

## Health Quality Improvement Organizations: A National Resource for Plans

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## A National Network of Health Care Quality Improvement Organizations

- AHQA Members: national network of 38 private organizations (34 non profit, 4 investor owned)
- Best known for their work as Medicare Peer Review Organizations (PROs)
- PRO program created by Congress in 1983 to assure quality in Medicare
- QIOs serve all 53 jurisdictions in U.S. (some QIOs hold multiple PRO contracts)

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## Non-PRO Work of Quality Improvement Organizations

- 80% of QIOs also serve Medicaid:
  - Focused Quality Review (e.g., pediatric immunization rates, preventive care, asthma)
  - External Quality Review of MCOs
  - Administration of CAHPS surveys
- 30% of QIOs have private customers:
  - Data management/analysis, record abstraction
  - HEDIS audits
  - Independent medical review of insurance claims
- 20% have other Federal contracts: VA, IHS, TRICARE

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## Medical Errors

Preventable Adverse Events or Errors –

- Result from a failure to implement a plan, or use of a wrong plan.
- Occur in prevention, diagnosis, and treatment.
- May involve acts of omission or commission.
- Are usually caught and stopped before they reach the patient – but system flaws regenerate them until harm does occur.
- May not be recognized, let alone reported (incident reports capture 1-5% of PAEs).

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## MedPAC to Congress: Consider PROs for Error Reduction Work

- “As policymakers consider expanding the role of PROs...to the sensitive area of errors...it is particularly important that the organizations retain the provider trust they have worked to achieve ....Their experience and confidentiality protections ...make them a possible candidate for work in this area. They could serve as a repository for information on errors, a mechanism for analysis and feedback of information about root causes of errors, and a resource for improving systems to avert future errors.”
- Source: Medicare Payment Advisory Commission, Report to the Congress June 2000

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## Current Patient Safety Efforts of QIOs: Medicare Scope of Work

- 70% of current PRO work is quality improvement
- Focus is 6 national clinical topics: AMI, CHF, Breast Cancer, Diabetes, Pneumonia, Stroke
- Baseline data published in *JAMA* Oct. 4, 2000.
- First national data on quality in Medicare FFS.
- Data gathered to establish baseline for national PRO quality improvement program (1998 data).
- Source of data: random pull of medical records, all claims, immunization survey data.
- Remeasurement for improvement has begun.

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## Baseline Data: Six National Clinical Priorities

(Source: HCFA. Data reflects FFS care in late 1997-early1999)

Topic	Indicator	Highest	Median	Lowest	HEDIS
AMI	Aspirin at arrival in hospital	97.0	84.0	67.0	
	Aspirin at discharge	97.0	85.0	60.0	
	Beta-blocker at arrival in hospital	79.0	64.0	33.0	
	Beta-blocker at discharge	93.0	71.0	47.0	80
	ACE Inhibitor at discharge	90.0	70.0	56.0	
	Smoking Cessation Counseling	70.0	42.0	19.0	
	Minutes to Thrombolysis	66.0	40.0	21.0	
Heart Failure	Minutes to Primary PTCA	559.0	120.0	79.0	
	Ejection fraction assessed	79.0	64.0	34.0	
	ACE Inhibitor at Discharge	91.0	69.0	47.0	
Stroke - Afib	Warfarin/Aspirin at discharge	65.0	55.0	29.0	
	Antithrombolytic drugs	90.0	83.0	72.0	
	Nifedipine Avoidance in Stroke/TIA	100.0	95.0	86.0	
Diabetes	Annual HbA1c	85.0	71.0	41.0	75
	Eye Exam at least every 2 yrs	80.0	69.0	54.0	41*
	Lipid profile at least every 2 yrs	73.0	57.0	39.0	69**
Breast Cancer	Mammogram at least every 2 yrs	66.0	53.0	41.0	72
Pneumonia	Antibiotic within 8 hours	93.0	85.0	38.0	
	Antibiotic consistent w current rec	87.0	78.0	56.0	
	Blood culture before antibiotic	92.0	83.0	66.0	
	Inpts screened for flu shot	39.0	13.0	6.0	
	Inpts screened for pneumococcal vac.	26.0	11.0	4.0	
	Flu shot - population	74.0	66.0	42.0	
	Pneumococcal vac. - population	59.0	46.0	32.0	

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## Patient Safety Improvements Take Place at the Patient Care Level

(Source: Rothschild, Bates, Leape, Arch Int Med 10/09/00)

- ADE Prevention Interventions:
  - Expert system to aid physicians at time of prescribing
  - Increased involvement of pharmacists
- Surgical/Post Op Complications:
  - Timing of prophylactic antibiotics
  - Diligent wound care
- Falls:
  - Limit psychoactive medications
  - Judicious use of restraints
  - Exercise programs

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## Examples of PRO Interventions

- Continuous, rapid measurement of care process (e.g., use of aspirin, beta blocker, abstracted from charts) and feedback to motivate change.
- Set up patient falls registry, analyze reports, recommend “best practices.”
- Customize clinical pathways for providers.
- Advocate and provide standing orders for ASA in heart attack, immunizations in LTCFs.
- Multi-lingual diabetes, immunizations outreach.
- Partner with churches and respected elders in promoting mammography.

