



**Quality Improvement  
Organizations**

Sharing Knowledge. Improving Health Care.  
*CENTERS FOR MEDICARE & MEDICAID SERVICES*

**Great Plains**



Quality Innovation Network

# Introducing Kansas Foundation for Medical Care and Great Plains Quality Innovation Network

# Kansas Foundation for Medical Care



# Quality Improvement Organization

- Improving quality of care for beneficiaries;
- Protecting the integrity of the Medicare Trust Fund by ensuring that Medicare pays only for services and goods that are reasonable and necessary and that are provided in the most appropriate setting; and
- Protecting beneficiaries by expeditiously addressing individual complaints, such as beneficiary complaints; provider-based notice appeals; violations of the Emergency Medical Treatment and Labor Act (EMTALA); and other related responsibilities as articulated in QIO-related law.

*Leading innovation to improve the quality, effectiveness and safety of healthcare.*

# 11th Scope of Work (SOW) – Program Changes

- CMS separated medical case review from quality improvement work creating two separate structures:
  - **Beneficiary Family Centered Care Quality Improvement Organizations (BFCC-QIOs)**
    - Perform medical case review
    - Organized among five geographic areas across the Nation
  - **Quality Innovation Network Quality Improvement Organizations (QIN-QIOs)**
    - Offer quality improvement and technical assistance
    - QIN-QIOs are regional and cover three to six states
- The QIO contract cycle has been extended to five years (previously was three years)

# The Great Plains Quality Innovation Network: A New Entity

- The Great Plains QIN was formed with the following four entities serving as subcontractors; each a QIO in previous scopes:
  - Kansas Foundation for Medical Care
  - CIMRO of Nebraska
  - Quality Health Associates of North Dakota
  - South Dakota Foundation for Medical Care

# Consolidation: Great Plains QIN

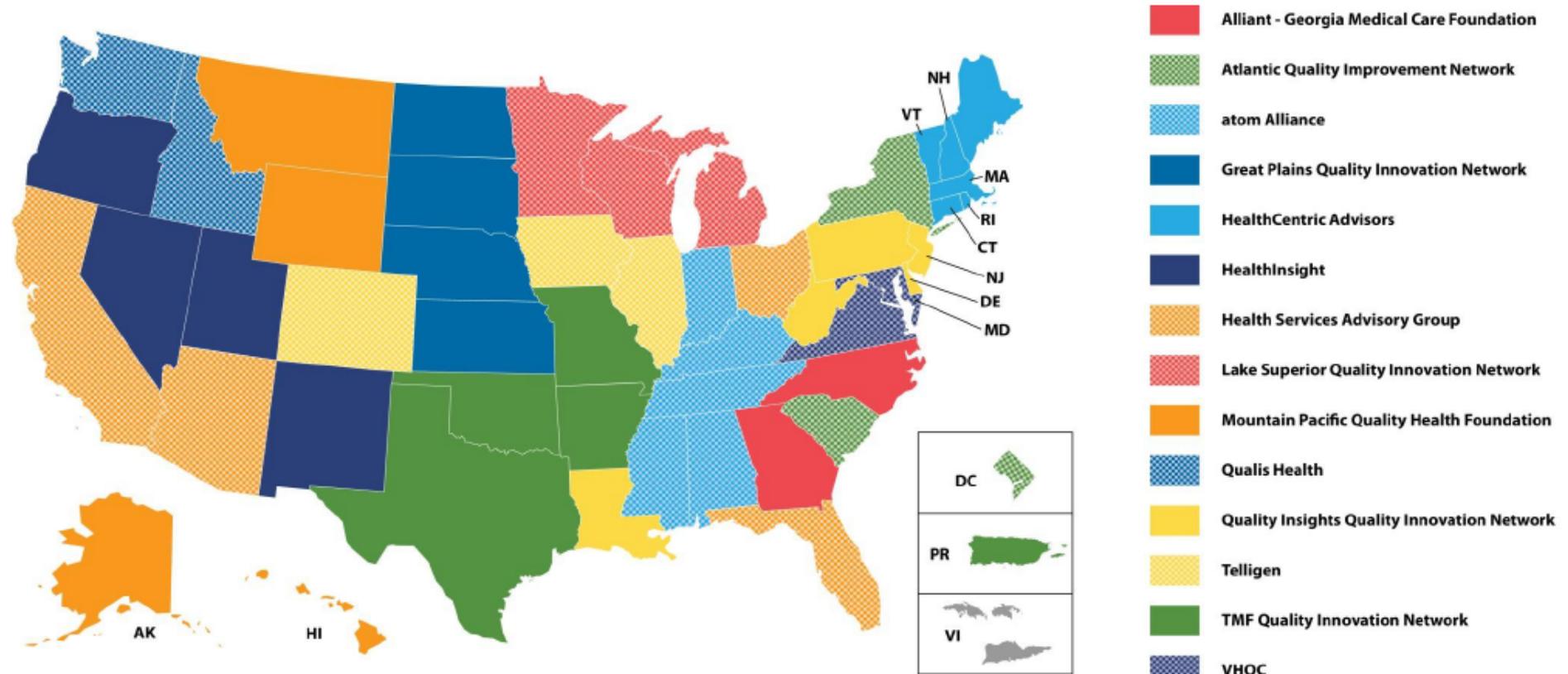
These four states choose to work together because of:

