

## QIO Program:

# Quality Innovation Network – Quality Improvement Organizations

Better Health, Better Care, Lower Cost



## QIO Program Transformation

In August 2014, the Centers for Medicare & Medicaid Services (CMS) established a new functional structure for the Quality Improvement Organization (QIO) Program that delivers program value to Medicare beneficiaries and their families, maximizes learning and collaboration for improving care, and supports the spread and sustainment of effective new practices and models of care. The Program separated the review of Medicare beneficiary quality of care concerns and appeals from quality improvement work carried out in provider and community settings. Two Beneficiary and Family Centered-Quality Improvement Organizations (BFCC-QIOs), covering all 50 states and three territories, address quality of care concerns and appeals, while 14 Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) work with providers, stakeholders, and Medicare beneficiaries to improve the quality of health care for people with targeted health conditions.

## QIN-QIOs

QIN-QIOs bring Medicare beneficiaries, providers, and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality. QIN-QIOs are skilled in creating opportunities for providers to learn from each other, applying advanced improvement and analytical methods, engaging Medicare beneficiaries and their families, and structuring processes for sustaining positive change. QIN-QIOs serve regions of two to six states, rapidly spreading best practices for better care, while still accommodating local conditions and cultural factors.

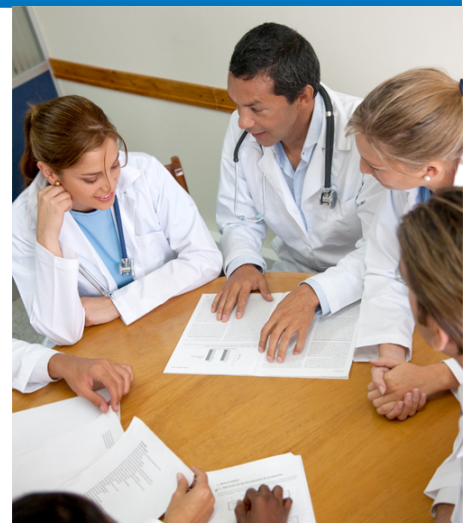
## Foundational Principles

Although the structure of the QIO Program has changed, CMS' commitment remains the same: driving rapid, large-scale change that puts the person at the center of care and contributes to better patient care, better population health, and lower costs through improvement. The work of QIN-QIOs is grounded in foundational principles that align with the goals of the CMS Quality Strategy: (a) eliminating disparities; (b) strengthening infrastructure and data systems; (c) enabling local innovation; and (d) fostering learning organizations. For the remainder of their current five-year performance period, QIN-QIOs will build on this platform to accomplish these major goals:

### Improve the Health Status of Communities

Goal 1: Promote Effective Prevention and Treatment of Chronic Disease by:

- Working with physicians to provide more effective treatment to patients at risk for heart attack and stroke, especially those in underserved populations.
- Reducing disparities in diabetes care by supporting self-management education in disadvantaged communities.



The Quality Improvement Organization (QIO) Program is an integral part of the U.S. Department of Health and Human Services' National Quality Strategy and is one of the largest federal programs dedicated to improving health quality at the community level. This network of experts in quality improvement works in partnership with patients and families, providers, communities, and health care stakeholders in every setting in which care is delivered. QIN-QIOs assist Medicare beneficiaries and their families, providers, and communities to: make care safer, support active engagement and self-management of chronic conditions, eliminate health disparities, promote best practices for healthy living, improve access to care, and make care affordable. To learn more, visit [www.qioprogram.org](http://www.qioprogram.org).

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## Health Services Advisory Group

The QIN-QIO for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands  
[www.hsag.com](http://www.hsag.com)



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- Helping physician practices use electronic health records to their full potential, and to make sure patients receive preventive services
- Improving routine assessment of patients' vaccination status; improving immunization rates, especially in minority and underserved populations; and increasing documentation of Medicare beneficiary immunization status in immunization registries where available.
- Providing technical assistance for primary care providers to increase screening rates for depression and alcohol use disorder; and assisting inpatient psychiatric facilities to improve care transitions for people with behavioral health conditions by achieving reductions in the rate of 30-day, all-cause readmissions for inpatient psychiatric discharges.

### **Promote Safe Care that is Person and Family-Centered, Reliable and Accessible**

Goal 2: Make Care Safer and Reduce Harm Caused in the Delivery of Care by:

- Spreading the principles of antimicrobial stewardship in outpatient settings at the point of care where antibiotics are prescribed; assisting health care facilities to monitor, reduce and prevent misuse and/or overuse of antibiotics.
- Targeting prevention of healthcare-acquired conditions in nursing homes, and – in all patient safety efforts – facilitating collaboration, innovation, and enhanced person and family engagement.

Goal 3: Promote Effective Communication and Coordination of Care by:

- Helping community stakeholders, providers, patients, and families organize for better coordination of care

transitions, improved discharge communication, better access to community services and for broader sharing of evidence-based approaches to reduce avoidable hospital readmissions, especially in vulnerable populations affected by poor care coordination.

- Working with providers and stakeholders across care settings to reduce potential adverse drug reactions, medication errors, overdoses, allergic reactions and other adverse drug events; promoting medication management strategies, especially for high-risk medications like anticoagulants, opioids, and diabetic agents.

### **Provide Better Care at Lower Cost**

Goal 4: Make Care More Affordable by:

- Helping physicians and other eligible clinicians understand the Medicare Quality Payment Program and make a smooth transition from volume-based to value-based reimbursement by increasing their capacity to collect and report data, improve clinical quality, use health IT effectively, and manage the total cost of care.
- Helping hospitals participate successfully in Medicare's quality reporting programs and use these data to improve their clinical performance.
- Innovating through QIN-QIO Special Innovation Projects that advance efforts for better care at lower cost.

### **Learn More and Become Involved**

The QIO Program invites all providers, community stakeholders, Medicare beneficiaries, family members and caregivers to become partners in its improvement initiatives. To get involved, contact your QIN-QIO: [www.qioprogram.org/contact](http://www.qioprogram.org/contact).