QIO FACT SHEET

Medicare QIOs and Care Transitions

Opportunities for Improving Care Transitions

The United States has a 17.6% rate of hospital readmissions within 30 days of discharge. The process by which patients move from hospitals to other care settings is increasingly problematic as hospitals shorten lengths of stay and as care becomes more fragmented. Medicare patients report greater dissatisfaction related to discharges than to any other aspect of care that CMS measures.

In general, rehospitalization rates and health care utilization vary substantially across geographic locations, suggesting opportunities for improvement in areas with higher observed rates. The Medicare Payment Advisory Commission estimates that up to 76% of readmissions within 30 days of discharge may be preventable.

Where QIOs Are Focusing

QIOs in 14 participating states are working to promote seamless transitions from the hospital to home, skilled nursing care or home health care. Their goal is to not only reduce hospital readmissions within 30 days of discharge but also to create a model for improving care transitions.

- Providence, RI
- Upper Capitol Region, NY
- Western PA
- Southwestern NJ
- Metro Atlanta East, GA
- Tuscaloosa, AL
- Evansville, IN
- Greater Lansing Area, MI
- Omaha, NE
- Baton Rouge, LA
- North West Denver, CO
- Harlingen, TX
- Whatcom County, WA
- Miami-Dade, FL

How QIOs Are Making an Impact

Each Care Transitions QIO has identified a target community within its state, is implementing improvement plans that coordinate hospital and community-based systems of care, and will closely monitor results.

Continued

The Medicare QIO Program

The Centers for Medicare & Medicaid Services (CMS) improves health care for all Americans through a network of 53 Quality Improvement Organizations (QIO); one in each U.S. state as well as the District of Columbia, Puerto Rico and the Virgin Islands. With expertise in health care quality improvement and experience in related areas that include data analysis and social marketing, QIO staff engage health care providers on a local level to align processes of care with evidence-based standards that are associated with the best patient outcomes. QIOs are private, primarily non-profit organizations that provide services to CMS in a three-year contract period called a "Statement of Work" (SOW); an evaluation process determines the award of future work. The current contract cycle is the 9th SOW and will end in July 2011.

Medicare Quality Improvement Program
www.cms.hhs.gov/qualityimprovementorgs
OCSQBox@cms.hhs.gov

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

QIO

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QIOs are implementing three types of interventions:

- Hospital and community interventions to improve processes of care at a system level—interventions may include redesigning discharge protocols, adopting information technology solutions, or creating a new protocol for transferring hospital patients to skilled nursing facilities;
- Interventions that impact hospital readmission for specific diseases or conditions, such as acute myocardial infarction, congestive heart failure (CHF) and pneumonia—these may include, for example, CHF disease management programs or the Care Transitions Intervention (providing patients with a "transition coach" and education in self-management skills); and
- Interventions that address community-specific reasons for hospital readmission—interventions may include creating services, such as palliative care, that can decrease the readmission rate simply because patients previously had no alternative to hospitalization.

How QIOs Measure Results

CMS will measure the rate of hospital readmissions in the Care Transitions communities. CMS will also determine whether the strategies that each QIO takes have been used throughout the entire project and their degree of success in reducing rehospitalizations. To meet these goals, QIOs are leading many projects at the local level to improve care coordination and quality.

For More Information

Medicare QIO Program (www.cms.hhs.gov/qualityimprovementorgs) provides an overview of the QIO Program.

MedQIC (www.qualitynet.org/medqic) is a resource for quality improvement interventions and associated tools, toolkits, presentations and other resources. (Click on "Care Coordination" for resources).

The Dartmouth Atlas of Health Care (www.dartmouthatlas.org) analyzes Medicare data to provide information about national, regional and local markets, as well as individual hospitals and their affiliated physicians.

Care Transitions QIOSC (www.cfmc.org/caretransitions) serves as a national clearinghouse for information about the work happening in each of the 14 QIOs across the country.

For additional QIO executive summaries, visit www.cms.hhs.gov/qualityimprovementorgs.

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