TMF
Quality Innovation Network

What is a QIN-QIO?
What is a BFCC-QIO?

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- TMF Quality Innovation Network Quality-Improvement Organization (QIN-QIO) Chronic Disease Subject Matter Expert
- Part of the writing group that revised the current Competencies for Diabetes Educators and the 2017 National Standards for Diabetes Self-Management Education and Support (DSMES)
- Appointed to the Texas Diabetes Council by Governor Greg Abbott

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True or False Pre-Test

1. The Centers for Medicare & Medicaid Services (CMS) is the oversight agency that directs Quality Innovation Network-Quality Improvement Organization (QIN-QIO) activities and budget.
2. QIN-QIOs lead CMS quality improvement efforts for a network of states and territories.
3. There is one type of CMS QIO.

Learning Objectives

- Define Quality Innovation Network-Quality Improvement Organization (QIN-QIO) and Beneficiary and Family Centered Care (BFCC)-QIO.
- Explain the difference between a QIN-QIO and BFCC-QIO.
- List three QIN-QIO projects going on in your state.
- Discuss how the QIN-QIO can assist in your role as a quality improvement leader.

Principles of Quality Improvement

- Apply changes in the actual clinical environment as that leads to better adaption of the process change.
- Measures should be patient-centered and person-neutral without bias.
- Measure the system not the people.
- Use a proven quality framework for the improvement process.
- Learn from the variants of data; is it intended or unintended?

A Guide to Applying Quality Improvement to Healthcare: Five Principles. Lloyd Provost. https://www.healthcatalyst.com/insights/quality-improvement-healthcare-5-guiding-principles

History of the Medicare QIO Program

- In 1965, Medicare, under oversight of the Health Care Financial Administration, was established to provide hospital care, nursing home care, home nursing service and outpatient treatment for people over 65.

- In 1972, Medicare Professional Standards Review Organizations began to oversee quality of care at the local level and, in 1982, became Peer Review Organizations (PROs) with new authority to protect Medicare beneficiaries from underuse of necessary health services.

https://qioprogram.org/qionews/articles/history-qio-program

History of Peer Review Organizations

- A significant program milestone came in 1996 when PROs could systematically collect data, measure progress and identify areas for improvement.
- This allowed PROs to shift focus from auditing of charts and following up on complaints to more targeted efforts.
- PROs began to focus on specific diseases, and improve the management of common chronic conditions, such as diabetes and cardiovascular disease.

https://qioprogram.org/qionews/articles/history-qio-program

History of How PROs become QIOs

- In 2002, PROs were renamed Quality Improvement Organizations (QIOs) to reflect the multidisciplinary approach of all team members — physicians, nurses, and administration — working together to improve the quality of care.
- QIOs became the boots on the ground in communities, helping patients, families and providers carry out local activities that rolled up into national progress.

https://qioprogram.org/qionews/articles/history-qio-program

The Transition in Focus

1970

- Quality Assurance with focus on **individual case review** for inappropriate care. It was punitive to the individual provider.

1990

- Delivery of quality care: health care should be safe, effective, patient-centered, timely, efficient, and equitable (*Quality Chasm*)

2001

- Quality Improvement to review quality measures and navigate **process improvement** in standards of care for Medicare beneficiaries at a population health level

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Quality Assurance vs Quality Improvement

- **Quality Assurance** reviews the minimum **level of quality service** and the process identifies and can potentially punish individuals or licensed health entities that may be providing sub-standard care.
- **Quality Improvement** standards are **evidence-based processes that are adapted** and implemented to have an effective process for continually measuring and improving the care delivered by all providers through technical assistance and **is not punitive**.

History of the Transition to QIOs

- Each state and territory was assigned a Quality Organization now known as a Quality Improvement Organization (QIO).

- Oversite of Medicare and the QIO Program transitioned from HCFA to the newly named, Centers for Medicare & Medicaid Services (CMS).

