



Partners in Colorado Healthcare Improvement

The Colorado Foundation for Medical Care (CFMC), the Quality Improvement Organization (QIO) for the state of Colorado, under contract with the Centers for Medicare & Medicaid Services (CMS), continues its work towards the creation of a health care delivery system in which every person receives the right care every time. To achieve this goal, CFMC works directly with Colorado's hospitals, nursing homes, home health agencies, and physician practices to assist in their efforts to improve the health of Colorado's Medicare beneficiaries. We recognize that our focus on improving the quality of health care for Medicare beneficiaries ultimately benefits all Colorado residents.

CFMC assists providers in identifying gaps in care, promoting best practices, and adopting proven technological advancements. Our quality improvement efforts include conducting Medicare utilization reviews for appropriateness of care, responding to Medicare beneficiary complaints, and close collaboration with individual providers in implementing Quality Improvement Activities.

As of April 1, 2008, there were 815,539 Medicare beneficiaries in Colorado. Of these, 602,625 (74%) were enrolled in Fee-for-Service plans, 166,782 (20%) were enrolled in Medicare Advantage Organizations, and 46,132 (6%) were enrolled only in Medicare Part A coverage or hospice. This document describes some important results of CFMC's work from 2004 through 2007 towards improving the quality of health care for Colorado's Medicare population. The numbers of lives improved reported below are estimates only.

HOSPITALS

CFMC works with all Colorado acute care and critical access hospitals to improve processes and systems of care, with specific focus on the prevention and treatment of conditions affecting large numbers of patients. In support of the national Hospital Quality Initiative, we assist hospitals to improve their performance on quality measures pertaining to heart attacks, heart failure, pneumonia, and surgical care improvement.

Of Colorado's 73 hospitals, 65 (89%) voluntarily participate in public reporting of quality of care data. Quality improvement data for each of these hospitals can be viewed online at www.hospitalcompare.hhs.gov. On average, Colorado hospitals performed better than the national average on 22 of the 24 measures required by the Reporting Hospital Quality Data for Annual Payment Update initiative. Additionally, Colorado's performance on the Achievable Benchmarks of Care – a set of high performance standards set by the nation's top hospitals – met or exceeded national benchmarks for high performance 20 of the 24 measures.

CFMC worked intensively with a group of eight hospitals to improve performance on the Appropriate Care Measure. This all-or-none measure reflects how often a patient receives all elements of care appropriate for diagnoses of heart attack, heart failure or pneumonia. Hospitals

participating in this group achieved an overall improvement of 44% in the Appropriate Care Measure.

We also worked intensively with a group of six hospitals to improve the quality of surgical care by providing technical and professional guidance. Hospitals participating in this group achieved 25% improvement in surgical care quality rates.

LIVES IMPROVED

- Over 7,300 patients statewide received all of the recommended guideline-based care for their condition.
- Colorado hospitals improved distribution of discharge instructions to heart failure patients by 392 patients.
- Prophylactic antibiotics were appropriately canceled within 24 hours of surgery for more than 2,800 patients. Research data demonstrate a relationship between the cancellation of prophylactic antibiotics within 24 hours of surgery and a reduced risk of infection.

NURSING HOMES

CFMC offers resources to all nursing homes in Colorado and actively collaborates with a wide variety of stakeholder groups both statewide and nationally. Our work with nursing homes primarily addresses the improvement of care related to pressure ulcers (bedsores), physical restraints, and pain management. Quality improvement information for individual Colorado nursing homes can be found on www.medicare.gov/nhcompare.

LIVES IMPROVED

- Over 600 residents experienced improved care for chronic pain, physical restraints, and/or high-risk pressure ulcers.
- Of the 77 residents originally identified with a potentially inappropriate medication (PIM), 30 (39%) no longer had a PIM at the end of the project.
- All of the residents in the facilities participating in the PIMs pilot project received extensive quarterly prescription reviews performed by a pharmacist.

