

**Launch of the Centers for Medicare
& Medicaid Services Regional
Quality Improvement Network**

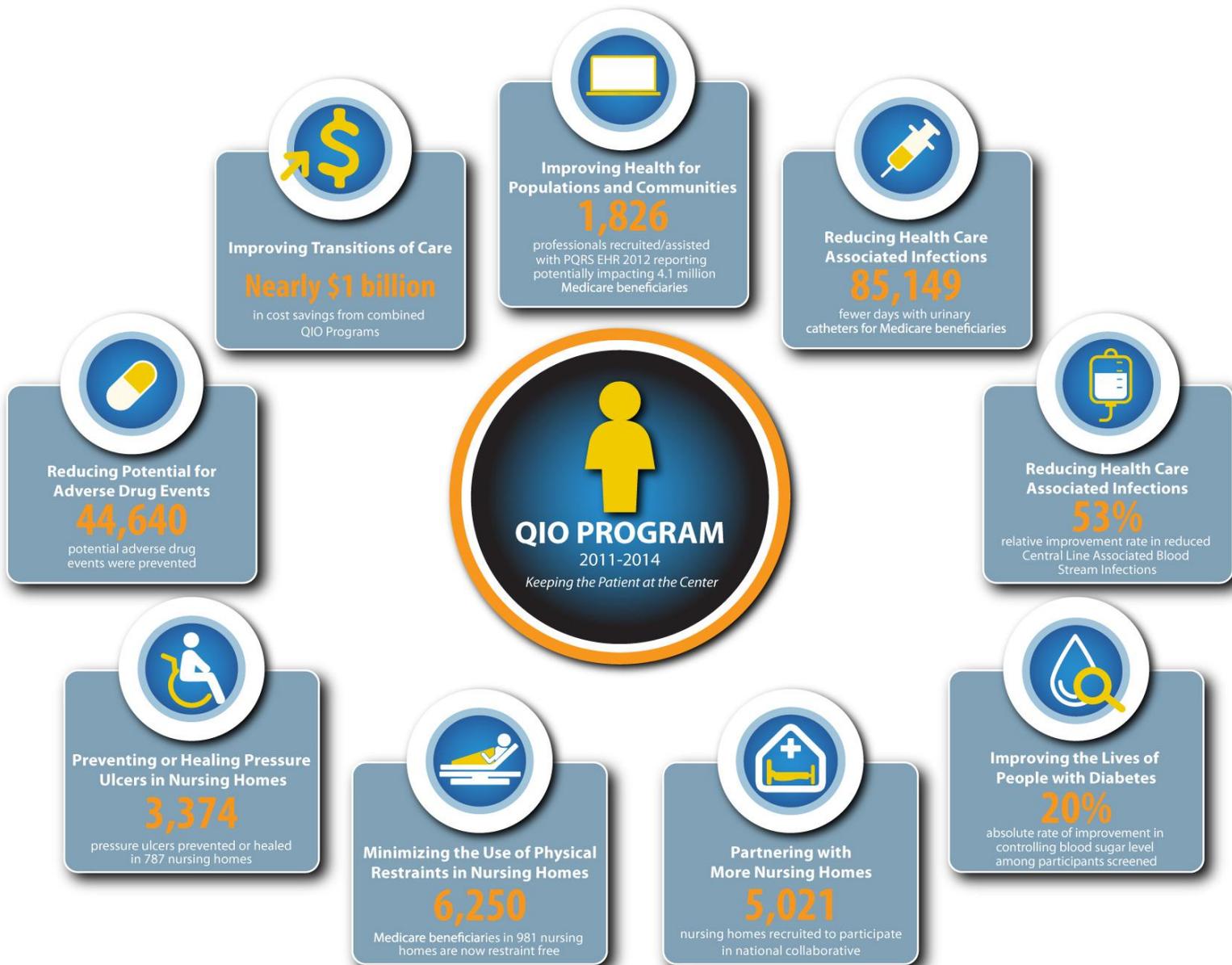
September 9, 2014

Agenda

- Overview
 - › 10th SOW Successes
 - › Changes to the Quality Improvement Organization Program
 - › Learning and Action Networks

- Introduction to Networks
 - › Cardiovascular Health and Million Hearts
 - › Meaningful Use
 - › Quality Reporting and Incentive Programs
 - › Healthcare-Associated Infections
 - › Nursing Home Quality Improvement
 - › Health for Life – Everyone with Diabetes Counts
 - › Readmissions
 - › Medication Safety

