With the start of the 9th SOW, the QIO Program is entering its 25th year serving Medicare beneficiaries by working with providers to improve the quality of patient care. We at CMS are proud of the achievements of the program and look forward to rising to new heights in health care value and quality. As always, we look forward to working with you, our valued partners, to help us make it happen.

Barry M. Straube, M.D.
CMS Chief Medical Officer and Director, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services

CMS to Enhance Mortality Measures on Hospital Compare

In August, CMS will announce important additions to the Hospital Compare consumer Web site (www.hospitalcompare.hhs.gov) that will give consumers and hospitals even better insight into quality of care, expanding on the 30-day hospital mortality measures debuted on Hospital Compare last year. Among the additions to be announced is a new measure focused on 30-day pneumonia mortality. Data for this new measure accompany updated data covering July 2006–June 2007 for the existing 30-day mortality measures on acute myocardial infarction and heart failure.

In addition to the introduction of the pneumonia mortality measure, CMS is including on Hospital Compare, for the first time, each hospital's risk-standardized mortality rate (RSMR) as well as an estimate of the RSMR's certainty (the interval estimate) and the number of eligible cases for each hospital. These results are being made available in addition to the existing display placing each hospital in the "Better than U.S. National Rate," "Worse than U.S. National Rate," or "No Different than U.S. National Rate" categories. Publicly reporting these new data elements provides an additional tool for hospitals and will also help users of Hospital Compare to see that, even though most hospitals fall into the category of "No Different than the U.S. National Rate," facilities do vary in performance. It is important to emphasize that each hospital's RSMR should always be viewed in the context of its interval estimate to account for the uncertainty associated with the RSMR.

CMS is also changing the way certain hospice patients are factored into hospitals' mortality rates. In this latest data update, patients with any Medicare hospice claims within the 12 months prior to their heart failure, acute myocardial infarction, or pneumonia admission were excluded from the final rate calculation. The goal was to identify patients who were clearly being admitted to the hospital for comfort care only. This impacted less than 1% of the patient population.

CMS to Rate Nursing Home Quality: New Five-Star System To Be Added to Nursing Home Compare Site

CMS recently announced that it will launch a groundbreaking ranking system of America's nursing homes, giving each a "star" rating. The system will be designed to provide patients and their families an easy-to-understand assessment of nursing home quality, making meaningful distinctions between high-performing and low-performing homes.

The ratings will be posted on the agency's Nursing Home Compare Web site (at www.medicare.gov/NHCompare) by the end of this year. A sample screen shot of the proposed star ratings is available at www.cms.hhs.gov/PressContacts/10_PR_fivestar.asp. This will be the first time that CMS will offer such a rating system for the fee-for-service, or traditional, Medicare program. Currently, through the Compare Web site, CMS assists beneficiaries and their families in making nursing home choices by providing information on individual measures of quality of care, staffing, and survey inspection information.

Through its consumer information Web sites, CMS has begun to offer more and better information on quality, patient satisfaction, and cost of care. The announcement of the new rating system closely follows the agency's first nationwide identification of chronically underperforming nursing homes. Facilities enrolled in the Special Focus Facility (SFF) initiative are placed under special scrutiny and undergo twice as many inspections as other homes. The "SFF" designation was recently added to the Nursing Home Compare Web site.

Last year, CMS also initiated a star rating system for health and prescription drug plans that are available to Medicare

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beneficiaries.

This new rating system is rooted in the tradition of the OBRA'87 nursing home reform law and quality improvement campaigns such as Advancing Excellence in America's Nursing Homes (www.nhqualitycampaign.org), which brings together a coalition of consumers, health care providers, labor representatives, and nursing home professionals. CMS plans to work with other health care providers and consumers to make similar rating systems available for hospitals, home health agencies, and end stage renal disease facilities in the future.

The five-star ratings will be published starting in December 2008.

Descriptive information about the quality rating system and its progress can be obtained at www.cms.hhs.gov/SurveyCertificationGenInfo/02_HotTopics.asp#TopOfPage.

CMS Runs Ads to Highlight Quality Rates at More than 1,000 Local U.S. Hospitals

As part of the DHHS Health Care Transparency Initiative, CMS placed advertisements in the May 21 edition of 58 major daily newspapers throughout the country to promote Hospital Compare (www.hospitalcompare.hhs.gov), an easy-to-use Web site that helps consumers make well-informed decisions when choosing a hospital. The ads provided scores from two of the 26 quality and patient satisfaction measures on the Web site for a sample of hospitals in each newspaper's area. The 26 quality measures allow patients to better understand 10 key aspects of the patient experience. Earlier this year, CMS also added information about the cost and volume of procedures typically performed during inpatient hospital stays.

Hospital Compare allows users to compare the quality of care provided in nearly 4,000 hospitals across the nation. The newspaper ad, aimed at reaching areas covered by about 1,000 of these hospitals, invited readers to "Compare the Quality of Your Local Hospitals" and contained:

- Percentage of patients at each hospital who always received help when they requested it, as reported by the patients themselves;
- Percentage of patients at each hospital who were given antibiotics one hour prior to surgery, as reported by hospitals; and
- The state average for each of these two measures.

