

Medicare QIOs and Prevention

Overview

The overall goal of the Prevention Theme is to improve the quality and frequency of preventive health care services in order to optimize beneficiary quality of life and health care efficiencies. The Prevention theme consists of three focus areas: Core Prevention, Diabetes Disparities, and Chronic Kidney Disease (CKD). The Core Prevention work builds on the QIO 8th SOW by focusing on QIOs' ability to impact the rates of two cancer screenings (mammography and colorectal cancer [CRC] screening) and two immunizations (influenza and pneumococcal) among Medicare beneficiaries in each state/jurisdiction. A sub-national component of the Prevention Theme will task QIOs in as many as 33 states/jurisdictions that are experiencing disparities in diabetes care across racial/ethnic populations, with providing support for Diabetes Self-Management Education (DSME). A sub-national quality improvement effort for up to 13 QIOs will be to slow the progression of CKD and to improve CKD clinical care.

QIOs will work with a selected group of practices in their states/jurisdictions to accomplish the national tasks and the diabetes management sub-national task. Practices enrolled with a QIO to improve rates of mammography and CRC screenings and immunizations must have already implemented electronic health records (EHRs) certified by a certifying body recognized by the Secretary of Health and Human Services. Collaborating practices will work with their QIOs to implement care management processes, using their certified EHRs, that focus on breast cancer and CRC screening and influenza and pneumococcal vaccination. Providers working on the diabetes sub-national task must have a minimum percentage of diabetic patients from underserved racial/ethnic populations willing to participate in DSME programs.

A central approach for the CKD quality improvement effort is coalition building and collaboration with providers in the state/jurisdiction as well as other partners that can support the QIO CKD efforts at the local, state, and national levels. The characteristics of the providers targeted to participate in CKD quality improvement efforts are not specified by CMS. Rather, the QIO must determine recruitment strategies that would allow statewide CKD improvement targets to be met.

Opportunity for Quality Improvement

QIO interventions that support health information technology (HIT) have the potential to improve screening rates through timely notification of providers and patients when a mammogram or CRC screening should be scheduled. Influenza and pneumococcal vaccination levels among adults 65 years of age and older remain well below the Healthy People 2010 objective of 90%. There is a need for more effective strategies for delivering vaccines to high-risk persons, their providers, and household contacts.

Published research reveals that racial/ethnic minority patients are generally less likely to receive routine medical services than white patients, with African Americans having fewer routine physician visits and more visits to the emergency room. DSME is a proven intervention for allowing patients to control their disease by working with their health care provider.

CKD is the ninth leading cause of death in the U.S. CKD affects 11% of the U.S. population over the age of 65, and those affected are at increased risk of cardiovascular disease and kidney failure. The leading causes of CKD are diabetes and hypertension; furthermore, minority populations are more likely to develop CKD than non-minority populations. Early detection of CKD along with appropriate interventions, such as medication therapy, can achieve a substantial reduction in the progression rate of kidney failure.

QIO Activities

The primary activities involved in the national Prevention Theme will focus on nine Tasks:

1. Recruiting participating practices;
2. Identifying the pool of non-participating practices;
3. Promoting care management processes for preventive services using EHRs;
4. Completing assessments of care processes;
5. Assisting with data submission;
6. Monitoring statewide rates (mammograms, CRC screens, influenza and pneumococcal immunizations);
7. Administering an assessment of care practices;
8. Producing an Annual Report of statewide trends, showing baselines and rates; and
9. Submitting plans to optimize performance at 18 months. (continued)

The Medicare QIO Program

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program consists of a national network of 53 QIOs, responsible for each U.S. state, territory, and the District of Columbia. QIOs work with healthcare providers, consumers and stakeholder groups to refine care delivery systems to make sure patients get the right care at the right time, particularly patients from underserved populations. QIOs operate under three-year contracts with CMS, known as Statements of Work (SOWs), the next of which will begin in August 2008 and continue through July 2011.

For more information:

www.cms.hhs.gov/QualityImprovementOrgs/

QIO 9th Statement of Work *Executive Summary Series*

(Prevention continued)

QIOs will recruit a pre-agreed-upon number of practices to participate, securing at least 80% of the targeted number by the end of Quarter 2. QIOs will also identify non-participating practices with EHR capability.

The QIO will educate each participating practice on using its EHR capabilities to improve rates of screenings and immunizations, using Doctor's Office Quality–Information Technology University (DOQ-IT University). At the end of the 18th month, at least 80% of the participating practices should report tracking of each preventive service for at least 75% of patients or patient encounters. This will be determined by an assessment of care practices.

Each participating practice will use its certified EHR to report breast cancer and CRC screening and influenza and pneumococcal immunization data directly to the CMS Clinical Data Warehouse. Reporting will begin during Quarter 3 and continue quarterly thereafter. Every two weeks, beginning in Quarter 3, the QIO will report to CMS the number of and rates for practices that are reporting data.

QIOs will assist both collaborating and comparison practices to complete an assessment of care processes by the end of Month 16. This will assess practices' EHR capabilities and current care processes related to breast and CRC screening and immunizations. Ninety percent of participating practices and 65% of comparison practices must complete this assessment.

For the sub-national task on reducing disparities in diabetes care, QIOs will be responsible for monitoring statewide diabetes rates and monitoring all statewide diabetes education efforts. QIOs will also submit the number of patients who have completed a CMS-approved DSME program on a monthly basis.

QIOs awarded the CKD sub-national task will utilize existing collaborative efforts and develop new mechanisms to support a community effort to effect quality improvement at the system level. The QIOs selected for work on CMS' CKD quality initiative will be required to:

1. Focus on three clinical areas, each with a corresponding clinical measure. These areas include detection of CKD in diabetic beneficiaries; appropriate medication treatment (ACE inhibitors/ARBs) to slow the progression of kidney failure; and adequate counseling prior to initiation of dialysis as evidenced by placement of an arteriovenous fistula for hemodialysis patients.
2. Use collaboration as a means of achieving sustainable CKD system-level changes. Partners in the collaborative will include community health centers, community representatives, ESRD Network Organizations, health department diabetes grantees, local chapters of kidney organizations, patient representatives, provider groups, state and county government representatives, and others.

QIOs must address any CKD care disparities identified in their state/jurisdiction and implement interventions to reduce these disparities. QIO activities will include:

1. Focusing on provider implementation of clinical practices that have been tested and proven to be successful in the prevention and management of CKD;
2. Targeting beneficiaries who are most likely to benefit from education on risk factors, early identification, and treatment choices for CKD;
3. Disseminating tools and resources to providers and beneficiaries that are available through federal partners; and
4. Working through a collaborative model to effectuate system-level change that will have a lasting impact on the prevention and management of CKD.

Evaluation

QIOs will be evaluated at months 18 and 28 of the 9th SOW. QIOs will be accountable for achieving the minimum performance thresholds in the rates of screenings and vaccinations. QIOs will also be responsible for meeting goals related to recruiting and educating practices and the rates of practices reporting quality data.

QIOs engaged in the CKD tasks will be required to successfully pass the established targets in all clinical outcome measures as well as provider recruitment and partner collaboration goals.

For the diabetes sub-national component, QIOs will be evaluated based on improvements within their states/jurisdictions in rates of hemoglobin (HbA1C) control, LDL cholesterol levels, blood pressure control, and eye exams.

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs/

CMS: www.cms.hhs.gov/ColorectalCancerScreening/

MedQIC: www.medqic.org

CDC: www.cdc.gov/flu/protect/keyfacts.htm

For additional QIO executive summaries, visit www.MedQIC.org