- commonalities of Medicare consumers
- provider characteristics
- rural and frontier issues
- similar corporate philosophies and general approaches to the QIO work

These common factors are strengths in working cohesively



# 11SOW QIN-QIO Map



*\*Virgin Islands award has not yet been determined*

# Quality Innovation Network (QIN)

## QIOs – What do we do?

- **Champion local-level, results-oriented change**
  - Data driven
  - Active engagement of patients and other partners
  - Proactive, intentional innovation and spread of best practices
- **Facilitate Learning and Action Networks (LANs)**
  - Creating an “all teach, all learn” environment
  - Placing improvement at the bedside level – e.g., hand washing
- **Teach and advise as technical experts**
  - Consultation and education
  - Management of knowledge so learning is never lost
- **Communicate effectively**
  - Optimal learning, patient activation and sustained behavior change

# Learning and Action Networks (LANs)

- Convene stakeholders, providers and improvement experts in an “all teach, all learn” model
- We will be sure to invite and involve Medicare consumers in our efforts
- Provide targeted technical assistance to participating providers, stakeholders and communities
- Through the LAN, the Great Plains QIN will provide educational webinars and conferences, encourage peer sharing, rapid testing of change ideas and support for adapting and spreading successful improvements

# Quality Reporting & Incentive Programs

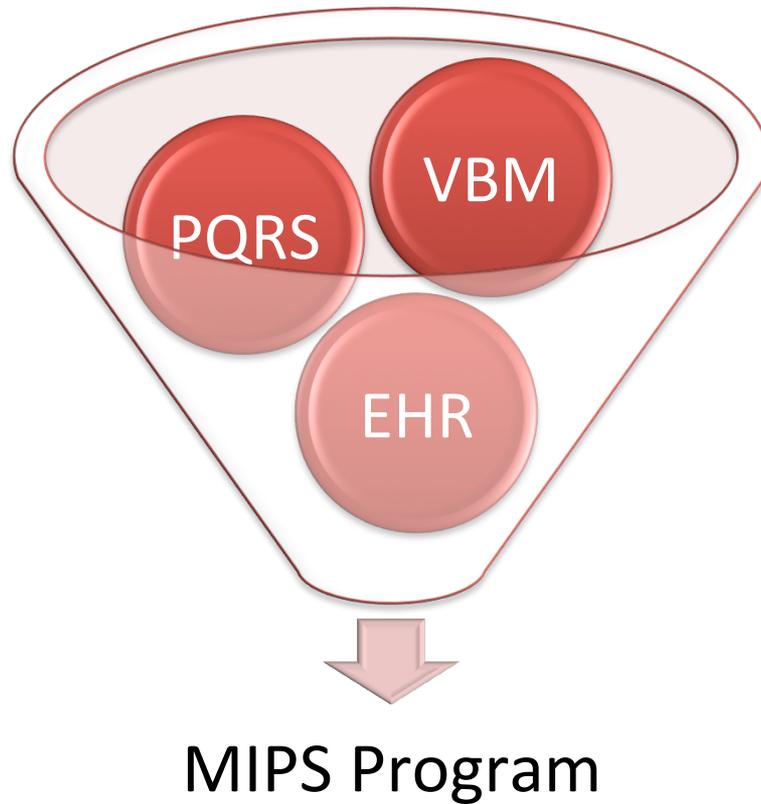
- Will partner with eligible physicians and physician groups to prepare them to meet the requirements of the CMS Value-Based Payment Modifier program
- Offer education and resources to Hospitals on Value-Based Purchasing
- Assist with reporting via the Physician Quality Reporting System (PQRS) and the value-based payment modifier/Physician Feedback program
- Identify gaps in quality care, including disparities and coordination of care

# How does the Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) reform Medicare payment?

MACRA offers three important changes:

1. Ending the Sustainable Growth Rate (SGR) formula for determining Medicare payments for health care providers' services
2. Making a new framework for rewarding health care providers for giving *better* care not just *more* care
3. Combining our existing quality reporting programs into **one** new system

# Consolidation



# What is MIPS?

- Merit-Based Incentive Payment System
  - Performance categories:
    - 50 points for quality (PQRS/VBM)
    - 25 points for Meaningful Use
    - 15 points for clinical practice improvement *NEW category!*
    - 10 points for resource use

Starting in CY2017!