Hospital Compare was created by CMS in collaboration with the Hospital Quality Alliance, a private/public collaboration that includes the American Hospital Association, the Federation of American Hospitals, the Association of American Medical Colleges, AARP and the AFL-CIO. Hospital Compare is also supported by other major medical associations, consumer groups, measurement and accrediting bodies, government, and other groups who share a commitment to improving hospital quality.

CMS and DHHS recommend that patients and their families discuss quality and patient experience information with the patient's doctor when choosing a hospital. Unfortunately, this type of information has not always been available; however, the Hospital Compare tool brings this information to the fingertips of patients, caregivers, and practitioners nationwide. Learn more about the quality of care available in your area's hospitals at www.hospitalcompare.hhs.gov.

Medicare to Launch Demonstration Project that Rewards Physician Practices for EHR Use

According to the DHHS, only 27 percent of U.S. physicians use electronic health records (EHRs), and only about 10 percent use them as more than simply an electronic filing cabinet for information previously kept in paper form.

EHRs and personal health records can change the way medicine is practiced in this country, by making a comprehensive view of the patient available to the practitioner in an efficient, secure manner.

The QIOs will be implementing EHR-related interventions under the 9th SOW. These interventions will encourage physician practices to use EHR technology as a tool for designing and implementing care management processes that will increase rates of breast and colorectal cancer screening as well as influenza and pneumonia vaccination. (See our executive summaries on Prevention, Physician Offices, and Health Information Technology for more information about these efforts.)

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In addition to this work of the QIOs under the Prevention Theme, Medicare is implementing a new five-year demonstration project designed to foster the implementation and adoption of EHRs and other health information technology (HIT) systems as effective vehicles to improve the quality of care provided and to transform the way medicine is practiced and delivered. Adoption of HIT has the potential to provide significant savings to the Medicare program and reduce medical errors to improve the quality of care for Medicare beneficiaries. This demonstration is designed to leverage the combined forces of private and public payers to drive physician practices to widespread adoption and use of EHRs. The project is also a major step toward the President's goal of most Americans having access to secure, interoperable EHR systems by 2014.

Through the EHR demonstration, Medicare is awarding financial incentives in 12 sites across the country—Alabama; Delaware; Jacksonville, Florida, and surrounding counties; Georgia; Maine; Louisiana; Maryland/Washington, DC; Oklahoma; Pittsburgh, Pennsylvania, and surrounding counties; South Dakota and nearby counties in Iowa, Minnesota, and North Dakota; Virginia; and Madison, Wisconsin, and surrounding counties. The demonstration is expected to impact the quality of care for an estimated 3.6 million consumers and will help move health care quality improvement at an accelerated pace.

These sites put together extraordinary coalitions of health care providers, IT experts, civic leaders, businesses, insurers, and patients to bring their communities on-line. They engaged the private sector to leverage their efforts.

Through these 12 sites, as many as 1,200 small- to medium-sized primary care practices will be able to sign up, beginning this fall, for an annual incentive payment to upgrade from paper to EHRs. Participating doctors will have to show that EHRs improve the quality of their medical care over a five-year period, determined by performance on specific quality measures. Physicians will be eligible for a bonus based on the level of EHR capabilities their practices make routine, and an additional bonus tied to the sophistication of their systems.

The demonstration will be implemented in two phases—in the coming months Phase I communities will begin recruiting physician practices, and in Phase II communities physician practices will be recruited some time in 2009. (Phase I communities are Louisiana, Maryland/DC, Pittsburgh and surrounding counties, and South Dakota and nearby counties. The rest of the 12 sites will be part of Phase II implementation.)

For more information on the demonstration project, visit www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1204776&intNumPerPage=10.

QIO Success Stories

Home Health: St. Peter's Home Care Improves Communication, Resulting in More Efficient Transitional Care Coordination

St. Peter's Home Care improved patient transfers through communication and education. The agency decreased its acute care hospitalization rate for its congestive heart failure (CHF) population from 20% in April 2005 to 15% in December 2006. Patient surveys in second quarter 2007 revealed that 90.9% of CHF patients felt confident in managing their care independently, an increase from 83% in second quarter 2006.

The project was taken further when the New York QIO, IPRO, hosted an Institute for Healthcare Improvement home care–driven collaborative on care transitions. Involvement in this initiative provided opportunities for further learning and sharing of best practices.

"Communication is the key to consistency of patient care," said Carol Ann Thomas, Manager of Patient Safety and Quality Improvement at St. Peter's Home Care. "This undertaking taught us to look at all sides of patient care—not just the home care perspective. It is not a one-sided process."

To read the entire success story, go to www.homehealthquality.org/shared/content/hhqi_campaign/bpip_tcc/EoE_for_TCC.pdf.

Hospital: Hawaii Medical Center East Improves Quality Measures Through Participation in Surgical Care Improvement Project

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When Hawaii Medical Center East examined its infection rates, the facility found discrepancies between procedure standards and practice. Results in third quarter 2005 were 37% for administering antibiotics within one hour before an incision, 76.8% for selecting the recommended antibiotics, and 19.2% for discontinuing antibiotics within the recommended timeframe.

