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# Medicare's QIO Program: 8<sup>th</sup> Statement of Work

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*“Medicare Quality Improvement Organization Program Priorities”* is a document that describes the national quality improvement projects being led by the Centers for Medicare & Medicaid Services (CMS). The report covers the objectives, clinical background, measure specifications, public health importance, opportunity for improvement, and literature references for physician offices, hospitals, home health agencies (HHAs), and nursing homes of the Medicare Quality Improvement Organization (QIO) Program. This article summarizes this report and the QIO Program's priorities in each of the health care settings mentioned. Details on how to access the unabbreviated version of the original document in its entirety are presented in the “Summary.”

## Medicare's QIO Program

This program is a key component of CMS' agenda to improve care for all Medicare beneficiaries. Formerly called Peer Review Organizations (PROs), there are 53 QIOs under CMS contract representing every state, the US Virgin Islands, Puerto Rico, as well as the District of Columbia.

QIOs are largely not-for-profit, community-based organizations with the mission of achieving a “transformational” improvement in the quality and effectiveness of health care at the community level. QIOs employ physicians, nurses, health care quality professionals, epidemiologists, statisticians, and communications experts. The 53 QIOs function as a national network, sharing effective practices, practice innovations, and process improvement plans and tools. CMS has designated certain QIOs to function as QIO Support Centers (QIOSCs), which provide

provider-specific expertise and support to the other QIOs.

## QIO Program History

The QIO Program has gone through 3 phases since its inception in the 1980s:

- Hospital utilization review of individual patients (1980s)
- Broadly conceived, measurement-based quality improvement (mid-1990s)
- Proactive community-based quality improvement and beneficiary education to transform and substantially improve the quality of health care services (current phase)

CMS' priorities for the QIO Program are known as Statements of Work 8<sup>th</sup> SOW. Currently, QIOs are working on their 8<sup>th</sup> Statement of Work 8<sup>th</sup> SOW a 3-year contract cycle, running from August 2005 through July 2008.

## CMS' Vision for the 8<sup>th</sup> SOW and Beyond

CMS' quality improvement efforts emphasize the vision of providing the right care for every person every time. To achieve this goal, CMS has adopted the 6 aims of the Institute of Medicine (IOM),<sup>1</sup> emphasizing that health care services should be:

- *Safe*—avoiding harm to patients from care that is intended to help them
- *Effective*—providing evidence-based care in a manner resulting in maximal benefit
- *Patient-centered*—offering care that is respectful of, and responsive to, individual patient preferences, needs, and values, and promoting the individual's ability to care for him/herself
- *Timely*—reducing waits and sometimes harmful delays for both those who receive and those who provide care
- *Efficient*—achieving the best outcomes with the least amount of necessary resources
- *Equitable*—providing care that does not vary in quality because of personal characteristics, such as gender, ethnicity, geographic location, and socioeconomic status

CMS is working to achieve these goals through strategies with public and private organizations and its national QIO network.

## 8<sup>th</sup> SOW Strategies

The QIO Program employs 4 key strategies to help providers transform the care they deliver to achieve the vision of ensuring the right care for every person every time:

- Measurement and reporting of performance, which help providers identify opportunities for improvement and track their progress toward, and reporting results for, quality improvement, public reporting, pay-for-performance, and accreditation with appropriate provider consents
- Adoption of health information technology, which includes effectively implementing electronic health records, ePrescribing, medication bar codes, computerized physician order entry, telehealth, and other systems to support decision-making and work processes
- Redesign of care processes, such as care management, patient self-management, flow, and scheduling, using a variety of methods to eliminate redundancies in care and allow the system to redirect resources to areas requiring extra support
- Transformation of organizational culture, which includes creating a person-centered organizational structure, workforce, and environment that strives for perfection and empowers senior leaders and staff to create transformational improvement through open communication and successful teamwork

## 8<sup>th</sup> SOW Provider Health Care Settings

The QIO focus in the 8<sup>th</sup> SOW is on assisting physician offices, hospitals, HHAs, and nursing homes

# In the 8<sup>th</sup> SOW, QIO focus is on assisting physician offices, hospitals, HHAs, and nursing homes with quality improvement activities.

with quality improvement activities. Priority topics within these settings reflect opportunities to improve processes, outcomes, and efficiencies of care, as well as the feasibility of measuring quality of care for the Medicare population. QIOs also work with physician offices to reduce health care disparities among racial/ethnic populations.

It is important that physicians understand the quality improvement activities that are provided in the QIO Program for all provider settings. While physicians in private practice may not work directly with nursing homes or HHAs, Medicare beneficiaries under their care may be required to use these services at some time. Physicians who recognize the efforts that 8SOW providers are making to improve quality can similarly enhance the care of their patients in support of CMS' vision of providing the right care for every person every time.

## 8<sup>th</sup> SOW Priorities by Setting Physician Offices

QIOs educate and support staff in adopting more effective person-centered processes, designing efficient systems, implementing an organizational culture of quality, integrating health information

technology into their offices, and reporting results. The strategies are designed to accelerate the rate of quality improvement and result in improved patient outcomes for Medicare beneficiaries who receive care in physician offices.

