

Progressing toward the 9th SOW

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Welcome to the fourth issue of QIO News—the first of 2008! We at CMS are experiencing a very busy time as the QIO Program 9th Statement of Work (SOW) request for proposals was issued in January and proposals from bidders are due in mid- to late March.

As our staff worked on developing the Themes of the 9th SOW, we were reminded that we have significant successes to celebrate from the 8th SOW, in which QIOs were effective as community leaders, successfully engaged important health care partners, and helped providers improve quality.

In particular, the QIO Program was responsible for:

- Home health agencies setting improvement targets: those agencies that set targets through the Setting Targets—Achieving Results (STAR) Web site experienced lower acute care hospitalization (ACH) rates than those that did not (29.81% vs. 34.94%);
- Success of the Home Health Quality Initiative: nearly two-thirds of the nation's home health agencies joined the campaign, and campaign participants improved ACH rates by 0.09%, whereas non-participants worsened by 1.1%;
- Sustaining the Advancing Excellence in America's Nursing Homes campaign: QIOs worked as community leaders with partner organizations to drive more than 6,700 nursing homes to join the voluntary campaign. And the campaign is showing early successes:
 - Participating homes that opted to work on pressure ulcer and restraint goals generally had lower rates than the norm at the outset, and are showing greater improvement.
 - As a result of the campaign, we estimate that already there are 3,238 fewer pressure ulcers, 4,419 fewer residents in daily restraints, and 3,797 fewer long-stay residents with pain.
 - Participating nursing homes indicated that they

undertook new quality improvement efforts due to the campaign; the QIO Program's emphasis on setting goals clearly had an impact.

- With Advancing Excellence evolving into a sustained effort, not a two-year campaign as initially planned, there will be more opportunity for QIO impact.
- Nursing homes setting targets: nearly 10,000 nursing homes have established STAR accounts. In the six months ending January 2008, the STAR Web site had 8,000 hits per day, with an average of 20 page views per session;
- Reporting hospital quality data: in FY 2007, 94% of hospitals received their annual update for successfully reporting their hospital quality data, which are publicly reported on the CMS Hospital Compare Web site;
- Reducing avoidable hospitalizations among nursing home residents through a pilot project in Georgia; and
- Successful beneficiary case review: QIO performance in the 8th SOW shows 95% of case reviews were completed within CMS' prescribed timeframes, 86% of beneficiaries surveyed said that they were satisfied with the case review/complaint process, and that 62% of the cases reviewed in which the QIOs found a confirmed quality of care concern resulted in the initiation of a quality improvement activity to address the quality concern.

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New Opportunities in the 9th Scope of Work

On January 22, 2008, CMS released the 9th SOW request for proposals for Medicare's 53 QIOs. As part of the contract requirements, QIOs will center their improvement efforts on four Themes: Beneficiary Protection, Care Transitions, Patient Safety, and Prevention. Each Theme has measurable criteria, and CMS will use close monitoring and performance improvement plans to gauge each QIO's performance under the contract. QIOs will also help Medicare promote value-driven health care, support the adoption and use of interoperable health information technology, and work to reduce health disparities in their communities.

In the 9th SOW, QIOs will concentrate their efforts on facilities with the greatest opportunity for improvement on specific measures of health care quality. CMS has published a list of hospitals and nursing homes targeted for improvement on its Web site at http://www.cms.hhs.gov/QualityImprovementOrgs/04_9thsow.asp. By posting information about these facilities, CMS strengthens its commitment to increasing the transparency of information available to consumers in the health care market. More important, CMS addresses one of the Institute of Medicine's key recommendations for improving the QIO Program—prioritizing program resources so QIOs can help providers that demonstrate the greatest need. In addition to the facilities identified by CMS, QIOs will have the opportunity to assist other facilities in each state/jurisdiction based on the QIOs' own criteria and the desire of facilities to receive assistance.

For detailed summaries of the four Themes, see the Appendix. For more information about the 9th SOW, visit the CMS Web site at www.cms.hhs.gov/QualityImprovementOrgs.