Mountain Pacific Quality Health, the Hawaii QIO, asked Hawaii Medical Center East to participate in the national Surgical Care Improvement Project (SCIP). This project emphasized the importance of improving the hospital's SCIP outcome measure data in order to improve patient safety and care and underscored the hospital's commitment to improving its processes for appropriate and timely surgical antibiotic prophylaxis.

By third quarter 2007, Hawaii Medical Center East raised its rate of prophylactic antibiotics received within one hour prior to surgical incision to 93%. The rate for selecting the recommended prophylactic antibiotics for surgical patients increased to 98.4% in third quarter 2007, and the rate for discontinuing antibiotics within the recommended timeframe jumped to 94.5% in the same quarter.

To read the entire success story, go to www.medqic.org/dcs/ContentServer?cid=1205442145582&pagename=Medqic%2FMQNews%2FNewsFeatureTemplate&c=MQNews.

Nursing Home: Ross Memorial Health Care Center Reduces Pressure Ulcers by Getting Back to Basics

Ross Memorial Health Care Center, a suburban Atlanta nursing home with approximately 100 residents, worked with the Georgia Medical Care Foundation, the QIO for the state of Georgia, to reduce pressure ulcer rates.

The home conducted a root cause analysis and identified use of disposable briefs and barrier cream as opportunities for improvement. Various processes were put in place including skin assessments within 24 hours of admission, referral of skin concerns to a skin care specialist, a skin care committee that meets every two weeks, an identifying red napkin at mealtime for all persons at risk for skin breakdown, and staff education.

Ross Memorial's "High-Risk Pressure Ulcer" rate for quarter 2004 was 11.9%. As of March 31, 2008, the rate was even lower, at 10%, while zero percent of low risk patients experienced pressure ulcers.

To read the entire success story, go to www.medqic.org/dcs/ContentServer?cid=1205442101530&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&c=OtherResource.

Physician Office: AQAF Assists Alabama Family Practice With EHR Implementation

Kathy Lindsey, DO, a family physician in Montgomery, recalls returning to work from a vacation and noticing something missing: the pile of patient charts that used to greet her after being away. She credits this to the EHR system her practice installed in November 2005.

Dr. Lindsey says the EHR system has had a positive impact on her practice. The medical group is saving money, staff have more time to do duties other than paperwork, and the physicians can charge more appropriately for services. Dr. Lindsey sees the EHR system's greatest benefits as decreasing health care costs and improving the quality of patient care.

Dr. Lindsey says that choosing and implementing the right system for a practice was supported by her state QIO, Alabama Quality Assurance Foundation (AQAF). "It was amazing to me the volume of data that AQAF provides. AQAF helps you analyze your workflow and select the type of system that best meets your needs."

To read the entire success story, go to www.medqic.org/dcs/ContentServer?cid=1162302703399&pagename=Medqic/MQNews/NewsFeatureTemplate&c=MQNews.

Medicare QIOs and Nursing Homes

Overview

During the 9th Statement of Work (SOW) contract cycle, QIOs will conduct several activities related to their charge to improve the quality of care available to nursing home patients:

- For the **Beneficiary Protection Theme**, QIOs will review beneficiary appeals and the quality of care for beneficiaries and implement quality improvement activities as a result of case reviews.
- For the **Care Transitions Theme**, QIOs will promote seamless transition of care from the hospital to the skilled nursing or long-term care setting, including reducing hospital readmission rates from the nursing home setting.
- For the **Patient Safety Theme**, QIOs will improve patient safety by reducing rates of pressure ulcers and use of physical restraints and provide quality improvement technical assistance for Nursing Homes in Need.
- For the **Prevention Theme**, QIOs will produce an annual report of statewide trends, showing baselines and rates for mammography, colorectal cancer screening, and immunizations.

The Medicare QIO Program

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program consists of a national network of 53 QIOs, one for each of the 50 U.S. states, the District of Columbia, Puerto Rico, and the Virgin Islands. QIOs work with health care providers, consumers and stakeholder groups to refine care delivery systems to make sure patients get the right care at the right time, particularly patients from underserved populations. QIOs operate under three-year contracts with CMS, known as Statements of Work (SOWs), the next of which will begin in August 2008 and continue through July 2011.

For more information: www.cms.hhs.gov/QualityImprovementOrgs

Opportunity for Quality Improvement

Work with nursing homes has long been a focus of the QIO Program, and nursing homes are progressing on a number of quality improvement measures. In addition, reducing pressure ulcer and restraint rates continues to be a goal of the Advancing Excellence in America's Nursing Homes campaign, which has shown progress toward reaching national goals for pressure ulcer and restraint measures, but opportunity exists for further improvement through QIO expertise and intervention.

QIO Activities

The nursing home setting is featured prominently in the **Patient Safety Theme**, also known as the CMS National Patient Safety Initiative (NPSI), which addresses several quality of care issues, including pressure ulcer prevention and reduction of restraint use. QIOs have been focusing on these issues for several years now, so CMS expects that they will build on the progress they have made with providers to date.

In this SOW, the safety focus also pushes into the new area of QIO technical assistance for nursing homes in need. A list of those homes in need in each state can be found at www.cms.hhs.gov/CertificationandComplianc/12_NHs.asp.

