



Kick-Off Webinar

An Introduction to the Quality Insights Quality Innovation Network

Serving the states of DE, LA, NJ, PA and WV



Welcome




David P. Lambert
Quality Insights Chief Administrative Officer
d Lambert@wvmi.org



Introduction

- Welcome
- New name: Quality Insights Quality Innovation Network
- Narrower focus: systematic quality improvement
- Greater flexibility: to address local needs



Agenda

- A New Approach to Quality Improvement
- Improving Cardiac Health
- Improving Diabetes Care
- Meaningful Use of HIT
- Reducing Hospital Infections
- Reducing Conditions in Nursing Homes
- Effective Care Coordination
- Improvement through Quality Reporting
- How Can I Get Involved
- Q&A



11th Scope of Work

How Will It Change the QIO Program?



Rebecca F. Cochran, RN, MSN, CPHQ
 QIN-QIO Program Director
bcochran@wmi.org



10th Scope of Work (SOW) QIO Program Administration

- The program was administered through 53 state-based QIO contracts with 41 independent organizations
- Focused on three drivers:
 - Supporting and convening Learning and Action Networks
 - Providing technical assistance
 - Care Improvement through Innovation Spread



11th SOW Created Two Types of QIOs

- **Beneficiary and 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
 - Two to six states in the networks
- **QIN-QIO and BFCC-QIO contracts span five years starting August 1, 2014**

Note: Both types of contracts cannot be held by the same organization



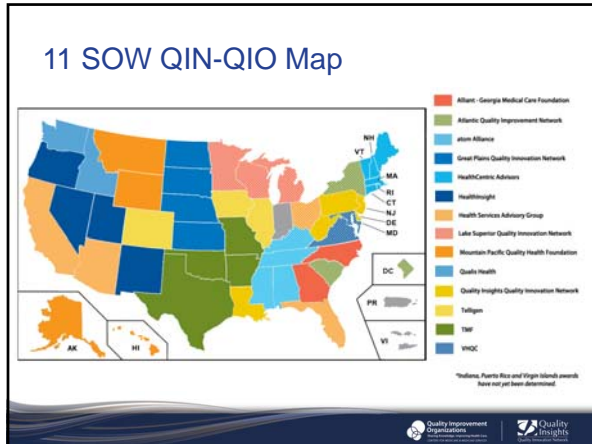
The QIO Program's Approach to Clinical Quality



Four Key Roles of QIN-QIOs

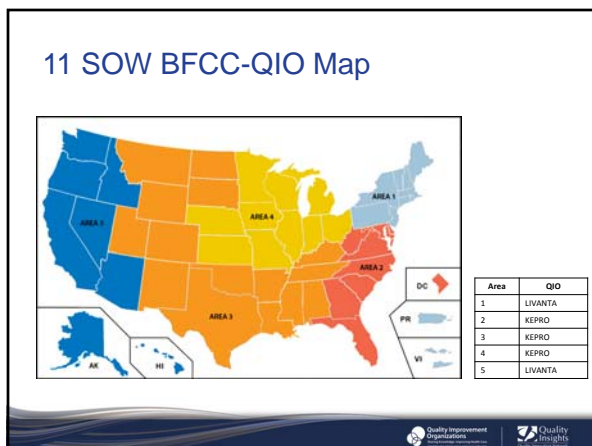
- **Champion local-level, results-oriented change**
 - Data-driven
 - Active engagement of patients and other partners
 - Proactive, intentional innovation and spread of best practices that “stick”
- **Facilitate Learning and Action Networks (LANs)**
 - Creating an “all teach, all learn” environment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





BFCC-QIO SOW-Role

- Enhancements to the BFCC-QIO SOW
 - Five CMS defined areas
 - Each required to maintain local presence
 - Business hours seven days a week
 - Staffing to cover the following times in each time zone within the QIO area
 - Monday through Friday 9 a.m. – 5 p.m.
 - Weekends and holidays 11 a.m. – 3 p.m.
- On May 9, CMS awarded the BFCC-QIO Program contracts to:
 - Ohio-based KEPRO for 33 states, and the District of Columbia
 - Maryland-based LIVANTA for 17 states, the USVI and Puerto Rico



