

Quality Improvement Organization (QIO) Program

Rural Population Health Learning Collaborative



Brief History of the QIO Program

- 1965 – Medicare became part of the Social Security program
- 1972 – Medicare Professional Standards Review Organizations to oversee quality of care
- 1982 – Peer Review Organizations (PROs) to protect Medicare beneficiaries
- 1996 – PROs targeted areas for improvement (diabetes, cardiovascular disease)
- 2002 – Quality Improvement Organizations (QIOs)
- 2014 – Quality Innovation Networks (QINs)

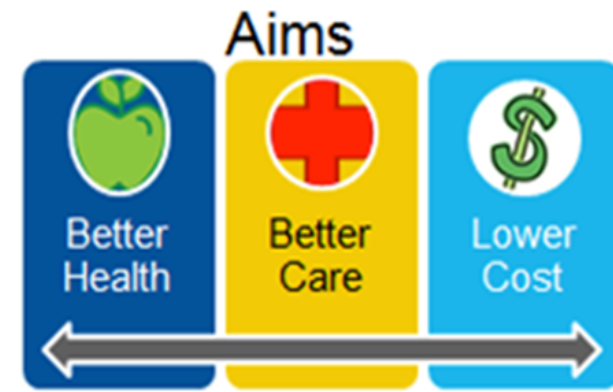
What are Quality Improvement Organizations?

- A Quality Improvement Organization (QIO) is a group of health quality experts, clinicians, and consumers organized to improve the care delivered to people with Medicare
- Led by the Centers for Medicare & Medicaid Services (CMS)

What do QIOs do?

- Work with all health care providers across the care continuum
 - Hospitals, Nursing Homes, Home Health Associations, Rural Health Centers, Critical Access Hospitals, etc.
- Bring local providers and community leaders together to work on improving the quality of health care and related community services

The QIO Program's Approach to Clinical Quality



Foundational Principles:

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

Goals

Make care safer

Strengthen person and family engagement

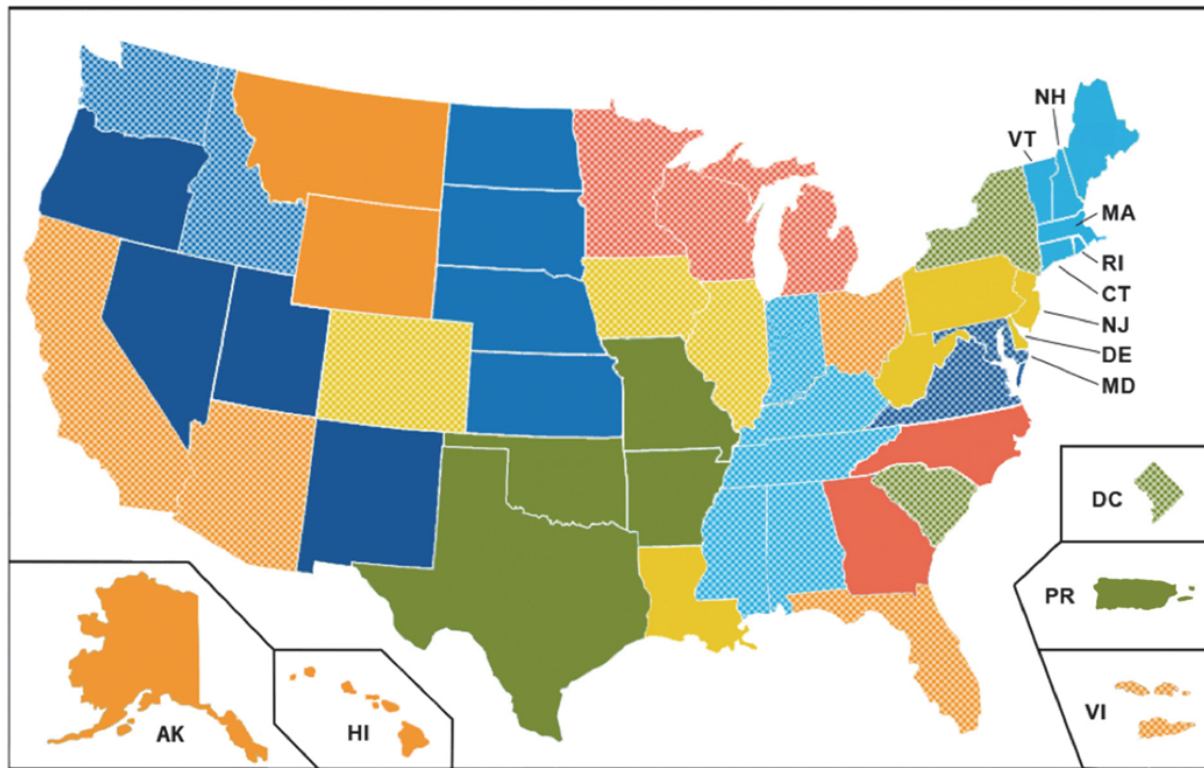
Promote effective communication and coordination of care

