



Working With Your Quality Innovation Network-Quality Improvement Organization (QIN-QIO) on Care Coordination Quality Improvement Initiatives

The following information is part 3 of a 3-part series on understanding the role of the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) in your area.

Overview

Each QIN-QIO has a specific set of quality improvement programs and objectives to meet each year. These goals may overlap with programs being conducted by community-based organizations (CBOs), serving the same Original Fee for Service Medicare (Parts A and B) population. When there is potential synergy between the activities of the QIN-QIO and the CBO, a QIN-QIO can be an essential ally in working with the health care system to address the needs of the target Medicare population and support, and possibly enhance the impact of CBO programs/services to meet the aligned quality improvement objectives.

Background

The Centers for Medicare & Medicaid Services (CMS) has a network of contractors called Quality Improvement Organizations (QIOs) that seek to improve the quality of care for Medicare beneficiaries in a defined geographic region. The QIO program is one of the largest federal programs dedicated to improving health quality for Medicare beneficiaries. QIOs are required under Sections 1152-1154 of the Social Security Act. QIOs are organized into 14 groups called Quality Innovation Networks (QIN). For simplicity, this tip sheet uses the acronym QIN-QIO. See Tip Sheet 1 for more background on QIN-QIOs.

Statement of Work

The QIN-QIOs operate under a contract/Statement of Work (SOW) with CMS. The SOW defines the key quality improvement initiatives that each QIN-QIO must implement for their defined geographic region. The SOW defines a specific set of deliverables that the QIN-QIO must complete during the 5-year contract with CMS. The current SOW became effective on August 1, 2014 and runs through July 31, 2019. Changes to the SOW require a contract modification, amendment, or the issuance of a new contract per the Federal Acquisition Regulations (FAR). The 2014 – 2019 QIN-QIO SOW Task Order 001 is publically available for review, under RFP # HHSM-500-2014-RFP-QIN-QIO (<https://www.fbo.gov/index?s=opportunity&mode=form&id=dff522bababb6b9859bb783c08db6074>).



Task C.2: Healthcare Acquired Conditions

One of the tasks under the SOW is Task C.2: "Reducing Healthcare-Acquired Conditions in Nursing Homes". CBOs that are working with nursing homes to reduce avoidable admissions and readmissions have an opportunity to work in a synergistic manner with their QIN-QIO to address this important issue and increase the coordination of care for high-risk beneficiaries.

Task C.2 of the SOW requires QIN-QIOs to be:

- a. Actively aligning to support development of Community Coalitions and development of community specific measure(s) to reduce avoidable hospital admissions and readmissions.
- b. Creating an operational infrastructure for each participating Coalition.
- c. Recruiting nursing homes; specifically, One-Star facilities. However, all nursing homes are eligible for recruitment.
- d. Recruiting nursing homes for participation in the National Nursing Home Quality Care Collaborative, giving attention to nursing homes that may have prior collaborative experience.

Task C.3: Coordination of Care

Task C.3 in the CBO provides an opportunity for CBOs managing care transitions programs to work with QIN-QIOs to address this important initiative. The initiative is not limited to hospital-based care transitions, but also seeks to increase access to long term services and supports (LTSS) at the community level.

Under the requirements in the SOW for this task:

- QIN-QIOs shall coordinate with existing community-based efforts and recruit community stakeholders to form community coalitions focused on improving care coordination. This includes recruiting and engaging providers across all care settings, including acute, post-acute (e.g., dialysis facilities, nursing homes) and LTSS at the community level.
- QIN-QIOs shall use a population based measurement strategy to show targeted health improvement of beneficiaries who reside within specified zip codes -- for example, reduction in hospital readmission rates in the Medicare program, or a reduction in the prevalence of adverse drug events that contribute to significant beneficiary harm.
- QIN-QIOs and recruited communities shall work together to identify and effectively target special and vulnerable populations affected by poor care coordination.
- QIN-QIOs shall assist community members and additional regional learning and action network (LAN) participants to identify and effectively target interventions for special and vulnerable populations such as individuals with multiple chronic conditions who take multiple medications, who have

- behavioral health issues, and/or socioeconomic issues, as well as Medicare beneficiaries who are also enrolled in Medicaid (called dual eligibles).
- QIN-QIOs shall assist communities in identifying the appropriate measurement methodologies, data collection strategies, metrics, and support monitoring, and reporting of underlying factors for poor care coordination and for intervention ineffectiveness.

CMS has identified specific goals to measure successful performance of the QIN-QIO in performing this Task:

- To reduce hospital readmission rates in the Medicare program by 20 percent by 2019.
- To increase community tenure (the amount of time a person spends in the community, as opposed to in a facility or institution), as evidenced by increased number of nights spent at home, for Medicare beneficiaries, by 10 percent by 2019.
- To reduce the prevalence of adverse drug events that contribute to significant patient harm, emergency department visits, observation stays, hospital admissions or readmissions occurring as a result of the care transitions process.

Examples of QIN-QIO activities to support the achievement of these goals include, but are not limited to the following, all of which provide opportunities for CBO involvement:

- Convening community providers and stakeholders to collaborate and share time and resources to meet the needs of the population of beneficiaries that they serve.
- Providing mentorship to community leaders as they work within the community coalition to develop and achieve community-wide goals using community organizing tactics.
- Providing data and analytic support to communities to identify gaps in quality and develop strategies for improvement
- Assisting communities with implementing and measuring the impact of interventions and connecting those successes to community-wide goals.

Conclusion

QIN-QIOs can serve as a tremendous resource to CBOs that provide evidence-based programs and services to Medicare beneficiaries. Task C.2 and C.3 in the QIN-QIO SOW may be good opportunities to partner with a QIN-QIO. There are opportunities to participate in community-based activities as a member of a local coalition and possibly as a contractor to assist QIN-QIOs in meeting their program requirements. There is only one way to find out if the QIN-QIO servicing your area is amenable to



partnering or contracting directly with your organization – contact them and demonstrate the value you can add!

For more information on the QIN-QIO program, visit the following web sites:

The Centers for Medicare & Medicaid Services (CMS)

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html?redirect=/QualityImprovementOrgs>

Quality Net

<https://www.qualitynet.org>