BFCC QIO Important Contacts

Area	Address	Toll-Free Number	Fax Number
Livanta			
1	Livanta BFCC-QIO Program 9090 Junction Drive, Suite 10 Annapolis Junction, MD 20701	866-815-5440	Appeals: 855-236-2423 All other reviews 844-420-6671
5	Livanta BFCC-QIO Program 9090 Junction Drive, Suite 10 Annapolis Junction, MD 20701	877-588-1123	Appeals: 855-694-2929 All other reviews 844-420-6672
KEPRO			
2	5201 W. Kennedy Blvd., Suite 900 Tampa, FL 33609	844-455-8708	844-834-7129
3	5700 Lombardo Center Dr., Suite 100 Seven Hills, OH 44131	844-430-9504	844-878-7921
4	5201 W. Kennedy Blvd., Suite 900 Tampa, FL 33609	855-408-8557	844-834-7130

EMTALA Points of Contact

LIVANTA
EMTALA Coordinator
6830 W. Oquendo Road, Suite 202
Las Vegas, NV 89118
E-mail: emtala@livanta.com

KEPRO
Rita Bowling
E-mail: Rita.Bowling@hcqis.org
Phone: 216.447.9604, ext. 5759

Quality Insights Management Team State Program Directors

- **Janet (Jan) Lennon**, RN, Delaware
– Email: jlennon@wvmi.org
- **Debra Rushing**, RN, MBA, Louisiana
– Email: Debra.Rushing@hcqis.org
- **Diane Babuin**, MS, CPHQ, New Jersey
– Email: Diane.Babuin@hcqis.org
- **Donna Balsley**, RN, MBA, FACHE, Pennsylvania
– Email: dbalsley@wvmi.org
- **Carla VanWyck**, RN, West Virginia
– Email: cvanwyck@wvmi.org

Quality Insights Network Task Leads

- **Kevin Massino**, RN, BSN, Improving Cardiac Health and Reducing Cardiac Health Care Disparities
- **Natalie Tappe**, RN, MSN, Everyone with Diabetes Counts
- **Kathy Rivard**, RN, BSN, Improving Preventive Coordination through Meaningful Use of HIT
- **Eve Esslinger**, RN, MS, Healthcare Associated Infections in Hospitals
- **Beth Hoover**, RN, MSN, Reducing Healthcare Acquired Conditions in Nursing Homes



Quality Insights Network Task Leads

- **Andy Miller**, MD, MPH, Coordination of Care (Care Transitions)
- **Nicole Skyer-Brandwene**, RPh, Adverse Drug Event Prevention
- **Dawn Strawser**, RN, BSN, CPHQ, Quality Improvement through Value-Based Payment, Quality Reporting and Physician Feedback Reporting Program



Quality Insights Quality Innovation Network Partners

- Quality Insights is excited to collaborate with:
 - Strong, experienced quality improvement partners to provide expert technical assistance and QI support for participating providers and stakeholders across our five state region
- All five state-based QIOs in the network:
 - Served as the state-based QIO in the 10th SOW
 - Offer decades of experience with serving as QIOs for CMS
 - Will coordinate network activities in their states and provide “local boots on the ground support”



Quality Insights Partners

- **Quality Insights**
 - West Virginia Medical Institute is the lead organization (previous QIO for West Virginia)
 - Quality Insights of Pennsylvania (previous QIO for Pennsylvania)
 - Quality Insights of Delaware (previous QIO for Delaware)
 - 40 years of health care quality experience
- **Healthcare Quality Strategies, Inc. (HQS)**
 - Previous QIO for New Jersey
 - 30 years of health care quality experience
- **eQHealth Solutions**
 - Previous QIO for Louisiana
 - 28 years of health care quality experience



Partnership with Pittsburgh Regional Health Initiative (PRHI)

- PRHI is a nationally recognized leader in adapting industrial quality improvement processes such as Lean for health care (Perfecting Patient Care™) and embedding these processes into a health information technology (HIT) platform (Tomorrow's HealthCare™)
- Will access PRHI THC™ Web site through Quality Insights' home page, www.qualityinsights-qin.org



