



RECENT ACCOMPLISHMENTS

QIO Program

Through the Quality Improvement Organization (QIO) Program, health care providers nationwide have delivered safer, more effective care to Medicare beneficiaries over the last three years. The accomplishments of hospitals, nursing homes and physicians who worked with their local QIO demonstrate what every provider with the will to change can accomplish. Their success in preventing health care-associated infections, reducing health care-acquired conditions, improving rates of preventive services and decreasing avoidable rehospitalizations have established a foundation for related, future QIO Program initiatives.

A national network with local impact

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. QIOs in every state and territory, united in a network administered by the Centers for Medicare & Medicaid Services (CMS), have the ability to focus health care quality improvement resources and expertise at the community level.

From August 2008 through July 2011, health care providers who worked with their QIO improved clinical performance and contributed to national progress in five key areas:

- **Patient Safety.** More than 1,250 nursing homes virtually eliminated the use of physical restraints and decreased pressure ulcer rates by 22.2% relative to their baseline performance. Hundreds of hospitals reduced surgical complications and more than 450 began reporting information about hospital-acquired infections to the Centers for Disease Control and Prevention.
- **Prevention.** More than 1,700 primary care physicians used the capabilities of their electronic health record system to coordinate preventive care, leading to increased rates of screening mammograms, colorectal screening, and influenza and pneumonia vaccination.
- **Care Transitions.** More than 1,125,500 Medicare beneficiaries were affected by community-based initiatives to reduce avoidable hospital readmissions in 14 states. In total, participating communities reduced admissions per 1,000 beneficiaries by 5.6%, compared to a 3.4% reduction in 52 peer communities.
- **Health Disparities.** Through community-based initiatives in seven states, more than 8,600 disadvantaged Medicare beneficiaries with diabetes completed self-management education that equipped them to better control their disease and live a healthier life.
- **Chronic Kidney Disease (CKD).** National and local partners, like the Renal Physicians Association, National Kidney Foundation and their affiliates, participated in work in 11 states to help primary care providers identify CKD in earlier stages and slow the progression of renal failure.

Continued

“The foundation for all of our health quality improvement initiatives is the Three-Part Aim and five basic principles: seeking input and listening to patients’ and providers’ needs; working collaboratively across CMS, the government and nation; striving for continual improvement via learning networks; measuring the most important components of health quality and aligning incentives; and always doing what’s best for patients and families.”

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A patient-centered approach

QIO Program improvement initiatives result in safer, more effective health care for patients, lead to better health for patients and populations, and support lower health care costs through improvement.

QIOs also fulfill CMS' obligation to protect the rights of Medicare beneficiaries by reviewing complaints about quality and appeals about the denial or discontinuation of health care services. When review of these cases identifies a problem that may be indicative of a larger quality issue, QIOs engage health care providers in quality improvement activities.

For example, when one QIO reviewed a beneficiary complaint about a patient's difficulty regaining consciousness after sedation for a diagnostic procedure, it found that the hospital lacked a standard process for ordering post-procedure medications. The QIO worked with the hospital to replace verbal orders with computerized orders entered directly by the physician, which reduced the likelihood of patients receiving harmful combinations of medications.

Building on success, aiming even higher

Moving forward, QIOs will be convening local health care providers for patient safety initiatives that target hospital-associated infections and nursing home-acquired pressure ulcers. They also will be bringing community pharmacists, physicians and facilities together in collaboratives to improve drug safety. Other QIO initiatives include assisting physician practices that want to use their electronic health record system to report quality measures for preventive services, as well as supporting communities that are building capacity for a comprehensive approach to care transitions.

For more information

The QIO Program invites all health care providers and health quality stakeholders—including patients and their families—to be a part of its new improvement initiatives. To express an interest, contact your local QIO. A directory is provided in the Program's "Advances in Quality" report. More information also is available at www.cms.gov/qualityimprovementorgs.