



# Quality Improvement Organizations


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



Led by the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program is one of the largest federal programs dedicated to improving health quality at the community level. Since 1984, the Program has evolved to become a keystone for ensuring people with Medicare get the care they deserve, which ultimately improves care for everyone.

QIOs bring together thousands of hospitals, nursing homes, physician practices and patient advocates to quicken the pace and broaden the spread of positive change in health quality. QIO Program initiatives include focusing on reducing health care-associated infections, improving transitions of care, reducing the potential for adverse drug events, preventing pressure ulcers and reducing restraint use in nursing homes, and using technology to coordinate preventive care. The work that QIOs perform supports the aims of the Department of Health and Human Services' National Quality Strategy.

## THE QIO PROGRAM HAS CHARTED SOME EXAMPLES OF PROGRESS MADE FROM 2011-2014:



**Reducing Health Care Associated Infections**  
**85,149**  
fewer days with urinary catheters for Medicare beneficiaries

### REDUCING HEALTH CARE-ASSOCIATED INFECTIONS

*Adopting safer processes for delivering health care can save lives and lower costs.*

#### Reducing Catheter Associated Urinary Tract Infections (CAUTI)

The most important risk factor for developing a CAUTI is prolonged use of the urinary catheter. Reducing the number of days in which a catheter is used is a major intervention for reducing CAUTI. **QIOs worked with 667 participating facilities and tracked 85,149 fewer days with urinary catheters for Medicare beneficiaries.**



**Reducing Health Care Associated Infections**  
**53%**  
relative improvement rate in reduced Central Line Associated Blood Stream Infections

#### Reducing Central Line Associated Blood Stream Infections (CLABSI)

Infections associated with the presence of a central vascular catheter are termed CLABSI and are usually serious, causing a prolonged hospital stay and increased cost and risk of mortality. **In the 148 facilities engaged by QIOs, there was a 53% relative improvement rate in reduced CLABSI.**



**Improving Health for Populations and Communities**  
**1,826**  
professionals recruited/assisted with PQRS EHR 2012 reporting potentially impacting 4.1 million Medicare beneficiaries

### IMPROVING HEALTH FOR POPULATIONS AND COMMUNITIES

*Working with local physician offices to help them collect, report and act on data about the care they provide.*

One of the keys to long-term good health is taking the appropriate preventive measures. Regular preventive care like the flu shot can help Medicare beneficiaries avoid disease and stay healthy, while timely preventive screenings like mammograms or colorectal cancer screenings can lower health care costs and improve quality of life by identifying serious illnesses in earlier stages. With QIO support, physician offices are harnessing the power of electronic health records and relying on them to coordinate individual care and manage population health.

#### Physician Quality Reporting System (PQRS)

QIOs are providing technical assistance to help physician practices accurately capture required data elements, extract them for reporting and send these data directly to the CMS PQRS from their EHR. **The 1,826 professionals working with QIOs on PQRS reporting have the potential to affect 4,199,800 patients (based on 2,300 patients per doctor).**

#### QIO Program is a Partner in Million Hearts™

This partnership is a joint initiative of CMS, the American Heart Association, and other national health care stakeholders that aim to reduce cardiac risk factors. **Through the QIO Cardiac Population Health Learning and Action Networks, 3,048 practices have been working with QIOs and have the potential to affect 3,364,992 patients** (based on 32% of U.S. practices with 1-2 physicians; 2,300 patients per doctor).



### Improving Transitions of Care

**Nearly \$1 billion**

in cost savings from combined QIO Programs

## IMPROVING TRANSITIONS OF CARE

*Avoidable hospital readmissions place a physical and emotional burden on patients and families and costs Medicare an estimated \$12 billion annually. Interventions for improving care transitions are both known and effective.*

Within 30 days of being discharged from the hospital, 1 in 5 Medicare beneficiaries are re-hospitalized, and as many as 3 in 4 of those readmissions could have been prevented. The QIO Program helps communities with high readmission rates form local coalitions, identify the factors driving avoidable hospital readmissions in their area, and find ways to better coordinate care and encourage patients to manage their health more actively so they can remain safely at home or in a nursing facility after hospital discharge. **Over 14,000,000 Medicare beneficiaries live in the communities served by the QIO Program. By working with QIOs, communities across the country have collectively saved over 27,000 people from being readmitted to the hospital and over 95,000 people from being admitted to the hospital.**



### Reducing Potential for Adverse Drug Events

**44,640**

potential adverse drug events were prevented



### Reducing Potential for Adverse Drug Events

**20%**

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

## REDUCING POTENTIAL FOR ADVERSE DRUG EVENTS (ADEs)

*Older patients with multiple chronic conditions who take multiple medications are at risk for potentially negative consequences of polypharmacy.*

The QIO Program focuses on effective medication management for Medicare patients with multiple chronic diseases who take multiple medications. Though this work can improve pharmacotherapy processes and outcomes for all patients, the Program focuses on patients with diabetes, as well as those who use antipsychotic drugs or undergo anticoagulation therapy. **Working with 27,650 Medicare beneficiaries, there were 195,352 opportunities for ADEs, with 44,640 ADEs prevented.**

**Among participants that were screened and taking hypoglycemic medication for diabetes, a 50.6% rate of improvement in controlling blood sugar was recorded. The initial rate of people with diabetes who were screened with an A1c rate of  $\geq 9$  dropped from 33.6% to 17.2%. An A1c blood test measures the average level of extra glucose in a person's blood over the past two to three months.**



### Minimizing the Use of Physical Restraints in Nursing Homes

**6,250**

Medicare beneficiaries in 981 nursing homes are now restraint free



### Preventing or Healing Pressure Ulcers in Nursing Homes

**3,374**

pressure ulcers prevented or healed in 787 nursing homes



### Partnering with More Nursing Homes

**5,021**

nursing homes recruited to participate in national collaborative

## ACCELERATING QUALITY IMPROVEMENT IN NURSING HOMES

*Nursing Homes are focusing increased attention on improving safety for every patient and the QIO Program is an ally in this effort.*

QIOs are working with nursing homes to improve resident care by reducing pressure ulcers and minimizing the use of physical restraints. The Program also played a significant role in recruiting nursing homes to participate in the National Nursing Home Quality Care Collaborative (NNHQCC).

**In the 787 nursing homes that participated with QIOs in the Pressure Ulcer reduction initiative, a 38% decrease in the rate of pressure ulcers was recorded.**

**In the 981 nursing homes that participated with QIOs to minimize the use of physical restraints, a 76% decrease in the physical restraint rate was realized.**

**31% of the nation's nursing homes participating in Medicare have been recruited to take part in the NNHQCC rapid-cycle improvement projects. Participants benefit from the knowledge, resources and momentum of the campaign.**