<p>Resources to do quality improvement</p> <p>Quality Improvement</p> <p>Develop, implement and sustain successful Quality Improvement projects using the tools of Tomorrow's HealthCare.</p>	<p>Resources to learn about and support quality improvement</p> <p>Education</p> <p>Access interactive and accredited Education materials to strengthen your quality improvement knowledge base.</p>
<p>Resources to foster collaboration</p> <p>Community</p> <p>Join one of our topic-specific Communities to access important resources and relevant discussion groups.</p>	<p>Tracks engagement</p> <p>ePortfolio</p> <p>Use the ePortfolio to manage all of your education and quality improvement achievements.</p>



Quality Insights Learning and Action Networks

- In addition to Tomorrow's HealthCare™, Quality Insights will provide targeted technical assistance to providers, stakeholders and communities for the CMS quality improvement initiatives
- Engage providers and stakeholders in improvement initiatives through Web-based LANs



QI QIN-QIO Learning and Action Networks

- The networks serve as the hub for regional quality improvement work for each project, including:
 - Project information
 - Upcoming events
 - Discussion forum
 - Resource library
 - Provider-focused coaching
 - Technical assistance
 - Knowledge transfer
 - Provider-focused data portal
 - Sharing best practices
 - Project maps and data
 - Videos and podcasts
 - Recorded events
 - Provider-focused coaching
 - Sharing of tools and resources for technical QI assistance with data
 - Rapid improvement with testing of change ideas




Learning and Action Networks



- Improving Cardiac Health and Reducing Cardiac Disparities
- Improving Preventive Coordination through Meaningful Use of HIT
- Healthcare Associated Infections in Hospitals
- Reducing Healthcare Acquired Conditions in Nursing Homes
- Coordination of Care (Care Transitions)
- Adverse Drug Event Prevention
- Quality Improvement through Value-Based Payments, Quality Reporting and Physician Feedback Reporting Program



Improving Cardiac Health and Reducing Cardiac Disparities





Kevin Massino, RN, BSN
Cardiac Health Network Task Lead
kmassino@wvmi.org
1.877.346.6180, ext. 7840





Cardiovascular Health and Million Hearts

- Align with Million Hearts Initiative (www.millionhearts.hhs.gov)
- Continue with the work of the 10th SOW
- Enlarge the 10th SOW Cardiac LAN to engage an expanded audience
- Engage state-specific and national partners to increase impact
- Provide technical assistance and education for data collection and analysis



Cardiovascular Health and Million Hearts

- Target disparate populations, including gender, racial and ethnic disparities, to improve cardiac health
- Address social determinants that may contribute to poor health outcomes (i.e., low income, lack of access to a primary care provider, poor nutrition, etc.)
- Utilize Plan-Do-Study-Act (PDSA) cycle to evaluate interventions



Target Audience and Goals

Target Audience	Goals
Home Health Agencies	Collecting Data on HHQI National Campaign Cardiac Measures through the Home Health Cardiovascular Data Registry
Physician Offices using EHRs for PQRS and Meaningful Use data collection	Improving Screening Rates on: <ul style="list-style-type: none"> - Hypertension - Smoking Screening and Cessation - Aspirin Therapy - Cholesterol Control
Beneficiaries and Families	Engaging and Obtaining Input to Improve Care



Strategies

- Provide monthly LAN activities
- Collaborate with other physician office projects
- Recruit both providers and stakeholders with whom we have worked in the past as well as developing new relationships
- Provide comparative reports to show current standing as well as improvement




State Lead Contacts



- Network Task Lead – Kevin Massino
 - kmassino@wvmi.org, 877.346.6180, ext. 7840
- Delaware – Mary Rodger
 - mrodger@wvmi.org, 877.987.4687, ext. 106
- Louisiana – Chris Gatlin
 - christine.gatlin@hcqis.org, 225.248.7035
- New Jersey – Carolyn Hoitela
 - carolyn.hoitela@hcqis.org, 732.238.5570, ext. 2012
- Pennsylvania – Debi Getman
 - dgetman@wvmi.org, 877.346.6180, ext. 7838
- West Virginia – Jill Aliff
 - jaliff@wvmi.org, 800.642.8686, ext. 4247



Reducing Disparities in Diabetes Care: Everyone With Diabetes Counts (EDC)





Natalie Tappe, RN, MSN
EDC Network Task Lead
ntappe@wvmi.org
1.877.346.6180, ext. 3226





New Research Estimating Annual Cost of Diabetes

- The American Diabetes Association (ADA) estimates that total costs of diagnosed diabetes have risen to \$245 billion in 2012 from \$174 billion in 2007, when the cost was last examined. This represents a 41 percent increase over a five-year period.
 - Most of the cost for diabetes care in the U.S. (62.4 percent) is provided by government insurance (Medicare/Medicaid). The rest is paid by private insurance (34.4 percent) or by the uninsured (3.2 percent).