Growth of the QIO Program

- The QIO Program has achieved success in a number of areas, including reducing the incidence of pressure ulcers, the use of antipsychotic medications and unnecessary hospital readmissions.
- QIOs have played an important role in driving recognition of quality improvement. They also have provided technical assistance and tools, and shared best practices to achieve their overall goal of enhancing the quality of services delivered to Medicare beneficiaries.

https://qioprogram.org/qionews/articles/history-qio-program

CMS Quality Improvement Organizations

- In 2014, CMS established a new functional structure for the Quality Improvement Organization (QIO) Program.
- Under the new structure, CMS separated case review from quality improvement work, with both segments of the QIO Program serving all 50 states and three territories.

QIO Program Today

- As previously highlighted, CMS established a new functional structure for the QIO program in 2014 separating case review and quality improvement work, creating QIN-QIOs and BFCC-QIOs.
- To maximize efficiencies and provide consistency, the program was regionalized and each state and territory no longer has an individual QIO.
- Currently there are:
  - 12 regional QIN-QIOs
  - Two BFCC-QIOs

Two Types of QIOs

- Quality Innovation Network–Quality Improvement Organization (QIN-QIO) *system*

- Beneficiary and Family Centered Care–Quality Improvement Organization (BFCC-QIO) *individual*

Role of the Quality Innovation Network – QIOs

QIN-QIOs:

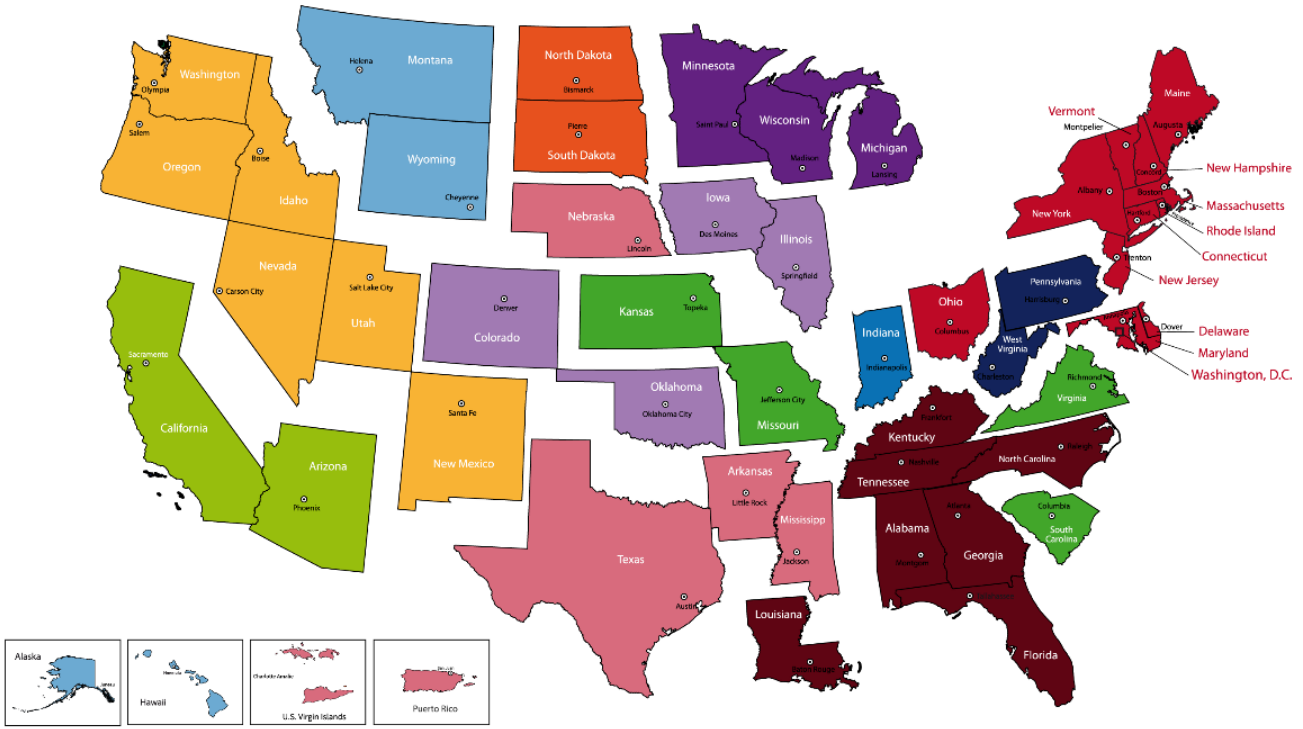
- work with providers, community partners, Medicare beneficiaries and caregivers on **data-driven** quality improvement initiatives designed to improve the quality of care for people with specific health conditions.
- QIN-QIOs are able to help quickly **spread best practices** for better care while accommodating local conditions and cultural factors.