Thirty-three of the 199 Medicare-certified nursing homes in Colorado worked intensively with CFMC, and demonstrated considerable improvement in these three clinical areas:

- The homes that worked intensively with CFMC to improve pressure ulcer prevention and treatment rates demonstrated a relative rate of improvement of 25%, compared to the state overall average of 12% and the national average of 10%.
- Performance on physical restraint use improved by 42%, compared to the overall state average of 21% and the national average of 29%.
- Performance on the quality measure related to pain among long-term residents also dramatically improved. Homes working intensively with CFMC improved at a rate of 62%, more than double the national average (29%) and well above the state overall average (45%).

CFMC also conducted a pilot project to examine medication appropriateness among nursing home residents and the effects of a targeted intervention. CFMC reviewed medication records of five participating homes and gave feedback to providers identifying

potentially inappropriate medications (PIMs) among their residents. Additional support and guidance were offered in the form of multiple teleconferences and site visits.

HOME HEALTH

CFMC works directly with Colorado's home health agencies to improve the safety and effectiveness of care through training and quality improvement programs. In support of the national Home Health Quality Initiative (HHQI), we provided Outcome Based Quality Improvement training to multiple home health professionals from over 100 agencies throughout the state. In Colorado, HHQI agencies serve approximately 85% of the Medicare beneficiaries who receive home health care. Quality improvement information for individual Colorado home health agencies can be found on www.medicare.gov/hhcompare.

For seven of the 11 publicly reported home health quality measures, the group of agencies receiving intensive one-on-one quality improvement assistance from CFMC demonstrated greater improvement than the group who did not receive focused training.

Colorado's home health agencies, overall, demonstrated greater improvement than agencies nationwide on nine of the 11 publicly reported quality measures. Additionally, CFMC worked intensively with 28 agencies on one specific target quality measure, and 79 additional agencies on quality improvement practices.

LIVES IMPROVED

- More than 2,600 beneficiaries improved in their ability to walk and move about.
- More than 1,500 beneficiaries breathed more easily.
- More than 1,450 beneficiaries bathed independently.
- More than 1,200 beneficiaries have less pain in their daily lives.
- Nearly 500 emergency care events were prevented.

PHYSICIAN OFFICES

CFMC offers resources to physician offices in Colorado to improve the quality of care provided by physicians from their office practices across the state. These include a project to enhance the utilization of information technology, and efforts to improve cultural competency among providers.

CFMC promotes the implementation and use of electronic health records (EHRs) in physician offices to enhance efficiency and effectiveness while improving patient safety. EHR systems facilitate better management of care for patients with chronic conditions – such as diabetes, coronary artery disease, heart failure, and hypertension – and can help physicians collect data for the analysis and improvement of quality of care. CFMC actively collaborated with 55 practices (predominantly primary care), representing 177 providers at various stages of EHR implementation.

CFMC promotes preventive and chronic care best practices in the areas of immunization, mammography and diabetes care. In support of these practices, CFMC also promotes cultural competency. Cultural competency improves patient outcomes, satisfaction, and compliance; increases staff productivity and awareness of disparities; reduces liability and malpractice; improves communication with and better understanding of patients; and promotes teamwork and collaboration among staff and patients.

CFMC has worked to improve cultural competency by encouraging providers to complete three themes of the Office of Minority Health tool: Culturally and Linguistically Appropriate Services.

- 16 practices completed Theme 1: Culturally Competent Care
- 24 practitioners completed Theme 2: Language Access
- 25 practices completed Theme 3: Organizational Support.

BENEFICIARY PROTECTION

CFMC has 34 years of experience in conducting case review activities in our Medicare contracts. We have a proven performance record of timely, high-quality completion of beneficiary protection case review activities in accordance with CMS instructions.

