Quality Improvement Organizations
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CENTERS FOR MEDICARE & MEDICAID SERVICES

Public Listening Session for Future Development of the QIO Program

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QIO Program Overview

- The Quality Improvement Organization (QIO) Program is authorized by law to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries

- QIOs are a major force and trustworthy partner for the continual improvement of health and health care for all Americans

- QIOs provide technical assistance and serve as and create learning organizations throughout the country

Purpose of the Listening Session

To solicit input from stakeholders on innovative ways that QIOs, in partnership with CMS, can:

- Maximize learning and collaboration in healthcare quality improvement and value with local, state, and regional organizations
- Demonstrate value to beneficiaries, patients, and taxpayers
- Support the spread of effective new models of care
- Help to achieve the goals of the Quality Strategy

CMS Quality Strategy

Foundational Principles:

- Enable innovation
- Foster learning organizations
- Eliminate disparities
- Strengthen infrastructure and data systems

Make care safer

Strengthen person and family engagement

Promote effective communication and coordination of care

Promote effective prevention and treatment

Promote best practices for healthy living

Make care affordable

Input Received on Activities Necessary to Achieve the Goals of the CMS Quality Strategy

- Facilitate the organization of local communities and build momentum for change within the community
- Support the development learning communities and include patients and families as key participants
- Measure activities, reviewing and quickly responding to data
- Use principles of idealized design, constantly question and test assumptions
- Conduct and apply operations research principles, reduce waste using lean techniques
- Expand numerical literacy, health system economics, and systems mapping information

QUESTION 1

What’s missing from the list? What if anything shouldn’t be on the list?

Communities

- Hospitals
- Nursing Homes
- Home Health Agencies
- Physician Offices
- Pharmacies
- Patients and Families
- Hospice
- DME
- Managed Care Organizations
- Others as dictated by the data
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- Communities supported by QIOs, ESRD Networks, State-based organizations, HENs, PSOs, Federal and State Partners, and many others

Better Health
Better Healthcare
Lower Costs Through Improvement

FOUNDATIONAL PRINCIPLES

ELIMINATE DISPARITIES
STRENGTHEN INFRASTRUCTURE AND DATA SYSTEMS
ENABLE LOCAL INNOVATIONS
PATIENT AND FAMILY ENGAGEMENT
FOSTER LEARNING ORGANIZATIONS AND COMMUNITY ORGANIZING

- Cardiac Health Improvement — Million Hearts
- Medication Management — XX % Reduction in ADEs
- Readmission/ Admission Reduction — 20% Reduction
- Prevention Initiatives
- Value Based Improvements — XX% reduction in the gap between safety net hospitals and non-safety net hospitals
- Spread of integrated care approaches
- Locally Driven Community Innovation Projects — Community Decided Targets based on Data
- Behavioral Health Initiatives
- Reduction in Multiple Cause HACs in all settings — 40% Reduction

Question 2

What are you thoughts on multi-functional learning communities driven by the data to make change?

Question 3

How can CMS build in continuous feedback and measurement strategies that include both local and national data to measure progress and identify new aims?

Question 4

How can QIOs contribute to supporting emerging integrated care systems across the country?

Question 5

If all things were possible, what is the single most important thing to consider for the future of the QIO Program?

Industry Comments

- The email address for submitting industry comments is: OCSQBox@cms.hhs.gov
- Comments must be submitted no later than 5:00 p.m. (local prevailing time—Baltimore, MD) on December 31, 2012
- CMS will review and consider industry comments for inclusion in the final Draft Statement of Work (SOW). CMS will not address questions about the Draft SOW.