On a statewide basis, QIO Program activities within physician offices include both preventive care services and management of chronic disease. Specific preventive care services emphasized are breast cancer screening (biennial mammography) and adult immunization (statewide pneumococcal and influenza vaccinations). Diabetes (annual hemoglobin A1c, biennial lipid profile, and biennial eye examination) is the chronic disease management priority of the program.

QIOs also are working with select physician offices to achieve a transformational change in quality through the production and use of electronic clinical information. Table 1 outlines the activities that are components of QIO work with the selected physician offices.

In addition to these strategies, QIOs collaborate with physicians and others to improve quality related to Medicare Part D benefit prescription drug coverage.

## Reducing Health Care Disparities for Underserved Beneficiaries

This is a significant challenge, requiring a major commitment to identify and address unique racial and ethnic factors that contribute to the unequal burden of disease and disability in minority and other underserved populations. Through the QIO Program, CMS promotes the improvement of the health status of underserved beneficiaries in physician offices by increasing their use of

preventive services and educating providers about delivering culturally and linguistically appropriate services through a patient-centered, cultural competency training program that provides participants with up to 9 CME credits. This Web-based program was developed by the US Department of Health and Human Services' Office of Minority Health. With quality improvement as the cornerstone of this initiative, the goal is to ensure that all Medicare beneficiaries, regardless of culture or language, have their individual health care needs met.

### Hospitals

QIO Program priorities for hospitals are listed in Table 2. QIOs work with providers to improve the care of hospitalized patients with acute myocardial infarction, heart failure, pneumonia, and surgical procedures, and reduce post-operative complications. QIOs also work with rural and Critical Access Hospitals (CAHs) to improve both overall and surgical care.

CMS is a member of the Hospital Quality Alliance (HQA). The HQA is a collaborative that includes the American Hospital Association (AHA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Federation of American Hospitals (FAH), and the Association of American Medical Colleges (AAMC), and is supported by many other organizations. The HQA develops and publicly reports quality measures for every hospital in the country. Through this national public-private collaboration, hospitals voluntarily collect and report their quality performance data (core measures) to inform the public

# The ultimate goal of the partnership is a 25% reduction in the national incidence of surgical complications by the year 2010.

about hospital quality. HQA data also stimulate providers' quality improvement activities.

The Surgical Care Improvement Project (SCIP) is another national quality partnership of organizations committed to improving the safety of surgical care. The ultimate goal of the partnership is a 25% reduction in the national incidence of surgical complications by the year 2010. Partners in SCIP believe that a meaningful reduc-

tion in complications requires that surgeons, anesthesiologists, peri-operative nurses, pharmacists, infection control professionals, and hospital executives work together to make surgical care improvement a QIO program priority.

Initiated in 2003 by CMS and the Centers for Disease Control and Prevention (CDC), SCIP also seeks to substantially reduce surgical mortality and morbidity through collaborative efforts that include QIO activities. In 2005, SCIP launched a multi-year national campaign focused on the prevention of surgical site infections, peri-operative myocardial infarction, postoperative pneumonia, and venous thromboembolism.

In rural communities, where nearly 20% of the population resides, it is more difficult to ensure the availability of high-quality health care services due to resource constraints, relative isola-

**Table 1.**  
**Select Physician Office Priorities in the 8<sup>th</sup> SOW**

- Promote information technology and electronic health records
- Redesign processes to support quality improvement
- Improve care for patients with:
  - Diabetes
  - Coronary artery disease
  - Heart failure
  - Hypertension
  - End-stage renal disease
- Increase preventive care through:
  - Breast cancer screening
  - Adult immunization (influenza and pneumococcal vaccination)
  - Blood pressure measurement
  - Colorectal cancer screening
  - Low-density lipoprotein (LDL) cholesterol monitoring
  - Tobacco use counseling

tion, and lack of access to specialty services. QIOs work with rural hospitals and CAHs to:

- Increase the number of CAHs collecting and reporting performance data on acute myocardial infarction, heart failure, and pneumonia by providing training and technical assistance in using CMS' Abstraction and Reporting Tool (CART) and uploading and accessing data via the QualityNet Exchange Data Warehouse
- Use the data to identify opportunities to improve care by offering assistance and support in changing the systems and processes needed to improve this care
- Assess and improve patient safety culture, using an Agency for Healthcare Research and Quality (AHRQ) Organizational Patient Safety Culture survey, which focuses on interventions to improve leadership, teamwork, and communication

To better assist hospitals in gaug-

**In rural communities, it is more difficult to ensure the availability of high-quality health care services due to the resource constraints, relative isolation, and lack of access to specialty services.**

ing their ability to provide the right care for every patient every time, CMS has posted the current set of quality measures on the Medicare "Hospital Compare" Web site at <http://hospitalcompare.hhs.gov>.

