



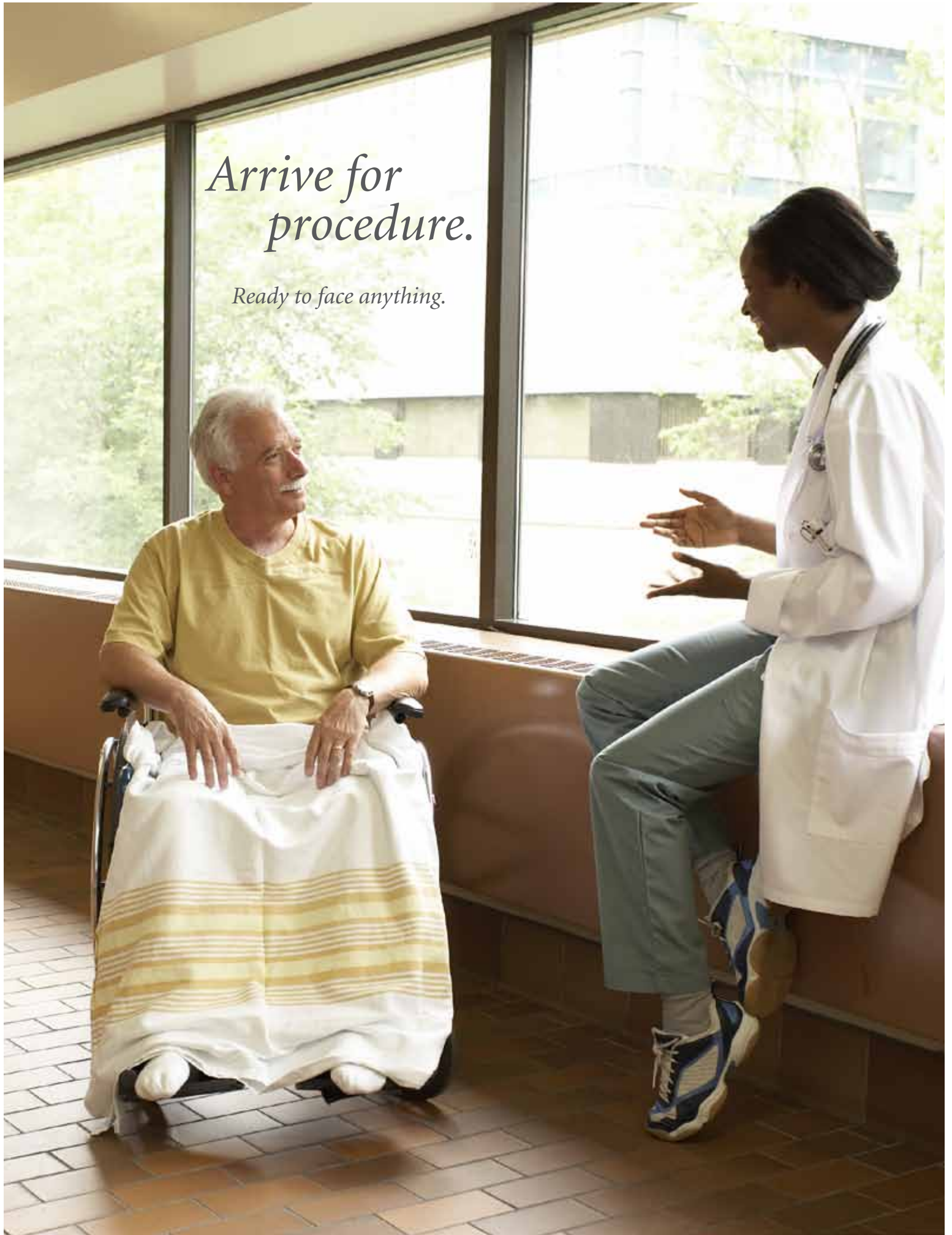
**ADVANCES IN QUALITY:  
QIO PROGRAM PROGRESS REPORT**

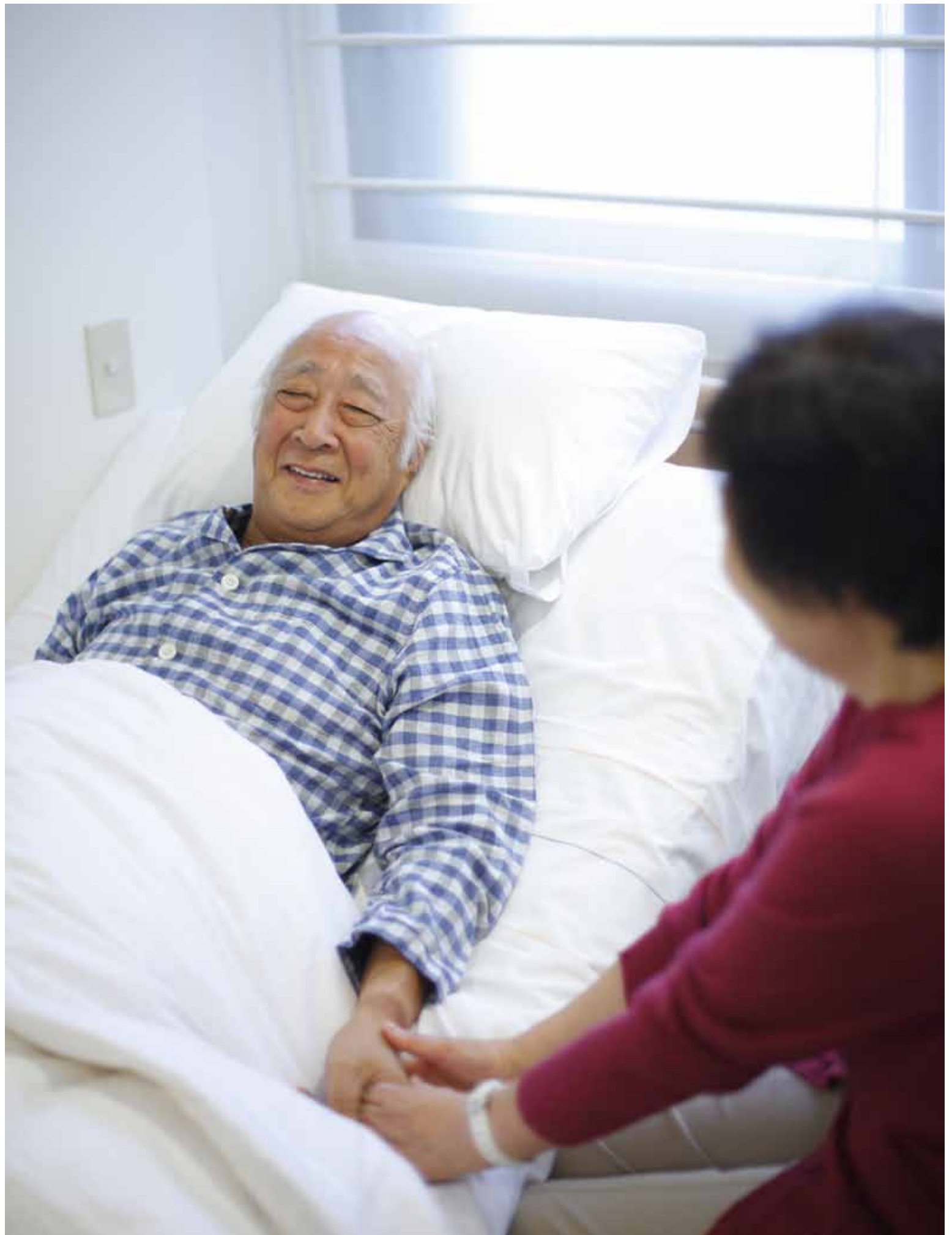
JULY 2011

*To learn more about how the Quality Improvement Organization Program is carrying out its commitment to high-quality health care around the clock and across the country, continue on for “A Day in the Life of Quality Improvement.” You’ll discover how Quality Improvement Organizations have worked hand-in-hand with providers and national health care partners to improve health care quality across the nation.*

