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The Medicare Quality Improvement Organization Program Summary of the 8th QIO Statement of Work (2005-2008)

Quality Improvement Organizations (QIOs) in every state, the District of Columbia, Puerto Rico and the Virgin Islands are preparing to sign three year contracts with the Centers for Medicare & Medicaid Services for the 8th Medicare QIO Statement of Work (8th SOW). Under the 8th SOW, QIOs will help health care providers deliver the right care to every person, every time.

The 8th SOW significantly expands the breadth and volume of QIO activities to improve the quality of health care. QIOs will work in nursing homes, home health agencies, hospitals, physician practices, and Medicare Advantage and prescription drug plans to accelerate the pace of quality improvement. QIOs will promote health information technology adoption and use, help redesign care processes to be more effective and efficient, share best practices, and support organizational culture change. They will protect beneficiaries and the Medicare program by reviewing beneficiary complaints, hearing appeals, and monitoring and improving hospital payment error rates.

QIOs must demonstrate statewide improvement in quality measures, and achieve a greater degree of improvement in a subset of providers/practitioners/plans that the QIO works with more intensively (the Identified Participant Group or “IPG”). In addition to the task-specific expectations described below, each QIO will be evaluated for provider satisfaction with the assistance they received from their QIO, and the level of provider and beneficiary knowledge of the QIO’s services.

Task 1a – Nursing Home. In this task, QIOs must --

- Achieve statewide improvement of as much as 30% in nursing home care for pressure ulcers, physical restraints and management of depressive symptoms.
- Work with an IPG of 10%-15% of nursing homes to improve performance by as much as 60% in care for pressure ulcers, physical restraints and management of depressive symptoms. Also, assist these facilities to improve organizational culture as measured by increased resident and staff satisfaction and a 15% reduction in the number of Certified Nursing Assistants leaving before one year of employment.
- Work with a second IPG of 10%-15% of nursing homes to collect and submit quarterly data on assessment and treatment processes for new admissions (e.g. pressure ulcer risk assessment, depression screening/treatment).
- Decide whether to perform optional work on management of pain in long stay residents.
- Persuade 65% of nursing homes in state, as well as 100% of participants in the two IPGs, to set performance targets for pressure ulcers, physical restraints, and management of depressive symptoms.

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Task 1b – Home Health. In this task, QIOs must --

- Work with an IPG of 20% to 53% of Home Health Agencies (HHAs) (depending on total number in state) to reduce acute care hospitalizations by 50%.
- Achieve a 30% reduction in acute care hospitalizations statewide.
- Improve HHA performance on one other publicly reported OASIS measure selected by the QIO; depending on the measure, the required relative improvement must be 6% to 17% statewide, and 18% to 41% for the IPG.
- Work with a second IPG of 8% - 20% of agencies (depending on total number in state) to facilitate organizational culture improvement and implementation and use of telehealth technology.
- Increase HHA immunization screening by 50%, or achieve 80% statewide agency inclusion of influenza and pneumococcal immunizations in their comprehensive patient assessments.
- HHAs participating in both the clinical improvement and tele-health/organizational culture IPGs must achieve greater improvement on the clinical measures than those working only on clinical improvement.

Task 1c1 – Hospital. In this task, QIOs must –

Work with three Identified Participant Groups on different subtasks:

1. In the Appropriate Care Measure (ACM) subtask, improve IPG performance on a composite of the set of 10 publicly reported measures for heart attack, heart failure and pneumonia. Hospitals will represent a mix of urban and rural facilities that are spread across the range of performance levels.

- IPG must include 15% of PPS hospitals (minimum of 6 / maximum of 36)
- Ensure 100% of IPG hospitals improve ACM performance by 50%;

2. In Surgical Care Improvement Project (SCIP) subtask, improve IPG performance on a set of 13 surgical care processes in five areas (infection prevention, cardiovascular complications, venous thromboembolism, ventilator associated pneumonia, vascular access for dialysis), and improve statewide performance on 3 infection prevention measures (selection of pre-surgical antibiotics; timely antibiotics before surgery; discontinued antibiotics after surgery).

- IPG must include 15% of PPS hospitals (minimum of 6 / maximum of 36) that perform at least 300 major surgical procedures per year; hospitals in this IPG may also be in the ACM IPG.
- Get 50% of IPG hospitals to achieve 50% relative improvement across 13 measures.
- Assist hospitals in collecting the full set of 24 SCIP process and outcome measures.
- Assist ESRD Networks in implementing “Fistula First” (vascular access for dialysis).

3. Engage hospital leadership in support of the adoption and use of information technology (computerized physician order entry, bar coding or telehealth.)

- Hospitals must show progress in terms of readiness and/or use.
- IPG must include 15% of PPS hospitals or critical access hospitals (minimum of 6 / maximum of 36). These hospitals may not be included in the ACM or SCIP IPGs.

