



Join CMS on 8/5 to Learn Bold New Goals for the Quality Improvement Organization Program

On August 5, 2012, CMS hosted quality improvement thought leaders for a special partnership call as they unveiled bold new goals that challenge the Quality Improvement Organization (QIO) Program to achieve rapid, significant, widespread health care improvement.

To carry out these new goals, CMS announced that QIOs will convene a wide range of providers and other stakeholders to rapidly spread best practices that will lead to better care, better health for population and communities, and more affordable care as a result of improvement.

The call with CMS described the QIO Program's bold new goals for achieving significant, widespread health care improvement and how you or your organization can contribute. The call featured remarks from:

- **Donald M. Berwick, MD, MPP**, CMS Administrator
- **Patrick Conway, MD, MSc**, CMS Chief Medical Officer and Director, Office of Clinical Standards & Quality, CMS
- **Jean Moody-Williams, RN, MPP**, Director, Quality Improvement Group, Director, Office of Clinical Standards & Quality, CMS
- **Kelly Anderson**, Communications Program Manager, Office of Clinical Standards & Quality, CMS.

The transcript from the call follows. If you have any questions, please email ocsqbox@cms.hhs.gov.

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Operator:

Good afternoon, ladies and gentlemen and thank you for waiting. Welcome to the Quality Improvement Organization Partnership Conference Call. All lines have been placed on listen-only mode and the floor will be opened for your questions and comments following the presentation. Without further ado, it is my pleasure to turn the call over to your host, Miss Kelly Anderson. Miss Anderson, the floor is yours.

Kelly Anderson:

Thank you so much, and I'd like to welcome everyone to our partnership call on the quality improvement organization. Today is an exciting day for us here at CMS. We have a lot of good news to share with you about the future direction about the Quality Improvement Organization Program, and I'm joined here today by several esteemed colleagues at CMS who are nationally recognized experts-- internationally recognized experts in the field of quality improvement. We'll get started today with a brief from Dr. Donald Berwick, who you all know is the Administrator of CMS, and then he will be joined by Dr. Patrick Conway, the CMS Chief Medical Officer and Director of our office of Clinical Standards and Quality. And lastly, we'll be joined by Jean Moody-Williams, who is the Director of Quality Improvement here at CMS.

We will take questions at the end after our brief remarks. I also want to put there that if we don't get a chance to answer your question today or if your questions maybe just a little bit too granulated for this high-level overview, please feel free to email us at ocsqbox@cms.hhs.gov and we'd be happy to address your question offline. Without further ado, I'm going to ahead and turn this over to Dr. Berwick.

Dr. Don Berwick:

Thanks, Kelly and thank you, everyone for joining us today. I'm very happy to announce a number of steps today that CMS is taking as part of the administration's ongoing efforts to help improve the quality of care that patients receive and to reduce healthcare costs by improving care. We're talking mainly about the quality improvement organizations, but I want to put this in the context of other things that are relatively current. There are new data on our hospital compare Web site. There's a new medicare.gov quality care finder and the QIO work, which can help motivate improvement across America's healthcare system by reporting quality data, by providing transparent review of performance and by offering assistance to healthcare organizations, we're engaging the professions and organizations in achieving our shared goal to deliver quality care to each and every patient every single time.

Let me just mention quickly about the hospital compare Web site. Consumers have been turning to hospital compare since 2005 for information about the quality of care in more than 4,700 of America's acute care or critical access to children's hospitals. CMS has updated hospital compare now with more recent information on 30 day mortality and readmissions rates for patients that are admitted to many inpatient hospitals for acute-- for heart failure, congestive heart failure, for acute myocardial infarction heart attacks and for pneumonia. These rates encompass three full years of claims data from July, 2007 to June, 2010. We also have refreshed information on in-patient and out-patient process of care measures, including measures that show, for example, whether out patients who are treated for suspected heart attacks received proven therapies that reduce mortality, like aspirin at arrival, whether they're protected from surgical site infections, whether patients are receiving safe and efficient imaging services, like studying rates of MRIs for low back pain or out-patient retests after screening mammograms. And two ratios that explain how frequently the out-patient departments give patients double CT scans when a single scan may be all that they need.