*Arrive for  
procedure.*

*Ready to face anything.*





# QIO

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*The names of all beneficiaries have been changed in order to protect the privacy of those individuals. This material was prepared by VHQC, the Quality Improvement Organization Support Center for Communications, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. VHQC/CommQIOSC/7/19/2011/1129*

# THE QUALITY IMPROVEMENT ORGANIZATION PROGRAM

The Quality Improvement Organization (QIO) Program is a national health care quality improvement initiative directed by the Centers for Medicare & Medicaid Services (CMS), the federal agency that oversees the Medicare, Medicaid, and Children’s Health Insurance Programs. The QIO Program is the largest federal program dedicated to improving health quality at the state and local levels.

## National Network with Local Impact

The QIO Program is delivered locally through a national network of independent QIOs. Focused on health quality but unaffiliated with health care providers, QIOs serve as an objective, knowledgeable and hands-on resource for improvement on a wide range of clinical topics. Because there is a QIO for each state and most territories, QIO staff are uniquely aware of the local issues confronting practitioners as they deliver care in the community.

## Expertise that Builds Capacity for Sustained High-Quality Health Care

QIO staff are health care quality improvement experts. The majority also have experience as clinicians, nursing home administrators or hospital managers. They bring their real-world understanding as they work alongside physicians, nurses and other professionals on the front lines of patient care. Together with providers, QIO staff analyze data, identify what needs to be improved, and implement changes that are based on clinical standards and evidence. By working with their QIO, providers gain the skills they need to sustain a higher level of performance.

## Better Care + Better Health = Lower Costs

As the cornerstone of CMS’ commitment to improving health quality for all Americans, the QIO Program focuses on the greatest needs and opportunities for improving the care that Medicare beneficiaries receive, improving the health of the Medicare population as a whole, and protecting the Medicare Trust Fund by promoting effective, efficient care. The work that QIOs perform spans every setting in which health care is delivered – even the critical transitions between those settings.



# QIO

## INNOVATING NEW APPROACHES TO QUALITY IMPROVEMENT

A simple but profound set of objectives is sparking innovation and igniting action for the Quality Improvement Organization (QIO) Program. Known as the Three-Part Aim, it calls for improving the experience of care, including its quality, access and reliability; improving the health of populations; and reducing the per capita costs of care by improving care access and quality.

Before Dr. Donald M. Berwick became Administrator of the Centers for Medicare & Medicaid Services (CMS), he and his colleagues at the Institute for Healthcare Improvement developed the Three-Part Aim. Now as part of the CMS quality improvement strategy, these objectives are guiding Medicare’s work to provide the best care for its more than 45 million beneficiaries at the lowest cost.

The stories on the following pages illustrate how QIOs are embodying the Three-Part Aim in their daily work with beneficiaries and health care providers. Here are some additional examples:

**Better Care:** Between 2005 and 2008, four QIOs worked together to develop or update more than 50 quality measures based on evidence about effective clinical practices. These measures have become standards of care for thousands of providers as a result of their endorsement by national health quality organizations or inclusion in CMS’ Physician Quality Reporting System (PQRS) Program.

**Better Health:** An innovative QIO Program partnership, the Mississippi Health First project, brings together local and national stakeholders to improve how African-Americans with diabetes manage their disease. The project aims to break down barriers African-Americans face as residents of communities in which living with diabetes and accessing care are particularly challenging.

**Lower Costs:** Since 2005, QIOs have helped nearly 4,000 primary care practices nationwide adopt electronic health records (EHRs). Now they are working with more than 1,500 practices to report clinical quality data from their EHRs. Widespread use of EHRs will help providers coordinate care, eliminating duplicative tests and enabling better preventive services.

### 1996

PROs launch first national quality project, the Cooperative Cardiovascular Project, to improve hospital care for heart attack patients

## 2002

### 2002

PROs become Quality Improvement Organizations (QIOs), which better describe their proactive role in improving health care

### 2002-2008

QIOs expand their work into nursing homes, home health agencies, and physician offices

## Today

### Today

QIOs improve quality across the continuum of care, focusing on topics and providers with the greatest opportunity to improve

## 1996

# *Speak Up.*

*Voicing concerns makes change happen.*



# PROTECT EVERY BENEFICIARY'S RIGHT TO QUALITY CARE

*The QIO Program reviews beneficiary complaints and works with providers to address concerns, improving the quality of care.*

Acumentra Health, the QIO for Oregon, turned a single beneficiary complaint into a catalyst for hospital-wide change that benefits all patients.

A family member complained to Acumentra Health on behalf of a Medicare beneficiary who was improperly sedated during an MRI procedure and unable to be awakened. The beneficiary required additional medication to reverse the effects of the mistakenly administered anesthesia.

Acumentra Health contacted the hospital to determine if the event was isolated or indicative of a problem in its systems for delivering care to everyone. The hospital's analysis revealed that a lack of documentation and misinterpretation of verbal orders led to the incident. It also showed no standard process was in place for ordering medication following surgery. The QIO's independent review confirmed these findings.

As a result, the hospital changed its processes. The QIO conferred with hospital staff as they identified and implemented a standard process for ordering treatment and medication to manage pain that included replacing verbal orders with computerized orders entered directly by the physician. Using a standard, computerized process reduces the likelihood of patients receiving harmful combinations of medications.

Acumentra Health reviewed the hospital's data to determine whether the new ordering process was working. Results showed that with guidance from the QIO, the hospital was able to make and sustain changes that improve health quality: in one year, verbal orders were reduced from 15 percent to less than one percent, significantly decreasing the opportunity for medication errors to affect patients.



## Overview

All patients have a right to expect care that not only addresses their needs, but that also keeps them safe and healthy. QIOs are free, objective and knowledgeable resources that help Medicare beneficiaries exercise this right. For instance, when beneficiaries are concerned they are being discharged from the hospital prematurely, QIOs stand ready to review appeals using professionally recognized standards of health care quality. QIOs also are a safety net for beneficiaries who believe they have received substandard treatment; they help providers implement changes that shield future patients from receiving similarly poor care.

A healthcare professional in green scrubs is taking a patient's blood pressure. The patient is an elderly woman with white hair and glasses, wearing a patterned hospital gown. She is lying in a hospital bed. The healthcare professional is holding a blue blood pressure cuff on her arm. In the background, there is an IV stand with a drip chamber and a clear IV bag. The scene is set in a bright, clinical environment.

*Get safe,  
effective care.*

*Better processes make healthier patients.*

# QIO

## MAKE PATIENT CARE SAFER AND MORE RELIABLE

*The National Patient Safety Initiative equips hospitals and nursing homes to deliver safer care.*

**In the hospital setting,** Health Care Excel (HCE), the QIO for Indiana, partnered with the Purdue School of Pharmacy and Pharmaceutical Sciences and Purdue's Technical Assistance Program to bring three hospitals together to prevent antibiotic resistance by improving processes for administering post-surgical antibiotics.