# Physician Compare

The screenshot shows the Medicare.gov Physician Compare search page. At the top, there is a navigation bar with links for 'Español', 'Print', 'About Us', 'Glossary', 'CMS.gov', 'Medicare.gov', and 'MyMedicare.gov Login'. Below this is the main header 'Medicare.gov | Physician Compare' with the subtitle 'The Official U.S. Government Site for Medicare'. A secondary navigation bar contains buttons for 'Physician Compare Home', 'About Physician Compare', 'About the data', 'Resources', and 'Help'. The main content area features a search section with three tabs: 'Find physicians and other health care professionals' (selected), 'Find group practices', and 'Search another way'. Below the tabs is a search form with two input fields: '\* Location' (with a placeholder 'ZIP code/City, State/Address/Landmark') and '\* What are you searching for?' (with a placeholder 'Doctor last name or specialty or medical condition'). A green 'Search' button and a link for 'Additional search options' are positioned to the right of the search fields. Below the search section are two columns: 'Spotlight' and 'Additional information'. The 'Spotlight' section includes a video player with the title 'Getting the Most from Physician Compare'. The 'Additional information' section contains a list of links for questions, quality programs, database downloads, and more Medicare compare websites.

https://www.medicare.gov/physiciancompare/search.html?AspxAutoDetectCookieSt... Medicare.gov Physician Co... x

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## Medicare.gov | Physician Compare

The Official U.S. Government Site for Medicare

Physician Compare Home About Physician Compare About the data Resources Help

Physician Compare Home + Share

Find physicians and other health care professionals Find group practices Search another way

A field with an asterisk (\*) is required.

\* Location \* What are you searching for? ⓘ

ZIP code/City, State/Address/Landmark Doctor last name or specialty or medical condition Search

Additional search options ▶

### Spotlight

Learn more about Physician Compare - watch this video:

Getting the Most from Physician Compare ▶

### Additional information

- Question or comments? E-mail Physician Compare [External Link icon](#)
- Learn more about [quality programs](#) on Physician Compare
- Physicians: How to keep your information current
- Download the Physician Compare database (Updated: 3/31/2016)
- Having trouble using the website?
- Accountable Care Organization (ACO) quality data

**More Medicare compare websites:**

- Hospital Compare
- Nursing Home Compare
- Home Health Compare

3:35 PM 4/1/2016

# Utilizing HIT to achieve 'Meaningful Use'

- Effective use of Health Information Technology decreases paperwork, provides improved access to medical records and improves care coordination among providers
- Support sustainable system changes and full optimization of Certified Electronic Health Record Technology (CEHRT) capabilities to help participating providers be well positioned for future incentive programs
- Provide technical assistance and innovative tools and resources to help physicians and providers maximize the use of CEHRT and improve patient care and care coordination

# Care Coordination

- More than 17 percent of Medicare beneficiaries are re-hospitalized within 30 days of hospital discharge<sup>1</sup>
- 76 percent of readmissions may be preventable<sup>2</sup>

*Improving care coordination leads to better patient outcomes, overall satisfaction and reduces avoidable hospital admissions*

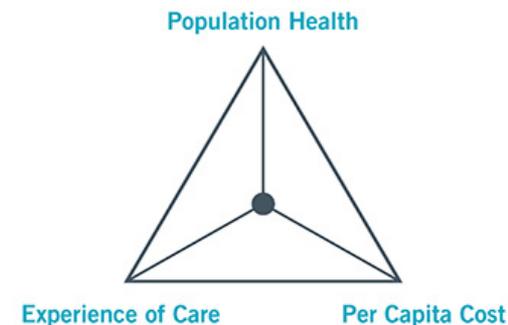
<sup>1</sup> U.S. Department of Health & Human Services

<sup>2</sup> Medicare Payment Advisory Committee

# Currently Underway at CMS

- Quality Reporting
  - Value-Based Payment
    - CMS Value-Based Payment Modifier
  - Physician Feedback
    - PQRS (Physician Quality Reporting System)
    - QRURs (Quality Resource and Use Reports)

The IHI Triple Aim



# Building a Partnership

In each of our states, experienced staff will be available to:

- Facilitate and lead regional QIN activities
- Provide individual consultation on quality projects
- Directly support your ongoing quality initiatives or collaborations
- Offer tools, resources and education to help foster efficient clinical processes and improved patient outcomes

# A projected path...



Join our efforts as we strive to achieve better care, better health for people and communities and more affordable care through quality improvement

# Bibliography

- <https://www.cms.gov>
- <https://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/SustainableGRatesConFact/index.html>
- <https://greatplainsqin.org>
- <http://www.hhs.gov>
- <http://www.kfmc.org>
- <https://www.medicare.gov/physiciancompare/search.html>

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