TRANSCRIPT - CMS Partnership Call: Announcing New Program Goals for the CMS Quality Improvement Organization (QIO) Program: 2011 through 2014

August 5, 2011

1:30 p.m. ET

A hospital compares 10 measures on patient satisfaction with hospital care show modest, but meaningful improvement on those satisfaction measures, and we report those as well. Our goals overall is to provide insight about the results that hospitals in our country are achieving and to encourage their efforts to improve. With respect to quality care finder, we're unveiling our new medicare.gov quality care finder. This offers lots of tools, such as hospital compare and nursing home compare, plan finder, home health compare, dialysis facility compare, physician compare and more. So in one place, this shows objective information about the quality of healthcare providers and plans.

There is now the option of viewing these tools as a collection with some helpful user tips and one-stop shopping online resource, which is available at www.medicare.gov/qualitycare finder. So it's www.medicare.gov/qualitycarefinder. Consumers know that the quality of healthcare that providers and facilities they choose offer can impact their health, and through the quality care finder we're making it easier than it has ever been before for Medicare beneficiaries and others to get the information they need.

Now let's turn to our main topic, quality improvement organizations. As you know, CMS has given the program and updated charter now for leading change, the 10th Scope of Work. Your new charter is putting patients at the center. It is aligned with and supports the aims of the Department of Health and Human Services National Quality Strategy, which was recently published. Nursing homes that work with their QIO, for example, will contribute to a 40% national reduction in healthcare prior conditions, improved care transitions leading to a reduction in avoidable readmissions and improved cardiac health through reduction of heart attacks and strokes, all part of the national quality agenda.

The patients at the center, by including the voice of the beneficiary in all of their activities, QIOs are going to help equip both providers and patients for shared health decision making. The general idea is all improvers are welcome. We want to embrace what we call at CMS, boundarylessness, and it is a prerequisite for system-wide change. QIOs are helping to break down organizational, cultural and geographic barriers. Initiatives are open to providers at all levels of clinical performance as long as they make a commitment to improve. In this mode, everybody teaches and everybody learns. Through large scale learning and action networks, QIOs are accelerating the pace of change and they're helping more rapidly to spread best practices. Improvement initiatives include collaborative projects, online interaction and peer-to-peer education.

QIOs are also providing technical assistance in CMS' new value-based purchase programs to help share best practices, to assist with data analysis and to engage in improvement activities. These broad overarching tenets for leading change translate into new improvement initiatives that include, for example, continuing to review beneficiary complaints as well as advocating beneficiaries and their families to be meaningfully involved in QIO improvement activities, not just the complaints and appeals, but meaningfully involve the activities of QIOs using evidenced-based change packages and other improvement tools in partnership with CMS, the Patient Safety and Clinical Pharmacy Services Collaborative from HRSA, the Health Resources and

Service Administration, to improve patient safety and health outcomes, working with nursing homes to reduce pressure ulcers, reducing central line bloodstream infections using comprehensive unit-based safety program, the CUSP methodology, boosting population health, by improving the use of electronic health records for care management to increase the reliability of preventive services like immunizations against influenza and pneumococcal and colorectal and breast cancer screening, reducing readmissions within 30 days of discharge by 20% over three years by changing processes of care at a community level, such as hospitals, home health agencies, out facilities, nursing homes and physician offices all working together.

I want to thank you for your work with us to improve the quality of healthcare. I'm really excited by this 10th Statement of Work and let me turn it over to Jean Moody-Williams, who is the main national expert on the quality improvement work.

Jean Moody-Williams:

Thank you, Don. And again, thanks everyone for joining this call. I think we've done a good job of just kind of walking through at a high level what the work that the QIOs will be involved in. I think the one thing that we want to mention again is that this will happen throughout the country. We have QIOs in all of the states and in the territories, so 53 QIOs working to insure patient safety and improve quality. It's the infrastructure that helps CMS achieve national goals at the local level. We say that to say that CMS can't do this work alone, and QIOs can't do this work alone, so we welcome those partners that have joined us, because it's you who will help us to achieve the goals that Don has just referenced here. We know that over the course of the next several weeks, if not already, the QIOs will be approaching our partners and asking you to join in the activities that we have outlined. Specifically in the hospitals, we'll be looking to reduce the rates of healthcare associated infections. We'll be asking that you join our Learning in Action networks that not only that you will come and be able to take advantage of the resources that we have available, but more importantly that you will be able to bring those best practices that we can learn from and that we can share and disseminate this information throughout the country so that we all can improve in our work.

I think our time will be best served if we just stopped her and take questions that you might have.

Dr. Don Berwick:

Operator, can you open the lines for questions, please?