A two-day, rapid-cycle quality improvement workshop provided an opportunity for participants to learn from each other without normal work distractions. Guided by HCE, teams from each facility including doctors, nurses, pharmacists and other hospital staff developed an improved tracking process to ensure patients would receive only three doses of antibiotics in the first 24 hours after surgery. Their simple, low-tech approach resulted in better outcomes.

“Drawing upon expertise from the various disciplines involved in pre- and post- surgical care helped us reach an effective, sustainable solution,” said Cathie Pritchard, HCE quality improvement specialist. “One of the hospitals improved its rate of properly administering antibiotics by 55.4 percent.”

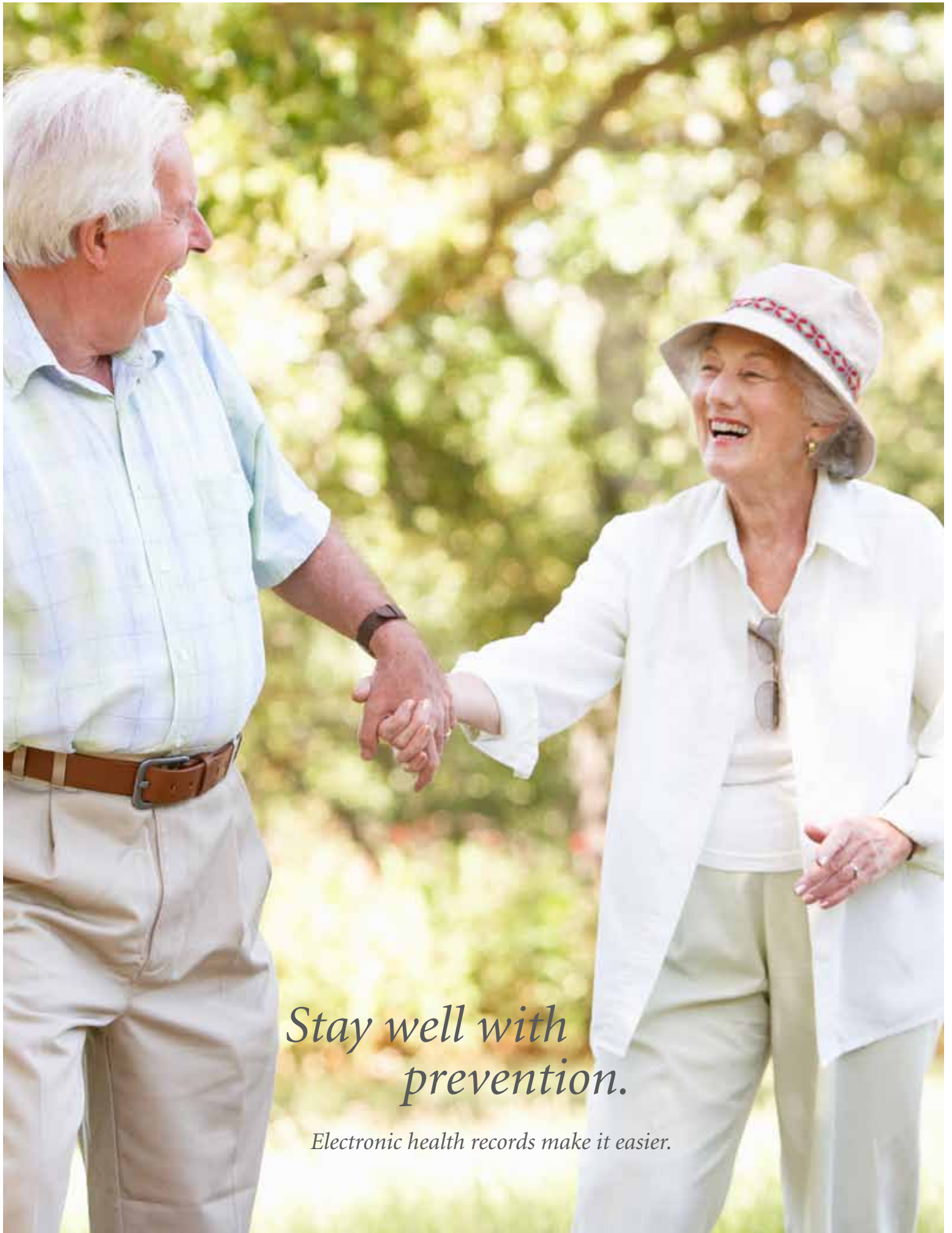
**In the nursing home setting,** 32 Arkansas facilities have measurably reduced their pressure ulcer rates, thanks to assistance from the Arkansas Foundation for Medical Care (AFMC), the QIO for Arkansas.

Their success results from AFMC's comprehensive campaign, “It's Time to Take the Pressure Off.” AFMC developed a step-by-step approach to preventing pressure ulcers, starting with a checklist to help nursing homes identify gaps in the skin care process. The QIO also recommended effective strategies that included assessing resident risk for pressure ulcers within 24 hours of admission.



### Overview

Through the Centers for Medicare & Medicaid Services' (CMS) National Patient Safety Initiative (NPSI), QIOs protect patients by improving the processes and systems used to provide safe health care. Since 2008, NPSI has made care safer for hundreds of thousands of Medicare beneficiaries. QIOs currently focus on methods to protect beneficiaries from such health care-acquired infections as methicillin-resistant *Staphylococcus aureus* (MRSA), they offer resources to improve surgical care and decrease adverse events from drug interactions, and they team with nursing homes to reduce the rate of pressure ulcers (also known as bed sores) and decrease the use of physical restraints.



*Stay well with  
prevention.*

*Electronic health records make it easier.*

# BOOST USE OF POTENTIALLY LIFE-SAVING PREVENTIVE SERVICES

*The QIO Program helps providers leverage health information technology to coordinate patient care and increase rates of preventive services.*

The story of Belmar Family Medicine in Lakewood demonstrates how the Colorado Foundation for Medical Care (CFMC), the QIO for Colorado, teaches primary care practices to coordinate preventive services like flu shots by making effective use of their EHR systems.

CFMC examined Belmar’s EHR data and discovered the practice’s modest influenza immunization rates were due to the need for technical training, as well as a lack of information about immunizations that patients received from other providers. CFMC staff came to the office and showed personnel how to enter data into reportable EHR fields. This resulted in more accurate reports, including lists of patients due for preventive services.

The QIO also helped link the practice with Colorado’s statewide adult vaccination registry, which armed it with additional information about patients’ immunization histories. Belmar now incorporates information from the registry into its own immunization records to generate more accurate patient reminders.