National Home Health Campaign Culminates in February Issue of Home Health Care Management and Practice

As the Home Health Quality Improvement (HHQI) National Campaign drew to an end, two new Best Practice Intervention Packages were published on the HHQI

Web site (www.homehealthquality.org) to support home health agencies in the areas of disease management and transitional care coordination. In addition, an article titled "Acute Care Hospitalizations Rates (ACH) Improve through Transitional Care Coordination" was published in the January/February 2008 issue of The Remington Report (www.remingtonreport.com).

The campaign wrapped up on February 29. Materials on the HHQI Web site will be available through July 31, 2008. These materials will also be available on MedQIC (www.medqic.org).

To round out the campaign, the Home Health Quality Improvement Organization Support Center, Quality Insights of Pennsylvania, published an entire issue of the peer-reviewed journal Home Health Care Management and Practice. The February 2008 issue, titled "Home Health: Validation and the Future of Best Practice Interventions," focused on reducing acute care hospitalizations. Sixteen authors representing 11 agencies and four QIOs—QSource, TMF Health Quality Institute, West Virginia Medical Institute, and Qualis Health—contributed to the 13 articles. Free abstracts are available at <http://hhc.sagepub.com/content/vol20/issue2>.

Advancing Excellence Campaign Elects New Chair, Reflects on Successes at 18-Month Mark

Mary Jane Koren, MD, MPH, assistant vice president at The Commonwealth Fund and leader of the Program on Quality of Care for Frail Elders, was elected chair of the Advancing Excellence in America's Nursing Homes campaign Steering Committee for 2008. Dr. Koren succeeds Larry Minnix, President and CEO of the American Association of Homes and Services for Aging.

The voluntary Advancing Excellence campaign continues to complement the work of existing quality initiatives, including QIO activities in the nursing home setting, Quality First, and the culture change movement. Currently more than 6,600 nursing homes are enrolled in the Advancing Excellence campaign, and early data indicate success in meeting the clinical goals of the campaign.

The campaign hosted a Webinar in January, offering technical assistance to nursing homes on pain reduction, which was attended by more than 3,000 participants. A

February 21 Webinar, which focused on reducing pressure ulcers, attracted about 5,000 participants from over 1,800 facilities nationwide.

As the Advancing Excellence campaign celebrates its 18-month anniversary, campaign leaders are reflecting on the many milestones it has achieved during its first 18 months, including:

- Creating an unprecedented broad-based coalition of 28 organizations representing nursing home providers, administrators, nurses, medical directors, and quality improvement experts; government agencies; foundations; and consumers. The coalition represents an effective public-private collaborative effort.
- Recruiting over 6,700 voluntary nursing home registrants (42% of all nursing homes in the U.S.).
- Attracting over 1,300 consumers to join the campaign.
- Establishing 50 Local Area Networks for Excellence (LANEs) that encompass hundreds of organizations and individuals working to make Advancing Excellence a success at the state and local levels.
- Achieving at least 60% or greater registration of nursing homes in 11 states, with one state reaching 100% participation.
- Demonstrating the commitment of participating nursing homes to the campaign, with homes on average committing to 3.7 goals (a minimum of 3 is required) and generally choosing goals in which they are most in need of improvement.
- Developing an informative Web site to foster, guide, and sustain continuous quality improvement programs at participating nursing homes and engage consumers and nursing home staff in the campaign.

More information about the Advancing Excellence in America's Nursing Homes campaign is available online at www.nhqualitycampaign.org.

Beneficiary Protection Stakeholder Conference Canceled

The Beneficiary Protection Stakeholder Conference described in the December 2007 issue of QIO News has been canceled. The organizers of this event apologize for any inconvenience this cancellation may have caused.



QIO Highlights

Montana QIO Encourages Hospital Boards to Become Involved in Quality

Mountain-Pacific Quality Health is targeting hospital boards to take action to ensure that patients get the care they need. Mountain-Pacific board member Bob Wilmouth, MD, FACS, has become an important ally in this venture.

