

# MEDICARE

## 9th Scope of Work and the Quality Improvement Program

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# 9<sup>th</sup> Scope of Work (SOW)

Begins August 2008

## **Aim**

To improve quality of care and provide protection for all Medicare beneficiaries

## **Major Themes:**

- Patient Pathways/Care Coordination
- Patient Safety
- Prevention
- Beneficiary Protection

# Themes of 9<sup>th</sup> SOW

## **Focus**

There will be an overarching focus throughout all Themes:

- Value-Driven Healthcare
- Adoption and Use of Health Information Technology
- Reduction of Health Disparities

# Patient Pathways/Care Coordination Theme

- Will work in a limited number of communities to decrease re-hospitalization
- Empower community leaders, providers, and beneficiaries through information
- Convene collaborativesto improve transition
- Provide data on changes in rehospitalizationrates

# Patient Safety Theme

Quality Improvement Organizations (QIOs) will work to do the following:

- Reduce avoidable pressure ulcers
- Reduce restraint use in nursing homes
- Continue improving rate of surgical infections (SCIP)
- Reduce MRSA infections in hospitals
- Improve drug safety

# Prevention Theme

- Work with physician offices to improve utilization of preventive services
- Decrease incidence and progression of Chronic Kidney Disease (CKD)
- Focus on disparities – improve preventive care for the diabetic population.

# Beneficiary Protection Theme

- Will emphasize statutory and regulatory mandated review activity and quality improvement.
- Focus on enhancing QIO collaboration with the Beneficiary Complaint Survey Contractor, FIs, Carriers, etc.
- Clearly establish the link between case review and quality improvement through data analysis and improvement assistance.

# IOM Pathways to Quality Healthcare

- Performance Measurement: Accelerating Improvement
- Medicare's Quality Improvement Organization Program: Maximizing Potential
- Rewarding Provider Performance: Aligning Incentives in Medicare

# IOM Report: Key Conclusions

- The quality of the health care received by Medicare beneficiaries has improved over time.
- The existing evidence is inadequate to determine the extent to which the QIO program has contributed directly to those improvements.
- The QIO Program provides a potentially valuable nationwide infrastructure dedicated to promoting quality health care.

# IOM Report: Key Conclusions

- The value of the program could be enhanced through the use of strategies designed to:
  - Focus the QIO's attention to provision of technical assistance in support of quality improvement.
  - Broaden their governance base and structure
  - Improve CMS's management of related data systems and program evaluation.

# IOM Recommendations

1. Make the QIO program an integral part of strategies for performance measurement and improvement in the U.S. healthcare system
2. QIOs and CMS should encourage all providers to pursue quality improvement
3. Congress and CMS should strengthen QIO organizational and governance structure
4. Congress and CMS should develop alternate mechanisms to manage complaints, appeals and case reviews

# IOM Recommendations

5. The Secretary and CMS should revise the QIO program's data handling practices to make data available to providers and QIOs in a timely manner for use in improving services and measuring performance
6. CMS should improve its program management
7. Program evaluations:
  - program as a whole
  - individual QIOs with respect to the core contract
  - selected interventions
  - independent, external evaluation of the program

# IOM Recommendations

## 8. Program funding:

- concentrate on supporting performance measurement and quality improvement
- partition case review budget funds.

# CMS Actions to Date

- Internal review and QIO Program Redesign paper
- Preliminary 9<sup>th</sup> SOW content discussions with QIOs and others
- Intensive design process with HHS/CMS
- Early discussions with OMB
- Identification of cross-setting themes and issues
- Linkage to HHS Secretary priorities
- Incorporation of IOM, SFC recommendations

# CMS Actions to Date

- Internal program management changes
  - Management assessment and restructure
  - CO and RO redesign
  - Training of staff on key functions
  - Communication evaluation and restructure
  - Outreach to QIOs, AHQA and others
  - Site visits to QIOs to assess needed changes
  - Partnering between OCSQ and Contract office to improve contracting process
  - Inclusion of all OCSQ Groups, CMS components and HHS in QIO Program

# CMS Actions to Date

- External outreach
  - Partnering with SFC and other Congressional communities
  - Possible inclusion of QIO program in plans for quality alliances, value-driven healthcare, CMS quality initiatives, P4P-value based purchasing planning, Medicare Advantage and Medicare Part D planning
- “Branding” the QIOs to be the automatic “Go-To” for anything involving performance management and quality improvement.

# Key Websites

<http://www.cms.hhs.gov/>

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