

Welcome!

Barry M. Straube, MD

*CMS Chief Medical Officer and
Director of the Office of Clinical Standards and Quality*

I am pleased to provide you with the first issue of Medicare's *QIO News*, designed to update you quarterly on the Centers for Medicare & Medicaid Services (CMS) Quality Improvement Organization (QIO) Program and its initiatives for delivering better care to people with Medicare.

I recognize the importance of keeping you, as a valued partner and collaborator in the health care system, informed without being overwhelmed with information. This *QIO News* format aims to do just that; my goal is to help keep you in touch with some of our quality improvement efforts and provide convenient Web links for additional information that most interests you.

For example, to learn more about the QIO Program and to access a directory of the organizations participating in the Program, see www.cms.hhs.gov/QualityImprovementOrgs.

For success stories, and tools and resources used by the QIOs, visit www.medqic.org.

The QIO Program helps CMS achieve the goals of its quality initiatives, some of which will be the focus of highlights in *QIO News*. Staffed with quality experts to serve providers who request assistance, QIOs provide proven resources, free of charge, to improve quality of care across all health care settings.

We hope you will encourage your affiliates and contacts to connect with the resources of the Program and/or engage with the QIOs, when appropriate, in helping foster an environment around quality.

We look forward to continued success in collaboration with you, our national partners, as we work together to improve the quality of American health care and ensure the right care for every person, every time.

Feel free to click on the e-mail comment link below to send a question or a comment. We value your opinion.

Please send questions and comments to:
OCSQBox@cms.hhs.gov.

Thank you.

IN THIS ISSUE

- [Medicare's QIO Program and Quality Roadmap](#)
- [2006 National Healthcare Quality Report: Data on QIO Program Impact](#)
- [Culturally Competent Care](#)
- [Advancing Excellence in America's Nursing Homes](#)
- [Home Health Quality Improvement Campaign](#)
- [Fistula First](#)
- [Physician Quality Reporting Initiative](#)
- [Hospital Payment Monitoring Program](#)
- [Surgical Care Improvement Project](#)

QIO Program Highlights

- [QIO Program Offers Tool to Educate Physicians on Electronic Health Records/Care Management](#)
- [Study: QIO Nursing Home Efforts Represent "Good Value" for Medicare](#)
- [QIO Develops Tool to Help Short-term Acute Care Hospitals Track Payment Errors](#)
- [QIO Web Site Captures Use of Colorectal Cancer Tests](#)

PASS IT ON! 

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

Medicare's QIO Program and Quality Roadmap

Supporting Medicare's Vision: To achieve a transformed and modernized health care system
The Centers for Medicare & Medicaid Services (CMS) works to encourage continued improvement in the quality and efficiency of, and access to, health care for Medicare beneficiaries. A key resource for improving quality is the Quality Improvement Organization (QIO) Program.

CMS utilizes its QIO Program to help the agency achieve its vision, which is a transformed and modernized health care system. There are 53 QIOs, independent contractors that work in every U.S. state, the District of Columbia, Puerto Rico, and the Virgin Islands helping CMS make health care better, more affordable, and more accessible for Medicare beneficiaries.

The work of the Program is focused on home health agencies, hospitals, nursing homes, and physician offices to help them improve processes, outcomes, and efficiency of care for the Medicare population.

CMS' Quality Roadmap helps identify and guide agency priorities in improving quality. The Roadmap underscores our commitment to develop innovative partnerships and quality measurements, to publish measurement data and information, to perform as payer in a way that expresses our commitment to quality, to promote technology adoption by providers, and to bring effective new clinical treatments to beneficiaries more rapidly.

Learn more about the Roadmap at:
<http://www.cms.hhs.gov/CouncilonTechInnov/downloads/qualityroadmap.pdf>.

2006 National Healthcare Quality Report: Data on QIO Program Impact

The *2006 National Healthcare Quality Report*, released in January by the Agency for Healthcare Research and Quality (AHRQ), attributed significant gains in quality to CMS partnerships and the QIOs, recognition that CMS is pleased to acknowledge. The report shows that QIO-related quality measures improved at an average rate of 10%, compared to improvement of only 3.4% for non-QIO measures.

In the hospital setting, the report found that QIO measures for good heart attack care showed the greatest improvement of all core measures addressed in the report, at 15.0% per year. This rate of improvement is markedly better than the 9.2% rate reported in 2005 and more than five times the 2.6% overall rate of improvement for all non-hospital core measures. QIO measures of the quality of hospital care for pneumonia and for heart failure also showed high rates of improvement (11.7% and 8.4%, respectively) compared with all other measures.

For more information, please visit:
<http://www.ahrq.gov/qual/nhqr06/nhqr06.htm>.