Overview of the CMS Diabetes Disparities Reduction Program: EDC

- EDC began seven years ago as a pilot in Florida. It is now the largest national Medicare diabetes self-management education program.
- EDC Goals:
 - Improve health literacy and quality of care among Medicare and dual-eligible beneficiaries with pre-diabetes and diabetes in minority and rural populations
 - Decrease the disparity of diabetes testing in minority-vulnerable populations by improving the frequency of testing for:
 - HbA1c
 - Eye exams
 - Lipid profile
 - Foot exams
 - Improve actual clinical outcomes of these diabetes measures



Overview of EDC

- Recruit physicians whose practices include Medicare and dual-eligible beneficiaries with diabetes who are members of minority and/or rural populations and educate them on the availability of Diabetes Self-Management Education (DSME) programs/initiatives, as well as the Medicare Diabetes Self-Management Training (DSMT) benefit
- Recruit, enroll and teach Medicare and dual-eligible beneficiaries utilizing an evidence-based DSME program curricula (i.e., DEEP - Diabetes Education Empowerment Program)



Overview of EDC

- All classes are taught in the community and include cultural competency components
- Key recruitment elements:
 - Physician practice sites
 - Medicare beneficiaries recruited through physician offices, senior centers, health fairs, community partnerships (i.e., grocery stores, faith-based organizations, etc.)
 - Community Health Workers (CHWs) and CHW organizations
 - Certified Diabetes Educators (CDEs)
 - Community businesses and partner organizations



State Lead Contacts

- Network Task Lead – Natalie Tappe
 - ntappe@wvmi.org, 800.642.8686, ext. 3226
- Delaware – Mary Rodger
 - mrodger@wvmi.org, 877.987.4687, ext. 106
- Louisiana – Chris Gatlin
 - christine.gatlin@hrcqis.org, 225.248.7035
- New Jersey – Carolyn Hoitela
 - carolyn.hoitela@hrcqis.org, 732.238.5570, ext. 2012
- Pennsylvania – Shikina Wills
 - swills@wvmi.org, 877.346.6180, ext. 7825
- West Virginia – Traci Gillispie
 - tgillispie@wvmi.org, 800.642.8686, ext. 3221



Improving Prevention Coordination Through Meaningful Use of Health Information Technology




Kathy Rivard, RN, BSN, CHTS-CP
MU of HIT Network Task Lead
kathy.rivard@hcgis.org
1.877.987.4687, ext. 108





Meaningful Use of Health IT

- **Who?** Practices, hospitals and critical access hospitals that have certified electronic health records (EHR)
- **What?** Build communities of providers, patients and stakeholders to focus on:
 - Clinical quality measures that address preventive services and treatment of chronic conditions
 - Increase patient engagement with implementation and utilization of a patient portal
 - Increase optimization of EHRs to improve patient care
 - Promote best practices for healthy living



Meaningful Use of Health IT

- **Why?** Effective use of health information technology provides the following benefits:
 - Improvement in quality of care
 - Improvement in care coordination among providers
 - Improvement in access to medical records
 - Increased patient-centered health care
 - Decreased reimbursement/penalties and receipt of incentives, while available



Meaningful Use of Health IT

How?

- Provide innovative tools and resources to help you maximize the use of your electronic health record and improve patient care and care coordination
- Facilitate opportunities for providers from all five states to share best practices to improve utilization of prevention services and increase patient engagement in management of chronic diseases
- Include patients, stakeholders and experts in the LAN sessions
- Collaborate with Regional Extension Centers (RECs) that can provide onsite technical assistance
- Support sustainable system changes to optimize efficiency in the office, hospital and critical access hospital settings



Meaningful Use of Health IT

How to join?

