HSAG: The QIN-QIO for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands

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HSAG HEALTH SERVICES ADVISORY GROUP

Presentation Outline

- About Health Services Advisory Group, Inc. (HSAG)
- The Quality Improvement Organization (QIO) Program
- Recent QIO Program Success
- QIO Program Changes
- Quality Innovation Network (QIN)-QIOs
  - Healthy People, Healthy Communities
  - Better Healthcare for Communities
  - Better Care at a Lower Cost

About HSAG

About HSAG

- Committed to improving quality of healthcare for more than 35 years
- Provides quality expertise to those who deliver care and those who receive care
- Engages healthcare providers, stakeholders, Medicare patients, families, and caregivers
- Provides technical assistance, convenes learning and action networks, and analyzes data for improvement

The QIO Program

QIO Program

- Funded by the Centers for Medicare & Medicaid Services (CMS)
  - Dedicated to improving health quality at the community level
  - Ensures people with Medicare get the care they deserve, and improves care for everyone

QIO Program (cont'd)

- Brings together hospitals, nursing homes, physician practices, and patient advocates
  - Quickens pace and broadens spread of positive change in health quality
- Supports national priorities
  - U.S. Department of Health and Human Services' National Quality Strategy
  - Partnership for Patients

QIO Program (cont'd)

- Aligns with the CMS Quality Strategy

www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/CMS-Quality-Strategy.pdf

Recent QIO Program Success

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QIO PROGRAM

2011-2014

Keeping the Patient at the Center

Improving Transitions of Care

Nearly $1 billion

in cost savings from combined QIO Programs

Improving Health for Populations and Communities

1,826

professionals recruited/assisted with PQRS EHR 2012 reporting potentially impacting 4.1 million Medicare beneficiaries

Reducing Healthcare-Associated Infections

85,149

fewer days with urinary catheters for Medicare beneficiaries

Reducing Potential for Adverse Drug Events

44,640

potential adverse drug events were prevented

Reducing Healthcare-Associated Infections

53%

relative improvement rate in reduced central line-associated blood stream infections

Preventing or Healing Pressure Ulcers in Nursing Homes

3,374

pressure ulcers prevented or healed in 787 nursing homes

Minimizing the use of Physical Restraints in Nursing Homes

6,250

Medicare beneficiaries in 981 nursing homes are now restraint free

Partnering with more Nursing Homes

5,021

nursing homes recruited to participate in a national collaborative

Improving the Lives of People with Diabetes

20%

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

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QIO Program Changes

QIO Program Changes

- Previously, medical case review and quality improvement functions were performed by the QIO
- Effective August 1, 2014, functions now performed by different contractors
  - Medical case review: Beneficiary and Family Centered Care (BFCC)-QIOs
  - Quality Improvement: QIN-QIOs
- Changed from three-year, state-based contracts to five-year, regional contracts

BFCC-QIOs

BFCC-QIOs

- BFCC-QIOs
  - New contract August 1, 2014–July 31, 2019
  - Manage all beneficiary case-review activities
  - Ensure consistency in review process
  - Consider local factors important to beneficiaries and their families
- Livanta, LLC, is the BFCC-QIO for Arizona and California
- KEPRO is the BFCC-QIO for Florida and Ohio

QIN-QIOs

QIN-QIOs

- QIN-QIOs
  - New contract August 1, 2014–July 31, 2019
  - Work regionally with providers and the community
  - Data-driven quality initiatives
- Key roles
  - Champion local-level, results-oriented change
  - Facilitate learning and action networks (LANs)
  - Teach and advise as technical experts
  - Communicate effectively

