S. Virgin Islands
@crgonzalez

Health Quality Innovators
The QIN-QIO for Maryland and Virginia
@HQInnovators

Beneficiary & Family-Centered Care National Coordinating Center
@BeneProtection

Qualis Health
The QIN-QIO for Washington and Idaho
@QualisHealth

This material was prepared by Sage Communications, the Program Collaboration Center-Integrated Communications, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Sage/PCC-IC/3/28/17/CMS-15273-4.3.3-D