On June 11th, AHRQ released more detailed quality data for each state. See
<http://statesnapshots.ahrq.gov/>.

Culturally Competent Care

QIOs are also working with physicians and physician practices to implement the Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS standards). As part of this effort, QIOs are informing physicians about the Office of Minority Health tool, "A Family Physician's Practical Guide to Culturally Competent Care," and another e-learning tool titled "Quality Interactions."

For more information on cultural competency resources, please visit www.omhrc.gov.

Advancing Excellence in America's Nursing Homes

QIOs are playing a key role in the national Advancing Excellence in America's Nursing Homes campaign. The campaign has set measurable goals in clinical quality and operational improvement that will lead to better care in the nation's 16,000-plus nursing homes. Since its launch on September 29, 2006, more than 5,300 nursing homes across America have voluntarily registered for the campaign at www.nhqualitycampaign.org. Participating nursing homes choose to work on three of the eight measurable quality goals established by the campaign. QIOs are working with local partners to promote the campaign and are providing technical assistance to providers. We appreciate our many partners who work in close

collaboration with CMS and the QIOs to make this campaign a success.

Home Health Quality Improvement Campaign

The Home Health Quality Improvement National Campaign is another significant partnering effort, with the focus on reducing acute care hospitalization rates among clients of home health agencies. The campaign has more than 5,000 participating agencies and is publishing monthly best practice intervention packages on its Web site, www.homehealthquality.org.

Fistula First

QIOs are also assisting their colleagues at the 18 End Stage Renal Disease (ESRD) Networks to educate and inform providers on the need for AV fistulas as the optimum access for hemodialysis, a critical effort in CMS' approach to quality in the area of treatment for kidney failure, or ESRD.

By leveraging QIOs to help increase awareness and use of AV fistulas for hemodialysis access in Medicare beneficiaries with ESRD, CMS is helping improve the quality of health care for this vulnerable population. Our valued partners and stakeholders have played a tremendous role in the Fistula First awareness campaign, and we look forward to your continued involvement.

For more information, please visit <http://www.fistulafirst.org>.

Physician Quality Reporting Initiative

The Physician Quality Reporting Initiative (PQRI) is a CMS program that will provide a financial incentive for physicians and other eligible professionals to voluntarily report quality data. Data will be reported for services provided from July 1 through December 31, 2007, under the Medicare Physician Fee Schedule. QIOs provide important support for PQRI by distributing information on the program to physician practices, other eligible professionals, and other interested parties.

For more details on PQRI, see www.cms.hhs.gov/PQRI.

Hospital Payment Monitoring Program

QIOs are charged with helping to ensure that hospitals are accurately reimbursed for the care provided. QIO efforts include conducting projects in their respective jurisdictions to help hospitals find areas prone to payment error and to implement process changes to prevent them. QIOs identified overpayments of \$14.7 million to acute care inpatient hospitals in a sample of FY 2006 claims. When this sample figure is statistically projected to the total universe of claims, there were potentially \$4.4 billion dollars overpaid to these providers. QIOs are currently leading 53 projects involving over 600 hospitals nationwide, with over \$86 million in projected savings to the Medicare trust fund.

For more information, please visit <http://www.cms.hhs.gov/CERT/CR> and <http://www.hmpresources.org>.

Surgical Care Improvement Project

The Surgical Care Improvement Project (SCIP) is a national quality initiative that helps improve surgical care by significantly reducing surgical complications. The national goal is to reduce surgical complications by 25% by the year 2010. More than 3,200 hospitals are submitting data on SCIP quality measures.

The QIOs are critically important to the success of SCIP, providing on-site assistance to providers, establishing state and regional collaboratives, and leading SCIP-related communications efforts with stakeholders and providers across the country.

QIOs help distribute a SCIP consumer tip sheet, titled "Tips for Safer Surgery," that provides consumers with easy questions they can ask their doctors and nurses about their surgical care. Recently, a Spanish version of the tip sheet was distributed through the QIOs.

For more information, tools, successful interventions, literature resources, please visit www.medqic.org/scip



QIO Program **Highlights**

QIO Program Offers Tool to Educate Physicians on Electronic Health Records / Care Management

DOQ-IT (Doctor's Office Quality Information Technology) University, or DOQ-IT U, is an interactive, Web-based tool designed to provide solo and small to medium-sized physician practices with education on successful adoption of health information technology. DOQ-IT U offers lessons on culture change, vendor selection, operational redesign, and clinical processes. This e-learning system is available to physician offices nationally at no charge.

DOQ-IT U is the first of its kind e-learning platform to provide assistance to physicians across the U.S. in the adoption and implementation of electronic health records and care management practices.

More than 4,300 physician practice sites have registered for DOQ-IT U.

