

## Looking Ahead to 2008

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Welcome to the third issue of Medicare's *QIO News*, which provides a quarterly update on the initiatives and efforts of CMS' Quality Improvement Organization (QIO) Program.

As you know, issues facing American health care are no stranger to national news coverage. Topics such as Medicare spending have seen increased attention—including a recent spotlight on costs associated with unnecessary hospital readmissions—as have rates of nosocomial MRSA (methicillin-resistant *Staphylococcus aureus*) infections, a patient safety issue.

As I mentioned in the September issue of *QIO News*, the QIO Program's next three-year core contract cycle, known as the 9th Scope of Work (SOW), is poised to address CMS' health care priorities within four Themes: Beneficiary Protection, Care Coordination, Patient Safety, and Prevention.

For example, QIO work under the Care Coordination (or Patient Pathways) Theme will address care transitions for Medicare patients. QIOs will work to address transitions of care and to reduce unnecessary rehospitalizations that both harm patients and drain the Medicare Trust Fund.

MRSA has been factored into the 9th SOW planning since we began work on the draft Themes last fall. MRSA will be one of a handful of safety issues that QIOs will focus on to reduce harm to patients using proven interventions. Add to the core work the protection of beneficiaries through expeditiously addressing complaints, and helping prevent and/or slow the progression of chronic disease, and the Program is well positioned in the coming year to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries.

*(Continued on page 6)*

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## National Home Health Campaign Partners with *The Remington Report*

The Home Health Quality Improvement (HHQI) National Campaign is focusing on patient self-management in the month of December. To highlight this important topic, a Best Practice Intervention Package (BPIP) was posted to the campaign Web site, and an article was published in the November/December 2007 issue of *The Remington Report* ([www.remingtonreport.com](http://www.remingtonreport.com)).

BPIPs were also posted in October and November to support home health agencies in the areas of physician relationships, fall prevention, and patient self-management. The packages are available online at: [www.homehealthquality.org](http://www.homehealthquality.org).

As of November 30, 2007, 5,568 agencies had registered to participate in the HHQI National Campaign.

## Beneficiary Protection Stakeholder Conference Planning Underway

Baltimore, Maryland, will be the location of the April 17, 2008, Medicare stakeholder conference “**Beneficiary Protection Activities: Improving the Health Care System for Patients and Providers.**” This conference will be co-hosted by CMS and TMF Health Quality Institute, the Quality Improvement Organization Support Center for the Beneficiary Protection Program. This national forum will promote understanding of, and use of, the QIO beneficiary complaint and alternative dispute resolution (ADR) programs. Invited stakeholders include representatives of health care trade associations, beneficiary organizations, and other related groups.

Expert speakers will demonstrate how the complaint process creates positive outcomes for both Medicare beneficiaries and health care providers. Success stories will spotlight beneficiaries, clinicians, and facilities that have had successful outcomes from participating in these QIO programs.

Stakeholders will leave the conference understanding how the QIOs’ beneficiary complaint and ADR activities improve the nation’s health care system. Participants will receive an outreach toolkit that they can use to educate their constituents about the beneficiary complaint and ADR processes.

For more information about this event, please contact TMF Health Quality Institute at 512-334-1702.

## VALUE Project Addresses Geographic Disparities

The Variation Analysis by Location & Understanding Efficiency (VALUE) Project is a CMS pilot in which participating QIOs test interventions to understand and reduce disparities between geographic regions in health care cost and quality patterns. Since geographic areas with high utilization patterns often exhibit worse patient outcomes, higher health care expenditures, and lower patient satisfaction ratings than areas with lower utilization, finding ways to constrain unjustified utilization is likely to improve outcomes and satisfaction while reducing expenditures.

Participants in this pilot are the QIOs in Colorado, New Mexico, California, and New Jersey. These QIOs have recruited hospitals to implement efficiency-focused quality interventions by connecting evidence of utilization patterns and outcomes among patient populations to decisions made by physicians serving those populations. The goal of these interventions is to enhance quality care that reduces inefficient resource use through collaboration between communities, physicians, and patients and caregivers.

The four pilot QIOs are:

1. Developing a dataset to give feedback to providers that includes quality metrics, utilization metrics, and patient identifiers.
2. Facilitating peer-to-peer interaction between high and low utilizing providers using feedback from the quality and utilization dataset.
3. Testing interventions to reduce resource use and enhance quality using rapid cycle improvement methods.