Promote effective prevention and treatment

Promote best practices for healthy living

Make care affordable

Quality Innovation Network - Quality Improvement Organizations



- Alliant - Georgia Medical Care Foundation
- Atlantic Quality Improvement Network
- atom Alliance
- Great Plains Quality Innovation Network
- HealthCentric Advisors
- HealthInsight
- Health Services Advisory Group
- Lake Superior Quality Innovation Network
- Mountain Pacific Quality Health Foundation
- Qualis Health
- Quality Insights Quality Innovation Network
- Telligen
- TMF
- VHQC

Current QIN-QIO Task Areas of Focus

Improve Population Health

- Improving Cardiac Health, Preventing Stroke, and Reducing Cardiac Disparities
- Reducing Disparities in Diabetes Care
- Coordinating Prevention through Health Information Technology
- Improve Adult Immunizations and Reduce Disparities










Improving the Health Care System

- Working Together to Reduce Healthcare-Associated Infections
- Reducing Healthcare-Acquired Conditions in Nursing Homes
- Promoting Effective Care Coordination and Communication (Includes Medication Safety)
- Improve Identification of Behavioral Health Conditions

Reduce the Cost of Care

- Reporting Quality Data to Improve Care
- Transforming Clinical Practice Initiative (TCPI)

National QIN-QIO Program Recruitment Figures

SETTING	B1 Cardiac	B2 Diabetes	B4 HIT	C1 Healthcare Associated Infections	C2 Nursing Homes ⁺	C3 Community	C3.6 Medication Safety	D1 Quality Improvement	F1 Immunization	QIN Total*	National Total
BENEFICIARIES 	--	2,343	--	--	--	11,638,518	3,748,823~	--	--	15,389,684	37,080,971
COMMUNITIES 	--	--	--	--	--	208	--	--	--	208	--
HOSPITALS 	--	--	317	984	--	945	325	703	56	3,330	4,814
NURSING HOMES 	--	--	--	--	7,754	1,426	122	--	--	9,302	15,518
HOME HEALTH 	2,027	--	--	--	--	643	61	--	692	3,423	12,438
HOSPICE 	--	--	--	--	--	230	2	--	--	232	--
CLINICIANS** 	3,006	1,026	8,278	--	--	132	93	18,634	3,870	35,039	898,620
PHARMACIES 	--	--	--	--	--	215	574	--	--	789	--
OTHER MEDICAL (ASC, IPF, PCH) 	--	--	--	--	--	30	--	660	--	690	--
OTHER (CBOS, ASSOCIATIONS, PAYERS, GOVERNMENT)	--	--	--	--	--	1,092	76	--	--	1,168	--

Self-reported data as of October 2015.

⁺ Nursing homes with participation agreements





* May contain duplicate counts. Estimated total based on a sum of reported providers/facilities participating in each task; overlap among tasks is likely.

** Count can represent either the practice level or individual providers

~ Approximate

National Total Sources - Beneficiaries: *CMS Denominator File*; Hospitals: *Health Services Provider Table*; Nursing Homes: *Nursing Home Compare*; Clinicians: *Physician Compare*