Learning modules available now focus on physician office workflow redesign, culture change, and communication necessary for successful adoption of electronic health records (EHRs), implementation of care management strategies, and incorporation of a strong patient self-management component into clinical care.

A technical advisory panel has been convened to provide content, consultation, and evaluation of the DOQ-IT U modules. Members include representatives of the American College of Physicians, the American Academy of Family Physicians, the American Board of Internal Medicine, the Healthcare Information and Management Systems Society, and the American Health Information Management Association; private payers; and patient self-management experts.

For more information, see CMS' DOQ-IT U Web site at <http://elearning.qualitynet.org>.

Study: QIO Nursing Home Efforts Represent "Good Value" for Medicare

A study published in the Spring 2007 issue of Health Care Financing Review finds that QIO work in nursing homes represents "a very sound investment for CMS, and by extension, taxpayers."

"Even with conservative assumptions about QIO Program impact, investment in QIO nursing home QI activities appears to be a good value for health care dollars," write study authors Anthony Shih, MD, MPH, of The Commonwealth Fund; Diane M. Dewar, PhD, of the University of Albany; and Thomas Hartman, of IPRO, the QIO for the state of New York.

The authors use data on three of the five quality measures most frequently addressed by QIOs during the first national QIO nursing home improvement effort (2002–2005): short-stay residents with moderate to severe pain; long-stay residents with moderate to severe pain; and residents with physical restraints. The analysis was stratified into three levels, each assuming a percent of overall improvement that could be attributed to QIO interventions: 50 percent, 75 percent, and 100 percent.

At 50 percent attribution (assuming that the QIO Program was responsible for 50 percent of the improvement in nursing home care), the study authors estimate:

- 10,144 fewer short-stay residents experienced moderate to severe pain;
- 23,483 fewer long-stay residents experienced moderate to severe pain;
- 13,416 fewer residents were physically restrained.

At 100 percent attribution (assuming that the QIO Program was responsible for all of the improvement in nursing home care), the study authors estimate:

- 20,288 fewer short-stay residents experienced moderate to severe pain;
- 46,966 fewer long-stay residents experienced moderate to severe pain;
- 26,832 fewer residents were physically restrained.

The study, "Medicare's Quality Improvement Organization Program Value in Nursing Homes," is

available at

http://www.cms.hhs.gov/HealthCareFinancingReview/08_2007%20Edition.asp.

QIO Develops Tool to Help Short-Term Acute Care Hospitals Track Payment Errors

The Hospital Payment Monitoring Program (HPMP) team at the New Mexico Medical Review Association (NMMRA) has developed an electronic reporting tool to assist hospitals in their compliance efforts. The tool helps short-term acute care facilities track the types of payment errors occurring in their facilities and the dollar costs associated with these errors.

The Hospital-Specific Actual Payment Error Report (H-SAPER) summarizes the final results of claims submitted by hospitals to Medicare that were denied or adjusted after review by NMMRA. H-SAPER provides hospitals with a comprehensive look at erroneous claims. The tool creates a report which summarizes information contained in the review letters sent to hospitals by the QIO. This information includes error type, error code, and beneficiary identifying information for each claim for which an error was found. In addition, H-SAPER includes the original payment amount, net payment error amount and final payment amount—information that is not included in review letters.

Unlike the Program for Evaluating Payment Patterns Electronic Report (PEPPER), which identifies potential payment errors for various target categories, H-SAPER gives hospitals information on the actual payment errors incurred. Hospitals

can sort the information by category of error, reason for the error, and the timeframe in which the error occurred, to identify gaps in admission, coding, and billing processes.

Reports are distributed quarterly via QualityNet (QNet) Exchange to those facilities that have had at least one new error in the latest time period. Many hospital compliance officers have chosen to become QNet Exchange users to gain access to these reports in a timelier way.

For more, please visit the NMMRA Web site, <http://www.nmmra.org/news.php?id=55>.

QIO Web Site Captures Use of Colorectal Cancer Tests

An online database created by the Carolinas Center for Medical Excellence (CCME) is the only tool of its kind for calculating national, state and county rates of use of colorectal cancer tests in the Medicare population. The tool has undergone two updates since its creation in 2000 and now includes data for 1998–2004.

See: www.thecarolinascenter.org/crcreport.

The data show that out of more than 39 million Medicare enrollees eligible for colorectal cancer screening during the period 1998–2004, only 52.1% had any colorectal cancer test. Lower screening rates were found for beneficiaries aged 85 and older, members of minority racial/ethnic groups, those eligible for Medicaid, and those eligible for Medicare because of a disability.

For a description of a collaborative project to increase colorectal testing rates in the Medicare population, see www.thecarolinascenter.org/mrnc_web/data/crcproject.aspx