**HHAs**

The principal quality improvement priority in this setting is to reduce avoidable acute care hospitaliza-

tions. Nine other publicly reported quality measures, including a patient's ability to manage oral medications and dyspnea, also are targeted for improvement. In order to measure outcomes and compare results across agencies, it is necessary to collect uniform patient data. The HHA quality measures are calculated from data collected using the Outcome and Assessment Information Set (OASIS). OASIS data encompass sociodemographic variables, health and functional status attributes of patients, as well as several utilization measures (eg, hospitalization). Medicare-certified HHAs are required by regulation to collect OASIS data on almost all adult (nonmaternity) home care patients at the start of care, transfer, discharge, and other specified time points. The data are used to determine patient outcomes, defined as changes in health status between 2 or more time points. OASIS data are the basis for outcome reports that are provided to HHAs and used to identify and focus on quality improvement activities.

Specifically, QIOs collaborate with home health providers to create care delivery systems that:

- Prevent the deterioration in health status of home health patients, thereby reducing acute care hospitalizations
- Improve patient outcomes, as measured by other publicly reported quality measures

Although QIOs work with HHAs to improve care associated with these measures statewide, they concentrate their efforts on an identified group of home care providers in each state to accelerate the rate of improvement. QIOs

**Table 2.**

**Select Hospital Priorities in the 8<sup>th</sup> SOW**

- Improve care for patients with:
  - Acute myocardial infarction
  - Heart failure
  - Pneumonia
- Improve care through SCIP to reduce the incidence of:
  - Surgical site infections
  - Perioperative myocardial infarction
  - Postoperative pneumonia
  - Deep vein thrombosis
- Implement medication bar coding systems
- Change organizational cultures to support quality improvements
- Improve care in rural hospitals and CAHs



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train and support these HHAs in the use of proven tools and processes that increase the efficiency and effectiveness of care delivery, with the goal of improving patient outcomes. QIOs also promote the use of telehealth by these HHAs as a tool to help reduce acute care hospitalizations. Telehealth may include telemedicine (ie, audio consultations and telephone messages) and telemonitoring (ie, audio and video/data consultations). Such systems provide high-quality, cost-effective care and add new dimensions to the face-to-face care provided by clinicians.

Using the OASIS-derived Outcome-Based Quality Improvement (OBQI) reports, QIOs also assist HHAs in the adoption of a standardized approach to quality improvement. These reports enable HHAs to use a data-driven set of clinical and functional outcome measures to drive quality improvement activities. As with the hospital setting, CMS posts high-priority home health quality measures on the Medicare “Home Health Compare” Web site at [www.medicare.gov/HHCompare](http://www.medicare.gov/HHCompare).

### **Nursing Homes**

In the nursing home setting, QIOs assist staff in developing and implementing quality improvement activities, such as improving care processes and setting improvement targets for pressure ulcers, use of restraints, depression, and chronic pain. They also assist nursing homes in reducing the turnover of certified nursing assistants.

Importantly, QIOs work with nursing homes to help change their cultures to improve the expe-

riences of the elderly. To the fullest extent possible, these changes employ individualized care principles that support elders in exercising control and autonomy over their own lives and health care experiences. Individualized care principles, based on nursing home regulations contained in the Omnibus Budget Reconciliation Act of 1987 (OBRA 87), encompass changes that affect living environments, workplaces, and care practices in nursing homes across the country.

CMS has collaborated with QIOs to develop the Nursing Home Quality Initiative (NHQI), a program to publicly report quality measures for every Medicare- or Medicaid-certified nursing home in the country. NHQI data help providers by measuring the prevalence or incidence of clinical conditions that may affect the quality of resident care. These comparative data also assist consumers in making informed decisions about the care they receive and where they choose to receive it. CMS has posted the current set of quality measures on the Medicare “Nursing Home Compare” Web site at [www.medicare.gov/NHCompare](http://www.medicare.gov/NHCompare).

CMS selected the current quality measures in collaboration with the

National Quality Forum (NQF), a nonprofit organization created to develop and implement a national strategy for health care quality measurement and reporting. In recommending publicly reported quality measures, the NQF considers high-priority areas of care that are easily understood by consumers. Moreover, the topics and quality measures reflect areas of care that nursing home staff can control. CMS reviews and updates the topics and quality measures to ensure that they reflect current science and are valid priorities for nursing home residents.

Nursing home quality measures are calculated from the Minimum Data Set (MDS), which is a standardized resident assessment instrument that collects detailed demographic and clinical information, as well as information on treatments. Since 1991, CMS has required all nursing homes to complete the MDS for every resident upon admission and periodically thereafter. The current version, MDS 2.0, contains over 300 data elements, including demographic variables and a core set of screening, clinical, and functional status elements in areas such as activities of daily living and cognitive functioning.

### **Other QIO Priorities**

In addition to the previously described quality improvement priorities, QIOs are responsible for:

- Protecting and informing patients, including reviewing and responding to written complaints about the quality of care, concerns identified in medical records, and appeals of