Operator:

Certainly. The floor is now open for questions. If you do have a question, please press the number seven or the letter Q on your telephone keypad. Questions will be taken in the order they were received. If at any point, your questions has been answered, you may press seven or Q again to disable your request. If you are using a speakerphone, we ask that while posing your question, you pick up your handset to provide favorable sound quality. Again, if you do have a question, please press seven or Q on your telephone keypad. The first question comes from Susan Sheridan. Susan, please state your question.

Susan Sheridan:

Thank you very much. I'm Sue Sheridan from Boise, Idaho, and Don, I'm excited to hear about your emphasis on the patient voice at the center of some of the work with QIOs. Do you have any vision on some of the activities that patients will partake in with the QIOs?

Dr. Don Berwick:

First Sue, it's a delight to hear from you, thanks for being on the line. I think we want to encourage QIOs to be inventive in discovering their own ways to involve patients and families in communities. So one of the exciting things here is to unleash all sorts of innovation in that, but I think there are some more specifics that Jean may want to share about what at a detailed level we might be expecting.

Jean Moody-Williams:

Well, thanks for the question. It's a very important one, and so important that we wrote specifically into QIO contracts that beneficiaries will be engaged, and there are multiple levels of engagement. We again mentioned the Learning in Action networks that we would invite the voice of the patient in room. We will have national conferences. They'll be Web cast. More importantly, I think, at the community level, for example, there's a project that we'll be working on to reduce the adverse drug events, and looking at multiple medication usages and multiple conditions. We're inviting the community to come into that learning collaborative, working with our partners across the agency. That's just one example of a number of projects. But, as was mentioned, we'd like to hear from you how you think that you can help make this contract more successful, this project more successful and we are viewing this as a learning contract, and so, we welcome your ideas.

Dr. Don Berwick:

I'll just cap that by saying I thematically throughout my whole career and right here at CMS, I think the more the better. We're after the more consumer engagement, family engagement, patient engagement the better things will be. And I've never seen too much, so I encourage the QIOs and our partners out there in care delivery to think bolder.

Operator:

The next question comes from Laura Tubbs. Laura, please state your question.

Laura Tubbs:

Hi. This has been an excellent phone conference, very exciting. Just wondering about the selection process for facility or provider engagement with the QIO in improving like decreased pressure ulcers or the adverse drug events.

Jean Moody-Williams:

Well, that will vary depending on the projects. Where most of the projects is a term that we use is called broad and deep. So some of the projects will be very broad, and we will reach out to all

comers, anyone who can help us in a learning network and that can offer as we move along. There will be a few projects that we will target our efforts to those provided most in need of the technical assistance. So we'll be using data to see who would best serve from the limited resources we might have in one area, and so that will be determined after QIO gets the data, looks at it and determines in their community this provider or facility would best have the advantage of the technical assistance.

Laura Tubbs:

Okay. Thank you.

Kelly Anderson:

Operator, before we take another question, if I could just ask callers that as you pose your question, if you could identify the organization with which you're affiliated if you are in fact affiliated with someone? Thank you.

Operator:

The next question comes from Kevin Evans. Kevin, please state your question.

Kevin Evans:

Hi. Thank you. I am with the Aging Services of Michigan, and I am very excited about the Quality Initiatives, and I love the compare Web site, the quality care finder. I do have one question of clarification regarding the incidents that are reported on that. You had two programs that you were looking at and wanted some feedback. I have some of our member facilities use the facility report incidents as their quality tool for transparency. So they report, probably over report, to make sure that there is full transparency. The concern that I received from some of the members was, are they going to report all the ones that we report in terms of facility-reported incidents or the ones that we get cited on? Because they fully understand if they get cited on it or if they have a complaint, that makes great sense, but they're concerned about the reporting mechanism. If it's only-- if every allegation they report is considered an incident. So could you clarify that for me?

Kelly Anderson:

Kevin, are you talking about incidents reported on the nursing home compare Web site?

Kevin Evans:

Yes, I'm sorry, yes. Yes.

Kelly Anderson:

I think that's probably a little too deep for our call today, unfortunately, but I'm happy to answer it for you offline.

Kevin Evans:

Okay.

Kelly Anderson:

If you'd like to send us an email, again that's ocsqbox@cms.hhs.gov, I will have our nursing home compare expert get back to you.

Kevin Evans:

Very good. Thank you.

Operator:

The next question comes from Chris Tilden. Chris, please state your question.

