

QIO Program: Beneficiary and Family Centered Care



Making Care More Patient-Centered

Health care is personal. Every individual's experience with the health care system is different—influenced by preferences and values, family situation, cultural traditions, and lifestyle. Because these factors strongly affect health outcomes, patient-centered care is increasingly a top priority in every health care setting.

The Quality Improvement Organization (QIO) Program is an ally in this effort. From August 2011 through July 2014, Medicare beneficiaries, caregivers, and health care providers are encouraged to join in local and national initiatives to increase patient and family engagement. Beneficiaries and families also will have the opportunity to contribute to local QIO improvement initiatives.

A Major Force for Improvement

QIOs in every state and territory, united in a network administered by the Centers for Medicare & Medicaid Services (CMS), have the flexibility to respond to local needs. At the same time, they offer patients and providers the opportunity to contribute to broader health quality goals, such as those set by the U.S. Department of Health & Human Services' National Quality Strategy. Current QIO Program initiatives are supported by a wide range of national and local partners that include major health advocacy organizations and agencies that work with older Americans.

Empowering Beneficiaries and Families

Some of the QIO Program's newest beneficiary and family centered initiatives include:

Centralized response to concerns. The Beneficiary and Family Centered Care National Coordinating Center now responds to all Medicare beneficiary concerns about quality of care, meaning patients and their advocates receive consistent information and assistance nationwide. The Center coordinates with local QIOs or other community resources to ensure timely resolution.

Increased dialogue with Medicare beneficiaries. QIOs have expanded opportunities for listening to and addressing beneficiary and family concerns, and are using the information they gather to improve Medicare's entire system of health care. For example, when complaint review confirms a quality problem, QIOs work with the provider to identify opportunities to modify and improve their processes for delivering quality care.

QIO Program Patient and Family Engagement Campaign. Beginning in August 2012, local QIOs will offer tools and strategies that equip health care providers to engage patients and families, as well as provide self-advocacy information to Medicare beneficiaries and caregivers. Every state and territory will participate in the campaign, which is part of CMS' national commitment to patient-centered care.



The QIO Program is an integral part of the U.S. Department of Health and Human Services' National Quality Strategy and is the largest federal program dedicated to improving health quality at the community level. As a major force and trustworthy partner for the continual improvement of health and health care for all Americans, QIOs work with patients, providers and practitioners across organizational, cultural and geographic boundaries to spread rapid, large-scale change. The work that QIOs perform spans every setting in which health care is delivered, even the critical transitions between those settings. The Program focuses on three aims: better patient care, better individual and population health, and lower health care costs through improvement.

Continued

Quality Improvement Organization Program

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QIO Program:

Beneficiary and Family Centered Care



Leading rapid, large-scale change in health quality

People with Medicare have the right to quality health care. In addition to addressing beneficiary and family concerns, QIOs work to remove the socioeconomic, educational and cultural barriers that can prevent access to health care. They also bring together health care providers and community stakeholders for rapid learning and action that improves patient care, improves the health of populations and communities, and lowers health care costs through improvement. Current QIO Program priorities include:

Improving Individual Patient Care. Current QIO Program improvement initiatives with nursing homes initially target pressure ulcers and physical restraints, then evolve to address other health care-acquired conditions, such as falls and catheter-associated urinary tract infections. To decrease adverse drug events, QIOs are bringing clinical pharmacists, physicians and primary care clinics together in local collaboratives to improve care coordination for patients who take multiple medications. With hospitals, QIOs are focusing resources on reducing health care-associated infections.

Improving Health for Populations and Communities. Local QIOs are helping physicians collect and use data from electronic health records to measure and improve their clinical performance, including the rates of preventive services they provide. In addition, QIOs link communities nationwide to the "Million Hearts Campaign." This joint initiative of CMS, the American Heart Association, and other health care stakeholders aims to reduce cardiac risk factors that include hypertension, smoking and high cholesterol.

Integrating Care for Populations and Communities. QIOs are bringing together hospitals, nursing homes, patient advocacy organizations, agencies that serve seniors, and other stakeholders in community coalitions to reduce avoidable hospital readmissions. While improvement strategies include improving the hospital discharge planning process, they also incorporate a strong emphasis on activating patients to play a greater role in managing their own health.

Learn More and Become Involved

The QIO Program invites all beneficiaries, caregivers and health care providers to be part of its new improvement initiatives. To express an interest, contact your local QIO. A directory is available online at www.cms.gov/qualityimprovementorgs.