CMS Quality 2023 Conference

Building Resilient Communities:

Having an Equitable Foundation for Quality Healthcare

QIO 13th Scope of Work (2024-2029) CMS Quality Improvement Program












CMS Speakers

Anita Monteiro
Group Director-Quality Improvement and Innovation Group
Center for Clinical Standards and Quality (CCSQ)

Michael Connors
Division Director-Division of Quality Contracts
Office of Acquisitions and Grants Management (OAGM)

Network of Quality Improvement and Innovation Contractors - Indefinite Delivery Indefinite Quantity Contract (NQIIC IDIQ)

- CMS plans to utilize the NQIIC IDIQ to award task orders associated with the 13th Scope of Work.

- In an effort to ensure that we have access to the most technically capable offerors, a Request for Information (RFI) is currently published on SAM.gov.

- CMS will use the information collected through the RFI notice to determine whether or not it would be in the Government's best interest to initiate an open season to add contractors to the NQIIC IDIQ.

CMS National Quality Strategy

Goals

Equity

Advance health equity and whole-person care

Engagement

Engage individuals and communities to become partners in their care

Safety

Achieve zero preventable harm

Resiliency

Enable a responsive and resilient health care system to improve quality

Outcomes

Improve quality and health outcomes across the care journey

Alignment

Align and coordinate across programs and care settings

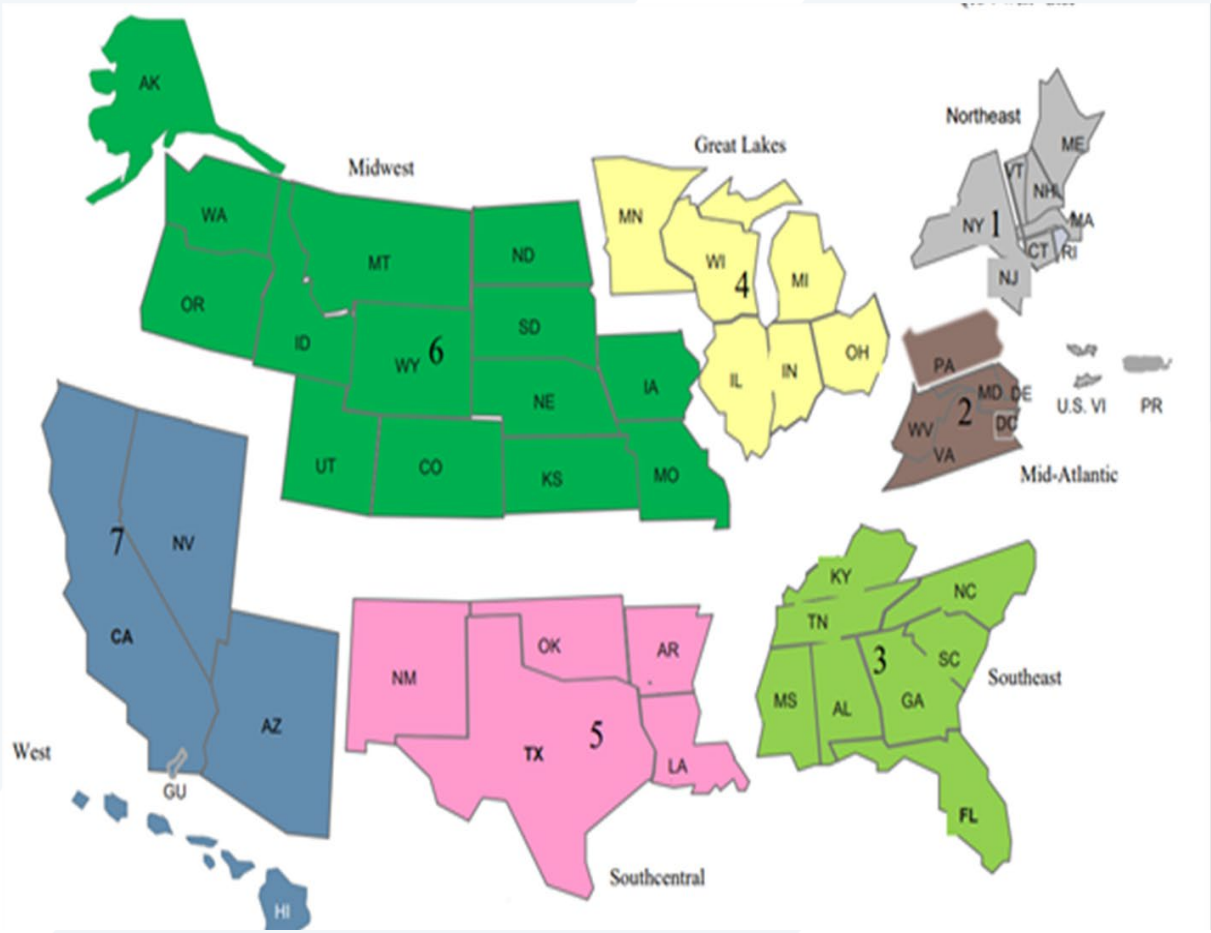
Interoperability

Accelerate and support the transition to a digital and data-driven health care system

Scientific Advancement

Transform health care using science, analytics, and technology

Integrated, Community-based Approach



- **Total of 7 regions. Multiple states within a single region.**
- **Each state has multiple provider/facility types and communities.**
- **An award of one task order for each of the 7 regions.**
- **A QIN-QIO will be accountable for a region, inclusive of the identified member states, multiple provider and facility types and communities unlike 12th SoW where separate task orders were awarded for HQIC (hospital) and QIN-QIO (nursing home, community) work**