- Sign agreement to participate:
 - Hospitals and CAHS
 - Physician offices
- We have streamlined our efforts to make you sign only one agreement form for participation in the Meaningful Use project, the Cardiac Health project, and the PQRS and Value Based Modifier project which you will hear about shortly




State Lead Contacts



- Network and Delaware Task Lead – Kathy Rivard
 - kathy.rivard@hcqis.org, 877.987.4687, ext. 108
- Louisiana – Chris Gatlin
 - christine.gatlin@hcqis.org, 225.248.7035
- New Jersey – Carolyn Hoitela
 - carolyn.hoitela@hcqis.org, 732.238.5570, ext. 2012
- Pennsylvania – Joe Pinto or Mike Clifton
 - jpinto@wvmi.org, 877.346.6180, ext. 7817
 - mclifton@wvmi.org, 877.346.6180, ext. 7818
- West Virginia – Paula Clark
 - pclark@wvmi.org, 800.642.8686, ext. 3493



Reducing Healthcare-Associated Infections in Hospitals





E. Eve Esslinger, RN, BSN, MS
Reducing HAIs in Hospitals Network Task Lead
eesslinger@wvmt.org
1.877.346.6180, ext. 7685





HAIs

- Central Line-Associated Bloodstream Infection (CLABSI)
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Clostridium difficile Infection (CDI)
- Ventilator-Associated Events (VAE)



Background

- The Health and Human Services (HHS) National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination
 - http://www.health.gov/hai/prevent_hai.asp#hai
- Projects from previous QIO Scopes of Work
 - 9SOW: SCIP, MRSA
 - 10SOW: CAUTI, CDI, SSI, CLABSI



Outcomes

- Prevent and reduce HAIs using strategies that are:
 - Evidence-based
 - Data-driven
 - Patient-centered
- Sustainability of HAI prevention
- Decrease the national HAI Standardized Infection ratio



Coordination of HAI Prevention

- Alignment with partners and stakeholders
- Data obtained through NHSN
- LAN



Benefits

- Education and training:
 - Evidence-based strategies to stop HAI transmission
 - Unit-based patient safety protocols
 - Patient and family engagement
- NHSN expertise
- Current data reports
- Shared learning opportunity



How to Join

- Sign agreement to participate
 - Must include executive and board of directors signature
- Confer rights to our group in the NHSN so that we can analyze your data and provide feedback reports
 - Current group members need only re-confer rights
 - New members would first have to join the group and then confer rights



Contact Information for the HAI Project

- For information regarding HAI projects:
 - Eve Esslinger, Network Task Lead
 - eesslinger@wvmi.org
 - 877.346.6180, ext. 7685
- For information regarding the NHSN and conferring rights:
 - Roddy Summers, Lead Data Analyst and NHSN Group Administrator
 - Roddy.Summers@hcqis.org
 - 304.346.9864, ext. 4257



State Task Leads

- Network and Pennsylvania Task Lead – Eve Esslinger
 - eesslinger@wvmi.org, 877.346.6180, ext. 7685
- Delaware – Jan Lennon
 - jlennon@wvmi.org, 877.987.4687, ext. 7806
- Louisiana – Beth Hoover
 - beth.hoover@hcqis.org, 225.248.7006
- New Jersey – Daina Bungs
 - daina.bungs@hcqis.org, 732.238.5570, ext. 2003
- West Virginia – Debbie Fosson
 - dfosson@wvmi.org, 800.642.8686, ext. 4213



Reducing Healthcare-Acquired Conditions in Nursing Homes





Elizabeth Hoover, MSN, CHC
Reducing HACs in Nursing Homes Network Task Lead
beth.hoover@hcqis.org
225.248.7006




Alignment Efforts of the Nursing Home Task

- Engage consumers and families in healthcare decisions that enhance good quality care
- Use QAPI as the framework for all quality improvement methodology
- Focus on system-wide improvement to decrease healthcare acquired conditions and improve resident satisfaction



Alignment Efforts of the Nursing Home Task

- Create strategic approaches through partnerships in the LAN
- Transform health care through innovation and involvement in Collaboratives I and II
 - Partner with key past and new stakeholders
 - Participate in Quality Insights and the National Nursing Home Quality Care Collaborative (NNHQCC)