Beneficiary Support

CFMC welcomes direct contact with beneficiaries and/or their designated representatives. We are dedicated to performing beneficiary-centered reviews with compassion and efficiency. Each step of our process is designed to determine if care provided was safe, effective,

patient-centered, timely, efficient, and equitable. CFMC processed more than 640 appeals from beneficiaries and/or beneficiary representatives for hospital-based notice appeals, Fee-for-Service expedited appeals, and Medicare Advantage fast-track appeals.

LIVES IMPROVED

- 32 practices purchased certified health information technology systems.
- 14 practices without an EHR moved to using and producing electronic clinical information.
- 16 practices extended EHR use to the management of chronic conditions by extracting lists of beneficiaries with specific conditions, generating reminders and prompts, and developing patient-specific care plans.
- 2,000 more Medicare beneficiaries with diabetes received an annual eye exam.
- 4,725 more beneficiaries with diabetes received annual cholesterol screenings.
- 393 more underserved beneficiaries with diabetes received annual cholesterol screenings.
- 4,486 more beneficiaries with diabetes received annual hemoglobin A1c screenings.
- 327 more underserved beneficiaries with diabetes received annual hemoglobin A1c screenings.
- 2,000 more beneficiaries received biennial mammograms.

SYSTEMS IMPROVED

- CFMC processed 307 quality of care concerns with a beneficiary or representative satisfaction with process rate of 100%.
- Medicare Helpline calls average 100/month.
- CFMC completed 54 QIAs from August 2005 through November 2007

The Medicare Helpline (800-727-7086) is a critical tool in our provision of services. Our helpline number is widely available and is given to all hospitalized beneficiaries via the Important Message from Medicare.

Alternative Dispute Resolution (ADR)

CFMC has fully adopted the CMS program of ADR and has increased the use of ADR in appropriate cases. One of our goals is to increase the use of ADR because it has been shown to be more satisfying to beneficiaries and their families. We have succeeded in increasing our rate of completed cases using ADR from 3% in 2005 to 20% in 2007.

Quality Improvement Activities (QIAs)

CFMC implemented QIAs for individual practitioners and a variety of providers ranging from hospitals to nursing homes. We have an established process in place for requesting and implementing QIAs in

cases where a confirmed quality of care concern appears to arise from a system breakdown in the delivery of care. CFMC's process ensures that quality improvement methodology is applied to the identified root cause of the system breakdown. CFMC brings the necessary quality improvement expertise to monitor these QIAs and asks the hard questions. CFMC is able to work with providers so that they can take lessons from a specific case and apply these lessons to system improvement, thereby decreasing the likelihood that the identified problem will occur again. Our work includes QIAs focusing on pressure ulcers, the assessment of fall risk, medication errors, and timeliness of antibiotic initiation.

ADDITIONAL QUALITY IMPROVEMENT ENDEAVORS

CFMC enthusiastically partners with managed care organizations, insurance companies, academic institutions, and other QIOs across the nation in cooperative efforts to improve the quality of care in multiple settings.

CFMC actively participated as the Node in the 100,000 Lives Campaign, a national effort led by the Institute for Healthcare Improvement to reduce harm and mortality in hospitals by improving care across six clinical topics. Our work on this project contributed to saving 122,000 lives in the country over a span of 18 months. We recently received funding from The Colorado Trust to continue our node efforts (through June 2009) in the subsequent 5 Million Lives Campaign which encompasses 12 topics.

ABOUT CFMC

CFMC, a nonprofit organization founded in 1970, is one of the most experienced and well-respected QIOs in the United States. Since 1974 we have been the official QIO for the state of Colorado. We are fully committed to leading health care quality improvement. In November 2003, CFMC achieved ISO 9001:2000 certification as a testament to this commitment to quality. CFMC offers a core group of clinical care, analytical, communication, financial, and information technology professionals who are knowledgeable and experienced in performing Medicaid quality and utilization reviews, data collection, statistical analysis, and reporting.

CONTACT US: 303-695-3300, or visit our website at www.cfmc.org.

The numbers of lives improved reported in this document are estimates only.

To obtain a detailed description of the methods used in the calculations, please contact CFMC.