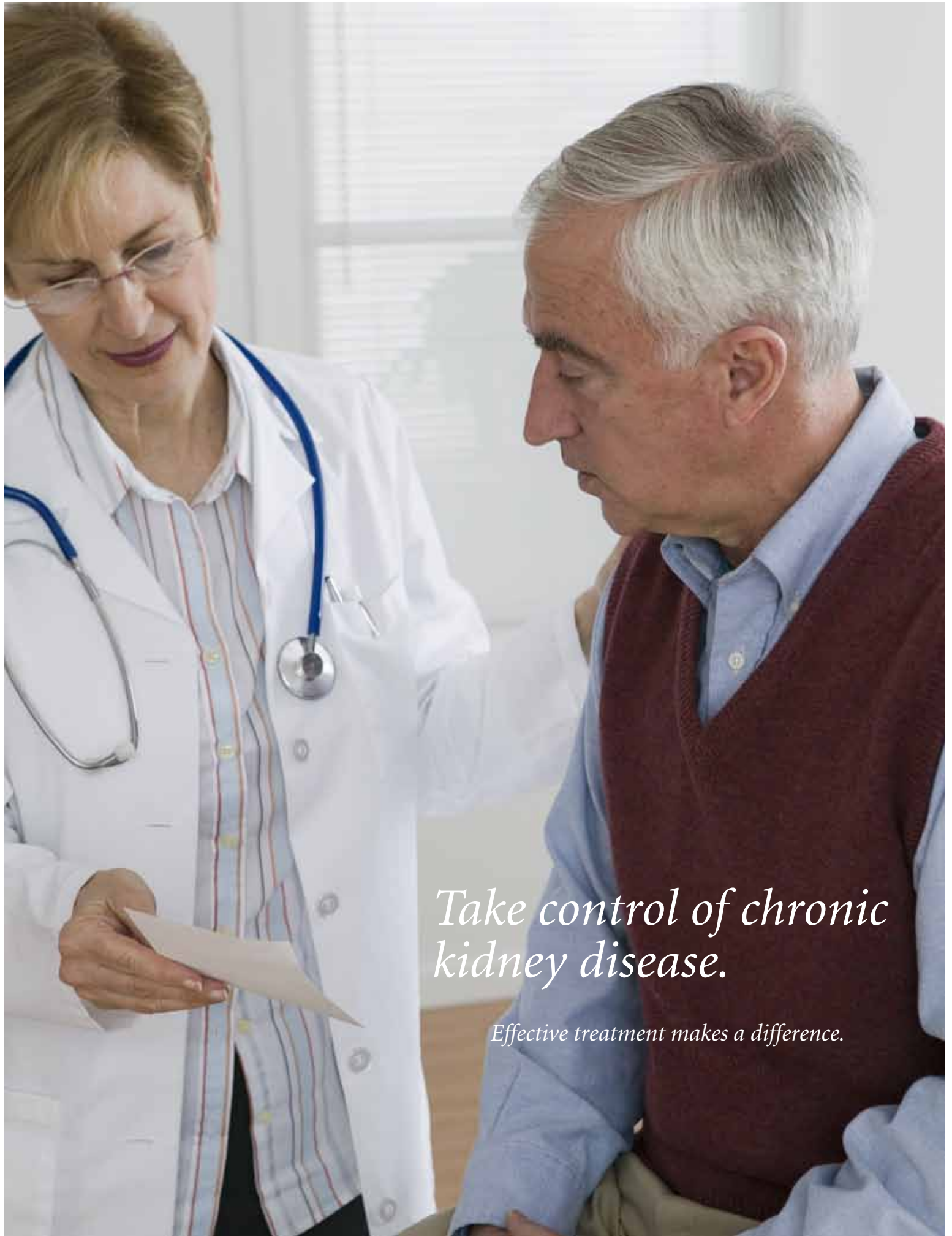
To supplement the EHR’s built-in preventive care prompts, CFMC also provided Belmar with reminder postcards and posters, and encouraged the practice to initiate follow-up phone calls when patients are overdue for immunizations and screenings.

“CFMC has proven to be very professional and helpful over the several years we’ve worked together,” said Belmar’s Tracy Hofeditz, M.D. “Thanks to their efforts, we now access several reports to track vaccines, mammograms and other procedures patients have received elsewhere. CFMC is a benefit to our office and how we care for our patients.”



## Overview

The Centers for Medicare & Medicaid Services (CMS) believes that Electronic Health Record (EHR) systems are more than filing cabinets to store patient information — they are clinical tools that give doctors the information they need to make better decisions about patient care. QIOs are working with more than 1,500 primary care physicians throughout the country to use EHR systems to increase the number of beneficiaries who take advantage of four potentially life-saving preventive services covered by Medicare: mammography, colorectal cancer screening, influenza immunizations and pneumococcal pneumonia immunizations. They also are teaching practices how to examine and report EHR data to track their own progress.



*Take control of chronic  
kidney disease.*

*Effective treatment makes a difference.*

# KEEP KIDNEY PATIENTS HEALTHY ENOUGH TO AVOID DIALYSIS

*The QIO Program works to slow the progression of CKD with effective protocols for testing at-risk patients for CKD and treating them once diagnosed.*

HealthInsight, the QIO for Utah and Nevada, and Intermountain Healthcare, Utah's largest health system, are developing a standard process for hospitals to diagnose and treat CKD more effectively. Their goal is to help patients avoid more serious procedures like kidney transplants or dialysis.

Intermountain recognized the need for improvement when data from its Electronic Health Record (EHR) system suggested that hospitals were missing more than 50 percent of CKD diagnoses in patients at the time of discharge.

Together, HealthInsight and Intermountain reviewed the components of a typical hospital stay to identify missed opportunities for CKD diagnosis. They discovered that health care professionals often failed to identify at-risk patients for CKD and diagnose them timely because the professionals were preoccupied with the patient's more acute issues, such as diabetes complications. Moreover, the EHR and discharge planning software lacked written reminders for medical staff to follow up on CKD symptoms before releasing patients from the hospital.

HealthInsight and Intermountain drew on expertise from the Association of Diabetes Educators of Utah, the Renal Physicians Association, the National Kidney Foundation of Utah, and the Fistula First Breakthrough Initiative, among others, to develop the improved CKD care process. The new care process uses computer software to remind clinicians to check at-risk patients for CKD while discharge planning and delivering primary care and other medical services. This tool is built into Intermountain's EHR and discharge planning processes.

"We are excited about implementing this cutting-edge program with Intermountain Healthcare," said David Cook, HealthInsight project coordinator. "As we are able to quantify the model's success over time, we hope to see it adopted throughout the state, and even nationally."



## Overview

Large numbers of Medicare beneficiaries have undiagnosed chronic kidney disease (CKD) and do not get care that could avoid or delay the need for dialysis. QIOs in 11 states and territories are spearheading a Centers for Medicare & Medicaid Services (CMS) program to improve care for patients with CKD who are at risk of kidney failure. They have joined forces with End-stage Renal Disease (ESRD) Networks, primary care physicians, nephrologists, and other partners to help find undiagnosed CKD patients and give them care that could help avoid kidney transplant or dialysis. Early detection and effective treatment can prevent or delay CKD complications. Studies show that higher quality pre-dialysis care also helps patients stay healthier if they eventually must begin dialysis.



*Leave the  
hospital behind.*

*Education and support make it possible.*

# COORDINATE CARE TO PREVENT UNNECESSARY READMISSIONS

*The Care Transitions initiative is reducing hospital readmissions by empowering beneficiaries to manage their own health care.*

The care transitions coaches at Qualis Health, the QIO for Washington and Idaho, empower Medicare beneficiaries and their families by teaching health care self-management. Qualis recently reached out to a beneficiary in Whatcom County, Washington, who was hospitalized nine times in 13 months because of chronic illness, mismanaged medications and a lack of knowledge about community resources.

“The first priority when meeting with a beneficiary and family caregiver is to assess their ability to be ready, willing and able to manage the beneficiary’s care,” said Qualis coach Karla Hall. In this case, when she performed an assessment, the beneficiary and caregiver both scored at the lowest level.

Hall used a sports metaphor to help the pair relate to the health care decisions ahead of them. “You two are in the game and I am on the sidelines giving you strategic tips,” she said.

Working with Hall during the 30-day coaching period, the beneficiary and caregiver practiced asking questions and role-played scenarios focused on assertiveness. The caregiver used her new skills to locate and enroll in a local caregiver training program.