CMS will convene a cadre of National Quality Improvement Leaders culled from nursing home experts at each of the nation's 53 QIO contractors. These National Quality Improvement Leaders will serve as liaisons between QIO senior leadership and the work that is occurring at the patient care level in each state/jurisdiction. They will also liaise with healthcare executives in their respective states/jurisdictions to highlight the work occurring at the national level in their provider groups. The National Quality Improvement Leaders will meet up to three times per year to share practices that are proving to be successful at the local level.

QIOs will have a wealth of tools available to them to assist in reaching their goals for specific quality measures. These include survey instruments geared toward leadership and/or patient safety processes in nursing homes. Additionally, QIOs can draw upon successful tools that were utilized in the 8th SOW. CMS expects that as successful tools and practices develop, the QIOs will share these with one another.

QIOs may expand their local quality improvement communities by reaching out to potential patient safety partners and encouraging their participation to expand upon the momentum that will be created by the CMS NPSI.

Under the **Care Transitions Theme**, QIOs in select states will work with nursing homes to reduce unnecessary readmissions to hospitals that may increase risk of harm to patients and cost to Medicare. QIOs will implement projects that effectuate process improvements to address issues in medication management, post-discharge follow-up, and plans of care for patients who move across healthcare settings.

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(Nursing Homes continued)

QIOs that are tapped by CMS to conduct Care Transitions work will implement quality improvement initiatives throughout their local communities concerning quality of care for Medicare beneficiaries at or after hospital discharge. These QIOs are required to work with partners to implement hospital and community system-wide interventions (designed to address system-level weaknesses), interventions that target specific diseases or conditions (focused on evidence-based practices and processes designed to have an impact on rehospitalization rates for particular conditions such as acute myocardial infarction, congestive heart failure, or pneumonia), and interventions that target specific reasons for admission (tailored to address the causes that drive local readmission rates).

Under the **Beneficiary Protection Theme**, QIOs will work with providers, including nursing homes, identified through the beneficiary complaint and appeals process to identify opportunities for alternate dispute resolution and quality improvement activities.

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs
MedQIC: www.medqic.org (Click on “nursing home” tab for resources)
AHRQ: www.ahrq.gov (Resources available on clinical topics and drug therapy)
Nursing Home Compare: www.medicare.gov/nhcompare

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Medicare QIOs and Hospitals

Overview

In the 9th Statement of Work (SOW) contract cycle, QIOs will work with hospitals across three of the four QIO SOW Themes–Beneficiary Protection, Patient Safety, and Care Transitions–and will build upon much of the progress made in the 8th SOW. Quality data reporting, improvement of processes and systems related to key measures of patient care, and coordination of patient care with external providers are a few of the key focus areas in the 9th SOW.

Opportunity for Quality Improvement

Work with hospitals has long been a core component of the QIO Program, and the hospital setting continues to provide high-profile national challenges and hallmarks of success. Hospitals have made remarkable progress over the past several years in reporting quality data, improving results on key performance measures, and implementing processes to ensure that their patients receive better care. However, there is still a long way to go, and with an increasing national focus on quality of medical care and potential movement in the industry toward pay-for-performance models, the incentive has never been greater for hospitals to focus significant energy and resources on quality improvement.

QIO Activities

The majority of QIO activities with hospitals fall under the **Patient Safety Theme** (otherwise known as the CMS National Patient Safety Initiative, or NPSI). QIOs will continue work on improving quality measures from the 8th SOW as well as push into new areas of quality improvement. From the 8th SOW, QIOs will continue to work with hospitals on improving surgical care and heart failure care, as well as improving drug safety. Added to these will be initiatives to improve rates of health care-associated methicillin-resistant Staphylococcus aureus (MRSA) infections and to reduce pressure ulcer rates in hospitals.

QIO activities under the NPSI will support the development of an “all-teach, all-learn” community in action to meet the goals within each component of the Initiative. To that end, CMS will convene a cadre of National Quality Improvement Leaders culled from hospital quality experts at each of the nation’s 53 QIO contractors. These National Quality Improvement Leaders will serve as liaisons between QIO senior leadership and the work that is occurring at the patient care level in each state/jurisdiction. They will also liaise with health care executives in their respective states/jurisdictions to highlight the work occurring at the national level in their provider groups. The National Quality Improvement Leaders will meet up to three times per year to share practices that are proving to be successful at the local level.

QIOs will have a wealth of tools available to them to assist in reaching their goals for specific quality measures. These include survey instruments geared toward leadership and/or patient safety processes in hospitals and nursing homes. Additionally, QIOs can draw upon successful tools that were utilized in the 8th SOW. CMS expects that as successful tools and practices develop, the QIOs will share these with one another.

QIOs may expand their local quality improvement communities by reaching out to potential patient safety partners and encouraging their participation to expand upon the momentum that will be created by the CMS NPSI.

In addition, under the **Beneficiary Protection Theme**, QIOs must actively promote and support hospitals in submission of quality data for reporting and Annual Payment Update (APU) purposes. QIOs must have a basic understanding of all measures, deadlines for submission, and the impact on the APU. QIOs will offer educational and technical assistance to providers on the use of CMS systems and reporting tools such as CART, QualityNet, and the QIO Clinical Warehouse. The data from the APU reporting process equips CMS with vitally important quality information, which the Agency posts on the Hospital Compare Web site to inform the public of the quality of care available from hospitals.

