

QIOs as a Lever for Improving Patient Safety

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CMS – Multiple Drivers of Change

- Transparency: Public Reporting & Data Sharing, Measurement Strategies
- Quality Improvement Agents – QIOs, ESRD Networks, Hospital Engagement Contractors
- Incentives:
 - Financial: Value-Based Purchasing, P4P, P4R, gain-sharing, etc.
 - Non-financial
- Regulatory vehicles
 - Conditions of Participation and Conditions for Coverage
 - Survey & Certification, Accreditation
 - Myriad policy decisions: Benefit categories, Fraud & Abuse, etc.
- National & Local Coverage Decisions
- Innovation Center Activities - Demonstrations, Pilots, Model Development

QIOs = Stewards of the CMS

Three-part Aim

When partners work with QIOs, they are:

- Tapping into one of 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

QIOs = CMS' Key Lever for Quality Improvement

The QIO Partnership Charge:

- Bold improvement goals aligned with national quality priorities
- 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

QIOs = Boots on the Ground of Health Care

For success going forward, QIOs are...

- Mobilizing troops at the local level to achieve change that contributes to national goals (“the boots on the ground”)
- Conveners, organizers, motivators and change agents
- Securing commitments, create will and provide a call to action for change through outreach, education and social marketing
- Gaining trust of Beneficiaries, health care providers, practitioners, and stakeholders as valued partners
- Achieving measurable quality improvement targets and quality improvement results
- Lending expertise in data collection, analysis, education, monitoring for improvement and information exchange and dissemination
- Sparking efficient and effective improvement strategies in partnership with stakeholders, including Beneficiaries

QIOs = Strategic Drivers of Change

Strategic Aims

“What will be done”

Beneficiary-Centered Care

- Case Review
- Patient and Family Engagement

Improve Individual Patient Care

- Patient Safety -Reduce HACs by 40%
- Improving Quality through Value Based Purchasing

Integrate Care for Populations

- Care Transitions that Reduce Readmissions by 20%
- Using Data to Drive Dramatic Improvement in Communities

Improve Health for Populations and Communities

- Prevention through screening and immunizations
- Prevention in Cardiovascular Disease

Other Rapid Cycle Projects

Drivers of Change

“How the work will be done”

Learning and Action Networks

- ❑ Breakthrough Collaboratives
- ❑ Patient Engagement and Stories
- ❑ Campaigns
- ❑ Technical Assistance
- ❑ Learning Laboratories

Focused Technical Assistance

- ❑ On-site Visits
- ❑ Intensive Consultation
- ❑ Distribution of Resources

Care Reinvention through Innovation Spread

- ❑ Identification of stakeholder
- ❑ Spread Strategies
- ❑ Multi-media management

Strategic Aim - Improve Individual Patient Care

Patient Safety

Improve Individual Patient Care

- Reducing Healthcare-Associated Infections (HAIs)
- Reduce Healthcare-Acquired Conditions by 40% in Nursing Homes
- Reducing Adverse Drug Events
- Quality Reporting and Improvement

Reducing HAI in the 10th Scope of Work

- Written with support of federal partners to foster alignment of initiatives geared toward preventing and reducing HAIs
 - AHRQ - National implementation of CUSP: CLABSI
 - AHRQ - National implementation of CUSP: CAUTI
 - CDC-sponsored state HAI projects
 - HHS -National Action Plan to Prevent HAIs
 - Partnership for Patient Activities

QIOs = Warriors against HAI and HAC

Under the Improving Individual Patient Care “Aim,” QIOs have bold goals to protect patients from iatrogenic harm.

- Reduce Health Care-Associated Infections (HAIs)
 - Hospitals: ICU and Non-ICU
 - Central line-Associated Bloodstream Infections (CLABSI)
 - Catheter-Associated Urinary Tract Infections (CAUTI)
 - Clostridium difficile Infections (CDI)
 - Surgical Site Infections (SSI)
- Reduce Health Care-Acquired Conditions (HACs) by 40%
 - Nursing homes: pressure ulcers, physical restraints, CAUTI, falls

QIOs = Champions for Systems-delivery Change

Under the Improving Individual Patient Care “Aim,” QIOs have bold goals to protect patients from iatrogenic harm.

