

A New Vision for the Quality Improvement Organization Program

Moving Forward Together



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Updated Charter for Leading Change

The Quality Improvement Organization Program has evolved:

- Bold improvement goals
- Transformation at the **systems** level
- Patient-centered approach
- All improvers welcome
- Everyone teaches and learns (“All teach, all learn”)
- August 1, 2011 through July 31, 2014

Driving Improvement

When you work with the Quality Improvement Organization, you are:

- Tapping into the largest federal network dedicated to improving health quality at the community level
- Focusing on three critical aims to make care better for everyone:
 - ◆ Better patient care
 - ◆ Better population health
 - ◆ Lower health care costs through improvement



Aligned with National Priorities

QIO improvement initiatives support the:

➤ National Quality Strategy

- ◆ Six priorities: safer care, coordinated care, person- and family-centered care, preventive care, community health, making care more affordable

➤ Partnership for Patients

- ◆ QIO initiatives can support your commitment
- ◆ Adverse drug events, CAUTI, CLABSI, pressure ulcers, falls, patient and family engagement

QIOs Seek Improvement Synergies

Partnership for
Patients

Hospital
Engagement
Contractors

Regional
Extension
Centers

Institute for
Healthcare
Improvement

Aligning
Forces for
Quality

National
Priorities
Partnership

Quality Improvement
Organizations

Four QIO Program Aims

- Make Care Beneficiary and Family Centered
- Improve Individual Patient Care
- Integrate Care for Populations
- Improve Health for Populations and Communities

Beneficiary and Family Centered Care

- Empowering beneficiaries and families to be more engaged in health care decision-making
- Contributing to safer, more effective care as a result of quality improvement work with local health care providers

Improve Individual Patient Care

- Reduce Health Care-Associated Infections (HAIs)
 - ◆ Hospitals: CLABSI, CAUTI, *C. difficile*, SSIs
- Reduce Health Care-Acquired Conditions (HACs) by 40%
 - ◆ Nursing homes: pressure ulcers, physical restraints, falls

Improve Individual Patient Care

- Eliminate adverse drug events
 - ◆ Communities/outpatient providers: better care coordination for patients taking multiple medications
- Quality reporting
 - ◆ Hospitals: CMS inpatient and outpatient measures

Proven Interventions for Improving Care

- CLABSI: Comprehensive Unit-based Safety Program (CUSP) methodology
- Adverse Drug Events: HRSA Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)

Integrate Care for Populations

Work with communities to:

- Form effective care transitions coalitions
- Reduce avoidable hospital readmissions
- Build capacity to qualify for funding through Section 3026 of the Affordable Care Act

Improve Health for Populations

Work with physician practices to:

- Use EHRs to coordinate preventive services, increase utilization rates, report data to CMS' Physician Quality Reporting System
 - ◆ Screening mammography, colorectal screening, influenza and pneumonia immunizations
- Reduce cardiac risk factors
 - ◆ Hypertension, cholesterol control, smoking cessation, aspirin therapy
- Integrate health IT into clinical practice
 - ◆ Coordination with RECs, Beacon Communities

Three QIO Program Drivers of Change

- Technical Assistance
- Learning and Action Networks
- Care Reinvention through Information and Innovation Spread (CRISP)

Technical Assistance

- Limited and focused. Examples:
 - ◆ Assist providers having difficulty interpreting data extracted from their electronic health record to monitor immunizations
 - ◆ Help Critical Access Hospitals enter data for Hospital Inpatient Quality Reporting Program

Moving Towards Different Models

Broadcast

and
(not versus)

Peer-to-Peer



1 Speaking
99 Listening



50 Speaking
50 Listening



Learning and Action Networks

- Providers and other health care stakeholders, including beneficiaries, working together to implement change and spread best practices through peer-to-peer learning and solution sharing.
 - ◆ Improvement collaboratives
 - ◆ Online interaction, tools, resources
 - ◆ Educational opportunities

Care Reinvention through Innovation Spread (CRISP)

- Provides strategic communications/social marketing foundation for building will to improve, engage and sustain participation in initiatives
- Emphasizes understanding stakeholder needs, barriers, motivators
- Informs all segments of QIO work

What's in it for providers?

- We bring evidence-based best practices to the bedside with the flexibility to respond to local needs
- You can work with peers and quality leaders in rapid-cycle projects for collaborative learning and action that accelerate health care quality improvement
- QIO initiatives are a ready resource for taking action on your commitment to the Partnership for Patients and preparing for Value Based Purchasing

What's in it for patients?

- We empower beneficiaries to participate in health care decision making and take an active role in managing their own health
- When a quality of care complaint is made, we apply what we learn to improve the way providers deliver health care
- QIO initiatives work to remove the socioeconomic, educational and cultural barriers that can prevent beneficiaries from having access to health care

Join With Us

- All providers, stakeholders and Medicare beneficiaries with the will to improve health care are invited to be part of these new improvement initiatives



Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.

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Questions