Since May 2007, Dr. Wilmouth has been visiting CEOs and hospital trustees in Montana, asking them to support improvement in patient safety outcomes. Wilmouth's message is well received because these hospital leaders identify with his firsthand experiences as a physician, board member, and most recently, patient with a complicated medical condition.

While board members cannot stand over shoulders to monitor quality, Wilmouth suggests they can help set a tone of accountability that signals the hospital's commitment to improving patient safety. "Boards have a moral responsibility for the good and bad that happens at their institution," he said. "Every patient deserves to expect no hazard from those who deliver care."

According to Wilmouth, hospital boards taking on these activities will not only improve quality and reduce harm in their facilities; they will also find that in the long run they save money. Wilmouth works on behalf of the QIO and Montana's hospital association as a node representative for the 5 Million Lives campaign. For more information, see the QIO's Web site at www.mpqhf.org.

Primaris Published in Journal for Healthcare Quality

A study by Primaris, the QIO for Missouri, on the efficacy of quality improvement strategies for reducing unnecessary one-day hospital stays was recently published in the Journal for Healthcare Quality.

Primaris staff members Yishih J. Chang, Rita Ketterlin, and Medical Director Gregg Laiben, MD, authored the article, which appears in the March/April 2008 edition of the journal under the title "The \$6 Million Question: Can Process

Improvement Ensure Appropriate Hospitalizations?" The report chronicles the effectiveness of Missouri's Hospital Payment Monitoring Program (HPMP) Special Project.

A high proportion of short admissions—including those lasting one day or less—has been shown to correlate with a high proportion of unnecessary admissions. The Special Project sought to reduce inappropriate one-day admissions as a means of reducing erroneous payments.

The project's quality improvement strategies included performance feedback, root cause analysis, process redesign, monitoring, and data analysis. The project focused on one-day admissions in hospitals known to have high one-day-stay utilization rates.

The article contains full results, including estimated savings and data on the number of prevented stays. For more information, contact Matt Heger; mheger@primaris.org.

The Journal for Healthcare Quality is a national bimonthly, peer-reviewed publication. It is the official journal of the National Association for Healthcare Quality, based in Glenview, Illinois.

QIOs and QIO Staff Honored

AQAF, the QIO for Alabama, received the 2007 Alabama Quality Award, the state's honor for quality and performance excellence. AQAF was recognized with the Level 2 Award: Progress toward Excellence in the small business category. This is AQAF's second Alabama Quality Award.

The Alabama Quality Award is modeled after the Malcolm Baldrige National Quality Award. The award recognizes and honors organizations that use effective productivity and quality improvement strategies, techniques, or practices that can be shared with other organizations to help contribute to the overall economic well-being in the state of Alabama.

Nick J. Paslidis, MD, PhD, chief executive officer of the Arkansas Foundation for Medical Care (AFMC), was recently appointed to the Arkansas Governor's Roundtable on Health Care. Paslidis joins a select group of 30 Arkansans who represent the fields of business and health care and local communities. The group will work together to find new approaches and strategies for improving the

health and health care of all Arkansans. The roundtable's chair is Joe Thompson, MD, MPH, Arkansas' surgeon general.

Sharon Donnelly, director of health information technology strategy for HealthInsight, the Utah QIO, received the Distinguished Service Award from the Utah Medical Association. The award was given in recognition of HealthInsight's health information technology team's far-reaching efforts to enable physicians to acquire and use information technology tools to enhance the quality of care for thousands of patients in the state of Utah.

Progressing toward the 9th SOW

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As we peer down the road to the 9th SOW, we will continue to share the QIO Program's many achievements, and those of the providers the Program works to assist. This communication will take many forms, including in the pages of QIO News. We will also work to align our Program messaging with broader CMS messaging and event opportunities. QIO Program priorities—the 9th SOW Themes of Beneficiary Protection, Patient Safety, Prevention, and Care Transitions—are in line with national CMS priorities. We've included key summaries of each of these Themes as an appendix to this issue in order to help explain the goals, measures, and QIO activities in each Theme.