The pilot has generated programming code for development of a nationwide quality and resource utilization dataset in preparation for replication by other QIOs across the country.



## **QIOs Receive TeamSTEPPS™ Training to Enhance Performance and Patient Safety**

According to the Institute of Medicine's 1999 report, *To Err is Human*, medical errors cause as many as 98,000 deaths each year. Systemic failures have been identified as important underlying factors; better teamwork and clinical coordination could dramatically decrease harm to patients.

The Department of Defense (DOD) recognized the applicability to civilian health care of the team training principals used in military aviation. As a result, the DOD formed an alliance with the Agency for Healthcare Research and Quality (AHRQ) to develop the TeamSTEPPS™ program. The TeamSTEPPS™ Program helps providers improve quality of care by increasing team awareness, clarifying team roles and responsibilities, and improving accuracy. The training shows how to reduce medical errors through resolving conflicts, improving information sharing, and eliminating cultural barriers to quality and patient safety.

TeamSTEPPS™ training has been shown to reduce the number of patient ICU days, malpractice claims, and nurse turnover by as much as 50 percent.

Thirteen QIOs participated in TeamSTEPPS training through AHRQ's Patient Safety Improvement Corps in September 2007. In the 9th Scope of Work, CMS, the DOD, and AHRQ will team together to train all QIOs in the TeamSTEPPS methodology. QIOs will then be able to provide consultation and assistance to local health care providers interested in implementing the program—resulting in lives saved, lives enhanced through interaction with health care facilities, and significant cost savings to providers and the Medicare Trust Fund.

To learn more about TeamSTEPPS™, visit:  
<http://www.ahrq.gov/qual/teamstepps>

## **Florida Pilot Project Helps Members of Underserved Populations Manage Diabetes**

The Every Diabetic Counts (EDC) Pilot Project, funded by CMS and administered through FMQAI, the QIO for Florida, is providing culturally appropriate interventions to meet the needs of beneficiaries from underserved populations with this chronic disease. The program uses a community-based training and intervention model

called DEEP (Diabetes Education Empowerment Program) to reach members of underserved groups, particularly Hispanics and African Americans, with diabetes.

The DEEP intervention training model incorporates three prongs—the beneficiary, the community, and the provider. Training is offered in a community environment that is comfortable and familiar to the beneficiary. Techniques for self-management of diabetes are taught by community health workers and certified diabetic educators, community leaders who are trusted sources of information and who are able to provide culturally appropriate messaging to beneficiaries. A unique feature of the DEEP intervention training model is the tie to clinical outcomes. Through the provider, CMS will be able to link clinical outcomes of blood pressure, hemoglobin A1c, and lipid levels to training provided at the community level.

At its conclusion in April 2008, CMS will have clinical outcome data for the Florida pilot. CMS intends to replicate the program beginning in August 2008 in more than 30 cities nationwide.

## **Nursing Home Special Focus Facility List Published**

The Special Focus Facility List—a list of the nation's poorest performing nursing homes, as determined by the Center for Medicaid and State Operations (CMSO) Survey and Certification component—was made publicly available on December 1. CMS has made the list publicly available both to provide additional information to consumers as they make health care decisions as well as to prompt targeted quality improvement efforts by nursing homes.

Many elements factor into a nursing home's appearing on the Special Focus Facility List, including quality of resident care. Several nursing homes on this list are already engaged in intensive work with their state's QIO, specifically focused on topics such as reducing pressure ulcer rates among high-risk patients and reducing the use of restraints. Under the 9th Scope of Work, beginning in August 2008, QIO work with nursing homes will focus primarily on facilities that are considered low performers in each state, including those that appear on the Special Focus Facility List.

## **Advancing Excellence in America's Nursing Homes Campaign: Local Area Networks for Excellence (LANEs) Making a Difference**

QIO representatives were among more than 200 attendees at the Advancing Excellence in America's Nursing Homes Campaign Interchange: Empowering the LANEs, held on November 27 and 28 in Fort Worth, Texas.

A LANE is a coalition of state-level stakeholders that comes together for the purpose of supporting providers and consumers in achieving the goals of the Advancing Excellence in America's Nursing Homes campaign. This special conference for LANE conveners and members focused on building and sustaining collaborations, sharing technical information and evidence-based practices, implementing resource tools for continuously improving quality of care, and celebrating campaign successes. Campaign statistics show that participating homes that have selected a given goal are improving faster in meeting that goal than are non-participants.