The Medicare QIO Program

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For more information: www.cms.hhs.gov/QualityImprovementOrgs

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(Hospitals continued)

Select QIOs will also participate in sub-national **Care Transitions Theme**, which focuses on improving coordination across the continuum of care. In particular, QIOs that are selected to work on this Theme will promote seamless transitions from the hospital to home, skilled nursing care, or home health care.

The process by which patients move from hospitals to other care settings is increasingly problematic as hospitals shorten lengths of stay and as care becomes more fragmented. QIOs will implement quality improvement initiatives throughout their local communities concerning quality of care for Medicare beneficiaries at or after hospital discharge. Each QIO is required to work with partners to implement hospital and community system-wide interventions (designed to address system-level weaknesses), interventions that target specific diseases or conditions (focused on evidence-based practices and processes designed to have an impact on rehospitalization rates for particular conditions such as acute myocardial infarction, congestive heart failure, or pneumonia), and interventions that target specific reasons for admission (tailored to address the causes that drive local readmission rates).

Hospitals should note that in the 9th SOW, QIOs will no longer be responsible for implementing the Hospital Payment Monitoring Program (HPMP). Hospitals may wish to contact the following organizations for questions previously directed to QIOs related to compliance or payment error reduction activities:

- Compliance-related questions – Health Care Compliance Association
- Billing questions – Fiscal Intermediary or Medicare Administrative Contractor

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs
MedQIC: www.medqic.org (Click on “hospital” or “care coordination” tabs for resources)
AHRQ: www.ahrq.gov (Resources available on clinical topics and drug therapy)
Hospital Compare: www.hospitalcompare.hhs.gov

Medicare QIOs and Physician Offices

Overview

In the 9th Statement of Work (SOW) contract cycle, QIOs will conduct several activities to help improve the quality of care available to physician office patients.

- Under the **Beneficiary Protection Theme**, QIOs will review beneficiary appeals and the quality of care for beneficiaries and will implement quality improvement activities as a result of individual case reviews.
- Under the **Patient Safety Theme**, QIOs will improve patient safety by improving drug safety.
- Under the **Prevention Theme**, QIOs will impact the national rates of breast and colorectal cancer screenings and two immunizations (influenza and pneumococcal) among Medicare beneficiaries in participating practices.
- Also under the **Prevention Theme**, QIOs in select communities that are experiencing disparities in diabetes care across racial/ethnic populations will support Diabetes Self-Management Education (DSME). QIOs will also work in certain communities to slow the progression of chronic kidney disease (CKD) and to improve CKD clinical care.

The Medicare QIO Program

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For more information: www.cms.hhs.gov/QualityImprovementOrgs

Opportunity for Quality Improvement

QIO interventions that support physician use of health information technology (HIT) can improve screening rates by helping to set up systems that notify providers and patients when cancer screenings should be scheduled. QIOs will also work with physician offices to deploy HIT-focused interventions to help increase vaccination rates.

QIOs will work to develop interventions that help individuals with diabetes to control their disease more proactively through diabetes self-management training. To do this, QIOs will need to work very closely in establishing care coordination relationships between beneficiaries, primary care physicians, and other care providers.

QIOs will work to reduce the number of chronic kidney disease patients whose illnesses progress to end-stage renal disease (i.e., kidney failure). QIOs will implement interventions that help detect CKD early enough to slow its progression in an effort to achieve a substantial reduction in the kidney failure rate.

QIO Activities

Under the **Prevention Theme**, QIOs will recruit a number of practices to participate in HIT-focused interventions, and will also identify non-participating practices with electronic health record (EHR) capability for performance comparisons.

QIOs will educate each participating practice on using its EHR capabilities to improve rates of screenings and immunizations, using Doctor's Office Quality–Information Technology University (DOQ-IT University).

Each participating practice will use its certified EHR to report breast cancer and colorectal cancer screening and influenza and pneumococcal immunization data directly to CMS. Reporting will begin in early 2009 and will be updated regularly.

QIOs will help practices assess their care processes, which will tell CMS the impact of using EHR on the practices' care processes related to breast cancer and CRC screening and immunizations. QIOs will be accountable for obtaining assessments from 90% of participating practices and 65% of comparison practices.

For the sub-national task on reducing disparities in diabetes care, participating QIOs will monitor statewide diabetes rates and focus their efforts on increasing diabetes education efforts. QIOs will also submit the number of patients who have completed a CMS-approved DSME program on a monthly basis.

QIOs awarded the CKD sub-national task will use existing or new collaborative efforts to support a community effort to effect quality improvement at the system level. The QIOs selected for work on CMS' CKD quality initiative will be required to:

1. Focus on three clinical areas, each with a corresponding clinical measure: detection of CKD in diabetic beneficiaries; appropriate medication treatment (ACE inhibitors/ARBs) to slow the progression of kidney failure; and adequate renal replacement therapy counseling prior to initiation of hemodialysis as evidenced by placement of arteriovenous fistulas for new hemodialysis patients.