As always, we look forward to working with you, our valued partners, to tell the story of the QIO Program as we work together to improve the quality of America's health care.

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Please share this newsletter
with others interested in health
care quality improvement.

Beneficiary Protection

Overview

Under the 9th SOW, QIOs will continue to carry out statutorily mandated review activities, such as:

- Reviewing the quality of care provided to beneficiaries;
- Reviewing beneficiary appeals of certain provider notices;
- Reviewing potential anti-dumping cases; and
- Implementing quality improvement activities as a result of case review activities.

Opportunity for Quality Improvement

Individual patient complaints and provider medical record reviews are important starting points for analysis of quality improvement needs among providers. In the 9th SOW, QIOs will be increasing their efforts to link case review activities to improvements in the quality of care, specifically by developing quality improvement activities focused on system-wide changes. QIOs will utilize all data related to case review activities to identify problems related to the quality of care and design quality improvement activities aimed at helping providers correct these problems. The QIOs will be responsible for collaborating with all pertinent CMS contractors to ensure that all available data are considered and to maximize opportunities for quality improvement.

QIO Activities

The activities involved in the Beneficiary Protection Theme will focus on nine Tasks:

1. Case reviews
2. Quality improvement activities (QIAs)
3. Alternative dispute resolution (ADR)
4. Sanction activities
5. Physician acknowledgement monitoring
6. Collaboration with other CMS contractors
7. Promoting transparency through reporting
8. Quality data reporting
9. Communication (education and information)

In carrying out these activities, QIOs are required to ensure consistency and value and must adhere to CMS policies and procedures. This includes the QIOs' responsibility to refer cases to the Department of Health and Human Services' Office for Civil Rights for further investigation if the QIO finds that care is being compromised or denied due to discrimination on the basis of race, color, national origin, disability, or age.

In the 9th SOW, QIOs will now be required to use ADR techniques in appropriate beneficiary complaint cases for which there are no significant concerns about the quality of care provided. ADR options include mediation, facilitated resolution, and external resolution. Mediation involves a mediator in a face-to-face or telephone meeting. Facilitated resolution consists of a QIO facilitator interacting with all parties to generate a resolution or agreement, and does not typically involve a face-to-face meeting. External resolution occurs through direct communication between the provider and the complainant facilitated by the QIO, which follows up to ensure that direct communication occurred and no further review is needed.

With regard to confirmed quality of care concerns, QIOs must follow all CMS instructions. This includes allowing the provider an opportunity for discussion, imposing a corrective action plan where appropriate, and referring cases to the Office of Inspector General (OIG) when a QIO identifies a case in which the provider violates or fails to comply with any obligation in Section 1156(a) of the Social Security Act.

Each QIO must maintain a beneficiary hotline to provide callers with information concerning Medicare beneficiary rights and responsibilities, beneficiary protections, and the various QIO programs and initiatives. The helpline must be staffed during normal business hours with the capability to record calls received outside business hours.

In addition, 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.

Finally, QIOs will continue to fulfill other responsibilities on a regular basis. These responsibilities include physician

(Beneficiary Protection continued)

acknowledgement monitoring, whereby the QIOs ensure that hospitals have a physician acknowledgement statement on file for physicians billing for services provided in the hospital. The QIOs must also work with the Beneficiary Satisfaction Survey Contractor that is surveying beneficiaries regarding their satisfaction with the QIO complaint process. The QIO is responsible for providing complete and timely information to the Survey Contractor. Finally, QIOs must provide an annual public report of all medical service reviews, using a template provided by CMS.

Evaluation

QIOs must complete reviews in a timely manner, with at least 90% of all reviews meeting timeliness standards. QIOs will also be assessed on beneficiary satisfaction. They will be evaluated on the percentage of beneficiaries filing complaints who complete a satisfaction survey and also on the percentage of survey respondents who are satisfied or very satisfied with the complaint process. In addition, QIOs will be assessed on the percentage of QIAs implemented in those cases with confirmed quality of care concerns. For QIAs and both beneficiary performance measures, QIOs will be evaluated by the extent of their improvement each quarter over the baseline value of each measure. Lastly, QIOs will be evaluated on system-wide QIAs, specifically regarding improvements realized as a result of the systems-wide change during the 12-month period immediately following the implementation of the activity.