QIN-QIO Framework

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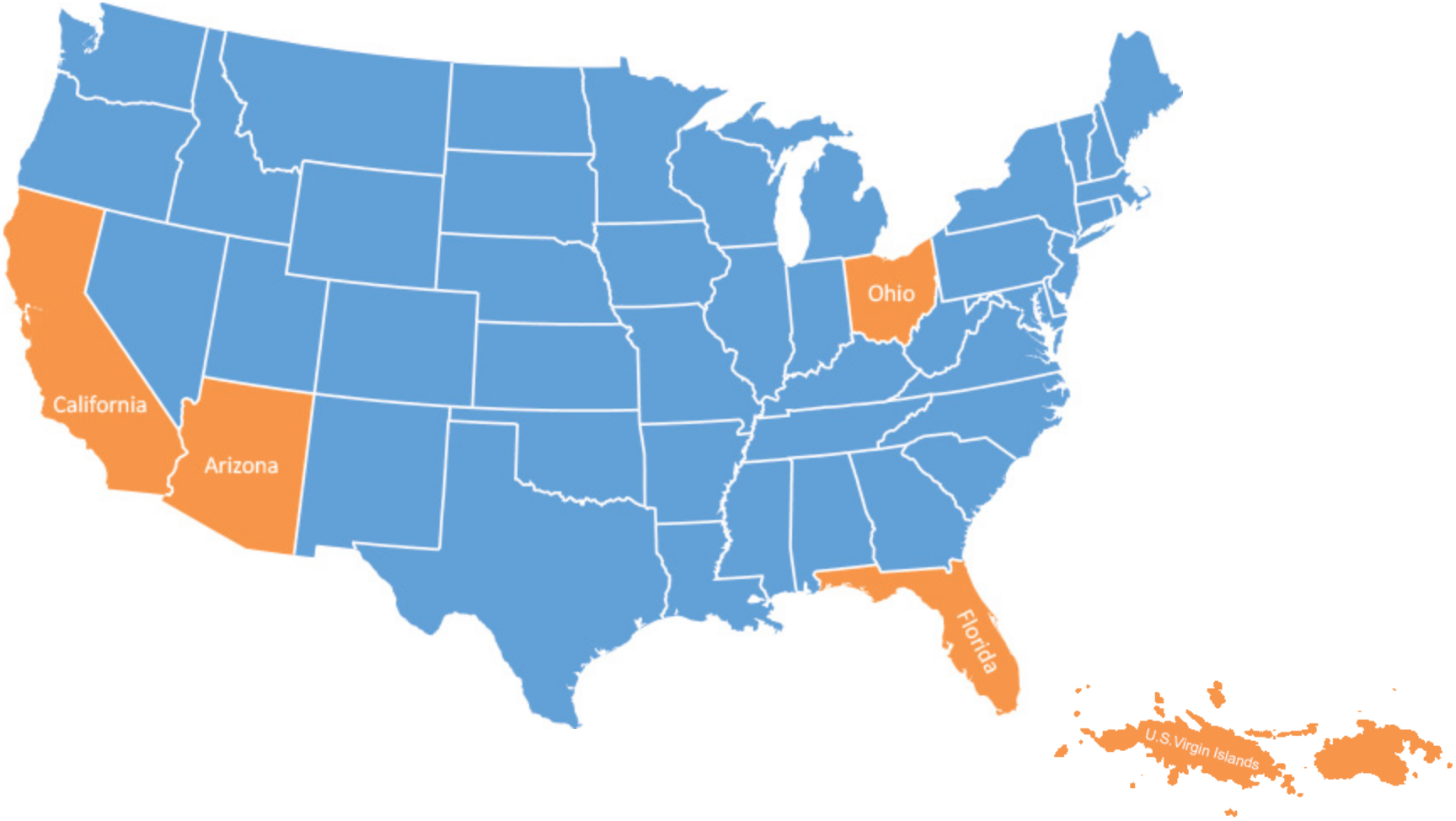
HSAG: QIN-QIO

- HSAG awarded new QIN-QIO contract for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands
  - Contract began August 1, 2014
  - Serves nearly 25 percent of the nation's Medicare beneficiaries
  - Previous state-based QIO contracts held by:
    - Arizona: HSAG
    - California: HSAG of California
    - Florida: FMQAI
    - Ohio: KEPRO
    - U.S. Virgin Islands: Virgin Islands Medical Institute

HSAG: QIN-QIO (cont'd)



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HSAG: QIN-QIO (cont'd)

- Drives quality by providing technical assistance, convening LANs, collecting and analyzing data for improvement
- Works on initiatives to improve patient safety, reduce harm, improve clinical care
- Engages healthcare providers, stakeholders, and beneficiaries to improve health quality, efficiency, and value.