At the end of the coaching period, Hall re-assessed the beneficiary and caregiver. They scored at the highest level and the beneficiary avoided re-hospitalization for the next seven months.

“By the final phone call, both the beneficiary and caregiver were fully activated and living happily at home,” Hall said. “I was overjoyed when the family member told me, ‘Now I’m ready to be the quarterback of this team.’”

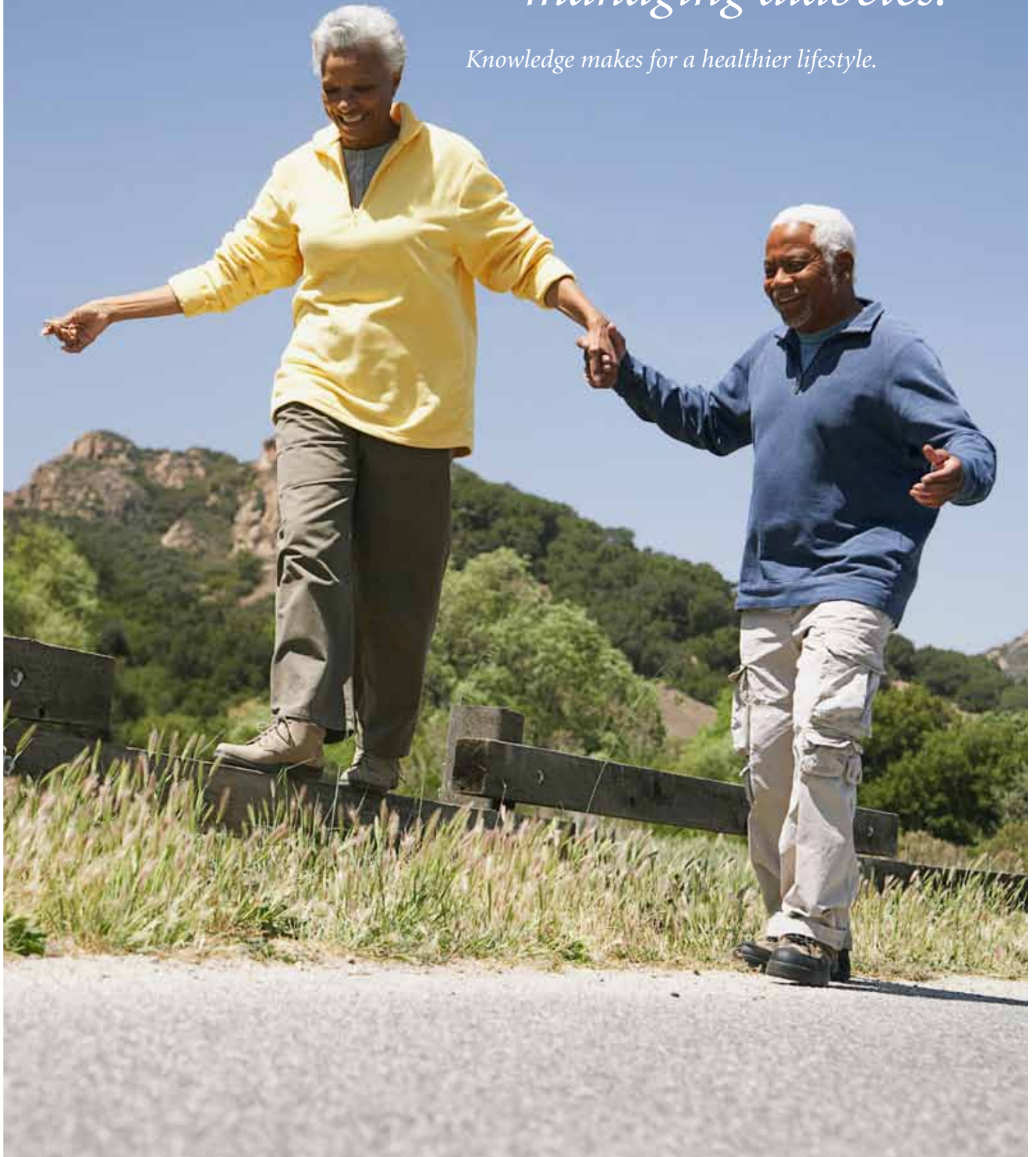


## Overview

The Centers for Medicare & Medicaid Services (CMS) is on the forefront of reducing hospital readmissions within 30 days of discharge. 14 QIOs have supported more than 1,125,500 Medicare beneficiaries in making a seamless transition between provider settings. QIOs have implemented evidence-based ways to improve care at the point of the transition, reducing unnecessary hospital readmissions. QIOs have facilitated communication between multiple providers who treat patients with chronic illnesses and coached patients in ways to take a more active role in managing their health care. Also, QIOs have used the Care Transitions Intervention<sup>SM</sup>, pioneered by Dr. Eric Coleman, to help beneficiaries transition more smoothly to care between health settings and providers, and to reduce hospital readmissions.

*Live better by  
managing diabetes.*

*Knowledge makes for a healthier lifestyle.*



# ENSURE EQUAL ACCESS TO QUALITY CARE FOR ALL BENEFICIARIES

*The EDC program improves diabetes outcomes by providing patients with disease self-management skills.*

eQHealth Solutions, the QIO for Louisiana, is one of seven QIOs reaching out to underserved Medicare beneficiaries with diabetes through the EDC program. The initiative is unique in that it moves the opportunity for diabetes education out of the physician office or hospital and into the community, making it more accessible.

Bruce Turner\*, a Medicare beneficiary, found his way to a local EDC training session. Burdened by multiple complications of diabetes, including heart, kidney and vision problems, he saw an EDC poster at the public library and decided it was time to learn how to take better care of himself. Kathleen Keeley of eQHealth Solutions taught him how to manage his blood sugar, make healthy lifestyle choices and understand his diabetes medications.

“Ms. Keeley really knew a lot about diabetes,” Turner said. “She taught my wife and me about what to eat and what not to eat. If you’re not careful with your diabetes, it can affect all of your body.”

CMS expanded the EDC program in Louisiana by providing resources to benefit 500 African-American Medicare beneficiaries with diabetes who live in the area of New Orleans ravaged by Hurricane Katrina. The program, known as LiPAK (Limb Preservation After Katrina), focused diabetes self-management training on proper foot care.

LiPAK participant William Causey\* said, “I learned from the class that it’s a very manageable disease. Hopefully, one day it will become a disease that’s curable and not just treatable.”

