



Advising the Congress on Medicare issues

Enhancing Medicare's technical assistance to and oversight of providers

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Medicare's tools to drive quality improvement

- Payment policy
- Public disclosure
- Medical education
- Benefit design and coverage policy
- Technical assistance
- Conditions of participation

- Other Federal agencies
 - AHRQ, CDC, HRSA, among others

HHS's recent quality improvement initiatives

- CMS has issued draft 10th Statement of Work
 - Emphasis on learning networks, collaboratives
 - Focus on readmissions, complications
- President's budget proposes statutory changes
 - Expand scope of QIO contracts
 - Eliminate the conflict of interest between beneficiary protections and quality improvement
 - Expand pool of contractors
- Secretary released National Strategy for Quality Improvement in Health Care

Redesign QIO program: improve engagement of providers

- Currently funds go to the technical assistance agent (i.e., the QIO)
- Under this proposal, funds would instead go to provider or community as a time-limited grant; provider or community selects technical assistance agent
- Focus of assistance tailored to needs of community the provider serves
- CMS could create on-line marketplace to provide some structure and protections

Current barriers to competition among technical assistance agents

- Requirement to serve an entire state
- “Physician-sponsored” or “physician-access” requirements
- Regulatory responsibilities, including fielding beneficiary complaints

High priority to low performers and communities

- Complements payment policy
- Impact on disparities
 - Minorities disproportionately receive care from low-performers
- Minimizes displacement of private resources
- Recognizes that community-wide initiatives may be effective in addressing quality problems

Question related to next draft recommendation

- Evidence on gaps between high- and low-performing hospitals
 - Process measure gaps narrowed from 2004-2006, but 30-day mortality, readmission rates most improved for mid-level performers
 - Safety-net hospitals made smaller gains, less likely to be high-performing
- Hospital process measures include Medicaid patients

Updating the Conditions of Participation (COPs)

- COPs are the minimum standards providers are required to meet to participate in Medicare
- Not always regularly updated
- Require limited quality improvement activities
- Could build-in performance on evidence-based quality measures that drive improvement in outcomes

Expand CMS's tools to promote remediation of quality problems

- Limited current use of intermediate levers
 - System improvement agreements (SIAs) for nursing homes and transplant centers
 - Public disclosure in the Special Focus Facility program for nursing homes
 - Temporary Federal Management for nursing homes
- Could expand to a broader array of providers
- The effectiveness of levers like SIAs may be enhanced if technical assistance grants were available.

Public recognition

- High performers have an important role to play in improving poor performers
 - Collaboratives
 - Mentoring
- A public recognition program may create an incentive for more to play this role.