National Goals

- Recruit nursing homes to attain a score of 6 or lower on the National Nursing Home Composite Quality Measure
- Improve the rate of long-stay mobility
- Reduce the use of antipsychotic medications in dementia patients
- Recruit all nursing homes for NNHQCC participation
- High performing nursing homes will be peer coaches to mentor lower performing facilities



Team Strategies to Accomplish Our Goals

- Leverage partnerships to increase nursing home participation in the LANs
 - State survey agencies
 - Nursing home trade associations: profit and non-profit
 - Engage and actively use stakeholders
 - Include residents/families in quality improvement activities
- Collaborate with aligned communities of focus
 - Reduction of readmissions
 - Healthcare associated infections: MRSA, C. Diff, etc.



Save the Date

Quality Insights Quality Innovation Network


Reducing Healthcare-Associated Conditions in Nursing Homes Kick-Off Webinar

Tuesday, September 16, 2014
2:00-3:00 p.m. ET/1:00-2:00 p.m. CT



State Lead Contacts

- Network Task Lead – Beth Hoover
 - beth.hoover@hcqis.org, 225.248.7006
- Delaware – Sally Jennings
 - sjennings@wvmi.org, 877.987.4687, ext. 110
- Louisiana – Julie Kueker and Heather Banker
 - julie.kueker@hcqis.org, 318.294.0458
 - heather.banker@hcqis.org, 225.248.7084
- New Jersey – Daina Bunges
 - daina.bunges@hcqis.org, 732.238.5570, ext. 2003
- Pennsylvania – Toni Daly
 - tdaly@wvmi.org, 877.346.6180, ext. 7843
- West Virginia – Pam Meador
 - pmeador@wvmi.org, 800.642.8686, ext. 4216



Coordination of Care



Andrew Miller, MD, MPH
Care Coordination Network Task Lead
andy.miller@hcqis.org
732.238.5570, ext. 2072




Nicole Skyer-Brandwene, MS, RPh, BCPS, CCP
ADE Network Task Lead
nicole.skyer-brandwene@hcqis.org
732.238.5570, ext. 2099



Coordination of Care

- 30-day readmission rate for Medicare fee-for-service beneficiaries in 2013:
 - United States: **18.01 percent**
 - Quality Insights network area (DE, LA, NJ, PA, WV): **18.54 percent**
- Many readmissions, and admissions, are preventable with good coordination of care
- This is a community problem, not just a hospital problem



Coordination of Care Activities

- Build community coalitions that include healthcare providers, social services agencies, patients/families and others
- Identify root causes of avoidable hospital readmissions and admissions
- Implement interventions to improve coordination of care
- Share knowledge and spread improvement through a LAN



Medication Safety and ADEs

- There are an estimated 1.5 million preventable adverse drug events (ADEs) each year in the United States¹
- Studies show “high-risk” drugs such as anticoagulants and diabetes drugs are often responsible for serious adverse events^{2,3}

¹Aspden, P, Wokcott, JA, et al., editors. Preventing Medication Errors. Washington, DC: The National Academies Press: 2007. p 5.
²National Surveillance of Emergency Department Visits for Outpatient Adverse Drug Events, Budnitz, et al., JAMA, 2006;296(15):1858-66
³Emergency Hospitalizations for Adverse Drug Events in Older Americans, Budnitz, et al. N Eng J Med. 2011; 365(21): 2002-12.



Medication Safety and ADE Goals


- Incorporate medication safety surveillance and error prevention into care coordination activities
- Develop/promote best practices to reduce ADEs associated with anticoagulants, diabetic agents or opioids
- Monitor and reduce ADE rates by 50 percent among screened Medicare Fee-for-Service beneficiaries by the year 2019



Save the Date


Quality Insights Quality Innovation Network
Care Coordination/Adverse Drug Events Kick-Off Webinar