National QIN-QIO Program Recruitment Figures – Rural Reach*

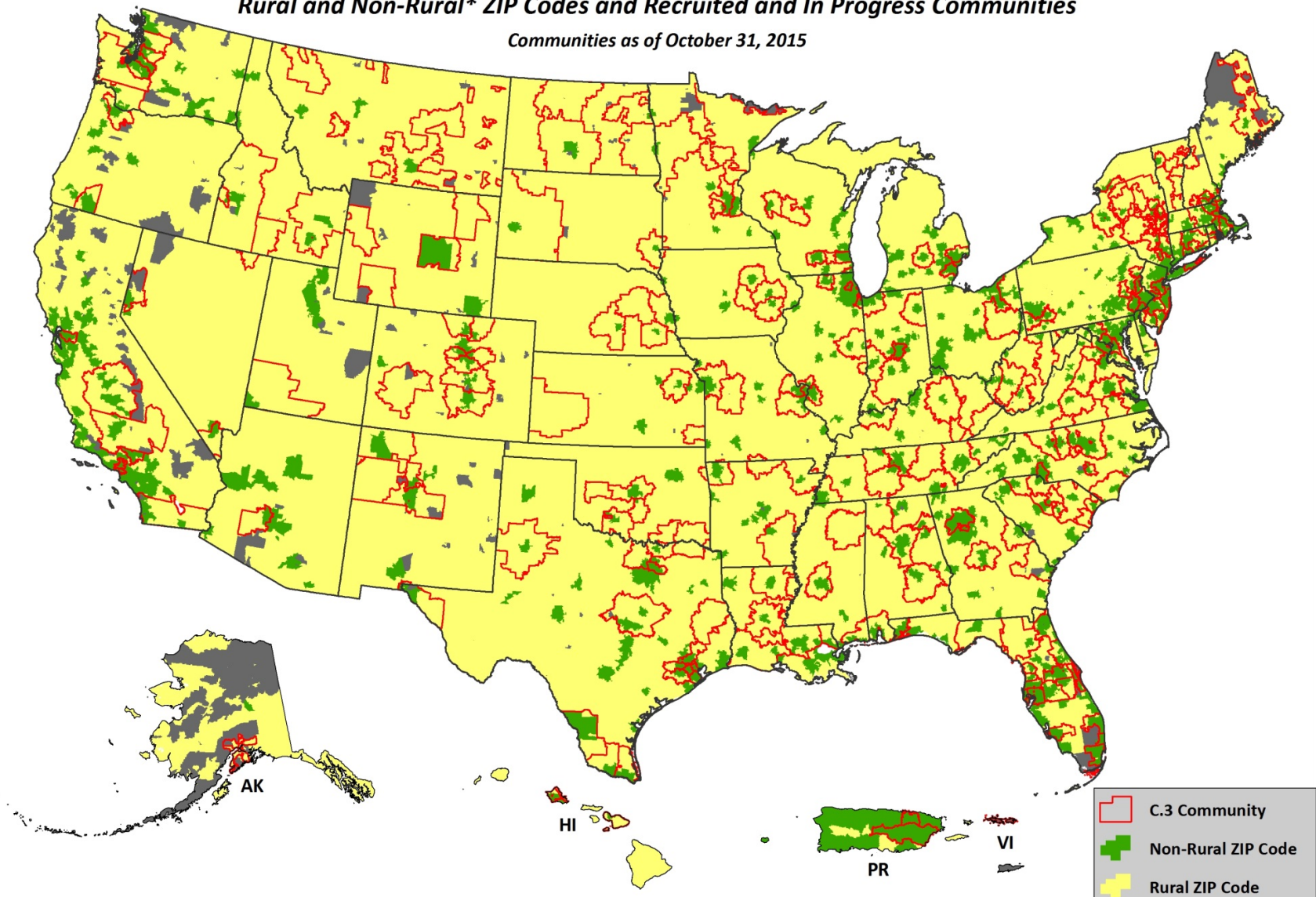
	B1 Cardiac	B2 Diabetes	B4 HIT	C1 Healthcare Associated Infections	C3 Community	F1 Immunization
COMMUNITIES 	–	–	–	–	95	–
CRITICAL ACCESS HOSPITALS 	–	–	150	72	133	-
HOMEHEALTH 	770	–	–	–	-	-
CLINICIANS** 	393	400	2,713	–	-	1,570