The campaign, now in its second year, has attracted more than 6,300 nursing homes, representing 40 percent of all facilities in the U.S. Sixteen LANEs have enrolled more than 50 percent of their state's nursing homes, with 100 percent of nursing homes enrolled in Arkansas and 92 percent in Georgia.

At the state level, the campaign involves a broad-based coalition of long-term care providers, caregivers, medical and quality improvement experts, government agencies, and consumers. More than 1,200 consumers have enrolled to date.

The two-year, voluntary Advancing Excellence campaign complements existing quality initiatives including Quality First and the culture change movement. For more information about the campaign, visit [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org).

## **Nursing Home Collaborative Results Published**

An article reporting results from a CMS-sponsored project to reduce pressure sores was published in the October 2007 issue of the *Journal of the American Geriatrics Society*. The National Nursing Home Improvement Collaborative (NNHIC) reduced the number of new serious pressure ulcers by more than

two-thirds overall for the 35 nursing homes that reported data from the project. Nursing homes that participated in the NNHIC worked voluntarily with QIO experts on reducing onset of pressure ulcers and healing existing ones.

Through the NNHIC, the QIOs also helped CMS to change data collection and public reporting mechanisms so that CMS can do a better job informing residents, family members, and the nursing homes themselves about nursing home quality.

Serious bed sores often develop before a patient enters a nursing home, and the project's results will encourage hospitals, home health agencies, emergency services, and nursing homes to collaborate to identify and eliminate the causes of bed sores. The project also found that direct care providers—often Certified Nursing Assistants—could be effective leaders of quality improvement efforts.

Qualis Health, the QIO for Washington State, coordinated the project for CMS. The improvement materials used in this project are available free of charge to anyone interested in reducing rates of bed sores. See the Medicare Quality Improvement Web site at: [www.medqic.org](http://www.medqic.org) (under the "Nursing Home" tab).



## **QIO Highlights**

### **Primaris, Missouri Governor Launch Long-Term Care Campaign**

On August 14, the Missouri QIO helped launch the state's Own Your Future campaign with a kickoff press conference.

Held at the Primaris headquarters, the conference included Primaris CEO Richard A. Royer; Missouri Governor Matt Blunt; Lieutenant Governor Peter Kinder; Department of Insurance, Financial Institutions and Professional Registration Director Doug Ommen; and CMS Consortium Administrator Tom Lenz.

Own Your Future is a joint state-federal educational campaign promoting education on long-term planning. Missouri is one of more than 15 states participating.

On August 15, Primaris hosted the first of 12 "town hall" meetings, at which presenters addressed legal, financial, and insurance issues related to long-term care.

For more information about the Missouri effort and the national campaign, visit [www.ownyourfuture.mo.gov](http://www.ownyourfuture.mo.gov).

## QIO Efforts Recognized

Several QIOs and QIO staff members have received honors from state quality organizations this quarter.

Laura Palmer, a project director at the Colorado Foundation for Medical Care (CFMC), received the prestigious Vesta Bowden Distinguished Service Award on September 20 at the Colorado Health Care Association's 2007 annual conference. The annual award is presented to individuals who demonstrate a commitment to the long-term care profession, the residents it serves, and the quality of life for those residents. Vesta Bowden was a dynamic pioneer who set the benchmark for professionalism in long term care.

The Maryland-National Capital Homecare Association presented the Delmarva Foundation's Home Health Quality Improvement Team with the President's Award for 2007. The award is presented to a "prominent person or agency in the community whose work has contributed to an improved health care system in the area."

The Connecticut Culture Change Coalition (CTCCC) was selected to receive the Connecticut Long-Term Care Ombudsman Program's 2007 Carol Rosenwald Spirit of Advocacy Award. This award is given annually to individuals and organizations that work to improve the quality of care and quality of life for individuals residing in long-term care settings. Qualidigm, Connecticut's QIO, was the founding organization of the CTCCC.

MetaStar, the QIO for Wisconsin, recently received Mastery-level recognition, the second highest of four Wisconsin Forward Award (WFA) levels: Excellence, Mastery, Proficiency, and Commitment.

WFA is a public/private partnership; its award program is modeled on the Malcolm Baldrige National Quality Award and mirrors the Baldrige criteria. The award recognizes organizations that demonstrate significant maturity in developing and refining processes that are tied to good results in such areas as building a highly skilled workforce, financial and organizational performance, and exceptional customer satisfaction and retention.

