



FACT SHEET

Medicare QIOs and Health Disparities

Opportunities to Reduce Health Care Disparities

Between 1980 and 2005, the number of Americans with diabetes has more than tripled. Added to the statistic is the fact that African-Americans are almost twice as likely as Caucasians to be diagnosed with the disease and suffer from its complications.

CMS has directed Medicare QIOs in 7 states including Georgia, Louisiana, Maryland, New York, Mississippi, the District of Columbia, and the Virgin Islands, to target people with diabetes in minority populations and help them change their health behaviors to better control their disease.

The QIO approach joins physician practices with community educators to provide training in a collaborative environment. The program is based on Diabetes Self-Management Education (DSME), a method demonstrated to be effective in improving diabetes outcomes. The goal is to reduce the higher health burden of diabetes on racial and ethnic minorities.

Where QIOs Are Focusing

Participating QIOs are offering education through the Every Diabetic Counts program, which is designed to teach people with diabetes how to:

- Manage their blood sugar, blood pressure and cholesterol;
- Make healthy lifestyle choices, including diet and exercise;
- Understand diabetes medicines; and
- Reduce associated complications.

In addition to the focused Every Diabetic Counts program, CMS has directed all 53 QIOs to reduce health disparities across all of the 9th SOW Themes: Beneficiary Protection, Patient Safety, Prevention, Care Transitions and Chronic Kidney Disease. Defined underserved populations include persons who are African-American, Latino, Asian/Pacific Islander or American Indian/Alaska Native.

How QIOs Are Making an Impact

QIOs conducting the Every Diabetic Counts program have recruited physician practices with a large number of minority patients and connected them with trained community health workers to deliver culturally appropriate diabetes education. Patients are given the opportunity to participate in hands-on activities, engage in discussions with peers and take home resources designed to help them learn how to improve their diabetes care. To generate maximum participation, classes are taken to the participants and held in easy-to-reach community locations such as senior apartment buildings, churches, or public libraries.

The program engages the patient with the educator and follows a process to assess the needs of the patient, identify specific self-management goals, develop

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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

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interventions to achieve the goals and evaluate success in meeting the goals. QIO staff support the physician practices and community health workers throughout the project.

In addition, all QIOs are performing data analyses to identify disparities in care for any of the clinical topics they are addressing. When they identify disparities, for example, higher pressure ulcer rates among African-American patients than among Caucasian patients, QIOs conduct further analyses to determine the root cause of these differences. They then implement interventions to remove barriers to improvement, such as training nursing home staff in skin care for non-Caucasian patients.

How QIOs Measure Results

CMS monitors the number of diabetes patients that QIOs train, as well as how well those diabetes patients are following the lessons of their training and keeping their diabetes under control. CMS reviews clinical data to be sure that providers are working closely with patients to monitor cholesterol (lipid) levels, blood pressure readings, glycemic control (HbA1C), and eye health.

For More Information

Medicare QIO Program

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

Centers for Medicare and Medicaid Services

(www.cms.hhs.gov) is a resource to help support the delivery and promotion of Medicare benefits.

CMS Health Disparities Center (<http://www.cmspulse.org>)

is a clearinghouse for more information about all of CMS' health-disparities-related projects.

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

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