Statewide, QIOs must:

- Ensure that 95% of all hospitals submit valid data for the 10 publicly reported measures.
- Assist 25% of PPS hospitals to publicly report an expanded set of 23 quality measures for heart attack, heart failure, pneumonia and surgical infection prevention;
- Ensure hospitals statewide improve by 12% on each of 3 infection prevention measures.

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Task 1c2 – Critical Access Hospital/Rural Hospital. In this task, QIOs must --

Ensure critical access hospitals (CAH) statewide (maximum of 20) report both baseline and re-measurement figures for a new set of 12 CAH Quality Improvement measures, and demonstrate improvement on one or more of these measures..

Work with IPG hospitals' management to improve organizational culture supporting patient safety.

- IPG hospitals must provide baseline and re-measurement data from a staff climate survey and Patient Safety Checklist, and then show improvement in an area identified at baseline.
- IPG may include CAHs and rural PPS hospitals (minimum of 6 hospitals).

Task 1d1 – Physician Practice. In this task, QIOs must --

Assist at least five percent of physician practices in the state to improve in four areas:

1. Clinical information systems functional improvement (e.g. HIT adoption);
2. Care process improvement;
3. Reporting of clinical data on specific measures to a CMS Data Warehouse;
4. Improvement on clinical measures performance/results;

The QIO work will be spread across two Identified Participant Groups (IPGs). Eighty percent of the work will take place in small- and medium-sized physician practices.

At the time of re-measurement (22 months for Group 1, 10 months for Group 2), QIOs must meet minimum performance requirements, including:

- 75% of practices that did not have HIT systems at the time of baseline measurement must have an EHR or e-prescribing plus a registry;
- 50% must demonstrate improvement in care processes, in addition to using HIT;
- 10% must have initiated reporting to the CMS Data Warehouse;
- 75% of practices that already have HIT systems at baseline must demonstrate improvement in care processes;
- 25% must have initiated reporting to the CMS Data Warehouse.

Funding for work with both groups of physician practices will be incremental based on demand and physician satisfaction with QIO performance.

Work statewide and with Medicare Advantage (MA) plans and ESRD networks where appropriate to improve clinical performance measure results, as well as to create and support incentive programs with MA plans and other stakeholders.

Task 1d2 – Physician Practice: Underserved Populations. In this task, QIOs must --

- Work with between 20 and 50 physician practices in the state to promote the adoption of Culturally and Linguistically Appropriate Services (CLAS) standards.
- Work with 20-100 physicians in the state to provide cultural competency education and assess their cultural competency using a tool developed by the HHS Office of Minority Health.
- Assist another IPG that treats underserved patients in using health information technology.
- In vulnerable populations, improve by 4 percentage points the timely administration of flu and PPV immunizations, mammography screening for breast cancer, as well as timely testing of blood sugar, lipid levels and blindness in diabetes patients.

Task 1d3 -- Physician Practice/Pharmacy: Part D Benefit. In this task, QIOs must -- Conduct outreach to plans and providers; develop baseline levels for quality measures; and plan improvement projects.

Beginning in August 2006, improve the quality and safety of prescription drug delivery and medication use, including:

- Offering assistance to all Medicare Part D providers, practitioners, and plans (MA-PDPs and PDPs);
- Assisting physician offices with the adoption and implementation of e-prescribing;
- Working with physician practices and pharmacies on clinical performance measure improvement; and
- Responding to and tracking beneficiary written complaints regarding quality of care with respect to covered prescription medications.

Recruit and work with plans and providers on two projects out of the following four categories:

- Improve prescribing — e.g., focus on avoidable drugs in the elderly; clinically important drug interactions, or generic prescribing ratios; **or** Improve patient self-management through Medication Therapy Management Programs.
- Improve disease-specific therapy—improving management of patients who have specific conditions or receiving specific medications; **or** Develop and secure CMS approval for a QIO project addressing significant issues in drug therapy.

Task 3a: Beneficiary Protection. In this task, QIOs must --

Conduct statutorily mandated reviews that include (but are not limited to):

- Beneficiary quality of care complaints
- EMTALA (anti-dumping) reviews;
- Beneficiary appeals of discharge (both Medicare Advantage and fee-for-service appeals)
- Fiscal intermediary referrals
- Other assigned case reviews

Pass an evaluation based on timely reviews, and beneficiary satisfaction with both the complaint process and complaint outcome.

Staff and maintain a Medicare Helpline (including non-business days) to adjudicate appeals.

Task 3b: Hospital Payment Monitoring Program. In this task, QIOs must --

- Review CMS referred cases to estimate national and state payment error rates for short-term and long-term acute care facilities. Monitor hospital admission, coding and billing patterns to determine potential areas of inappropriate utilization, and coding and billing errors.
- Develop projects to maintain or reduce hospital payment error rates.

The American Health Quality Association is dedicated to improving the safety and effectiveness of health care. AHQA represents the national network of Quality Improvement Organizations (QIOs) that work with hospitals, medical practices, health plans, long-term care facilities, home health agencies, and employers to encourage the spread of best clinical practices and improve systems of care delivery. Visit: www.ahqa.org.

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