Chris Tilden:

Yes, thank you. My name's Chris Tilden, I'm with Mountain States Group in Boise, Idaho. We're part of a collaborative group that has put together a proposal to CMS for the HEC, the Hospital Engagement Contractor program. I'm curious about specific strategies that CMS is envisioning to bring together those contractors once they are selected and the QIOs to make sure that there's robust collaboration between the two. We are actually working with one QIO as part of the proposal that we've put together. But I'm interested more at the national level and how you see that playing out.

Patrick Conway:

So this is Patrick Conway. I'll start. We recognize that there are many quality initiatives underway to achieve the goals associated with improving quality and patient safety. Our goal is to provide as many resources as possible to providers and beneficiaries. There are several announcements lately regarding these various quality improvement initiatives. Our intent is not to have duplicative work. We believe this is synergistic work, and we're encouraging people to work together. So we have informed the hospital engagement contractors or HECs, as you mentioned, that involve QIOs are those working with the same facilities to note where they are doing similar work to seek to avoid duplicative work that is not collaborative and helpful, and specifically, if you want more details where QIOs are working on specific areas we can provide that information and at a high level, the Hospital Engage Contractors and QIOs are encouraged to collaborate and leverage their efforts toward achieving the goal of reducing harm across the nation.

Operator:

The next question comes from Todd Ketch. Todd, please state your question.

Todd Ketch:

Yes, hi, this is Todd Ketch, with the American Health Quality Association. Represent the national network of QIOs and want to thank Dr. Berwick and Dr. Conway and Jean for your efforts on this front and just express the excitement of the entire community of the QIOs for getting started on this broad expansive work that's laid out in the vision for the National Quality Strategy and how that's connected in with the QIO work for the next several years. Part of my

question was related to the last, so I'll make more a statement of support for what you're talking about, Dr. Conway, however related to the HECs, but also more broadly than that, because as you say, there are many quality initiatives, some of them probably not even dreamt up yet, but that are going to be coming online, and these are all great things. It's this sort of this thousand flowers blooming idea. What I think we want to try to do is make sure that we're all leveraging these various efforts to work together as opposed to running into the potential for there to be sort of confusion in the marketplace that could lead to you know, problems with achieving the broad and ambitious goals that we've set up for the healthcare community. I'm confident that working together, we can do that. And so, really appreciate your comments related to you know, insuring that that collaboration across the agencies and the programs will be substantial.

Dr. Patrick Conway:

Thanks for that, Todd. You know, the major theme for CMS is partnership. We know for sure that American Healthcare can improve, but it can only improve by working together. So with AHQA and the QIOs among many, thankfully many partners, I think we can begin to make sure we're in very close communication and in touch with each other.

Todd Ketch:

Thank you.

Operator:

The next question comes from Francis Zampielo. Francis, please state your question.

Francis Zampielo:

Thanks. Thanks again for this information. It's really great to hear the efforts you're taking. Don, I have question about I'm working with a group of consultants on the readmission collaboratives for QIOs. And we had some discussion about what kind of goals might they be achieving with that. I know some of the high performers in the QIOs in our model have achieved a 20% reduction in the readmission, and I was wondering if you thought it was a stringent enough goal, if you have some thoughts about that.

Dr. Don Berwick:

Thanks, Frank. Boy, it's great to hear from you, Frank. I hope we can catch up sometime. These are-- it depends on where you are. There are advanced leaders in this country for whom some of these goals will already be in their pockets, and we're going to try to encourage them to move faster and harder and be the leaders they can be. I think the goals we've laid out for the country as a whole are quite bold goals, and I think we're very interested in establishing a system of shared learning throughout the nation where these who find it easier can help those who find them more challenging. It's a very exciting time. These are big goals, Frank. Jean, you want to comment on that?

Jean Moody-Williams:

I agree. I think that we want to reach as far as we can to those that are excelling and helping them advance, but also learning from those that are excelling so that they can help those that are still in need of assistance.

Dr. Don Berwick:

That concept, all teach, all learn, that I've thought about for years, it's very much embedded in this. Everyone's in.

Operator:

Again, if you do have a question, please press seven of Q on your telephone keypad. The next question comes from Debra Scott. Debra, please state your question. Ma'am, if your telephone is muted, please unmute it.

Debra Scott:

Oh, sorry. This is Captain Debra Scott. I am the Regional Administrator with HRSA in Kansas City. I was wondering if there were going to be some talking points or some clarification, especially for your federal partners, on how the QIOs will-- the relationship to Partnership for Patients and the Patient Safety Collaborative.

