Your Guide to the Quality Improvement Organization Program
INTRODUCTION

Our health care system faces unprecedented challenges and opportunities. As technology advances, so too does our ability to help patients overcome life-threatening accidents and illnesses. Health care has become increasingly complex, requiring teamwork, coordination between multiple specialties and settings, and stewardship of valuable resources. At the same time, our nation faces tremendous economic challenges. The cost of an inefficient health care system is no small burden; the Institute of Medicine estimated in 2009 that $750 billion — about 30 percent of total U.S. health care costs — was wasted through unnecessary spending. Health care costs and the health of our population have become competitive disadvantages in the global marketplace.

“Change is no longer an option; it is an imperative. We have a unique opportunity to create a health care system that performs better than the one we have.”

Change is no longer an option; it is an imperative. We have a unique opportunity to create a health care system that consistently delivers care that is safe, effective, patient-centered, timely, efficient and equitable. A system that continually produces better care, better health for people and communities, and more affordable care as a result of improvement. And a system in which all of us who provide or pay for health care understand that we work for the patient.

Widespread, significant improvement in health quality is the solution. It will take everyone’s effort and all of our collective will. Whether you are a health professional, patient or policy maker, it begins with you. Working together, we can restore the United States to a position of world health care leadership where it matters most — in access, affordability and outcomes.
**BOLD GOALS**

Achieving dramatic improvement in health care quality requires setting bold goals. In 2011, the U.S. Department of Health & Human Services released its National Strategy for Quality Improvement in Health Care. Intended to evolve as needs are identified, the strategy established national aims and priorities for local, state and national efforts to improve health care quality. The three national aims are better care; healthy people and communities; and more affordable care for everyone. Often referred to as the Three-Part Aim, they are the key to unlocking the power we each have to contribute to transformative change.

Through its Quality Improvement Organization (QIO) Program, the Centers for Medicare & Medicaid Services (CMS) is spreading these aims to thousands of health care providers nationwide. QIOs nationwide have engaged hospitals and nursing homes in local initiatives to improve individual patient care. They’ve brought together patients and health care providers to decrease drug interactions and reduce avoidable hospital readmissions for entire communities. And by providing a forum where patient concerns about health quality are heard and acted upon, QIOs are increasing patient and family engagement in the health care system.

“QIOs in every state and territory have engaged hospitals and nursing homes in local initiatives to improve individual patient care.”

**IMPROVING PATIENT CARE**

As many as 99,000 Americans die each year from health care-associated infections (HAIs), according to the Centers for Disease Control and Prevention (CDC). Reducing these avoidable infections by 40 percent by the end of 2014 is a national quality goal.

The QIO Program is accelerating the nation’s progress by aligning QIO work with public-private initiatives like the Partnership for Patients and its cadre of Hospital Engagement Networks. Thousands of nursing homes across the country are participating in the Nursing Home Quality Care Collaborative (NHQCC), which is designed to instill quality and performance improvement practices, eliminate health care acquired conditions, and dramatically improve resident satisfaction in nursing homes through a fast-paced, all teach all learn process. These efforts build on the QIO Program’s past success in which nursing homes that participated in QIO improvement initiatives virtually eliminated the use of physical restraints and decreased pressure ulcer rates by more than 22 percent relative to their baseline performance.

In outpatient settings like physician offices and clinics, QIOs are bringing together multi-disciplinary teams of health professionals to reduce the adverse drug events that can result when older patients take multiple medications. Working together and with others, QIOs and the health care providers they engage in improvement activities are also currently contributing to rapid, significant reductions in catheter-associated urinary tract infections and highly contagious and debilitating *Clostridium difficile*.

What Improved Patient Care Looks Like

The Louisiana Hospital Association (LHA), a not-for-profit representing hospitals and health care systems, formed a partnership in 2010 with eQHealth Solutions, Louisiana’s QIO, to conduct a two-year pilot program to reduce CLABSI. The program is part of the national “On the CUSP: Stop BSI” project administered by the Health Research & Educational Trust of the American Hospital Association and funded by the Agency for Healthcare Research & Quality (AHRQ).

As part of their strategy to reduce CLABSI, eQHealth and LHA adopted an evidence-based model, the Comprehensive Unit-based Safety Program (CUSP), which had been successfully employed by the Michigan Health & Hospital Association Keystone Center to reduce bloodstream infections at Michigan hospitals. LHA and eQHealth believed that the CUSP model was ideal for their CLABSI project because most of the elements for an effective approach were already in place and ready to implement.

Together, eQHealth and LHA recruited a total of 13 hospitals and 17 units for the program, including both intensive care and neonatal intensive care units. Participants gathered periodically to discuss barriers, opportunities and best practices for quality improvement. Some of the best practices included hand washing before and after every patient contact and the use of a particularly effective skin cleanser on the sites where catheters are inserted.
To spread the word about hospital successes, eQHealth and LHA held several teleconferences and webinars. Moreover, infection control representatives from participating hospitals also have shared information and best practices for implementing the CUSP model with industry colleagues at local meetings of the Association for Professionals in Infection Control and Epidemiology.

