



# FACT SHEET

## Medicare QIOs and Prevention

### Opportunities for Better Preventive Care

Medicare now pays for more preventive services than ever; however, few beneficiaries are taking full advantage of them. Statistics show that Medicare patients visit their doctor six or more times a year, but few are aware of health risks that could be detected by simple tests.

The U.S. Preventive Services Task Force estimates that mammograms every one to two years may reduce the risk of dying from breast cancer by 30%. In fact, when cancer is detected and treated before it has spread outside of the breast, 98% of women survive for five years or more.

The Centers for Disease Control and Prevention indicates a 90% survival rate for colorectal cancer if it is found early and treated. Screening rates are so low that less than 40% of colorectal cancer is found early.

The majority of pneumonia deaths and approximately 90% of all flu deaths occur in adults over age 65. Even with increased attention given to the importance of timely immunizations, the number of Americans who receive influenza and pneumococcal vaccinations is still well below the government's target rate.

CMS has tasked its 53 QIOs with increasing the number of Medicare beneficiaries who take advantage of these potentially life-saving preventive services.

### Where QIOs Are Focusing

QIOs are working with primary care physician practices to leverage the power of Electronic Health Record (EHR) systems to increase rates of:

- Mammography;
- Colorectal cancer (CRC) screening;
- Influenza immunizations; and
- Pneumococcal pneumonia immunizations.

EHR systems are a computerized repository for patient health information that may include patient demographics, progress notes, medications, vital signs, medical history, immunizations, laboratory data and radiology reports.

Practices engaged in QIO prevention projects are learning how to modify clinical workflows to achieve greater efficiency with EHRs, fully utilize EHRs to coordinate patient care, and extract and report data from their EHR system to support quality improvement.

### How QIOs Are Making an Impact

QIOs are working with primary care practices that have already implemented a certified EHR system to:

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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**

[www.cms.hhs.gov/qualityimprovementorgs](http://www.cms.hhs.gov/qualityimprovementorgs)

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- Track preventive care, tests and immunizations;
- Generate clinical reminders at the point of care;
- Identify patients who have not received preventive services;
- Trigger alerts about potential drug interactions;
- Measure preventive service rates at the practice level; and
- Report performance on preventive care and quality of care indicators.

More than 2,000 primary care practices are participating nationwide; QIO staff share best practices by visiting physician offices, as well as through teleconferences and webinars. Learning how to fully utilize the features and benefits of an EHR will, over time, result in better patient outcomes and enhance the investment physicians have made in technology.

### How QIOs Measure Results

QIOs are held accountable for the results they achieve in helping health care providers improve how they use certified EHR systems and how this use improves the rate of patients using preventive services. By the end of the project, QIOs must have achieved the following performance goals through their participating practices.

- Screening mammography rates will demonstrate at least a 7% relative improvement.
- Colorectal cancer screening rates will demonstrate at least a 10% relative improvement.
- Influenza immunization rates will demonstrate at least a 7% relative improvement.
- Pneumococcal immunization rates will demonstrate at least a 7% relative improvement.
- Participating practices are expected to have electronically reported quality data to CMS at least three times for each of the four preventive care measures.

### For More Information

#### Medicare QIO Program

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

#### Centers for Medicare and Medicaid Services

([www.cms.hhs.gov/PrevntionGenInfo](http://www.cms.hhs.gov/PrevntionGenInfo)) is a resource to help support the delivery and promotion of Medicare preventive benefits.

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

#### Centers for Disease Control and Prevention

([www.cdc.gov](http://www.cdc.gov)) is an online source for credible, reliable health and safety information.

**American Cancer Society** ([www.cancer.org](http://www.cancer.org)) is committed to fighting cancer through research, education, patient service, advocacy and rehabilitation.

For additional QIO executive summaries, visit [www.cms.hhs.gov/qualityimprovementorgs](http://www.cms.hhs.gov/qualityimprovementorgs).