

Medicare Quality Innovation Network (QIN) Quality Improvement Initiatives: Goals, Metrics and Planned Activities

Goal 1

Improve access to behavioral health and decrease substance abuse

Metrics

- 1.1 Decrease opioid-related adverse drug events (ADEs) and overdose-related deaths
 - 1.1.1 Decrease opioid prescriptions >90 MME
 - 1.1.4 Implement pain and opioid best practices
- 1.2 Increase access to treatment for mental health conditions

Goal 2

Improve patient safety in all care settings*

Metrics

- 2.3.1 Reduce the rate of hospital utilization for ADEs in all community settings
- 2.5 Reduce the rate of hospital utilization for *C. difficile* infection

*Focus on infection prevention

Goal 3

Chronic Disease: Prevent the progression of cardiovascular, diabetes and chronic kidney disease (CKD)

Metrics

- 3.1 Contribute to preventing cardiovascular events
 - 3.1.1 Achieve 80% performance on the ABCS (Aspirin when appropriate; Blood pressure control; Cholesterol management; Smoking cessation) clinical quality measures
- 3.3 Prevent beneficiaries from developing diabetes
 - 3.3.1 Achieve 55% referral to Diabetes Prevention Program of eligible community beneficiaries served by QIN-supported practices
- 3.5.1 Improve management of diabetes by identifying beneficiaries high-risk for diabetes-related complications
- 3.5.2 Improve management of community beneficiaries with diabetes
- 3.4.a Prevent progression of CKD or to end-stage renal disease (ESRD) through improved screening, diagnosis and management
 - 3.4.1 Prevent progression of CKD to ESRD by identifying patients high-risk for developing kidney disease
 - 3.4.2 Improve kidney disease outcomes

Goal 4

Improve the quality of care transitions

Metrics

- 4.1.a Improve all-cause hospital admissions
- 4.1.b Improve all-cause hospital 30-day readmissions
- 4.2 Reduce community-based ADEs for Medicare beneficiaries
- 4.3 Reduce the rate of emergency department (ED) visits and admissions by super utilizers

Goal 5

Improve quality of care in nursing homes

Metrics

- 5.1 Improve the mean total quality score and reduce the percentage of nursing homes with a total quality score of 1258 or less
- 5.2 Reduce ADEs in nursing homes
- 5.3 Reduce health care-related infections in nursing homes
- 5.4 Reduce ED visits and hospital readmissions

Planned Activities

Baseline Data Collection

- Identify type of data currently being collected
- Provide data support for community projects

Environmental Scan

- Understand and coordinate with state and local programs doing similar work
- Assess the needs of communities, patients, families and local care delivery systems

Collaboration

- Collaborate and align activities to implement community resources and activate patients and families
- Develop and implement tools

Engage and Activate Patients

- Assist communities with the implementation of effective patient family advisory councils
- Integrate the consumer voice into care delivery processes

Implement Improvement Interventions

- Spread best practices
- Provide peer-to-peer networking opportunities
- Access to subject matter experts
- Ongoing evaluation and monitoring support to ensure identified needs are met