https://qioprogram.org/about/why-cms-has-qios

More about QIN-QIOs

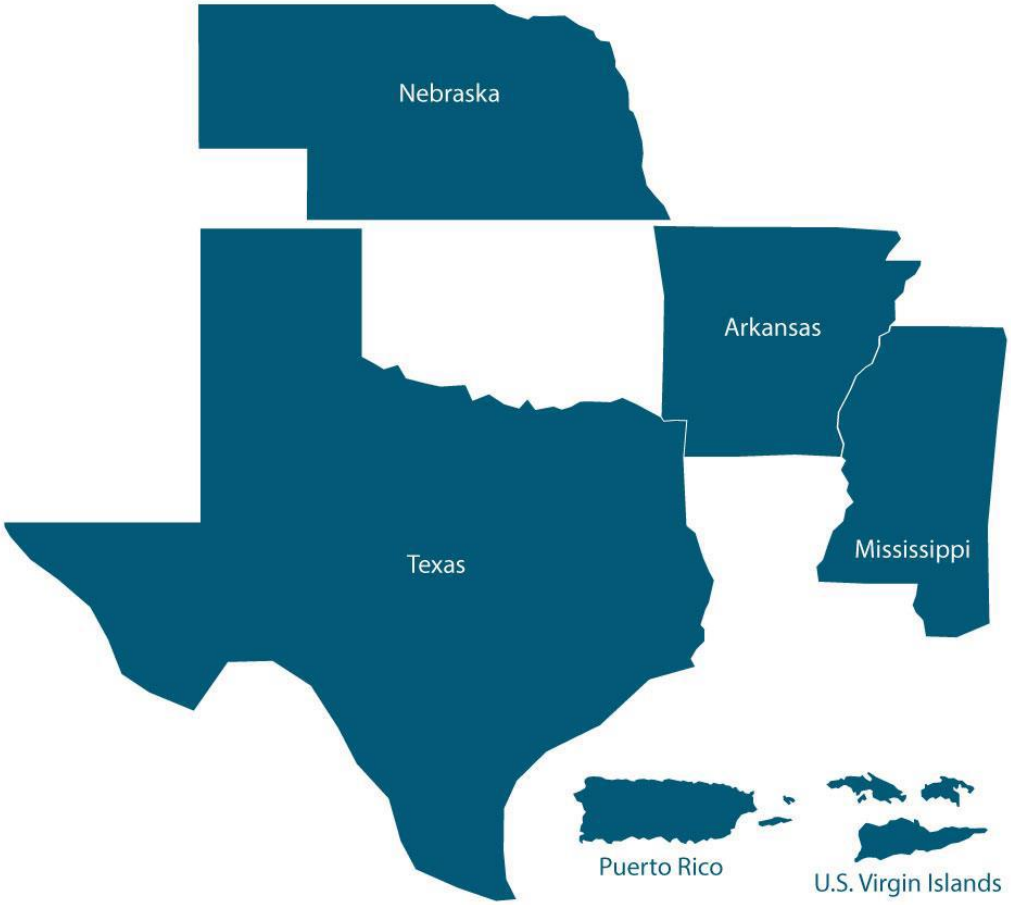
- Twelve regional QIN-QIOs oversee and implement CMS quality improvement initiatives throughout 50 states and three territories.
- QIN-QIOs collaborate with national and local partners on major initiatives to improve patient safety and health care quality.
- QIN-QIOs engage providers and stakeholders in learning and action networks and improvement collaboratives that rapidly effect large-scale change for the better.