Resources

CMS: <http://www.cms.hhs.gov/BeneComplaintRespProg/>

MedQIC: www.medqic.org (click on "Beneficiary Protection")

Care Transitions

Overview

The Care Transitions Theme focuses on improving coordination across the continuum of care. In particular, QIOs will promote seamless transitions from the hospital to home, skilled nursing care, or home health care.

QIOs will work to reduce unnecessary readmissions to hospitals that may increase risk or harm to patients and cost to Medicare. CMS will look to QIOs to implement projects that effect process improvements to address issues in medication management, post-discharge follow-up, and plans of care for patients who move across health care settings.

Opportunity for Quality Improvement

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. Medicare patients report greater dissatisfaction related to discharges than to any other aspect of care that CMS measures. This situation can be changed. In general, rehospitalization rates and health care utilization vary substantially across geographic locations, suggesting opportunities for improvement in areas with higher observed rates. Improved health care processes at and after discharge correlate with substantial reductions in early rehospitalization for particular conditions, such as heart failure. In addition, prior and ongoing QIO work has assisted providers in analyzing data and in identifying and addressing gaps in care in areas such as transitions and end-of-life planning and care.

QIO Activities

The activities under the Care Transitions Theme will focus on three Tasks:

1. Community and provider selection and recruitment;
2. Interventions; and
3. Monitoring.

Within one month of the contract being awarded, QIOs must provide an initial report to CMS that characterizes the selected target population for which the QIO will aim to reduce readmission rates. The report will give examples of inappropriate or wasteful services affecting rehospitalization rates, describe how health services are delivered to the target population, and specify any opportunities to address disparities.

QIOs will implement quality improvement initiatives throughout their local communities concerning quality care for Medicare beneficiaries at or after hospital discharge. Each QIO is required to work with partners to implement each of the following: 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).

Based on the findings from the initial report, and in addressing each of the three focus areas, QIOs will partner with appropriate community health care providers to develop and implement an evolving intervention plan, which will aim to reduce rehospitalization among the targeted population defined in the QIO's initial report.

Throughout the intervention period, each QIO will be accountable for ongoing project management and facilitation. The QIO will assist providers and the community in creating resources for more effective transitions and in implementing improvement activities beyond the period of hospital discharge.

QIOs will be responsible for periodic reports updating CMS on progress in the activities of this Theme.

Evaluation

Each local project must show evidence of improvement in the quality of care and in the implementation of strategies to reduce rehospitalization rates. The overall evaluation for this Theme requires that multiple local projects succeed at reducing rehospitalization rates through improved quality of care. QIOs will be evaluated on evidence that appropriate strategies were implemented early in the project and, in turn, were carried out through the entire project.

Resources

MedQIC: www.medqic.org (click on "Care Coordination")

The Dartmouth Atlas of Health Care: www.dartmouthatlas.org

Patient Safety

Overview

QIO activities under the Patient Safety Theme will focus on six primary topics:

1. Reducing rates of health care–associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections;
2. Reducing rates of pressure ulcers in nursing homes and hospitals;
3. Reducing rates of use of physical restraints in nursing homes;
4. Improving inpatient surgical safety and heart failure treatment in hospitals;
5. Improving drug safety; and
6. Providing quality improvement technical assistance to nursing homes in need.

Opportunity for Quality Improvement

The requirements of the Patient Safety Theme, also known as the CMS National Patient Safety Initiative (NPSI), are designed to address areas of patient harm for which there is evidence of how to improve safety by improving health care processes and systems. The Theme brings forward several components from the previous SOW (surgical care, heart failure, pressure ulcers and restraints in nursing homes, and drug safety), allowing QIOs to build on the progress they have made with providers over the past three years.