**INTEGRATING CARE FOR POPULATIONS AND COMMUNITIES**

Preventable hospital readmissions are a major burden on the U.S. health care system, costing an estimated $25 billion annually*. A 2009 study published in the *New England Journal of Medicine* found that nearly one in every five Medicare patients discharged from the hospital is readmitted within 30 days.

Patients are typically readmitted because they have limited or no access to appropriate post-hospital care in their communities, they have received inadequate information about what they need to do to manage a chronic condition like diabetes, or there are breakdowns in communication between providers in different settings of care; for example, between the hospital and the nursing home.

There is a significant opportunity to dramatically curtail the rate of avoidable readmissions by better integrating care for populations and communities. In fact, a study published in the January 2013 issue of the *Journal of the American Medical Association* (JAMA) revealed that a three-year CMS-funded project involving QIOs in 14 communities produced an average six percent decrease in hospitalizations and re-hospitalizations over two years — nearly twice the pace as in comparison sites. The QIO Program’s activities targeting avoidable readmissions will contribute to a national goal for reducing avoidable hospital readmissions by 20 percent by the end of 2014.

“The QIO Program’s end goal is to reduce avoidable hospital readmissions across the country by 20 percent by the end of 2014.”

QIOs are targeting communities with high readmission rates, helping them form care transitions coalitions, and implementing evidence-based models for better integrating hospital and post-hospital care. If there is room for improvement in your own community, you can equip yourself to take action by participating in a learning network led by your state or territory’s QIO.

**What Integrated Care Looks Like**

The Atlanta Community-Based Care Transitions Program, a collaborative partnership serving 10 counties in the Atlanta region, was one of the first seven organizations nationwide awarded Community-Based Care Transitions Program (CCTP) funding by the Center for Medicare & Medicaid Innovation in November 2011. Through the Atlanta CCTP, the Atlanta Regional Commission (ARC) — an Area Agency on Aging — is collaborating with the Georgia QIO, community-based aging services organizations, and six urban hospitals to help reduce readmissions in the community.

Alliant GMCF previously conducted a successful care transitions project with one of these hospitals to reduce 30-day readmission rates for heart failure patients. The QIO also provided ARC with care transitions messages and materials, readmission rate data, and guidance on conducting a root cause analysis, which identified the community’s specific care transitions challenges and supported intervention selection. The Atlanta CCTP is implementing the Care Transitions Intervention and a short-term support service package of meals, transportation and homemaker services as needed to high-risk Medicare beneficiaries discharged from the partner hospital.

* According to a 2008 report by PricewaterhouseCoopers’ Health Research Institute
IMPROVED HEALTH FOR POPULATIONS AND COMMUNITIES

In the 21st century, medical and technological advances have enabled us to detect cancer in earlier stages and prevent many communicable diseases. Yet many beneficiaries aren’t taking full advantage of the preventive services that are covered by Medicare. The majority of pneumonia deaths and approximately 90 percent of all flu deaths occur in adults over age 65. Even with increased attention given to the importance of timely immunizations, the number of Americans who receive influenza and pneumococcal vaccinations is still well below the federal government’s goal.

The QIO Program is making a difference by helping primary care physicians use electronic health records (EHRs) more effectively to coordinate preventive services and report related clinical quality data to CMS. QIOs help participating practices raise their rates of influenza and pneumococcal immunizations, colorectal screenings and mammograms, as well as increase their ability to qualify for payment incentives through the Physician Quality Reporting System program.

Similarly, primary care physicians seeking to attain meaningful use of their electronic health record with the help of a Health Information Technology Regional Extension Center (REC) have an additional ally in their local QIO. As quality improvement experts, QIOs bring valuable expertise to REC providers who need assistance acting on the clinical quality data they must collect and report, much of which focuses on preventive health measures.

Primary care physicians and cardiologists in every community can contribute to the national goal of preventing one million heart attacks and strokes over five years by engaging in their QIO’s cardiac health initiative, which is aligned with the federal government’s Million Hearts™ endeavor.

What Improved Health for Populations and Communities Looks Like

In alignment with Million Hearts™, QIOs are helping primary care and cardiology practices use electronic health records to identify patients with elevated cardiac risk and track their progress over time as they implement the ABCS model: Aspirin for people at risk for myocardial infarction and stroke; Blood pressure control; Cholesterol management; and Smoking cessation. Additionally, health care providers with a commitment to reducing heart attacks and strokes are participating in statewide cardiac health learning and action networks led by QIOs in conjunction with local American Heart Association affiliates, state health departments, and local chapters of professional organizations like the American College of Cardiology.

BENEFICIARY AND FAMILY-CENTERED CARE

Quality health care focuses on the unique needs, preferences and values of every individual. For that reason, achieving truly patient-centered care is a major priority for CMS and the QIO Program. This means working with health care providers to support culturally sensitive care, engage patients and families in decision-making, and empower patients with the knowledge they need to take care of themselves in the long term.