Quality Innovation Network (QIN) Map



- **Alliant Health Solutions** — Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, Tennessee
- **Great Plains Quality Innovation Network** — North Dakota, South Dakota
- **HQI** — Kansas, Missouri, South Carolina, Virginia
- **Quality Insights Quality Innovation Network** — Pennsylvania, West Virginia
- **Telligen** — Colorado, Illinois, Iowa, Oklahoma
- **Atlantic Quality Improvement Network** — Connecticut, Washington, DC, Delaware, Massachusetts, Maryland, Maine, New Hampshire, New Jersey, New York, Ohio, Rhode Island, Vermont
- **Comagine** — Idaho, New Mexico, Nevada, Oregon, Utah, Washington
- **Mountain Pacific Quality Health Foundation** — Alaska, Hawaii and U.S. Pacific Territories, Montana, Wyoming
- **Superior Health Quality Alliance** — Michigan, Minnesota, Wisconsin
- **TMF** — Arkansas, Mississippi, Nebraska, Puerto Rico, Texas, Virgin Islands
- **Health Services Advisory Group** — Arizona, California
- **Qsource** — Indiana

TMF QIN-QIO Service Area



- **3,928,911 Medicare beneficiaries impacted**
- **48 communities**

Your Involvement

- Participation is voluntary.
- Work is data-driven so you will be asked to collect data and send it to TMF.
- Data from our partners is aggregated before it is sent to CMS.
- Involvement is through a contract cycle but you can withdraw at anytime.
- All QIN-QIO services are free of charge.

Role of Beneficiary Family Centered Care-QIOs

BFCC–QIOS:

- Manage all complaints and quality of care reviews to ensure consistency in the review process
- Handle cases in which Medicare patients want to appeal a health care provider's decision to discharge them from the hospital or discontinue other types of services
- Use the Immediate Advocacy process to address complaints quickly
- Provide health care navigation services

Two BFCC QIOs

Livanta

- Help Line:
- 1-888-755-5580
- Covers Nebraska
- www.livantaqio.com/

Kepro

- Regional Zone Helpline
- www.keproqio.com

Current QIN-QIO Work in Nebraska

1

TMF Health Quality Institute

Community Coalitions
- **Ardis Reed**

Nursing Home Quality
- **Carla Smith**
- **Melody Malone**
- **Deb Majo**

2

Telligen and Nebraska Hospital Association

Hospital Quality Improvement (HQIC)
- **Dana Steiner**

3

Livanta Beneficiary and Family Centered Care – BFCC-QIO

- To file concerns, complaints and navigate care for Medicare beneficiaries, call:
  1-888-755-5580

Improved Outcomes for Medicare Beneficiaires

Current QIO Priority Areas (2019-2024)

- Improve Behavioral Health Outcomes
  - Focusing on decreasing opioid misuse
- Improve Patient Safety
- Improve Chronic Disease Self-Management
  - Cardiac and vascular health
  - Diabetes
  - Slowing and preventing end-stage renal disease (ESRD)
- Improve Quality of Care Transitions
- Improve Nursing Home Quality

TMF Quality Innovation Network

Regional Community Coalitions

Community Health Touch Points

Medical

- Acute
- Critical access hospitals
- Rural health clinics
- Private provider offices
- Psychiatric and rehabilitation services
- Provider associations

Population Health

- Department of Health and Human Services
- District health departments
- Area Agency on Aging
- The Centers for Disease Control and Prevention

Community Non-Profits

- YMCA
- Lions clubs
- Health ministries
- Food pantries

Connections

- Health care providers and clinicians
- Health care systems
- Social determinants of health
- Funding and support
- Community members