10th SOW Successes



Reducing Potential for Adverse Drug Events & Improving Lives of People with Diabetes



44,640

potential adverse drug events were prevented

- Worked with 27,650 Medicare beneficiaries
- 195,352 opportunities for adverse drug events



20%

absolute rate of improvement in controlling blood sugar level among participants screened

- People taking hypoglycemic medication for diabetes are in better control of their blood sugar. Among participants, the initial rate of people with diabetes who were screened with an A1c rate of ≥ 9 dropped from 33.6% to 17.2%

Reducing HAC in Hospitals – Fewer infections



85,149

fewer days with urinary catheters for Medicare beneficiaries

- Reducing the number of days in which a catheter is used is a major intervention for reducing Catheter Associated Urinary Tract Infections (CAUTI)
- Worked with 667 participating facilities



53%

relative improvement rate in reduced Central Line Associated Blood Stream Infections (CLABSI)

- Worked with 148 participating facilities to improve central line insertion practices, maintenance practices and timely removal

Making Care Safer in Nursing Homes

Preventing or Healing Pressure Ulcers



3,374

pressure ulcers
prevented or healed
in 787 nursing homes

- 38% decrease in pressure ulcer rates among participating nursing homes

Minimizing the use of Physical Restraints in Nursing Homes



6,250

Medicare beneficiaries in 981 nursing homes are now restraint free

- 76% decrease in physical restraint rate among participating nursing homes

Partnering with more Nursing Homes



5,021

nursing homes recruited to
participate in the National Nursing
Home Quality Care Collaborative

- 31% of nation's nursing homes participating in Medicare recruited

11th Scope of Work (SoW) – Major Changes

- CMS separated medical case review from quality improvement work creating two separate structures:
 - › Medical case review now performed by Beneficiary Family Centered Care Quality Improvement Organizations (BFCC-QIOs).
 - › Quality improvement and technical assistance QIOs performed by Quality Innovation Network Quality Improvement Organizations (QIN-QIOs).
 - › **Note: Both types of contracts cannot be held by the same organization.**
- QIN-QIOs now regional, and cover anywhere from 3 to 6 states.
- The QIO contract cycle extended from 3 to 5 years

Changes to the Medicare Quality Improvement Organization (QIO) Program

- Case review, beneficiary complaint and appeals have been separated from quality improvement, creating Beneficiary-and Family-Centered Care (BFCC) QIOs and Quality Innovation Network (QIN) QIOs
- All review-type activities are now handled by BFCC QIOs, KePRO, located in Seven Hills, Ohio and Maryland-based Livanta
 - › *BFCC for Arkansas is KePRO*

BFCC-QIO Tasks

- **Quality of Care Reviews**
 - › Beneficiary complaints
 - › Immediate advocacy
 - › General quality of care
 - › Referrals
- **Medical Necessity Reviews**
 - › Reasonable and medically necessary
 - › Appropriateness of setting
 - › Medical necessity review shall be conducted on all cases reviewed by the QIO for any purpose, unless otherwise directed