* Based on self-reported recruitment data as of October 2015

** Count can represent either the practice level or individual position.

Rural and Non-Rural* ZIP Codes and Recruited and In Progress Communities

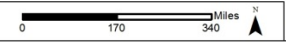
Communities as of October 31, 2015



- C.3 Community
- Non-Rural ZIP Code
- Rural ZIP Code
- Unable to Determine

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

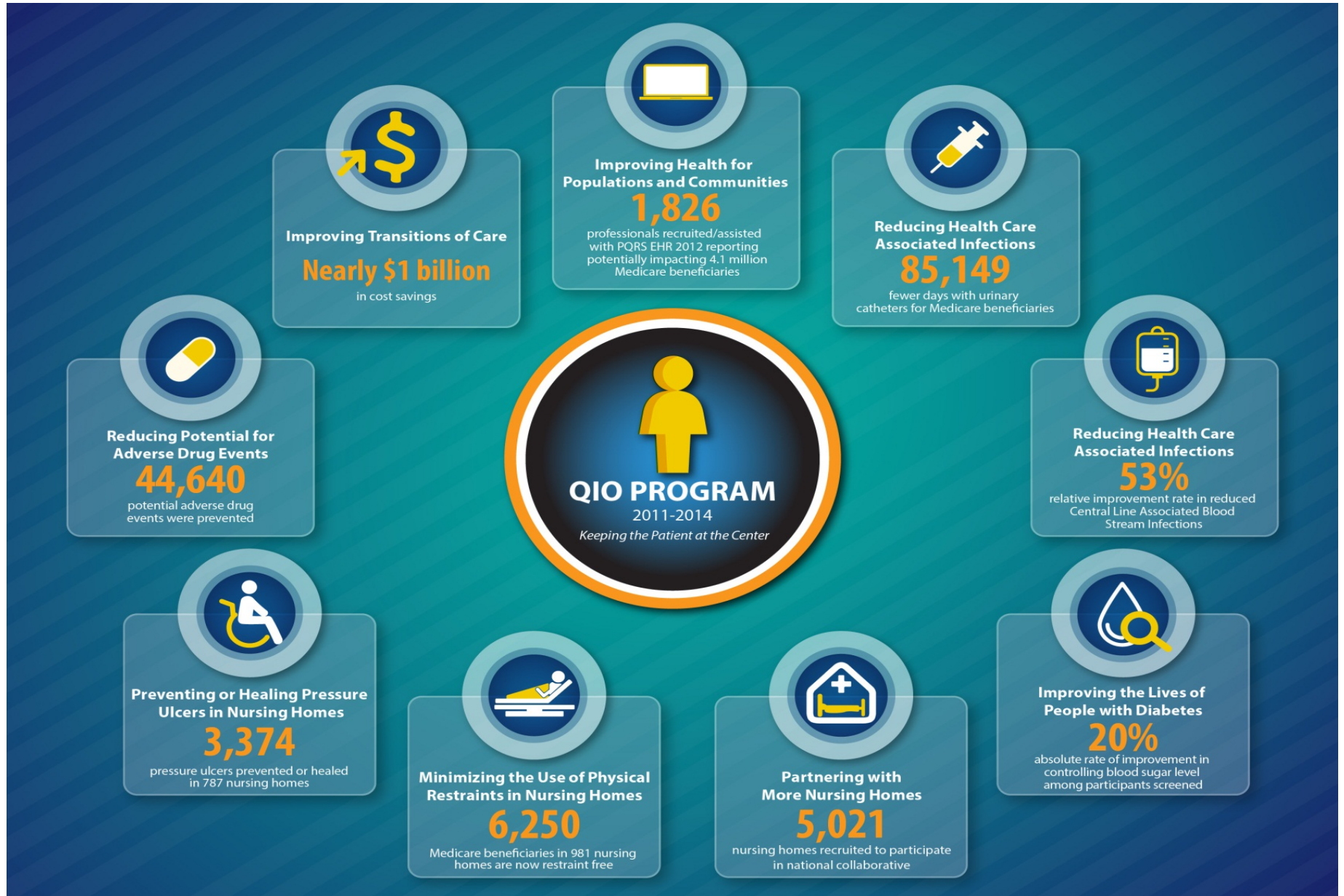
Quality Innovation Network
National Coordinating Center



*Source: US Census Bureau: 2010 Census Urban Area Delineation Program

This material was prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. [11SOW-QINNCC-00644-02/11/16]

Previous Successes



Contact Information

QIO Program

<http://qioprogram.org/>

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