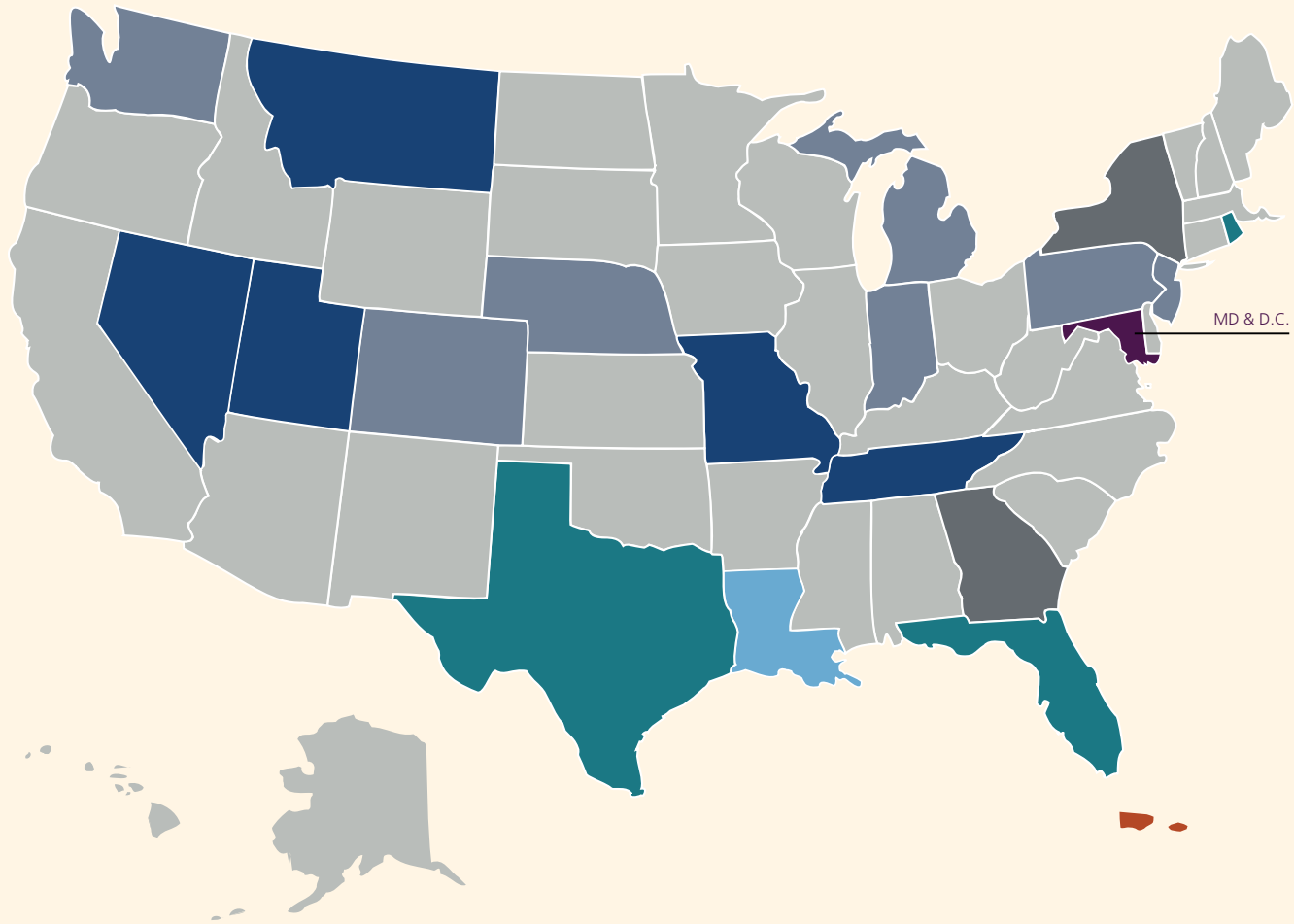
*\*Not his real name; Medicare protects the privacy of its beneficiaries.*



## Overview

The QIO Program plays an active role in the Department of Health and Human Services’ efforts to improve health care access, quality and outcomes for disadvantaged populations. Every QIO is charged with identifying and working to decrease health disparities in the course of its current activities. In addition, the Centers for Medicare & Medicaid Services (CMS) is making a targeted effort to reduce the burden of diabetes on African-American and Hispanic populations through the “Every Diabetic Counts” (EDC) program. More than 8,600 Medicare beneficiaries in seven states already have completed diabetes self-management education through the program, far exceeding CMS’ expectations for this small pilot program.

# QIO PROGRAM NATIONAL NETWORK MAP



MD & D.C.



\*For VI this is directed work rather than work awarded via the competitive panel process

# QIO

## PARTNERING TO IMPROVE HEALTH QUALITY

Quality improvement is a team sport. National and local Quality Improvement Organization (QIO) Program partners are trusted voices in the community that help us engage providers and beneficiaries, spread best practices, and sustain improvement. The number of government agencies and non-profit organizations that support QIO Program initiatives far exceeds the space we have to print them. Here are a few examples: Visit the QIO Program site at [www.cms.gov/qualityimprovementorgs](http://www.cms.gov/qualityimprovementorgs) and QIOs' websites (listed on p. 19-20) to learn about more of our improvement partners. If you are interested in partnering with QIOs — nationally or locally — contact a QIO today.

### Beneficiary Protection

AARP  
Arkansas Senior Justice Center  
Oregon Alliance of Senior and Health Services  
Senior Health Insurance Counseling Programs  
Virgin Islands Senior Medicare Patrol

### Care Transitions

Auburn University Motivational Interviewing Training Institute  
Critical Junctures Institute, Washington  
Evansville, Indiana, Literacy Coalition  
National Transitions of Care Coalition  
Michigan State University

### Chronic Kidney Disease

National Kidney Foundation  
Nevada Cooperative Extension  
Renal Physicians Association  
Partnership for Prescription Assistance  
Nashville/Memphis Metropolitan Area Transit Authority

### Health Disparities

Baton Rouge Black Chamber of Commerce  
National Medical Association  
National Association of State Offices of Minority Health  
Mississippi Department of Health  
New York City Department for the Aging

### Patient Safety

LeadingAge (formerly the American Association of Homes and Services for the Aging)  
Kentuckiana Health Alliance (UAW/Ford Community Health Initiative)  
Mississippi Library Commission  
Service Employees International Union  
University of Wisconsin

### Prevention

American Cancer Society  
New York City Housing Authority  
Partnership for Clear Health Communication  
Rhode Island Health Literacy Project  
Wisconsin Education Association Trust

# QIO DIRECTORY

## **Alabama**

AQAF  
[www.aqaf.com](http://www.aqaf.com)

## **Alaska**

Mountain-Pacific Quality Health  
[www.mpqhf.org](http://www.mpqhf.org)

## **Arizona**

Health Services Advisory Group  
[www.hsag.com](http://www.hsag.com)

## **Arkansas**

Arkansas Foundation for  
Medical Care  
[www.afmc.org](http://www.afmc.org)

## **California**

Health Services Advisory Group  
[www.hsag.com](http://www.hsag.com)

## **Colorado**

Colorado Foundation for  
Medical Care  
[www.cfm.org](http://www.cfm.org)

## **Connecticut**

Qualidigm  
[www.qualidigm.com](http://www.qualidigm.com)

## **Delaware**

Quality Insights of Delaware  
[www.qide.org](http://www.qide.org)

## **District of Columbia**

Delmarva Foundation of the District  
of Columbia  
[www.delmarvafoundation.org](http://www.delmarvafoundation.org)

## **Florida**

FMQAI  
[www.fmqai.com](http://www.fmqai.com)

## **Georgia**

Georgia Medical Care Foundation  
[www.gmcf.org](http://www.gmcf.org)

## **Hawaii**

Mountain-Pacific Quality Health  
[www.mpqhf.org](http://www.mpqhf.org)

## **Idaho**

Qualis Health  
[www.qualishealth.org](http://www.qualishealth.org)

## **Illinois**

IFMC-IL  
[www.ifqhc.org](http://www.ifqhc.org)

## **Indiana**

Health Care Excel  
[www.hce.org](http://www.hce.org)

## **Iowa**

Iowa Foundation for Medical Care  
[www.internetifmc.com](http://www.internetifmc.com)

## **Kansas**

Kansas Foundation for  
Medical Care  
[www.kfmc.org](http://www.kfmc.org)

## **Kentucky**

Health Care Excel  
[www.hce.org](http://www.hce.org)

## **Louisiana**

eQHealth Solutions  
[www.eqhealthsolutions.com](http://www.eqhealthsolutions.com)

