Quality Improvement Network Quality Improvement Organizations’ (QIN-QIOs’) Benefits to Skilled Nursing Facilities and Physicians

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Brief History of Medicare QIO Program and Recent Changes

The Medicare Quality Improvement Organization (QIO) program is administered through a nationwide network of quality improvement professionals that provide assistance to health care providers to drive improvements and lower cost. The QIO program was organized into 3-year contract cycles beginning in 1988, with contracts being awarded to QIOs by the Centers for Medicare and Medicaid Services (CMS). Under previous CMS contracts, the QIOs undertook both quality improvement and quality assurance (case review) activities.

QIOs worked locally with health care providers, consumers, health plans, and other partners to optimize care delivery systems to ensure that patients get the right care at the right time. Recent successes of the QIO program have been in the areas of helping providers to use health information technology in a more effective manner, reducing the rate at which Medicare patients were hospitalized or readmitted within 30 days of discharge, and transforming health care delivery to reduce patient harm and champion patient-centered care. For example, over the past decade, QIOs have had a consistent and productive track record of working with nursing facilities to improve care in the areas of reducing the use of antipsychotic medication, lowering the prevalence of pressure ulcers, and eliminating the use of physical restraints.

Recently, CMS redesigned the QIO program, moving from state-based QIO entities to regional QIOs to realize additional operational efficiencies. Moving forward, there will be 2 types of regional QIOs: Beneficiary and Family-Centered Care QIOs will manage all Medicare case review activity, and Quality Innovation Network (QIN) QIOs will perform quality improvement activities.

QIN-QIOs began work under new 5-year contracts on August 1, 2014. The new contract period is known as the 11th Statement of Work (SOW) for the QIN-QIO program. During the contract period, QIN-QIOs will focus on improving quality and enhancing patient safety in regions that range from 3 to 6 states.

How the QIN-QIO Program Benefits Patients and Families

There are many benefits to patients, providers, and provider organizations in working and collaborating with the QIN-QIO. The purpose of the QIN-QIO contract is to positively affect all players in the health care system with a focus on improving patient outcomes, improving the delivery of care, and reducing health care costs. QIN-QIOs rely on their long-standing relationships to establish footholds in their communities and remain relevant to providers through their deep understanding of the complexity of the work and the difficulties providers face in these times of change.

QIN-QIOs are tasked with developing and fostering positive partnerships with Medicare beneficiaries and their families to increase knowledge of and access to resources and services available in the community. In the 11th SOW, QIN-QIOs are held accountable for activating patients to become partners in their care. Although QIN-QIO staff members do not directly care for patients, patients can experience many benefits when their care provider chooses to align with the QIN-QIO. In Nevada, for example, the nursing facilities that elected to work with the QIO during the 10th Scope of Work to reduce the prevalence of pressure ulcers over the course of 27 months prevented a total of 28 pressure ulcers, and those that worked to reduce physical restraints over the same period improved the quality of life for 38 long-term skilled nursing facility residents who had their restraints safely removed.

An improvement in nursing facility outcomes also can translate to an improved level of empowerment for the resident. This is especially important when it comes to residents with a chronic disease, who often do not believe they will ever feel differently or experience an improvement in their health. Under the new contract, QIN-QIOs are required to assist long-term care providers in identifying beneficiaries and family members to serve as peer coaches to support other residents and families with similar complexities. The development of this support network will help patients and their families refine and build new skills related to their disease, while promoting the sharing of ideas and learning to problem solve. Nursing facilities working with QIN-QIOs also can benefit from resources to help patients and their families prepare for end-of-life discussions and decisions.

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QIN-QIOs can help facility staff have more meaningful interactions with residents and their families by ensuring that conversations about end-of-life wishes are occurring. Families are comforted knowing the facility and its caregivers have an understanding of their loved ones’ wishes.

**How the QIN-QIO Program Benefits Physicians**

Nursing facilities working with their QIN-QIO engage in new learning related to best practices, evidence-based treatment, and preventive methods for keeping their patients and residents free from harm. As QIN-QIOs engage and support nursing facilities in quality improvement, physicians will find they have a greater sense of confidence in the nursing staff to treat their patients. For example, when a nursing facility works to improve communication using the SBAR (Situation Background Assessment Recommendation) framework, and a physician contacts the facility to discuss a patient, a more productive exchange between the nurse and physician occurs. This produces a more informed decision-making process and perhaps allows both members more time to see other patients or do other tasks.

**How the QIN-QIO Program Benefits Skilled Nursing Facilities**

For more than a decade, QIOs have provided technical assistance to skilled nursing facilities, resulting in improved performance on quality measures. The QIN-QIO program is a free resource for quality improvement and improved patient and organizational outcomes that can lead to improved Minimum Data Set accuracy, which can then lead to higher reimbursement and a higher star rating from the CMS Nursing Home Compare Web site. As systems and processes improve, nursing facilities report a reduction in staff turnover and a greater appeal to families and the general community.

QIN-QIOs support nursing facilities and their staff in developing patient- and family-centered care strategies to promote effective communication and coordination of patient needs. There are many culture change initiatives that offer structured programs, but often at a high cost. QIN-QIOs instill the same patient-centered principles in their work with nursing facilities and guide them to a deeper understanding of patient needs.

**Conclusion**

QIO programs have worked closely with skilled nursing facilities to improve patient care over the past 2 decades. Through the transformation of the QIO program from state-level entities to regional QIN-QIOs, additional operational efficiencies will be achieved. QIN-QIO 11th SOW activities are already under way across the nation, and QIN-QIOs are working with nursing facilities and providers to actively engage patients and families. This effort includes working with long-term care providers in identifying individuals with chronic disease and development of peer coaches who support others with similar complexities.

Along with the development of peer coach support teams, the QIN-QIOs will work closely with facilities and providers to encourage end-of-life discussions and advance decisions among staff, patients, and their families. In addition, QIN-QIOs will continue to provide resources that support efforts around physical restraint reduction, antipsychotic medication use, pressure ulcer reduction, patient care transitions, and prevention of potentially avoidable hospitalizations. QIN-QIOs offer multiple resources that can enhance a provider’s ability to care for post-acute and long-term care patients residing in nursing facilities. It is incumbent on providers to better understand the past and current roles of their local QIN-QIO to become fully engaged (Figure 1).