With the new SOW, however, the safety focus also pushes into new areas (MRSA, pressure ulcer prevention in hospitals, and QIO technical assistance for nursing homes in need), giving providers and QIOs the chance to broaden the scope of their patient safety–related improvement activities.

QIO Activities

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 is requesting that QIOs identify 2–3 individuals from each QIO to serve as National Quality Improvement Leaders. These individuals 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 come together 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 the final 28-month 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. It is expected that as successful tools and practices develop, the QIOs will share these with one another for implementation in other QIO communities.

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.

Evaluation

Evaluation of QIO performance will be performed at 18 and 28 months. The first evaluation period (through the end of the 18th contract month) is intended to serve as the foundation for the QIOs’ future success in positively moving the Patient Safety measures by the 28th month. The 18-month evaluation criteria focus on recruitment, protocol implementation, and some improvement successes.

The final contract evaluation at 28 months will be based on provider improvement on the established clinical measures over the course of the contract. For MRSA, at least 50% of the reporting hospitals are expected to effectuate a 40% reduction in the MRSA metrics. Pressure ulcers for both hospitals and nursing homes are expected to show an 8% relative improvement rate, and physical restraints are expected to have a 20% relative improvement rate. Surgical site infection and heart failure improvement will be based upon obtaining at least 70% of the Achievable Benchmark of Care.

CMS is expecting that each QIO will suggest the quantitative evaluation structure for the drug safety component. Nursing homes in need of QIO technical assistance—as defined by CMS (see the Nursing Home Compare Web site)—are expected to have a 20% mean relative improvement from baseline for their pressure ulcer and physical restraint measures and to have obtained at least 90% on a satisfaction survey. A “pass” will be given to those QIOs that meet at least 70% of the target for each measure within a component.

(Patient Safety continued)

Resources

Most Recent Copy of 9th SOW: www.cms.hhs.gov/QualityImprovementOrgs

MedQIC: www.medqic.org (Click on “hospital” or “nursing home” tabs for resources)

AHRQ: www.ahrq.gov (Resources available on clinical topics and drug therapy)

Hospital Compare: www.medicare.gov

Nursing Home Compare: www.medicare.gov

Prevention

Overview

The overall goal of the Prevention Theme is to improve the quality and frequency of preventive health care services in order to optimize beneficiary quality of life and health care efficiencies. The Prevention theme consists of three focus areas: Core Prevention, Diabetes Disparities, and Chronic Kidney Disease (CKD). The Core Prevention work builds on the QIO 8th SOW by focusing on QIOs' ability to impact the rates of two cancer screenings (mammography and colorectal cancer [CRC] screening) and two immunizations (influenza and pneumococcal) among Medicare beneficiaries in each state/jurisdiction. A sub-national component of the Prevention Theme will task QIOs in as many as 33 states/jurisdictions that are experiencing disparities in diabetes care across racial/ethnic populations, with providing support for Diabetes Self-Management Education (DSME). A sub-national quality improvement effort for up to 13 QIOs will be to slow the progression of CKD and to improve CKD clinical care.

QIOs will work with a selected group of practices in their states/jurisdictions to accomplish the national tasks and the diabetes management sub-national task. Practices enrolled with a QIO to improve rates of mammography and CRC screenings and immunizations must have already implemented electronic health records (EHRs) certified by a certifying body recognized by the Secretary of Health and Human Services. Collaborating practices will work with their QIOs to implement care management processes, using their certified EHRs, that focus on breast cancer and CRC screening and influenza and pneumococcal vaccination. Providers working on the diabetes sub-national task must have a minimum percentage of diabetic patients from underserved racial/ethnic populations willing to participate in DSME programs.

A central approach for the CKD quality improvement effort is coalition building and collaboration with providers in the state/jurisdiction as well as other partners that can support the QIO CKD efforts at the local, state, and national levels. The characteristics of the providers targeted to participate in CKD quality improvement efforts are not specified by CMS. Rather, the QIO must determine recruitment strategies that would allow statewide CKD improvement targets to be met.