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

QIOs = Spreaders of What We Know Works

Under the Improving Individual Patient Care “Aim,” QIOs have bold goals to protect patients from iatrogenic harm.

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

Reducing HAIs in the 10th Scope of Work

- Learning and Action Networks for HAI reduction
 - QIOs are state-level partners in HAI prevention initiatives that contribute to overall reduction in national HAI incidence rates
 - Learning and Action Networks are a mechanism to promote bidirectional flow of information, expertise and implementation tools
 - Learning and Action networks allow QIOs **flexibility** to identify and work with key stakeholders in order to expand reach and sustain results through the contract cycle and beyond
 - Learning and Action Networks allow for greater adaptability as science and programmatic lessons evolve
 - Activities will also include dynamic Technical Assistance

Strategic Aim - Improve Individual Patient Care

Improving Quality through Value-based Purchasing

> FY 2014 HAC Proposals

Movement Towards Outcomes

- ◉ CMS views value-based purchasing as an important step toward revamping how care and services are paid for, moving increasingly toward rewarding better value, outcomes, and innovations instead of merely volume.
- ◉ Across all programs, CMS seeks to move as quickly as possible to using primarily outcome and patient experience measures.

QIOs = Advisors in Linking Payment & Quality

Hospital Value-based Purchasing invites the hospital CFO's to the fight for infection control . . .

- Shifts reimbursement incentive from *how much* to *how well*
- Ties portion of DRG rate to hospital performance on clinical quality measures and measures of patient experience of care (i.e., HCAHPS)
- FY 2014 proposal folds 8 Medicare HACs plus AHRQ Patient Safety Indicators into clinical quality schematic
- QIOs advise hospitals on opportunities for better HVBP performance

Hospital VBP

Hospital-Acquired Conditions (HACs)

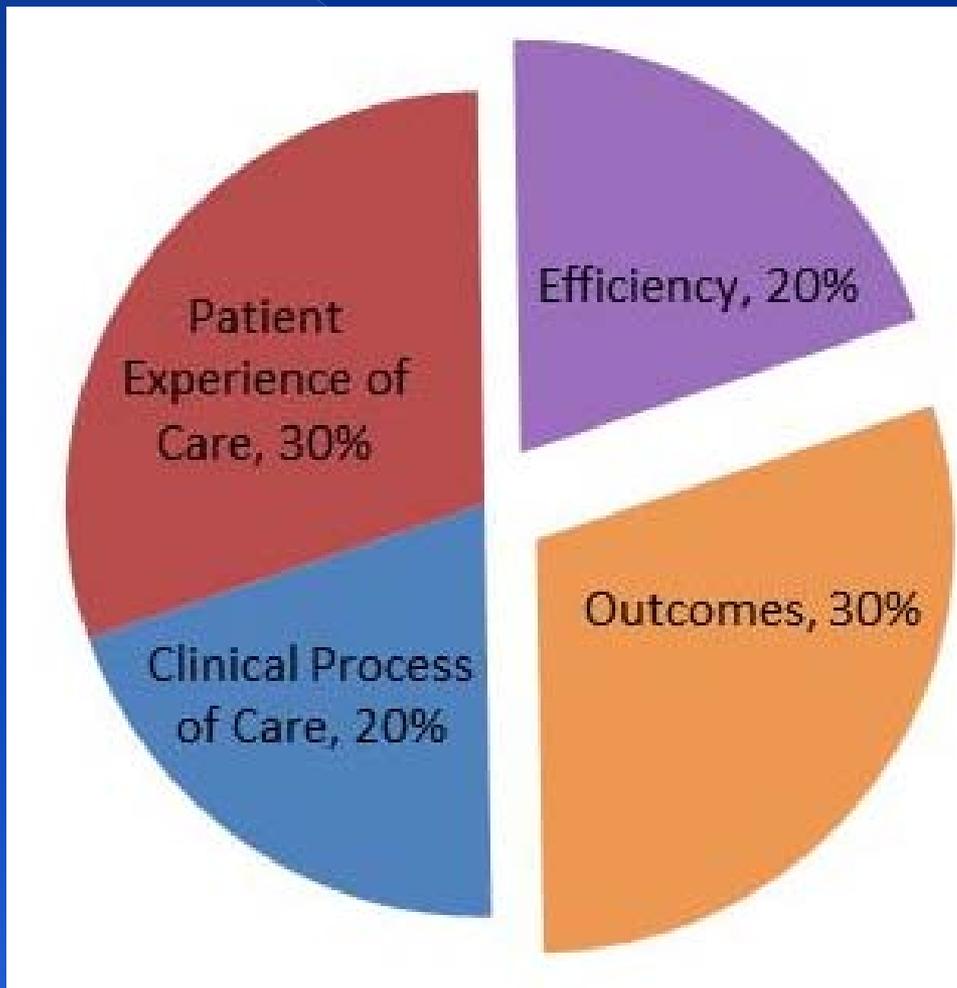
- We believe that the Hospital VBP program must emphasize patient safety and improved quality of health care
- We believe that the incidence of HACs in general raises major patient safety issues for Medicare beneficiaries
- We believe that the adoption of HAC measures will reduce the incidence of these adverse events that result in harm to Medicare beneficiaries and higher costs of care.