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(Physician Offices continued)

2. Use collaboration as a means of achieving sustainable CKD system-level changes. Partners in each collaborative will include community health centers, community representatives, ESRD Network Organizations, health department diabetes grantees, local chapters of kidney organizations, patient representatives, community representatives, provider groups, state and county government representatives, and others.

QIOs must address any CKD care disparities identified in their state/jurisdiction and implement interventions to reduce these disparities. As part of this effort, QIOs will:

1. Focus on provider implementation of clinical practices that have been tested and proven to be successful in the prevention and management of CKD;
2. Target beneficiaries who are most likely to benefit from education on risk factors, early identification, and treatment choices for CKD;
3. Disseminate tools and resources to providers and beneficiaries that are available through federal partners; and
4. Work through a collaborative model to effectuate system-level change that will have a lasting impact on the prevention and management of CKD.

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs
MedQIC: www.medqic.org (Click on "physician office" tab for resources)
AHRQ: www.ahrq.gov (Resources available on clinical topics and drug therapy)
Arteriovenous Fistula First Breakthrough Initiative Coalition: www.fistulafirst.org

Medicare QIOs and Home Health

Overview

The QIO Program's 9th Statement of Work (SOW) contract cycle offers a number of opportunities for home health agency quality improvement. This SOW is significantly different from past QIO SOWs. Rather than outlining tasks by provider type, it takes a beneficiary-centered approach and each Theme in the SOW addresses a variety of provider types. QIOs will have the opportunity to support or partner with home health agencies through all four of the Themes.

Opportunity for Quality Improvement

CMS will continue to support the Home Health Quality Improvement (HHQI) National Campaign in the 9th SOW. In addition to focusing on the reduction of unnecessary acute-care hospitalizations (ACHs), the campaign may look at other improvement measures and may work to collaborate with hospitals and physicians' offices. CMS anticipates that support structures such as the HHQI National Campaign Web site and the Setting Targets–Achieving Results (STAR) Web site will continue.

QIO Activities

Under the **Beneficiary Protection Theme**, QIOs will work with home health agencies on quality improvement through beneficiary complaints and appeals of termination of services (BIPA and Grijalva reviews). Medicare law mandates that QIOs review all beneficiary complaints about the quality of services that are billed under Medicare. QIOs review beneficiary-initiated appeals generated in all settings of care, including home health. To the extent that case review activity indicates a need, home health agencies will be eligible for quality improvement activities.

CMS expects that home health patients will be included in QIO activities related to prescription drug safety measures under the **Patient Safety Theme**.

The clinical focus of the **Prevention Theme's** sub-national chronic kidney disease task is to improve the detection of chronic kidney disease and prevention of end stage renal disease. QIOs that are assigned to work on this Theme may direct efforts toward any provider, including home health agencies, that provides care to these beneficiaries.

The goal under the sub-national **Care Transitions Theme** is to reduce unnecessary re-hospitalizations of patients through sound transitional and care coordination practices in selected communities in each participating state or jurisdiction. Home health agencies could be included in these networks of care with those QIOs that compete successfully for funding to work on this task.

The Medicare QIO Program

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For more information: www.cms.hhs.gov/QualityImprovementOrgs

Other CMS Efforts to Improve Home Health Quality

In addition to the QIO work mentioned above, CMS is working on several other projects in other areas of the CMS Quality Program that will help improve home health quality of care, including:

- Implementation of a pressure ulcer risk assessment process measure, scheduled for late 2009 or early 2010.
- Inclusion of best practice process measures in OASIS C to support evidence-based care, with a proposed implementation timeframe of late 2009 or early 2010.
- Development and implementation of influenza and pneumonia measures for home health, with a proposed implementation timeframe of late 2009 or early 2010.
- Development and implementation of emergent care measures for hyper/hypoglycemia and improper medication administration and side effects, with a proposed implementation timeframe of late 2009 or early 2010.
- Development and implementation of a home health patient experience of care survey for a Consumer Assessment of Healthcare Providers and Systems by January 2011.

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs
Home Health Quality Improvement National Campaign: www.homehealthquality.org/hh
MedQIC: www.medqic.org (click on "Home Health")

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Medicare QIOs and Health Disparities

Overview

As documented in the Institute of Medicine (IOM)'s report Unequal Treatment, racial/ethnic minority populations in the United States tend to receive lower quality health care than the majority white population. During the 9th Statement of Work (SOW) contract period, QIOs will address health disparities in ways that directly correlate with the CMS and QIO Program goal of ensuring safe, effective, patient-centered, timely, efficient, equitable care for all Medicare beneficiaries.

Opportunity for Quality Improvement

Published research reveals that members of racial/ethnic minority groups are less likely to receive routine medical procedures than white Americans. One study found that African Americans had fewer routine physician visits and more visits to the emergency room. Another study found that African American patients with diabetes were less likely to have their hemoglobin A1c (HbA1c) measured, lipids tested, and eyes examined than white patients with diabetes. Up-to-date information concerning all healthcare disparities in the United States can be found at www.ahrq.gov/qual/qrdr07.htm.