Opportunity for Quality Improvement

QIO interventions that support health information technology (HIT) have the potential to improve screening rates through timely notification of providers and patients when a mammogram or CRC screening should be scheduled. Influenza and pneumococcal vaccination levels among adults 65 years of age and older remain well below the Healthy People 2010 objective of 90%. There is a need for more effective strategies for delivering vaccines to high-risk persons, their providers, and household contacts.

Published research reveals that racial/ethnic minority patients are generally less likely to receive routine medical services than white patients, with African Americans having fewer routine physician visits and more visits to the emergency room. DSME is a proven intervention for allowing patients to control their disease by working with their health care provider.

CKD is the ninth leading cause of death in the U.S. CKD affects 11% of the U.S. population over the age of 65, and those affected are at increased risk of cardiovascular disease and kidney failure. The leading causes of CKD are diabetes and hypertension; furthermore, minority populations are more likely to develop CKD than non-minority populations. Early detection of CKD along with appropriate interventions, such as medication therapy, can achieve a substantial reduction in the progression rate of kidney failure.

QIO Activities

The primary activities involved in the national Prevention Theme will focus on nine Tasks:

1. Recruiting participating practices;
2. Identifying the pool of non-participating practices;
3. Promoting care management processes for preventive services using EHRs;
4. Completing assessments of care processes;
5. Assisting with data submission;
6. Monitoring statewide rates (mammograms, CRC screens, influenza and pneumococcal immunizations);
7. Administering an assessment of care practices;
8. Producing an Annual Report of statewide trends, showing baselines and rates; and
9. Submitting plans to optimize performance at 18 months.

QIOs will recruit a pre-agreed-upon number of practices to participate, securing at least 80% of the targeted number by the end of Quarter 2. QIOs will also identify non-participating practices with EHR capability.

The QIO will educate each participating practice on using its EHR capabilities to improve rates of screenings and

(Prevention continued)

immunizations, using Doctor's Office Quality–Information Technology University (DOQ-IT University). At the end of the 18th month, at least 80% of the participating practices should report tracking of each preventive service for at least 75% of patients or patient encounters. This will be determined by an assessment of care practices.

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

QIOs will assist both collaborating and comparison practices to complete an assessment of care processes by the end of Month 16. This will assess practices' EHR capabilities and current care processes related to breast and CRC screening and immunizations. Ninety percent of participating practices and 65% of comparison practices must complete this assessment.

For the sub-national task on reducing disparities in diabetes care, QIOs will be responsible for monitoring statewide diabetes rates and monitoring all statewide 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 utilize existing collaborative efforts and develop new mechanisms 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. These areas include detection of CKD in diabetic beneficiaries; appropriate medication treatment (ACE inhibitors/ARBs) to slow the progression of kidney failure; and adequate counseling prior to initiation of dialysis as evidenced by placement of an arteriovenous fistula for hemodialysis patients.
2. Use collaboration as a means of achieving sustainable CKD system-level changes. Partners in the collaborative will include community health centers, community representatives, ESRD Network Organizations, health department diabetes grantees, local chapters of kidney organizations, patient 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. QIO activities will include:

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

Evaluation

QIOs will be evaluated at months 18 and 28 of the 9th SOW. QIOs will be accountable for achieving the minimum performance thresholds in the rates of screenings and vaccinations. QIOs will also be responsible for meeting goals related to recruiting and educating practices and the rates of practices reporting quality data.

QIOs engaged in the CKD tasks will be required to successfully pass the established targets in all clinical outcome measures as well as provider recruitment and partner collaboration goals.

For the diabetes sub-national component, QIOs will be evaluated based on improvements within their states/jurisdictions in rates of hemoglobin (HbA1C) control, LDL cholesterol levels, blood pressure control, and eye exams.

Resources

CMS: <http://www.cms.hhs.gov/ColorectalCancerScreening/>

MedQIC: www.medqic.org

CDC: <http://www.cdc.gov/flu/keyfacts.htm>