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## Results From 1996-99 PRO Projects – Heart Attack

- All 31 projects succeeded in increasing the percentage of eligible patients discharged on beta-blockers, with median increase of 34%.
- All 10 projects succeeded in increasing the proportion of heart attack patients receiving beta-blockers while hospitalized, with a median increase of 36%.
- All 24 projects succeeded in increasing the percentage of eligible hospital patients receiving heart drugs called ACE inhibitors, with a median gain of 21% in the percentage of appropriate patients receiving these medications.
- All 26 projects succeeded in reducing use of fast-acting calcium channel blockers, with a median increase in the percentage of patients not receiving these drugs of 12%.

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## Results From 1996-99 PRO Projects – Diabetes

- All 18 projects promoting foot exams showed marked improvements in the percentage of patients receiving at least one foot exam a year, with a median increase of 41%.
- All 24 projects succeeded in boosting the percent of eligible patients receiving at least one annual hemoglobin A1c screening test, with a median increase of 24%.
- All 14 projects succeeded in improving the percentage of eligible patients receiving eye exams within the past year, with a median gain of 86%.
- All four projects succeeded in increasing use of ACE inhibitors for patients at risk of end-stage kidney disease, with a median increase of 50% in the percentage of eligible patients receiving these drugs.

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## Results From 1996-99 PRO Projects – Congestive Heart Failure

- All 15 projects succeeded in improving use of ACE inhibitors, with a median gain of 12% in the percentage of eligible patients who received these drugs.
- All 13 projects succeeded in increased use of LVEF measurement in CHF patients, with a median increase of 14%.
- Eleven of 12 projects that focused on increasing the percentage of patients receiving a discharge prescription for ACE inhibitors reported a positive impact, with a median gain of 8%.
  - This increase resulted in a median post-intervention rate of 80%, well above the 70% national average at the time.
- All three projects that sought to increase use of education and discharge planning resulted in improvements.

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## Results From 1996-99 PRO Projects –Stroke

- All 26 projects succeeded in increasing the percentage of appropriate patients receiving warfarin, with a 23% median increase
- All nine projects succeeded in boosting the percentage of patients discharged on warfarin who also received appropriate education, with a median gain of 120%.
- All nine projects succeeded in improving the percentage of patients taking warfarin who also maintained an INR between 2.0 and 3.0, with a median increase of 20%.

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## Results From 1996-99 PRO Projects – Influenza and Pneumococcal Disease

- Ninety-five percent (38 out of 40) of the projects succeeded in improving the percentage of CAP patients receiving antibiotics within four hours of arrival at the hospital. The median increase for these projects was 20%.
- All 17 projects showed a positive impact on pneumococcal vaccination rates, with a median increase of 66%.
- Fifty-one of 53 projects reported an increase in influenza immunization rates, with a median gain of 11%.
- Collectively, the 53 flu projects are estimated to have affected more than one in four Medicare beneficiaries.

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## Results From 1996-99 PRO Projects – Breast Cancer

- Ten of the 11 projects reported a positive impact, with a median increase of 25% in the percent of older women receiving mammographies.
- Median post-intervention rate of 40% reveals substantial room for continued improvement -- six in ten Medicare-eligible women in these states still do not receive regular screenings.

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## QIOs Convene MCOs in Projects to Improve Provider Performance

- CMRI convened 10 MCOs to improve diabetic foot exam rates: foot exams increased from 34% of enrollees to 52% (enrollees in these plans were 90% of Medicare MCO enrollees and 29% of Medicare diabetics in California).
- HSAG convened 6 AZ HMOs to improve diabetes care: HbA1c's fell from 8.9% to 7.9%; Proportion of patients with HbA1c below 8 rose from 40% to 62%.
- FMQA convened 4 HMOs, achieved 24% increase in pneumococcal immunization rates.

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## How QIOs & Plans Facilitate Provider Quality Improvement

### QIOs:

- Utilize nationally uniform, evidence-based FFS quality indicators
- Abstract chart data, from State random sample and providers
- Convene multiple plans in projects to maximize impact, minimize duplication and hassle factor
- Help plans reach and assist providers
- Help plans meet accreditation requirements

### Plans:

- Ask providers to participate in Medicare quality improvement projects – improved care systems benefit plans automatically.
- Seek to participate in multi-plan Medicare QI projects.
- Hire QIO at incremental cost of extending Medicare project to older active workers or other groups of individuals.
- Jointly analyze Rx data with QIOs to facilitate ambulatory QI.