Health disparities are addressed throughout all four 9th SOW Themes: Patient Safety, Prevention, Care Transitions, and Beneficiary Protection. The contract focuses on identifying individuals, sensitizing providers, and adopting appropriate interventions through evidence-based models and messaging.

QIO Activities

QIOs will work to reduce healthcare disparities in 14 measures under the **Prevention Theme**. These include measures related to pneumonia immunization, flu immunization, colorectal cancer screening, and breast cancer screening. Data obtained from physicians through electronic health records will be reported quarterly and analyzed to find disparities. Internal and external collaborations will take place in each state/jurisdiction through community of practice calls and development of an executive steering committee, which will be directed and managed by the QIO.

The Medicare QIO Program

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program consists of a national network of 53 QIOs, one for each of the 50 U.S. states, the District of Columbia, Puerto Rico, and the Virgin Islands. QIOs work with health care providers, consumers and stakeholder groups to refine care delivery systems to make sure patients get the right care at the right time, particularly patients from underserved populations. QIOs operate under three-year contracts with CMS, known as Statements of Work (SOWs), the next of which will begin in August 2008 and continue through July 2011.

For more information: www.cms.hhs.gov/QualityImprovementOrgs

The second component that addresses health disparities under the **Prevention Theme**, diabetes self-management education (DSME) in underserved populations, will be assessed in terms of utilization and clinical outcomes. Utilization data will be obtained through claims for HbA1c testing, eye exams, and lipid testing and through the Physician Quality Reporting Initiative (PQRI) measures for blood pressure testing. QIO work under the DSME component focuses on support for provider education to beneficiaries on diabetes self-management and is inclusive of community outreach with advocacy groups, federal partners, and public and private entities in order to reach the intervention population. This is a subnational task under the Theme, so not all QIOs will be selected to participate in this task.

The chronic kidney disease (CKD) component of the **Prevention Theme** also addresses health disparities. The clinical CKD focus is to increase the timely detection and medical treatment of chronic kidney disease and to improve the frequency of treatment options counseling for advanced kidney failure patients, as evidenced by placement of arteriovenous fistulas in new hemodialysis patients. This component requires the implementation of CKD disparities reduction activities in each clinical CKD focus area in which disparities are evident. Education will be provided through interventions directed toward primary care practices and other practices that provide services to the underserved diabetic population in order to reduce disparities in CKD. This CKD component is also a subnational task under the Theme.

The **Patient Safety Theme** addresses health disparities through tasks related to care of nursing home residents in the core contract. QIOs working in either of two components–reduction of pressure ulcers or reduction in use of physical restraints in nursing homes–are required to conduct a study of disparities among that state's nursing home population. Reports addressing health care disparities will reflect consideration of factors and issues unique to each QIO's nursing home population and will include approaches for correcting these disparities and tracking related progress.

While the **Beneficiary Protection Theme** does not have measures that directly address healthcare disparities, QIOs have been tasked with evaluating case review data in light of the racial/ethnic categories made available via Social

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(Disparities continued)

Security Act data. The QIOs have also been tasked with identifying additional data necessary to evaluate health disparities, developing methods and processes to collect the necessary data, and then determining ways to evaluate the data in order to draw valid conclusions and identify appropriate next steps.

The **Care Transitions Theme** addresses healthcare disparities through intervention strategies. The sources of information will be the CARE tool, claims data, the *Dartmouth Atlas*, the OASIS system, and the MDS database. QIOs are required to analyze the target locations in which they will carry out work under the Care Transitions Theme, in conjunction with their local provider community, to identify opportunities to address health care disparities. Interventions will be designed to address and mitigate those disparities that have been identified, specific to their impact on the local rates of re-hospitalization. Additionally, as interventions are implemented that aren't necessarily associated with disparate populations, monitors shall be developed to track whether unintended consequences arise as a result of those interventions. The results of all analysis will be provided on health disparities data to hospitals and facilities within the target regions of the Theme. Those QIOs who are selected for this subnational task will form partnerships to support the work.

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs
CMS: www.cms.hhs.gov
Department of Health and Human Services: www.hhs.gov/ocr/healthdisparities.html
MedQIC: www.medqic.org

Medicare QIOs and Health Information Technology

Overview

In the 9th Statement of Work (SOW) contract period, QIOs will work with providers to encourage using health information technology (HIT) to assist physician offices with quality improvement. The majority of work with HIT will occur under the **Prevention Theme**.

Practices enrolled with a QIO must have already implemented an electronic health record (EHR) program that has been certified by an entity recognized by the Secretary of Health and Human Services. Enrolled practices will work with their QIOs to implement care management processes, using their certified EHRs, that will focus on breast cancer and colorectal cancer screening and influenza and pneumococcal vaccination.

The Medicare QIO Program

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program consists of a national network of 53 QIOs, one for each of the 50 U.S. states, the District of Columbia, Puerto Rico, and the Virgin Islands. QIOs work with health care providers, consumers and stakeholder groups to refine care delivery systems to make sure patients get the right care at the right time, particularly patients from underserved populations. QIOs operate under three-year contracts with CMS, known as Statements of Work (SOWs), the next of which will begin in August 2008 and continue through July 2011.