## **Maine**

Northeast Health Care Quality  
Foundation  
[www.nhcqf.org](http://www.nhcqf.org)

## **Maryland**

Delmarva Foundation for  
Medical Care  
[www.delmarvafoundation.org](http://www.delmarvafoundation.org)

## **Massachusetts**

MassPRO  
[www.masspro.org](http://www.masspro.org)

## **Michigan**

MPRO  
[www.mpro.org](http://www.mpro.org)

## **Minnesota**

Stratis Health  
[www.stratishealth.org](http://www.stratishealth.org)

## **Mississippi**

Information and Quality Healthcare  
[www.iqh.org](http://www.iqh.org)

## **Missouri**

Primaris  
[www.primaris.org](http://www.primaris.org)

## **Montana**

Mountain Pacific Health Quality  
[www.mphqf.org](http://www.mphqf.org)

# QIO DIRECTORY

## **Nebraska**

CIMRO of Nebraska  
[www.cimronebraska.org](http://www.cimronebraska.org)

## **Nevada**

HealthInsight  
[www.healthinsight.org](http://www.healthinsight.org)

## **New Hampshire**

Northeast Health Care Quality  
Foundation  
[www.nhcqf.org](http://www.nhcqf.org)

## **New Jersey**

Healthcare Quality Strategies, Inc.  
[www.hqsi.org](http://www.hqsi.org)

## **New Mexico**

New Mexico Medical Review  
Association  
[www.nmmra.org](http://www.nmmra.org)

## **New York**

IPRO  
[www.ipro.org](http://www.ipro.org)

## **North Carolina**

The Carolinas Center for  
Medical Excellence  
[www.thecarolinascenter.org](http://www.thecarolinascenter.org)

## **North Dakota**

North Dakota Health Care Review  
[www.ndhcrci.org](http://www.ndhcrci.org)

## **Ohio**

OhioKePRO  
[www.ohiokepro.com](http://www.ohiokepro.com)

## **Oklahoma**

Oklahoma Foundation for  
Medical Quality  
[www.ofmq.com](http://www.ofmq.com)

## **Oregon**

Acumentra Health  
[www.acumentra.org](http://www.acumentra.org)

## **Pennsylvania**

Quality Insights of Pennsylvania  
[www.qipa.org](http://www.qipa.org)

## **Puerto Rico**

QIPRO  
[www.qipro.org](http://www.qipro.org)

## **Rhode Island**

Quality Partners of Rhode Island  
[www.qualitypartnersri.org](http://www.qualitypartnersri.org)

## **South Carolina**

Carolinas Center for Medical Excellence  
[www.thecarolinascenter.org](http://www.thecarolinascenter.org)

## **South Dakota**

South Dakota Foundation for  
Medical Care  
[www.sdfmc.org](http://www.sdfmc.org)

## **Tennessee**

QSource  
[www.qsource.org](http://www.qsource.org)

## **Texas**

TMF Health Quality Institute  
[www.tmf.org](http://www.tmf.org)

## **Utah**

HealthInsight  
[www.healthinsight.org](http://www.healthinsight.org)

## **Vermont**

Northeast Health Care  
Quality Foundation  
[www.nhcqf.org](http://www.nhcqf.org)

## **Virgin Islands**

Virgin Islands Medical Institute  
[www.vimipro.org](http://www.vimipro.org)

## **Virginia**

VHQC  
[www.vhqc.org](http://www.vhqc.org)

## **Washington**

Qualis Health  
[www.qualishealth.org](http://www.qualishealth.org)

## **West Virginia**

West Virginia Medical Institute  
[www.wvmi.org](http://www.wvmi.org)

## **Wisconsin**

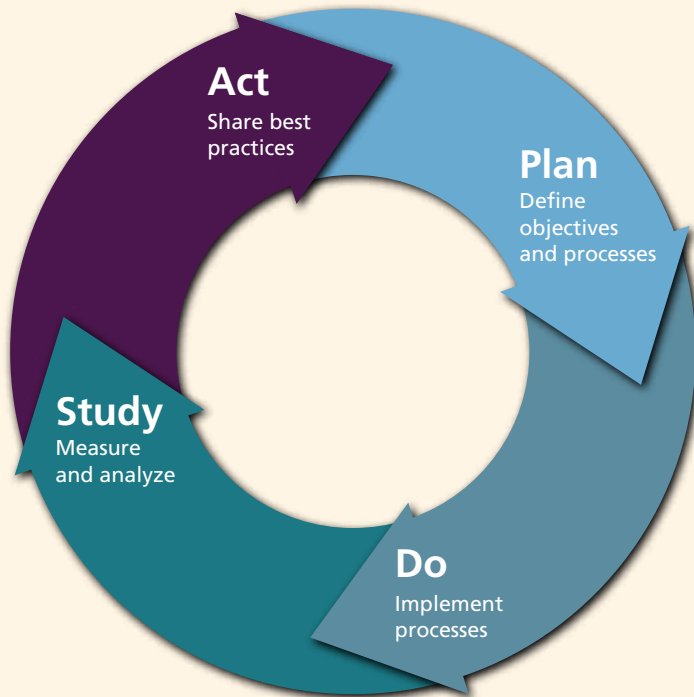
MetaStar  
[www.metastar.com](http://www.metastar.com)

## **Wyoming**

Mountain-Pacific Quality Health  
[www.mpqhf.org](http://www.mpqhf.org)

# USING CLINICAL EVIDENCE TO IMPROVE CARE

QIOs use the best available scientific evidence to drive improvements in health care quality. One proven technique for improving quality is the Plan-Do-Study-Act (PDSA) cycle. The PDSA cycle is integral to the QIO Program's work.



*The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study." [See Deming WE. *The New Economics for Industry, Government, and Education*. Cambridge, MA: The MIT Press; 2000.]*

## PLAN

CMS identifies clinical topics affecting large numbers of beneficiaries where improved quality and increased efficiency would lead to better outcomes.

CMS identifies clinical standards of quality for each topic and the evidence basis for those standards.

CMS identifies providers in each state and territory who need to improve care to meet the clinical standards for the topic.

## DO

QIOs recruit providers for participation in improvement initiatives.

QIOs apply improvement methods like root cause analysis and Lean to advise providers about the most effective changes to improve processes of care.

QIOs share best practices and improvement tools with providers, such as model policies, data collection instruments, and clinical reminders.

## STUDY

CMS reviews provider data quarterly to measure improvement.

QIOs share data with providers to support and sustain change.

## ACT

QIOs share best practices with each other that can be applied to further improve performance on the clinical topic.

CMS compiles data from all QIO improvement projects, which becomes part of the evidence basis for future work.

# QIO

## INCREASING THE VALUE OF HEALTH CARE

CMS envisions an America where patient-centered, high quality care is delivered efficiently. As the steward of the health care services provided to enrollees in Medicare, Medicaid and the Children’s Health Insurance Program — many of who are our country’s most vulnerable residents — CMS must ensure that these individuals have access to high quality care. This role becomes even more critical as the projected rate of growth in health care costs climbs at an unsustainable rate.