QIOs always have sought input from beneficiaries as part of their process for reviewing quality of care complaints and appeals of denied services. Now QIOs are also bringing patient perspectives into their quality improvement work with health care providers. By sharing stories about their encounters with the health care system, both good and bad, patients and families are helping to identify opportunities for improvement and galvanize action by health professionals.
Medicare’s new hospital value-based purchasing program is elevating the importance of patient-centered care as well. Fully thirty percent of a hospital’s score, which determines its level of reimbursement, is based on key elements of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Expanding upon their established role as a reliable source of technical assistance for hospital quality reporting, QIOs are providing hospitals with tools that identify how performance on factors like the patient’s perception of pain management can affect their bottom line.

What Beneficiary and Family-Centered Care Looks Like
As a result of reviewing a case in which a Medicare beneficiary was incorrectly treated for a stroke rather than a brain abscess, a QIO in the western United States worked with a local hospital to develop a system-wide Quality Improvement Activity (QIA). The QIO provided guidance for the hospital’s root cause analysis, which determined that physician orders did not contain the patient’s symptoms or reason for the exam, that physician-to-physician communication did not occur routinely, and that exam findings and diagnostic tests/treatment plans were not consistently reviewed by the ordering physicians. As part of the QIA, the hospital formed a Medical Imaging “Common Focus” System Team to develop an action plan to improve the contributing processes identified in the RCA. The QIO also helped develop interventions and document outcomes.

Throughout the yearlong QIA, the hospital showed significant improvement and met or exceeded all of its goals for four quality measures. According to hospital officials, the facility’s implementation of an electronic medical record, plus education of physicians and staff, led to improved patient safety and enhanced communication. In addition to sharing information and results from the QIA internally, the hospital spread its best practices throughout its health system. As a result, more than 20 facilities have adopted the documentation guidelines, order sets, and the mandatory computerized physician order entry “hard stops” developed in conjunction with the QIO. All of these facilities had similarly positive outcomes when they audited their performance using the same quality measures as the initial facility.

A New Vision For Health Quality
The QIO Program’s vision, which is shared by health care quality advocates nationwide, is a transformed American health care system based on the Three-Part Aim. Everyone stands to benefit from this system, in which:

Patients receive safer and more effective care
From the boardroom to the bedside, hospital executives and frontline staff will become fully committed to making care safer and more patient-centric. Patients and families will actively engage with physicians in making treatment decisions. At hospitals, following standard protocols, like a simple checklist for inserting catheters, will reduce the risk of preventable health care-associated infections. Patients and caregivers will work closely with nursing home staff to virtually eliminate pressure ulcers. Adverse drug events like dangerous interactions will be relegated to the past as quality improvement initiatives improve medication reconciliation and reduce errors.

Americans will be healthier
With the support of QIOs, providers nationwide are harnessing the power of EHR systems, enabling them to identify and notify patients about immunizations and screenings they need. There will be fewer hospitalizations for pneumococcal disease and flu, as well as better survival rates for these and other diseases. Cardiovascular disease will no longer be one of the leading causes of mortality due to better control of risk factors like cholesterol and blood pressure. Best practices from cardiovascular disease prevention may even be applied to other chronic illnesses.

Health care will become more affordable
Close coordination and ongoing communication among health professionals, patients and caregivers means fewer unnecessary and costly re-hospitalizations. Provider coaching of patients and their loved ones about important issues like medication management, follow-up appointments and red flags during recovery will enable patients to transition smoothly and safely to a nursing facility or home. Fewer health care acquired conditions and adverse drug events, as well as increased rates of preventive services, will translate into savings for both patients and providers. Greater use of health information technology will eliminate redundant and unnecessary administrative costs and reduce the potential for medical errors.
LEARNING AND ACTION NETWORKS
The QIO Program’s Model for Rapid, Significant and Widespread Improvement

QIOs build communities of local-level partners that set goals based on Medicare’s national priorities. Communities meet those goals through Learning and Action Networks (LANs) that engage providers, patients and communities in peer-to-peer learning and rapid-cycle quality improvement. QIO-convened LANs are supporting hospitals, nursing homes and physician practices as they re-engineer their work processes to deliver significantly better patient care.

Where possible, QIOs have linked LANs to existing local health quality activities, which expands their scope and impact while avoiding duplication of effort. Examples include statewide HAI coalitions that combine the resources and relationships of the QIO, state health department and state hospital association. QIOs also align their efforts with national health quality initiatives; for example, they equip physicians and patients to take action on the “ABCS” of cardiac risk prevention that are promoted by Million Hearts™. Because they are independent of health care providers and have a special role in protecting Medicare beneficiaries, QIOs are uniquely positioned to bring all health quality stakeholders together to drive transformative, patient-centered change for the better in how health care is delivered.
### QUALITY IMPROVEMENT ORGANIZATIONS

<table>
<thead>
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<th>State</th>
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