QIN-QIOs (cont'd)

- QIN-QIO Aims
  - Healthy People, Healthy Communities
    - Improving the health status of communities
  - Better Healthcare for Communities
    - Beneficiary-centered, reliable, accessible, and safe care
  - Better Care at a Lower Cost

Healthy People, Healthy Communities

Healthy People, Healthy Communities

- Promote Effective Prevention and Treatment of Chronic Disease
  - Improve cardiac health and reduce cardiac healthcare disparities
  - Reduce disparities in diabetes care—Everyone with Diabetes Counts (EDC)
  - Improve prevention coordination through meaningful use of health information technology (HIT)

Healthy People, Healthy Communities (cont'd)

- Improve Cardiac Health and Reduce Cardiac Healthcare Disparities
  - Implement evidence-based practices to improve cardiovascular health
  - Support Million Hearts® Initiative
  - Promote the use of Aspirin, Blood pressure control, Cholesterol management, and Smoking assessment and cessation (ABCS)
  - Work with racial and ethnic minority beneficiaries/dual-eligibles, and providers to improve ABCS

Healthy People, Healthy Communities (cont'd)

- Reduce Disparities in Diabetes Care: Everyone with Diabetes Counts
  - Improve HbA1c, lipids, blood pressure, and weight control
  - Decrease number of beneficiaries requiring lower-extremity amputations
  - Provide and facilitate diabetes self-management education training classes
  - Increase adherence for appropriate use of utilization measures (HbA1c, lipids, eye exams)

Healthy People, Healthy Communities (cont'd)

- Improve Prevention Coordination through Meaningful Use of HIT
  - Coordinate with Regional Extension Centers to disseminate successful interventions
  - Foster HIT adoption to improve beneficiary care
  - Increase screening and delivery of preventive services with the use of electronic health record technology
  - Improve access to care and coordination by supporting beneficiary and family engagement

Better Healthcare for Communities

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Better Healthcare for Communities

- Make Care Safer by Reducing Harm Caused in the Delivery of Care
  - Reduce healthcare-associated infections (HAIs) in hospitals
  - Reduce healthcare-acquired conditions in nursing homes
- Promote Effective Communication and Coordination of Care

Better Healthcare for Communities (cont'd)

- Reduce HAIs in Hospitals
  - Prevent occurrence of HAIs using data-driven, evidence-based practices
  - Use results to initiate quality improvement initiatives in intensive care and non-intensive care units
  - Develop and provide recommendations for improvement strategies
  - Use HAI data and outcomes to inform results and policy at the national level

Better Healthcare for Communities (cont'd)

- Reduce Healthcare-Acquired Conditions in Nursing Homes
  - Support National Nursing Home Quality Care Collaborative initiatives
  - Achieve score of 6.0 or lower on the Nursing Home Quality Composite Measure
  - Improve rates of mobility among long-stay nursing home residents
  - Reduce use of unnecessary antipsychotic medications in dementia residents

Better Healthcare for Communities (cont'd)

- Coordination of Care
  - Reduce hospital admission and readmission rates by 20 percent by 2019
  - Increase community tenure
    - Increase number of nights spent at home by 10 percent
  - Reduce prevalence of adverse drug events that contribute to patient harm as a result of the care transitions process
  - Convene community providers to collaborate on strategies for improvement in care coordination

Better Care at a Lower Cost

Better Care at Lower Cost

- Make Care More Affordable
  - Quality Improvement through Physician Value-Based Modifier (VBM) and the Physician Feedback Reporting Program
  - Propose projects that advance efforts for better care at a lower cost

Better Care at Lower Cost (cont'd)

- Quality Improvement through Physician VBM and the Physician Feedback Reporting Program
  - Increase number of eligible physicians and physician groups submitting data through Physician Quality Reporting System
  - Demonstrate improvement in quality of care delivered by physician groups and hospital outpatient departments
  - Increase national performance levels on hospital VBP measures
  - Increase percentage of ambulatory surgery centers and inpatient psychiatric facilities that improve quality on poorly performing quality measures

Thank you!

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