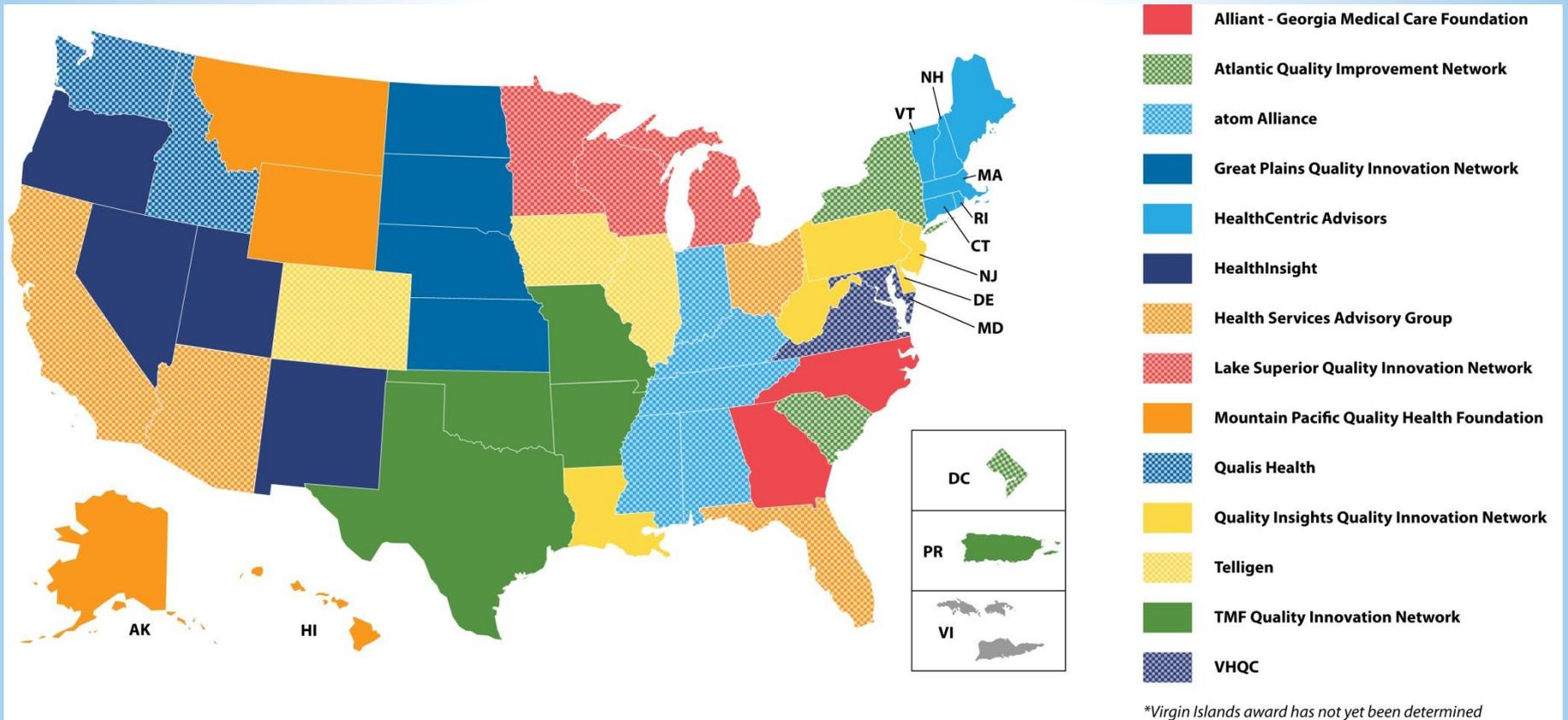
BFCC-QIO Tasks

- Higher Weighted Diagnostic Related Group (DRG) Reviews
- Readmission Reviews
- Emergency Medical Treatment and Labor Act (EMTALA) Reviews
- Focused Reviews
 - › CMS may direct the QIO to perform any of the reviews in the SOW as part of a focused review
 - › Some examples,
 - In response to concerns identified in beneficiary appeal review
 - In response to a trend identified in case review

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11th SOW QIN-QIO Map



**Virgin Islands award has not yet been determined*

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 (QIN)

QIOs – What will they Do?

Four key roles of the QIO:

- **Champion local-level, results-oriented change**
 - › Data driven
 - › Active engagement of patients and other partners
 - › Proactive, intentional innovation and spread of best practices that “stick”
- **Facilitate education through learning and action networks**
 - › Creating an “all teach, all learn” environment
 - › Placing impetus for improvement at the bedside level – e.g. hand washing
- **Teach and advise as technical experts**
 - › Consultation and education
 - › The management of knowledge so learning is never lost
- **Communicate effectively**
 - › Optimal learning, patient activation, and sustained behavior change

VIQR Support Contract – Outreach & Education

Hospital Inpatient-Psych and Cancer

- Value Incentives Quality Reporting (IVIQR) Support Contract was awarded to Florida Medical Quality Assurance, Inc. (FMQAI).
- Under this contract FMQAI will provide education and direct support to stakeholders of these quality programs:
 - › Hospital Inpatient Quality Reporting (HIQR);
 - › Hospital Outpatient Quality Reporting (OIQR);
 - › EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals (CAHs);
 - › Hospital Value-Based Purchasing (HVBP);
 - › PPS-Exempt Cancer Hospital Quality Reporting (PCHQR); and
 - › Inpatient Psychiatric Facility Quality Reporting (IPFQR)

The TMF QIN-QIO Regional Partners

- TMF has subcontracted with strong experienced quality improvement partners to provide expert technical assistance and QI support for participating providers across the region
 - › Arkansas Foundation for Medical Care, Arkansas
 - › Primaris, Missouri
 - › QIPRO, Puerto Rico
 - › TMF Health Quality Institute, Texas and Oklahoma



TMF QIN-QIO

Learning and Action Networks

- LANs convene stakeholders, providers and improvement experts in an “all teach, all learn” model.
- Through the LAN, the TMF QIN-QIO’s networks provide educational webinars and conferences, encourage peer sharing, rapid testing of change ideas and support for adapting and spreading successful improvements.