For more information: www.cms.hhs.gov/QualityImprovementOrgs

Opportunity for Quality Improvement

QIO interventions that support HIT can improve screening rates by helping to set up systems that notify providers and patients when cancer screenings should be scheduled. QIOs will also use HIT-focused interventions to help increase vaccination rates.

QIO Activities

QIOs will recruit a number of practices to participate in HIT-focused interventions, securing at least 80% of the targeted number by the end of 2008. QIOs will also identify non-participating practices with EHR capability to use as a comparison group.

The QIO will educate each participating practice on using its EHR capabilities to improve rates of screenings and immunizations, using the tools in Doctor's Office Quality–Information Technology University (DOQ-IT University). Halfway through the contract, at least 80% of the participating practices should report tracking of each preventive service for at least 75% of patients or patient encounters.

Each participating practice will use its certified EHR to report breast cancer and CRC screening and influenza and pneumococcal immunization data directly to CMS. Reporting will begin during Quarter 3 of the contract and will continue quarterly thereafter. Every two weeks, beginning in early 2009, QIOs will report to CMS the number of, and rates for, practices that are reporting data.

QIOs will help practices assess their care processes, which will tell CMS the impact of using EHRs on the practices' care processes related to breast cancer and CRC screening and influenza and pneumococcal immunizations.

Evaluation

QIOs will be evaluated throughout the three-year 9th SOW. QIOs will be accountable for achieving the minimum performance thresholds for the rates of screenings and vaccinations. QIOs will also be responsible for meeting goals related to recruiting and educating practices and the numbers of practices reporting quality data.

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs
CMS: www.cms.hhs.gov/ColorectalCancerScreening
MedQIC: www.medqic.org
CDC: www.cdc.gov/flu/protect/keyfacts.htm

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Medicare QIOs and Value-Driven Health Care

Overview

During the 9th Statement of Work (SOW) contract cycle, QIO activities will serve to further the "four cornerstones" of value-driven health care, as articulated by the U.S. Department of Health and Human Services:

1. Interoperable health information technology (health IT standards)
2. Measuring and publishing information on health care quality (quality standards)
3. Measuring and publishing price information (price standards)
4. Promoting quality and efficiency of care (incentives)

These cornerstones are woven throughout the Themes of the 9th SOW and serve as the umbrella for health care quality-related initiatives that CMS and the QIOs will conduct over the next SOWs.

Opportunity for Quality Improvement

Increasing the value and transparency of America's health care is of paramount importance to CMS and the QIOs. While great strides have been made over the past several years in areas such as publicly reporting provider quality measure data, adoption of health information technology, and narrowing the performance gap between health care providers, there is still much work to be done. The QIOs will continue to serve as a key resource to providers as they work to improve the efficiency, consistency, and quality of the care they deliver.

QIO Activities

At its core, the work of the **Prevention Theme** is aimed at using electronic health records (EHRs) to report and improve rates of colorectal cancer screening, mammography, influenza vaccination, and pneumonococcal vaccination. By working with physicians' offices to utilize EHRs to improve care management for their patients, QIOs will help to ensure that the cornerstone of ***interoperable health information technology*** moves forward significantly over the three years of the 9th SOW.

The Medicare QIO Program

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program consists of a national network of 53 QIOs, one for each of the 50 U.S. states, the District of Columbia, Puerto Rico, and the Virgin Islands. QIOs work with health care providers, consumers and stakeholder groups to refine care delivery systems to make sure patients get the right care at the right time, particularly patients from underserved populations. QIOs operate under three-year contracts with CMS, known as Statements of Work (SOWs), the next of which will begin in August 2008 and continue through July 2011.

For more information: www.cms.hhs.gov/QualityImprovementOrgs

With an evaluation framework comprising 59 quality measures, the 9th SOW promotes the Department's goal of ***measuring and reporting quality information*** and making it available to every citizen. QIOs will assist health care providers in both improving and reporting quality measure data, thereby increasing both the quality of care provided to beneficiaries and the transparency of information available to the public. The work of the QIOs under the **Patient Safety Theme** will pair QIOs with providers identified by CMS as "targeted for improvement," based on past results from CMS reporting initiatives.

While QIOs focus on the quality of services available to beneficiaries—rather than their costs—the QIOs' efforts under the 9th SOW will support the cornerstone of ***measuring and publishing price information*** through the activities of the **Care Transitions Theme**. QIOs will contribute to this effort by working with providers to reduce unnecessary re-hospitalizations that can drain the Medicare Trust Fund.

Under the **Beneficiary Protection Theme**, QIOs will be tasked with supporting hospitals under the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) pay-for-reporting program. This program rewards hospitals for reporting hospital quality measure performance data and relates directly to the cornerstone of ***promoting quality and efficiency of care***. The RHQDAPU equips CMS with vitally important quality information, which the agency uses to inform the public of the quality of care available from hospitals through CMS' Hospital Compare website. The program also serves as the basis for CMS' proposals for building a value-based purchasing (i.e., pay-for-performance) program for hospitals, which, when implemented, will increase incentives for providers to deliver the highest quality care.

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs
CMS: www.cms.hhs.gov
Department of Health and Human Services: www.hhs.gov/valuedriven
MedQIC: www.medqic.org