National Targets – Community Coalitions and Opioid-related Adverse Drug Events

- Engage community coalitions to increase access to behavioral health (BH) services for 6.8 million beneficiaries by 15.7%.
- Decrease opioid-related adverse events by 7%, including deaths, with a focus on Medicare fee-for-service high-risk and BH-risk beneficiaries.
  - Decrease opioid prescribing (for prescriptions > 90 morphine milligram equivalents (MME) daily)
    - 12.5% by acute and specialty hospitals
    - 12.5% by long-term care (LTC)
    - 12% by outpatient facilities

National Target – All-cause Harm

Reduce all-cause harm in hospitals, community-based facilities and LTC settings by 2024, including:

- Reduce by 9.7% all-cause harm in hospitals and reduce adverse drug events (ADEs) across all settings.
  - Reduce ADEs in all community settings by 6.5%.
  - Reduce ADEs in LTCs for high-risk beneficiaries by 13%.
    - High risk = three or more medications including, but not limited to, anticoagulant, diabetes, opioid or antipsychotic medications
- Reduce *C. difficile* infections in all settings.
- Developmental: Reduce hospitalizations for nursing home-onset *C. difficile* infections.

National Target – Cardiovascular Disease

- Achieve 13.8% reduction in smoking prevalence for Medicare (69,000 beneficiaries)
- Achieve at least 80% performance on ABCS
  - A: Improve **A**spirin use
  - B: Control **B**lood pressure
  - C: Manage **C**holesterol
  - S: Support **S**moking cessation
  - **Promote cardiac rehabilitation**

National Target – Diabetes

- Prevent 25,171 Medicare beneficiaries from developing diabetes by 2024.
- Identify patients at high-risk of developing complications related to having diabetes.
- Improve diabetes management for at least 238,464 Medicare beneficiaries.
  - Achieve at least 55% referral of Medicare beneficiaries, who are served by a QIN-QIO and identified as **pre-diabetic,** to a Centers for Disease Control and Prevention Diabetes Prevention Program (DPP).

National Target – Chronic Kidney Disease

- Screen, diagnose and manage 238,464 Medicare beneficiaries with chronic kidney disease (CKD).
  - Prevent progression to ESRD.
- Identify patients at high risk for developing CKD.
- Improve outcomes for patients with kidney disease.

National Target – Hospital Admissions and Readmissions

- Reduce hospital admissions by 4.1% nationally.
- Reduce hospital readmissions by 5.4% nationally.
- Reduce community-based ADEs for Medicare beneficiaries by 6.8%.
- Reduce rate of ED visits and admissions of super-utilizers among the Medicare population by 12.24%.
- Developmental: Monitor potentially preventable ED visits and observations stays.
- Developmental: Monitor access to care that leads to hospital use.
- Developmental: Reduce potentially avoidable admissions, readmissions and super-utilization in Medicare Advantage patients.

National Target: Improve Quality and Patient Safety in LTC Settings by 2024

- Improve the mean total quality score for all nursing homes.
- Reduce the percentage of nursing homes with a total quality score of less than 1,258.
  - Homes with two-star or lower rating on the quality measures domain
- Reduce ADEs in nursing homes.
- Reduce healthcare-related infections in nursing homes.
  - QIN-QIO to contribute to development of a national baseline.
- Reduce ED visits and readmissions in short-stay nursing home residents by 2024.

How can a QIN-QIO help you?

- Provide free technical assistance for your project.
- Teach you how to conduct a quality improvement process and support your new role in quality improvement.
- Align with your quality improvement goals and objectives.
- Be a second pair of contructive critical eyes for your project.
- Help you look at a project with evidence-based processes.
- Help you shine with your leadership.