Hospital VBP

Hospital-Acquired Conditions (HACs)

- Six of the eight HACs adopted for the Hospital VBP program are considered “never events”, events that should never happen under any circumstances
- CMS believes that all of the proposed HAC measures are important to measure and report
- We believe that holding hospitals accountable for HACs will further patient safety and quality improvement goals.

Hospital VBP Proposed FY 2014 Domains



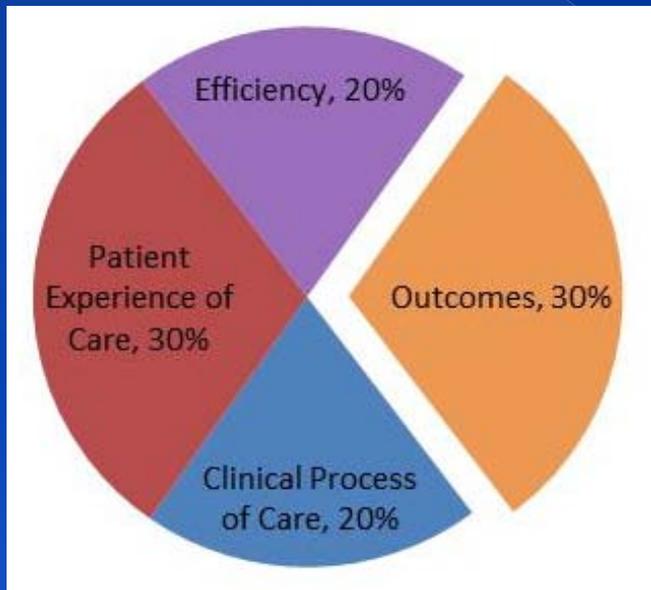
Two new domains for FY 2014

Applicability of HAC Measures (FY2014)

- Aggregated HAC score computed for all hospitals with at least one Medicare claim
- Baseline Period for calculating improvement:
3/3/2010 to 9/30/2010
- Performance Period for calculating achievement:
3/3/2012 to 9/30/2012



Final FY 2014 Domains and Measures



Hospital Acquired Condition Measures (scored in “aggregate”)

1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Pressure Ulcer Stages III & IV
5. Falls and Trauma: (Includes: Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock)
6. Vascular Catheter-Associated Infection
7. Catheter-Associated Urinary Tract Infection (UTI)
8. Manifestations of Poor Glycemic Control

Mortality Measures

1. Acute Myocardial Infarction (AMI) 30-day mortality rate
2. Heart Failure (HF) 30-day mortality rate
3. Pneumonia (PN) 30-day mortality rate

AHRQ Patient Safety Indicators (PSIs), Inpatient Quality Indicators (IQIs) Composite Measures

1. Patient safety for selected indicators
2. Mortality for selected conditions

QIOs = Part of the Bigger Team

- CMS Components including Medicaid, Medicare Advantage, the Center for Medicare & Medicaid Innovation, and the Federal Coordinated Healthcare Office (for dually eligible Medicare-Medicaid beneficiaries)
- Centers for Disease Control and Prevention
- Office of the National Coordinator
- Agency for Healthcare Quality and Research
- National Institutes of Health
- Assistant Secretaries of Health, Planning and Evaluation and Financial Resources
- Office of the Secretary (especially OHQ!)
- Administration on Aging
- Health Resources and Services Administration
- Office of Management and Budget

Discussion and Questions

