



Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

QIO Program: Moving Forward

Leading rapid, large-scale change in health quality

In August 2011, the Centers for Medicare & Medicaid Services gave the Quality Improvement Organization (QIO) Program an updated charter for leading change. Here are some of the biggest differences between today's Program and that of the past:

- Goals are bolder. The QIO Program supports the aims of the Department of Health and Human Services' National Quality Strategy. Providers that work with their QIO, for example, will contribute to improved cardiac health, fewer avoidable hospital readmissions, and a 40% national reduction in health care-acquired conditions.
- The patient is at the center. By including the voice of the beneficiary in all their activities, QIOs are leading the way to patient-centered care. They will equip both providers and patients for shared health care decision making through a national Patient and Family Engagement Campaign.
- All improvers are welcome. Embracing "boundarilessness" as a prerequisite for system-wide change, QIOs are breaking down organizational, cultural and geographic barriers. Initiatives are open to providers at all levels of clinical performance that make a commitment to improvement.
- Everyone teaches and learns. Through large-scale learning and action networks, QIOs are accelerating the pace of change and rapidly spreading best practices. Improvement initiatives include collaborative projects, online interaction and peer-to-peer education.
- Greater value is fostered. QIOs will support CMS' new value based purchasing programs with technical assistance to providers that includes sharing best practices, assisting with data analysis and conducting improvement activities.

A major force and trustworthy partner for improvement

The QIO Program is the largest federal program dedicated to improving health quality at the community level. QIOs in every state and territory, united in a network administered by CMS, have the flexibility to respond to local needs. From August 2011 through July 2014, health care providers and other quality stakeholders who participate in QIO initiatives can:

- Improve Individual Patient Care. QIO patient safety initiatives in hospitals will reduce central line bloodstream infections by implementing the Comprehensive Unit-Based Safety Program (CUSP), then expand to encompass catheter-associated urinary tract infections, *Clostridium difficile* and surgical site infections. All Medicare-participating hospitals also will receive QIO technical assistance for reporting inpatient and outpatient quality data to CMS.

In nursing homes, work initially targets pressure ulcers and physical restraints, then evolves to address other health care-acquired conditions, such as falls and catheter-associated urinary tract infections.



"The foundation for all of our health quality improvement initiatives is the Three-Part Aim and five basic principles: seeking input and listening to patients' and providers' needs; working collaboratively across CMS, the government and nation; striving for continual improvement via learning networks; measuring the most important components of health quality and aligning incentives; and always doing what's best for patients and families."

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Continued

Quality Improvement Organization Program

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To decrease adverse drug events, QIOs are bringing community pharmacists, physicians and facilities together in local Patient Safety Clinical Pharmacy Services Collaboratives (PSPC), following the successful HRSA model.

- **Improve Health for Populations and Communities.** QIOs are assisting physician practices that want to use their electronic health record system to coordinate preventive services and report related quality measures to CMS. Practices also can participate in a learning network focused on reducing patient risk factors for cardiac disease. QIOs will partner with their local Health Information Technology Regional Extension Center (REC) to promote health IT integration into clinical practice.
- **Integrate Care for Populations and Communities.** QIOs are bringing together hospitals, nursing homes, patient advocacy organizations and other stakeholders in community coalitions. Goals are to build capacity for improving care transitions and to support the coalition's success in obtaining grant funding through Section 3026 of the Affordable Care Act.
- **Deliver Beneficiary and Family Centered Care.** QIO Program improvement initiatives result in safer, more effective patient care, lead to better health for populations and communities, and drive lower health care costs through improvement. QIOs also fulfill CMS' obligation to protect the rights of Medicare beneficiaries by reviewing complaints about quality and appeals about the denial or discontinuation of health care services.

Learn more and become involved

The QIO Program invites all health care providers and health quality stakeholders—including patients and their families—to be a part of its new improvement initiatives. To express an interest, contact your local QIO. A directory is provided in the Program's "Advances in Quality" report. More information also is available at www.cms.gov/qualityimprovementorgs.