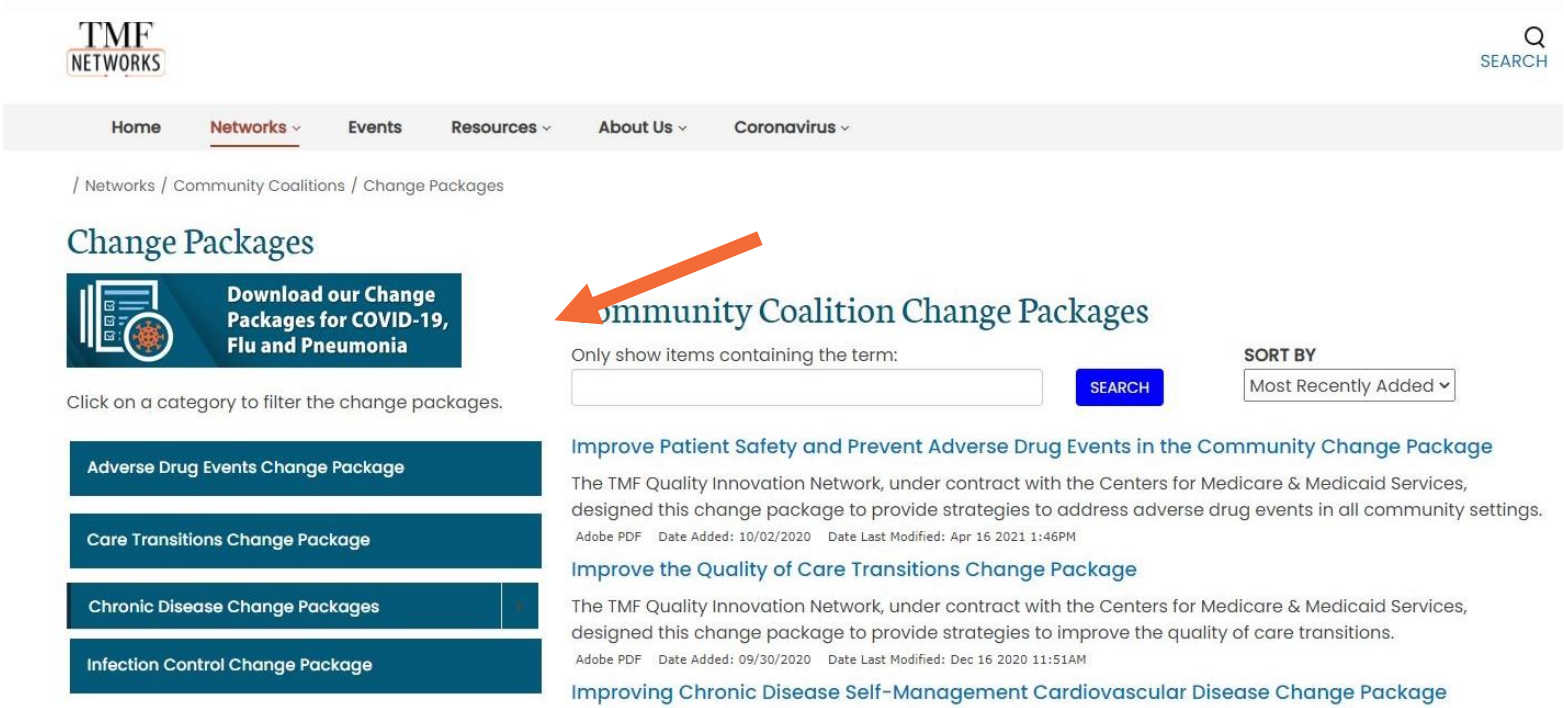
Health Quality Improvement Associations

- American Health Quality Association (AHQA)
- Institute for Healthcare Improvement (IHI)
- National Association for Healthcare Quality (NAHQ)

True or False Post Test

1. CMS is the oversight agency that directs QIN-QIO activities and budget.
2. QIN-QIOs lead CMS quality improvement efforts for a network of states and territories.
3. There is one type of CMS QIO.