Available Learning and Action Networks

- Cardiovascular Health and Million Hearts
- Health for Life – Everyone with Diabetes Counts
- Healthcare-Associated Infections
- Meaningful Use HIT
- Medication Safety
- Nursing Home Quality Improvement
- Quality Reporting and Incentive Programs
- Readmissions

Cardiovascular Health Network

Community-Based Approach

The TMF QIN-QIO has created the Cardiovascular Health and Million Hearts Network, an online community of patients, caregivers, health care professionals, health systems, nonprofit organizations, federal agencies, private-sector partners and various community stakeholders to spread innovative and best practices to improve cardiac health and empower Americans to make heart-healthy choices.

The Million Hearts Initiative

Initiative

- Launched in 2011
- Prevent 1 million heart attacks and strokes by 2017

Goals

- Improve ABCS
- Focus clinical and public attention on prevention, lifestyle changes and prescription adherence

Results

- Strong partnerships
- PQRS/Meaningful Use (MU) reporting around cardiac measures

Health for Life Network

Everyone with Diabetes Counts Initiative

- Nearly one-third of persons 65 years and older have diabetes.¹
- African-Americans are up to 2.2 times more likely to have diabetes than whites, and Hispanic/Latino Americans have a higher prevalence of diabetes than non-Hispanic individuals.²

¹ National Institutes of Health and the Centers for Disease Control and Prevention

² The Office of Minority Health

Health for Life Network

Everyone with Diabetes Counts Initiative

- The Health for Life Network seeks to expand the reach of effective diabetes education programs through the participation of more health care practitioners.
- We aim to improve the quality of lives for all persons with diabetes by expanding opportunities for diabetes self-management education.

Healthcare-Associated Infections Network

- 200 Americans die every day from healthcare-associated infections (HAIs).¹
- HAIs are a leading cause of preventable death in the U.S.²

¹ Centers for Disease Control and Prevention
² HealthyPeople.gov

Healthcare-Associated Infections Network

- Aligning with the Health and Human Services' HAI National Action Plan goals to help providers reduce:
 - › Central line-associated bloodstream infections
 - › Catheter-associated urinary tract infections
 - › *Clostridium difficile* infections
- Focused on preventing and reducing healthcare-associated infections in hospitals

Meaningful Use Network

- Support meaningful use of health information technology and collaborating with Regional Extension Centers
- Provide technical assistance and innovative tools and resources to help providers maximize the use of CEHRT and improve patient care and care coordination

Nursing Home Quality Improvement Network

- One in five nursing home patients suffers harm during their stay.¹
- Nearly 60 percent of harm including medication errors, falls, infections and pressure ulcers are deemed preventable.¹
- Focused on reducing healthcare-acquired conditions and improving the quality of care in nursing homes.

¹ Department of Health and Human Services, Office of Inspector General

Medication Safety Network

- 1.5 million adverse drug events (ADEs) occur each year in the U.S. health care system.¹
- ADEs contribute an additional \$3.5 billion to U.S. health care costs.²
- Focused on improving drug safety practices, reducing medication-related harm and developing innovative care standards.

¹ Institute of Medicine

² Agency for Healthcare Research and Quality

Quality Reporting and Incentive Programs Network

- Focused on quality improvement through assisting physicians, hospitals and other health care settings with value-based payment and quality reporting programs

Readmissions Network

- More than 17 percent of Medicare beneficiaries are re-hospitalized within 30 days of hospital discharge¹
- 76 percent of readmissions may be preventable²
- Focused on reducing avoidable hospital readmissions by improving the quality of patients' transitions between health care settings

¹ U.S. Department of Health & Human Services

² Medicare Payment Advisory Committee

All Are Welcome

- To join, simply create a free account at www.TMFQIN.org. Visit the Networks tab for more information.
- As you complete registration, you will be prompted to choose the network(s) you would like to join.