

**Minutes of the Meeting of the  
Health Law Section of the  
Delaware State Bar Association**

Date: June 8, 2012

Location: Balick & Balick, 711 King Street, Wilmington

In-person attendees: Joanne Ceballos, Nate Trexler, Shannon Larner, Michele Allen, Susan Gordon, Brenda Pierce, Nick Heesters, Adam Balick

Guests: Mary Rodger and Paula Davis of Quality Insights Delaware

Attendees by phone: Ben Schwartz, Dave Hackett

The meeting was called to order at 12:00 noon.

Joanne Ceballos moved to approve the minutes of the Section's April 20<sup>th</sup> meeting with minor typographical corrections. Ben Schwartz seconded the motion, and the motion was passed unanimously by those present.

Shannon Larner provided an update on the work of the CLE Planning Committee regarding proposed locations, topics, and dates for the event. The next meeting of the CLE Planning Committee is scheduled for Friday, June 15, 2012.

The balance of the meeting entailed a presentation by Mary Rodger of Quality Insights Delaware about the role the organization plays in improving health care in Delaware. The organization's activities are outlined generally in the attached handout provided by Mary, "Improving Health Care Under Medicare's QIO Program." Mary also provided a handout about the QIO Program entitled "Quality Improvement Organizations," also attached.

The meeting adjourned at 1:30 p.m.

Attachments (2)

## Improving Health Care Under Medicare's QIO Program

Quality Insights of Delaware is the First State's federally designated Medicare Quality Improvement Organization (QIO). Our overarching mission as a QIO is improving health and health care for all Medicare beneficiaries. Currently, we are collaborating with providers to achieve the QIO program's triple aim: improving care for individuals, improving health for populations and reducing health care costs. Our specific activities include the following:

- **Improving Individual Patient Care.** This involves reducing infection rates in hospitals, pressure ulcer and restraint rates in nursing homes, and adverse drug events. We are also helping facilities report health care data for improvement.
- **Integrating Care for Populations and Communities.** We are identifying select communities to improve care transitions, ultimately leading to the reduction of preventable hospital re-admissions.
- **Improving Health for Populations and Communities.** We are helping primary care physicians improve rates for immunizations and cancer screenings and care for cardiovascular health. We are also assisting physicians with EHRs to report in the Physician Quality Reporting System (PQRS).
- **Beneficiary and Family Centered Care.** We continue to review care provided to people with Medicare. This includes hospital discharge appeals and quality of care complaints.

To achieve our goals, we are engaging a broad spectrum of providers and stakeholders. Our primary driver of change is establishment of Learning Action Networks, which consist of committed providers and physicians focusing on a common, targeted set of problems and issues. We also offer providers direct technical assistance as requested and needed. This includes consultation, knowledge management, face-to-face/hands-on teaching, data analysis and assistance creating a sustainable infrastructure.

Join us in our efforts to transform the nation's care delivery system. Together we can make a real difference in the lives of people with Medicare. For more information, visit our Web site, [www.qide.org](http://www.qide.org) contact your QIO project coordinator, or e-mail us at [commhelp@wvmi.org](mailto:commhelp@wvmi.org).

*This material was prepared by Quality Insights of Delaware, the Medicare Quality Improvement Organization for Delaware, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The views presented do not necessarily reflect CMS policy. Publication No. 10SOW-DE-GEN-BBK-081211 App: 8.11*



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Quality  
Insights  
DELAWARE



# Quality Improvement Organizations

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## QIO Program: Moving Forward

### Leading rapid, large-scale change in health quality

In August 2011, the Centers for Medicare & Medicaid Services gave the Quality Improvement Organization (QIO) Program an updated charter for leading change. Here are some of the biggest differences between today's Program and that of the past:

- Goals are bolder. The QIO Program supports the aims of the Department of Health and Human Services' National Quality Strategy. Providers that work with their QIO, for example, will contribute to improved cardiac health, fewer avoidable hospital readmissions, and a 40% national reduction in health care-acquired conditions.
- The patient is at the center. By including the voice of the beneficiary in all their activities, QIOs are leading the way to patient-centered care. They will equip both providers and patients for shared health care decision making through a national Patient and Family Engagement Campaign.
- All improvers are welcome. Embracing "boundarilessness" as a prerequisite for system-wide change, QIOs are breaking down organizational, cultural and geographic barriers. Initiatives are open to providers at all levels of clinical performance that make a commitment to improvement.
- Everyone teaches and learns. Through large-scale learning and action networks, QIOs are accelerating the pace of change and rapidly spreading best practices. Improvement initiatives include collaborative projects, online interaction and peer-to-peer education.
- Greater value is fostered. QIOs will support CMS' new value based purchasing programs with technical assistance to providers that includes sharing best practices, assisting with data analysis and conducting improvement activities.

### A major force and trustworthy partner for improvement

The QIO Program is the largest federal program dedicated to improving health quality at the community level. QIOs in every state and territory, united in a network administered by CMS, have the flexibility to respond to local needs. From August 2011 through July 2014, health care providers and other quality stakeholders who participate in QIO initiatives can:

- Improve Individual Patient Care. QIO patient safety initiatives in hospitals will reduce central line bloodstream infections by implementing the Comprehensive Unit-Based Safety Program (CUSP), then expand to encompass catheter-associated urinary tract infections, *Clostridium difficile* and surgical site infections. All Medicare-participating hospitals also will receive QIO technical assistance for reporting inpatient and outpatient quality data to CMS.

In nursing homes, work initially targets pressure ulcers and physical restraints, then evolves to address other health care-acquired conditions, such as falls and catheter-associated urinary tract infections.



"The foundation for all of our health quality improvement initiatives is the Three-Part Aim and five basic principles: seeking input and listening to patients' and providers' needs, working collaboratively across CMS, the government and nation, striving for continual improvement via learning networks, measuring the most important components of health quality and aligning incentives, and always doing what's best for patients and families."

Patrick Conway, M.D., M.Sc.  
CMS Chief Medical Officer  
Director, Office of Clinical Standards & Quality

Continued

### Quality Improvement Organization Program

[www.cms.hhs.gov/qualityimprovementorgs](http://www.cms.hhs.gov/qualityimprovementorgs)

[OCSQBox@cms.hhs.gov](mailto:OCSQBox@cms.hhs.gov)



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## QIO Program: Moving Forward

To decrease adverse drug events, QIOs are bringing community pharmacists, physicians and facilities together in local Patient Safety Clinical Pharmacy Services Collaboratives (PSPC), following the successful HRSA model:

- **Improve Health for Populations and Communities.** QIOs are assisting physician practices that want to use their electronic health record system to coordinate preventive services and report related quality measures to CMS. Practices also can participate in a learning network focused on reducing patient risk factors for cardiac disease. QIOs will partner with their local Health Information Technology Regional Extension Center (REC) to promote health IT integration into clinical practice.
- **Integrate Care for Populations and Communities.** QIOs are bringing together hospitals, nursing homes, patient advocacy organizations and other stakeholders in community coalitions. Goals are to build capacity for improving care transitions and to support the coalition's success in obtaining grant funding through Section 3026 of the Affordable Care Act.
- **Deliver Beneficiary and Family Centered Care.** QIO Program improvement initiatives result in safer, more effective patient care, lead to better health for populations and communities, and drive lower health care costs through improvement. QIOs also fulfill CMS' obligation to protect the rights of Medicare beneficiaries by reviewing complaints about quality and appeals about the denial or discontinuation of health care services.

### Learn more and become involved

The QIO Program invites all health care providers and health quality stakeholders—including patients and their families—to be a part of its new improvement initiatives. To express an interest, contact your local QIO. A directory is provided in the Program's "Advances in Quality" report. More information also is available at [www.cms.gov/qualityimprovementorgs](http://www.cms.gov/qualityimprovementorgs).