## Colorado Partnership Leads to Expanded Outreach

A partnership between the Colorado Foundation for Medical Care (CFMC) and the Colorado Department of Public Health and Environment (CDPHE) has expanded outreach to primary care physicians who treat diabetes patients in Colorado. The campaign, begun in May 2007, is designed to raise awareness of the need for eye exams in patients with diabetes. Together, CFMC and CDPHE developed and sent a letter about this issue to 1,600 practitioners statewide, offering focused educational materials. The two organizations plan to continue their efforts to increase the number of people with diabetes who receive eye exams. For information on the campaign, see

[www.cdph.state.co.us/pp/diabetes/eyeawareness.html](http://www.cdph.state.co.us/pp/diabetes/eyeawareness.html) or contact Christi Reid, Project Manager, CFMC, at 303-875-6550 or [creid@cfmc.org](mailto:creid@cfmc.org).

## First New York/New Jersey Health Care Report Card Released

The New York State Health Accountability Foundation, founded by IPRO, the New York QIO, and the New York Business Group on Health, recently released its first *regional* health care report card. This tool offers health care consumers access to data on the cost and quality of care received by members of the states' commercial health insurance plans, and the quality of care, mortality rates, length of stay, and pricing of care provided to hospital patients in the two states.

Available at [www.abouthealthquality.org](http://www.abouthealthquality.org), the report card is interactive and searchable by county, enabling consumers and businesses to create customized reports on their local hospitals and health plans.

Quality measures for health maintenance organizations are grouped into eight categories: Customer Satisfaction, Medical Care, Mental Health, Monthly Premiums, Provider Network, Staying Healthy, Youth Care, and Youth Wellness. Hospital quality measures address Appropriate Care, Heart Care, Mother/Baby, Other Conditions, Other Procedures, and Patient Safety.

Not all information is available for both states, but overall the report card includes such information as:

- Individual and family HMO premiums
- The percentage of health plan members who are satisfied with their physician

- Mortality rates
- Data on length of stay
- Hospital performance on process of care measures
- Composite scores for heart attack, heart failure, pneumonia, and surgical infection prevention

The New York State Health Accountability Foundation is a public-private partnership dedicated to promoting transparency in the health care system and is directed by an Advisory Council of major New York-area employers.

## Looking Ahead to 2008

*(Continued from page 1)*

Looking more broadly and working with our colleagues at the Department of Health and Human Services (DHHS), the QIO Program will continue to help advance the Secretary's health care priorities. For example, QIOs play a role in the Better Quality Information to Improve Care for Medicare Beneficiaries (BQI) Project. Delmarva Foundation, the QIO for Maryland and Washington, DC, is working with six BQI pilot sites to pool data from public and private sources about care being delivered by physicians who treat Medicare beneficiaries. Several QIOs are active in local project activities. A second round of data aggregation and measure calculation is now underway, which will lead to physician-level measurement results and meaningful and transparent information for consumers and purchasers of health care. The pilots will complete at least one more round of data aggregation and measure calculation between now and the end of the project in October 2008.

In a related effort, Chartered Value Exchanges (CVEs), multi-stakeholder organizations helping advance the Secretary's Value-Driven Health Care Initiative, are benefiting from QIO collaboration. The CVEs, expected to combine Medicare fee-for-service measurement data with measurement data from other payers, rely on business and health care leader participation in local communities. QIOs are uniquely positioned to encourage local business and health care leaders' involvement in CVEs to work together and support quality improvement. CMS has awarded Masspro, the Massachusetts QIO, a contract to provide physician quality performance measure results along with regional benchmarks to eligible CVEs.

In keeping on course regarding improvements to the QIO Program, we are continuing our effort to prepare for increasing competition for the awarding of individual contracts for the QIO Program. We recently held a special Open Door Forum on the specifics of becoming a QIO, which helped introduce the Program to other organizations that are interested in working with or becoming a QIO.

With the new calendar year nearly upon us, we at CMS are excited about the future for the Program and remain committed to helping advance the quality of American health care. As always, in doing our public service work, we appreciate our collaboration with you, our valued partners, and with the providers and beneficiaries we work with on a day-to-day basis.

I wish you a healthy and happy holiday season. Thank you.

### **Barry M. Straube, MD**

*CMS Chief Medical Officer and Director of the Office of Clinical Standards and Quality (OCSQ)*

P.S. Tell CMS what you think of the *QIO News*. Click here to take a short reader survey:

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