



OVERVIEW

Medicare Quality Improvement Organizations

Direct Assistance for Better Health Care

Quality Improvement Organizations (QIOs) provide direct technical assistance to physicians, hospitals and nursing homes to improve the value of health care services that are paid for by Medicare. They do this by helping health care providers align care processes with national standards that are clearly linked to better patient outcomes. Because their work focuses on many common diagnoses and procedures, and on health care providers who are in greatest need of improvement, QIO activities benefit all patients regardless of insurance status.

Expertise that Builds Capacity

QIO staff offer health care providers a wide range of expertise that helps them build the internal capacity to sustain and expand quality improvement initiatives. This expertise encompasses quality improvement techniques like root cause and failure mode effects analysis, Six Sigma and Lean, as well as intra-team communication, clinical data collection, intervention design, survey administration and statistical analysis.

An Evidence Base that Drives Results

QIO work builds on a growing base of scientific evidence about the most effective strategies for improving health care quality and efficiency. QIOs are expected to achieve results, and are held accountable by CMS for the performance of the health care providers that they assist. In their current three-year program with CMS, QIOs are focusing on the following priorities:

- **Beneficiary Protection.** Protecting the rights of Medicare beneficiaries who are concerned about the quality of their health care.
- **Patient Safety.** Improving the safety of care in America's nursing homes and hospitals by decreasing rates of pressure ulcers, physical restraints and MRSA, and by improving inpatient surgical safety and hospital care for heart failure.
- **Prevention.** Increasing rates of screening mammography, colorectal screening, and flu and pneumonia vaccination by helping primary care physicians make effective use of electronic health records.
- **Health Disparities.** Offering diabetes self-management education to people with diabetes in minority populations so they can better control their disease.
- **Chronic Kidney Disease (CKD).** Slowing the progression of kidney disease to kidney failure and supporting best practices for hemodialysis.
- **Care Transitions.** Improving patient transitions from the hospital to home, skilled nursing care or home health care with the goal of reducing unnecessary hospital readmissions.

“QIOs take the most cutting-edge, proven methods out to providers and help them deliver care that has greater value and quality for patients. They are the premier ‘go-to’ resource with the clinical training, quality improvement expertise, and passion to drive health care innovation.”

Barry M. Straube, M.D.
CMS Chief Medical Officer
Director, Office of Clinical
Standards and Quality

A National Network with Local Impact

The QIO Program is delivered locally through a national network of 53 independent QIOs located in each of the 50 states, the District of Columbia, Puerto Rico and the Virgin Islands. The entire network of QIOs is under the direction of the Centers for Medicare & Medicaid Services (CMS). QIOs engage providers and practitioners in focused quality improvement initiatives as part of CMS' commitment to ensuring consistent, high-quality health care for Medicare beneficiaries across the country.

For more information, including executive summaries about each of the current QIO priorities, please visit www.cms.hhs.gov/qualityimprovementorgs.

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