Wednesday, September 24, 2014
2:00-3:00 p.m. ET/1:00-2:00 p.m. CT




State Lead Contacts – Care Coordination

- Network Task Lead – Andy Miller
 - andy.miller@hcqis.org, 732.238.5570, ext. 2072
- Delaware – Sally Jennings
 - sjennings@wvmi.org, 877.987.4687, ext. 110
- Louisiana – Chris Gatlin
 - christine.gatlin@hcqis.org, 225.248.7035
- New Jersey – Daina Bunges
 - daina.bunges@hcqis.org, 732.238.5570, ext. 2003
- Pennsylvania – Carol Hann
 - chann@wvmi.org, 877.346.6180, ext. 7826
- West Virginia – Biddy Smith
 - bsmith@wvmi.org, 800.642.8686, ext. 3252



State Lead Contacts – ADE

- Network Task Lead – Nicole Skyer-Brandwene
 - nicole.skyer-brandwene@hcqis.org, 732.238.5570, ext. 2099
- Delaware – Sally Jennings
 - sjennings@wvmi.org, 877.987.4687, ext. 110
- Louisiana – Chris Gatlin
 - christine.gatlin@hcqis.org, 225.248.7035
- New Jersey – Daina Bunges
 - daina.bunges@hcqis.org, 732.238.5570, ext. 2003
- Pennsylvania – Christine Bernes
 - cbernes@wvmi.org, 877.346.6180, ext. 7618
- West Virginia – Jill Aliff
 - jaliff@wvmi.org, 800.642.8686, ext. 4247



Quality Improvement through Value-Based Payment, Quality Reporting and the Physician Feedback Reporting Program





Dawn Strawser, RN, BSN, CPHQ
Quality Improvement through Reporting Network
Task Lead
dstrawser@wvmi.org
1.877.346.6180, ext. 7636





AIM: Better Care at Lower Costs

- GOAL: make care more affordable
- Provide assistance to:
 - Physicians and physician groups
 - Hospitals
 - Critical access hospitals (CAHs)
 - Inpatient psychiatric facilities (IPFs)
 - Ambulatory surgical centers (ASCs)
 - PPS-exempt cancer hospitals (PCHs)
 - To improve quality and efficiency of care




Benefits

- Provide technical assistance
 - Using feedback reports
 - Confidential Quality and Resource Use Reports (QRURs)
 - Assistance with Physician Quality Reporting System (PQRS) measures
- Education
 - Hospital Value-Based Purchasing (VBP)
 - Value-Based Payment Modifier (VM)
 - Physician Quality Reporting System (PQRS)




Benefits

- Quality improvement
 - Identifying gaps in quality of care
 - Utilize improvement strategies to improve quality metrics
 - Network with similar facilities/practices for support and best practices




State Lead Contacts

- Network Task Lead – Dawn Strawser
 - dstrawser@wvmi.org, 877.346.6180, ext. 7636
- Delaware – Jan Lennon
 - jlennon@wvmi.org, 877.987.4687, ext. 110
- Louisiana – Beth Hoover
 - beth.hoover@hcqis.org, 225.248.7006
- New Jersey – Carolyn Hoitela
 - carolyn.hoitela@hcqis.org, 732.238.5570, ext. 2012
- Pennsylvania – Julie Volz
 - jvolz@wvmi.org, 877.346.6180, ext. 7811
- West Virginia – Paula Clark
 - pclark@wvmi.org, 800.642.8686, ext. 3493



So, what's next?

How do I sign up?



Get Involved

- In each of our states, experienced staff, many from the previous Medicare Quality Improvement Organizations, will be available to:
 - Facilitate your participation in regional QIN activities
 - Provide individual consultation on quality projects
 - Directly support your ongoing quality initiatives or collaborations



Get Involved

- To become involved:
 - Go to our Web site <http://www.qualityinsights-qin.org>
 - Go to the "Get Local" tab
 - Select your state tab/get local
 - Connect with the Quality Improvement Specialist for your state to become involved




Get Involved

- Stay informed - sign up to receive our e-newsletters
 - Task-specific and network-wide
 - Go to www.qualityinsights-qin.org, and click on "Connect," then "E-newsletter Sign-up"



Questions?

If you have a question, please type it in the Q&A box on the right side of your screen.



Thank you.
We look forward to working with you.



This material was prepared by Quality Insights, the Medicare Quality Innovation Network Quality Improvement Organization for West Virginia, Pennsylvania, Delaware, New Jersey and Louisiana under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QI-GEN-082614