Statutory Requirements

- The statutory authority for the QIO program is found in Part B of Title XI of the Social Security Act, section 1862(g)
- In order to be eligible for a QIO contract, an organization must meet the requirements in §475.101
- Requirements for performing quality improvement initiatives can be found in §475.103
- Entities not eligible for QIO contracts can be found in §475.105

CMS' VISION for the 13th SoW QIO PROGRAM

- Program focus and design to align with the **HHS Strategic Plan**, **National Quality Strategy, CMS' Strategic Pillars, CMS' Behavioral Health Strategy** and **Health Equity Strategy**
- **Target quality improvement models** where evidence suggests they will improve outcomes. CMS lead and direct QI – both the "what" and "how" it is done with clearly defined interventions
- Shift the QIO program from an information dissemination role via QI education, towards **QI implementation and national leadership of QI**. Help facilities to assess and build their internal capacity to drive culture change and implement improvements at all the levels that are necessary to effectively implement a quality improvement and management system. Meaningfully **influencing leadership and governance** is key.
- **Foundation** is the **Community Health model** so that QI is targeted at the health system as a whole in an integrated fashion, not at discrete, fragmented models in isolation
- Better linkage between the BFCC-QIO and the QIN-QIO activities to **identify trends in quality of care issues** in real time and **address them.**
- Ensure that collection and **use of data**, which is foundational to all QI, is brought into the modern age with state of the art IT systems and enhanced data analytics capability.
- Optimize use of **all levers for outcomes, oversight and culture change:** program design, payment model, contract structure, selection of contractors, role of CMS staff, technology
- Position QIO Program as the **nation's resource for QI,** providing integrated, systemic QI while also serving as CMS' rapid response arm to address quality and safety issues.

Rationale for Determining the 7 Regions

- An assessment was completed regarding the use of already-established HHS regions as geographic boundaries for awarding 13th SOW QIN-QIOs to **allow for synergy with other federal agencies among local, tribal, and state partnerships**, allow comparative data modeling, and facilitate cross-agency projects.
  - This would create 10 QIN-QIOs in the 13th SOW.
  - Further analysis suggested that this approach will result in inequitable distribution of work between the 10 QIN-QIOs despite the alignment with the established 10 HHS regions.

- In an effort to establish a more equitable distribution of work while continuing to maintain alignment with HHS Regions, it was determined that combining HHS Regions 1 and 2 into a single QIO Region, and HHS Regions 7, 8 and 10 into another single QIO Region will allow for a **balanced number of beneficiaries and providers for each QIN-QIO while still maintaining synergy with established HHS Regions;** resulting in a total of 7 Regions intended for the 13th SOW QIN-QIOs.

What's changed (1 of 2)

Pre-pandemic 12th SOW

- QI toolkit based on education, training, technical assistance
- Working along provider type/facility silos
- Some duplication of effort creating new materials that may already exist within the healthcare ecosystem, and providing assistance that other entities are able to provide
- All projects are pre-planned to meet CMS' assessment of provider needs
- Need to convince providers during enrollment phase, to join the QI program

Post-pandemic 13th SOW

- QI toolkit based on leadership coaching, RCQI, data analytics, digital tools, machine learning, AI
- Integrated, regional approach with responsibility for the community and providers within it
- AC3 Model: study environment and identify unique and most impactful role for QIO
- Some projects are deployed just-in-time to address emerging issues and are delivered in sprints (30-60-90 days), other projects are co-designed at the state and provider level for systemic QI
- QIOs seen as trusted national QI Experts and utilize a revolutionary provider engagement strategy based on value add that meets them where they are and serves critical needs

What's changed (2 of 2)

Pre-pandemic 12th SOW

- Stakeholder engagement is layered on top of QIO work with providers, and primarily informational in nature
- TA primarily targeted towards facility's operational processes, workflows and middle management
- TA and education provided by QIOs, then coordination with other related entities takes place
- CMS heavily reliant on QIO program for stakeholder coordination, alignment and dissemination of information based on individual QIO model and approach
- Siloed and fragmented collaboration model between QIOs for sharing best practices during program implementation

Post-pandemic 13th SOW

- Stakeholders play key role in program design & implementation
- Influence organization at all levels starting with the C Suite and Governing Boards to drive real change and prioritize quality and safety
- CMS leads and establishes national learning and communications coordination framework, QIO implement at local and state levels
- CMS plays leading role in stakeholder coordination and optimal socializing of the QIO capabilities to meet provider needs
- Technology-assisted, robust framework to build an effective learning community between CMS and QIOs, and between QIOs nationally

CMS' A3C Model for QIO Role: Assess (Complement, Coordinate, Create)

(not mutually exclusive but provides the QIO with primary focus and opportunity to provide unique impact)

A: Assess the state's landscape for health quality and safety, existence of ongoing initiatives for quality improvement, and network of federal, state, local and private entities driving quality improvement.	
C: What is the QIO's unique Complementary role?	• Study the whole environment of quality improvement in healthcare, and work to develop new partnerships that complement existing effective models. This will eliminate duplication of services, and focus QIO resources where the QIO can make the most impact through complementary and supportive actions.
C: What is the QIO's unique role in Coordinating the work of stakeholders and partners in the community?	• CMS, through the QIO program, is in a unique position in the US health care system to serve as one of the most effective coordinators of Quality Improvement methodologies (including payment and regulation) in the coming transformation of health care in the US.
C: What is the QIO's unique role in Creating new QI initiatives where gaps exist?	• If the environmental scan reveals gaps in quality, and there are no effective opportunities to complement or coordinate efforts, CMS, through the QIO program, has the ability to create and test new improvement initiatives to meet the improvement needs of the community and providers.