Jean Moody-Williams:

Thank you for that question. I'm very glad that you brought that up because one of the things that we wanted to mention with this statement of work, we have collaborated with many of our federal agencies and HRSA being one of the very important agencies that we're working with. We also are working closely with the Agency for Research Healthcare Quality, Centers for Disease Prevention and Control and the list goes on. And so, I think that we can get that-- make that available to you because it's a very easy to align how those efforts are coming together. For example, working with HRSA to reduce the adverse events is very much a part of the Partnership for Patients. And we'd be happy to pull that together.

Debra Scott:

Thank you.

Operator:

Again, if you do have a question, please press seven or Q on your telephone keypad. The next question comes from Karen Feinstien. Karen, please state your question.

Karen Feinstien:

Yes, I do want to say we are fortunate. We have a great working relationship. We're a regional health improvement collaborative with our QIO. Looking at the 10th Scope of Work, it's very

ambitious and we'll see MMI be entertaining collaborative proposals from QIOs and partners in the field to help fund such a broad scope of work.

Jean Moody-Williams:

We-- first, I'll say that we are working very closely with the Innovation Center to take advantage of the learnings that are happening in that center, and to disseminate what we learn through the QIO community, having that local infrastructure. The funding sources for those programs are quite different and in many cases, not able to be mixed. And so, we've had to talk about that question a little bit more, you know, offline, but in general, I think we have to recognize that they are very different funding sources.

Dr. Don Berwick:

If I can make one comment about that, one of the big themes in CMS throughout the agency this year is one CMS. We are one organization, thoroughly aligned and interacting well among our various components to achieve the national quality aims and the triple aim, three-part aim, better care, better health and lower costs. So the broader answer to your question is we're seeking ever greater alignment between every part of the program that includes the QIOs and the new and wonderful Innovation Center. You should be seeing a sense of teamwork throughout the agency.

Kelly Anderson:

And operator, if we could take one more question, I think we'll wrap it up at that point.

Operator:

The final question comes from Ed Gamache. Ed, please state your question.

Ed Gamache:

Yes, this is Ed Gamache. I'm the President of the Michigan Peer (ph) Crisis Hospital Quality Network. And first of all, I want to thank you for putting critical access hospitals back into the 10th Scope of Work for focus of the QIOs. I think it's critical that we're part of those activities. Is there any specific activity in this program for critical access hospitals that has been defined how we might participate?

Jean Moody-Williams:

There's one-- there's several where you might participate. There's one very specific as it relates to quality recording and improvement. One of the things we'd like to encourage and work with you on is that helping to get more of your data into the various reporting systems. And that would help us and help you as we look for areas of improvement and as we look at payment system changes that come down the pike, you'll already be involved with improving your data. Additionally, many of the learning and action networks and community-focused activities, the care transitions and readmissions activities, as the QIOs solicit their partners, they will be looking in their communities to see who would be most-- that would be most appropriate to include. And so I just encourage you to have your members or for you to reach out to the QIOs and express your interest and I'm sure they'll be willing to work with you.

Dr. Patrick Conway:

Just briefly, this Dr. Conway. I've been a physician in multiple safety net hospitals and critical access hospitals, so certainly I understand many of the difficulties. And I think through our QIO program and through multiple other programs, I think we're actively thinking about we support safety net providers that provide care to very vulnerable populations.

Dr. Don Berwick:

And I also say as Jean said at the start, this is a two way street. We are really, not just in the QIO program, for CMS as a whole, we're really interested in your ideas. So if the critical access hospitals have bold ideas that pursue the three-part aim, better care, better health and lower costs through improvement, speak up. Because we have a dynamic view of this whole endeavor throughout the agency and I think including the QIO programs. We'd love to hear from you.

Dr. Patrick Conway:

I do think the MB QUIP program that's been outlines for CHs is a good start to give us some structure to increase participation.

Dr. Don Berwick:

Yes, I've seen some of that work on critical access hospital consortium. It's extremely exciting. I've seen some results that have been thrilling.

Ed Gamache:

Thank you.

Kelly Anderson:

Great. Thank you everyone for joining us. At this time, we will go ahead and conclude our call. Again, if you have questions that we didn't have a chance to address or maybe they're just a little bit more granular, feel free to email us, ocsqbox@cms.hhs.gov and we're happy to get back to you offline. Thank you again for joining us and we hope that we continue to hear from you throughout the next QIO project and initiative cycle. Thank you.

Operator:

That concludes today's teleconference. We thank you for your participation. You may disconnect your line at this time.