Download Vaccination and Immunization Quality Improvement Change Packages



https://tmfnetworks.org/Networks/Community-Coalitions/Change-Packages/itg/CCCP1

Electronic MOA now required

Memorandum Of Agreement

The MOA is a legal document that facilitates the exchange of information between the provider and Livanta. An MOA outlines the BFCC-QIO's and the provider's responsibilities in accomplishing Medicare-required reviews. The requirement for Medicare providers is described in the Social Security Act Section 1866 paragraph (a)(1)(E). Additional information can be found online at: https://www.ssa.gov/OP_Home/ssact/title18/1866.htm.

Livanta is contractually obligated to provide CMS with a list of providers that do not submit a signed MOA if CMS requests it. To maintain compliance with Medicare rules, it is critical that Livanta receives your organization's MOA. Please review the following guidance to ensure compliance with the MOA requirement

Acute Care Facilities, including acute care inpatient hospitals, inpatient psychiatric hospitals, and long-term acute care (LTAC) hospitals:

- Located in CMS Regions 1, 4, 6, 8, or 10:
  - An MOA is now required with Livanta.
  - Livanta's MOA for claim review in CMS Regions 1, 4, 6, 8, and 10 can be found below.
  - After an MOA has been submitted, should you need to update your contact information for Livanta, please do so using the Contact Update Form. See below.
- Located in CMS Regions 2, 3, 5, 7, or 9:
  - If your organization has **NOT** already submitted an MOA with Livanta, you **must** do so now.
  - Livanta's MOA for acute care organizations in CMS Regions 2, 3, 5, 7, and 9, which covers case review and claim review activities, can be found at https://LivantaQIO.com/en/Provider/MOA.
  - If your organization has already submitted an MOA with Livanta, no further action is required at this time. Optionally, you may wish to update your contact information for Livanta using the Contact Update Form, which is also available at https://LivantaQIO.com/en/Provider/MOA

MOA Online Forms

Click here for the e-MOA online form.

Contact Update Form

Click here for the e-MOA online Contact Update form.

Action needed by: Acute, IPF,LTAC

- Located in CMS Regions 2, 3, 5, 7, or 9: Nebraska is Region 7
  - If your organization has **NOT** already submitted an MOA with Livanta, you **must** do so now.
  - Livanta's MOA for acute care organizations in CMS Regions 2, 3, 5, 7, and 9, which covers case review and claim review activities, can be found at https://LivantaQIO.com/en/Provider/MOA.
  - If your organization has already submitted an MOA with Livanta, no further action is required at this time. Optionally, you may wish to update your contact information for Livanta using the Contact Update Form, which is also available at https://LivantaQIO.com/en/Provider/MOA

Contract Obligation

- Livanta is contractually obligated to provide CMS with a list of providers that do not submit a signed MOA if CMS requests it.
- To maintain compliance with Medicare rules, it is critical that Livanta receives your organization's MOA.
- Please review the following guidance to ensure compliance with the MOA requirement
-

Forms

- MOA Online Forms
- Click here for the e-MOA online form.
- Contact Update Form
- Click here for the e-MOA online Contact Update form.
- https://livantaqio.com/en/ClaimReview/MOA/moa.html

Acronyms

ADE	Adverse Drug Event
BFCC	Beneficiary Family Centered Care
BH	Behavioral Health
CKD	Chronic Kidney Disease
CMS	Centers for Medicare & Medicaid Services
DPP	Diabetes Prevention Program
DSMES	Diabetes Self-management Education and Support
ED	Emergency Department
EMCRO	Experimental Medical Care Review Organization
ESRD	End-Stage Renal Disease
HCFA	Health Care Finance Administration
LTC	Long-term Care
MedPac	Medicare Payment Advisory Committee

Acronyms, continued

MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
QIN	Quality Innovation Network
QIO	Quality Improvement Organization
PRO	Professional Review Organization
PSRO	Professional Standards Review Organization
RFP	Request for Proposal

References

- A Guide to Applying Quality Improvement to Healthcare: Five Principles. Lloyd Provost. https://www.healthcatalyst.com/insights/quality-improvement-healthcare-5-guiding-principles
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Questions?

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