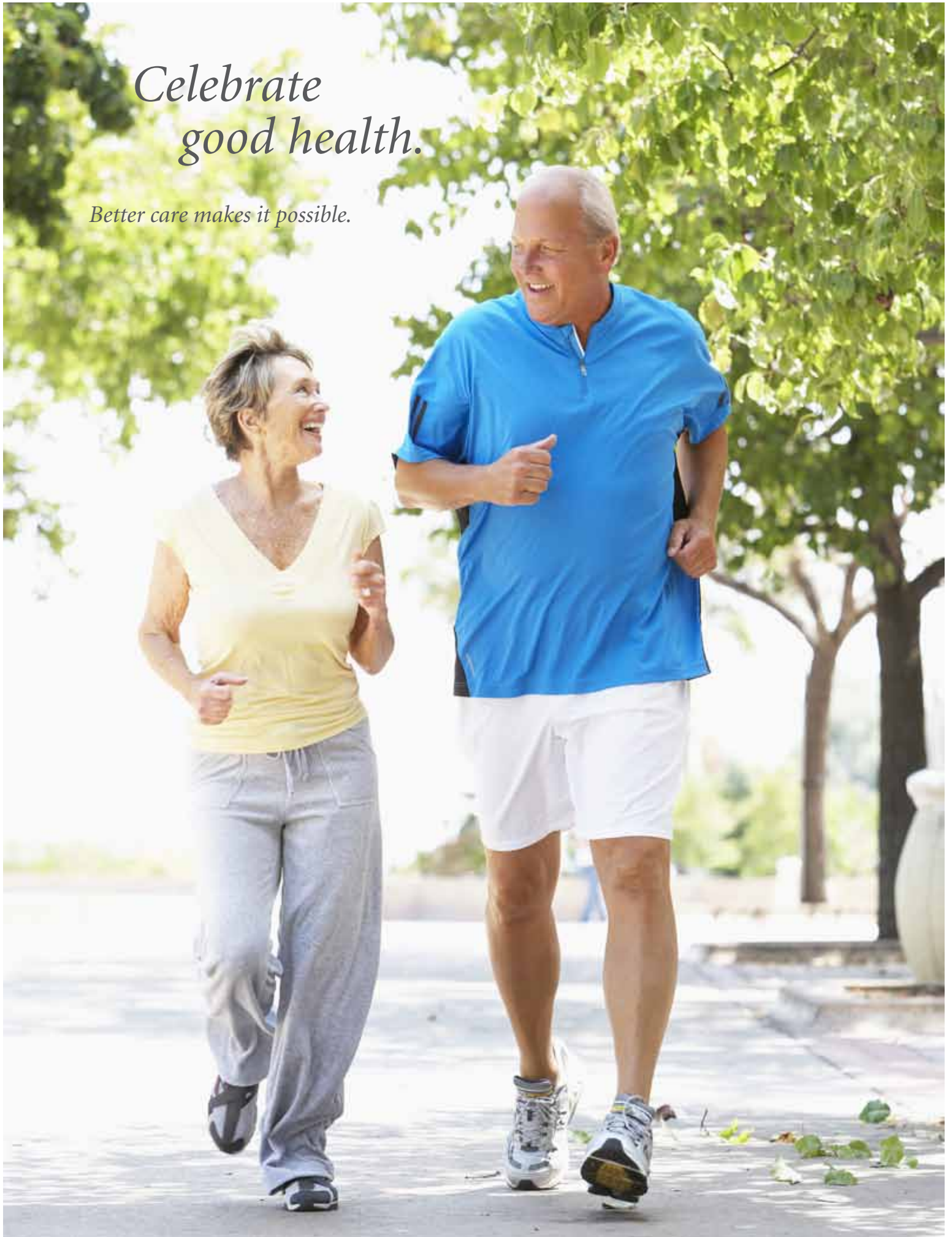
Improving health quality is a challenging task, but that doesn’t mean better care always costs more. Something as simple as consistent hand washing by health care professionals can prevent patients from getting infections in the hospital that often cost thousands of dollars to treat. This is value: care that is linked to better patient outcomes and delivered in the most efficient manner.

The QIO Program plays a leading role in increasing the value of health care for Medicare beneficiaries. Here is how QIOs in every state and territory are bringing health care providers, patients and community resources together to realize key elements of health care value:

- Effectiveness — Implementing evidence-based approaches with hospitals and nursing homes to prevent and treat pressure ulcers, reduce surgical complications, and prevent health care-acquired infections.
- Access — Reducing the burden of diabetes on minority populations by bringing diabetes self-management education to Medicare beneficiaries in disadvantaged communities.
- Safety and Transparency — Ensuring that hospitals report accurate data about clinical performance for publication on the Hospital Compare and Nursing Home Compare websites.
- Smooth Transitions — Coaching Medicare beneficiaries and their families on how they can prevent hospital readmissions by taking an active role in their health care.
- Electronic Health Records (EHRs) — Training primary care physicians how to make full use of EHR functions to coordinate lifesaving preventive services and report clinical data.

*Celebrate  
good health.*

*Better care makes it possible.*



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## RESOURCES

**1-800-MEDICARE** answers questions about Medicare eligibility, enrollment and benefits. Trained representatives are available 24 hours a day, 7 days a week. It also connects Medicare beneficiaries with their local QIO to address quality of care complaints and review appeals of discontinued services.

**Advancing Excellence in America's Nursing Homes Campaign** helps nursing homes improve quality of care and quality of life for more than 1.5 million residents in America's nursing homes.  
[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

**Agency for Healthcare Research and Quality (AHRQ)** is a federal agency for research focusing on health care quality, costs, outcomes and patient safety.  
[www.ahrq.gov](http://www.ahrq.gov)

**Care Transitions Project** is one of the key elements of the QIOs' work. The Project's website includes a wealth of resources about providing seamless transfers of care across settings and reducing unnecessary hospital readmissions.  
[www.cfmc.org/caretransitions](http://www.cfmc.org/caretransitions)

**Centers for Medicare & Medicaid Services (CMS)** website offers numerous resources for providers including regulations and guidance; research, statistics, and data; and outreach and education.  
[www.cms.gov](http://www.cms.gov)

**CMS Quality Improvement Organizations** website provides more detail about the QIO Program, including a program overview, fact sheets, executive summaries, and links to more information about health care quality improvement.  
[www.cms.gov/qualityimprovementorgs](http://www.cms.gov/qualityimprovementorgs)

**Home Health Quality Improvement (HHQI) National Campaign** is a grassroots effort led by the QIO Program with the vision of reducing avoidable hospitalizations and improving medication management.  
[www.homehealthquality.org](http://www.homehealthquality.org)

**Hospital Compare** helps consumers choose facilities by providing reports on hospital performance data in three categories: specific medical conditions, surgical procedures, and patient survey feedback.  
[www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

**Medicare.gov** is the official U.S. government website for Medicare beneficiaries, providing extensive information about the program, benefits offered, resources for assistance and application for participation.  
[www.medicare.gov](http://www.medicare.gov)

**Medicare Learning Network** is the official CMS national provider education network designed to promote national consistency of Medicare provider information developed for CMS initiatives.

**Nursing Home Compare** helps consumers make decisions about nursing home facilities by rating the performance of all Medicare and/or Medicaid-certified nursing homes; comparisons are based on health inspections, staffing levels and quality measures.  
[www.medicare.gov/NHCompare](http://www.medicare.gov/NHCompare)

**QIO News**, a publication of CMS' Office of Clinical Standards and Quality, is your source for the latest in Medicare quality improvement news.  
[www.qionews.org](http://www.qionews.org)

**QualityNet** is the only CMS-approved website for secure communications and healthcare quality data exchange between QIOs, hospitals, physician offices, nursing homes, and data vendors. The site also features quality reporting news, resources, and data reporting tools and applications.  
[www.qualitynet.org](http://www.qualitynet.org)

