

Solid Foundation: The QIO Program

Led by the Centers for Medicare & Medicaid Services (CMS), the [Quality Improvement Organization \(QIO\)](#) Program is one of the largest federal programs dedicated to improving health quality at the community level for people with Medicare. The QIOs support a person-oriented model of care and help reduce provider burden, so they can spend more time focusing on patients and residents.

Improving health care quality is a complex task that requires the involvement of many stakeholders. That's why collaboration is one of the program's core principles. The QIOs work with many organizations that share the commitment to better, safer and more patient-centered care. QIOs unite hospital associations, medical groups, nursing homes, health plans, and numerous community-based partners to address the unique medical, social and economic factors affecting care in the area.

Working with a QIO, organizations gain access to unparalleled quality improvement and data analytic expertise, and are united through QIO activities to share knowledge on critical health care quality and safety issues while discovering real-world best practices. Partnering with the QIOs allows organizations to make a difference within the community while contributing to national health quality goals that benefit all Americans.

The QIOs can also help organizations understand what is involved in different national quality initiatives and how they all work together to improve health care quality, accessibility, and affordability. (Source: <https://qioprogram.org/about>)

Reaching for the Sky: Making Health Care Better... Together

On November 8, 2019, the Centers for Medicare & Medicaid Services (CMS) awarded a five-year contract to Alliant Health Solutions (AHS) to serve as a Quality Innovation Network – Quality Improvement Organization (QIN-QIO) under the recently launched 12th Statement of Work. QIN-QIOs serving under the 12th Statement of Work will provide targeted assistance to nursing homes and communities in small and rural practices, those serving the most vulnerable populations, and those in need of customized quality improvement. Through this body of work, CMS is focusing on results, protecting taxpayer dollars, and most importantly, ensuring the safety and quality of care delivered to every beneficiary. The QIN-QIO contract tasks AHS to provide services to seven states including Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina and Tennessee. Alliant Health Solutions will be responsible improving quality in nursing homes, as well as small and rural communities and those serving vulnerable populations by:

- Improving Behavioral Health Outcomes – Including Opioid Misuse
- Increasing Patient Safety
- Increasing Chronic Disease Self-Management
- Increasing the Quality of Care Transitions
- Improving Nursing Home Quality

Grow with Us!

Alliant Quality invites all nursing homes, state organizations, providers, community leaders, Medicare beneficiaries, family members and caregivers to become partners in these improvement initiatives.

Together, we make health care better.

To get involved, contact Alliant Quality: <http://bit.ly/ContactAlliantQuality>



Origin Story

1965-66: President Lyndon Johnson signed a bill to make Medicare a part of Social Security coverage, expanding it to provide hospital care, nursing home care, home nursing service and outpatient treatment for people over 65

1972: Medicare Professional Standards Review Organizations began to oversee quality of care at the local level.

1982: Medicare Professional Standards Review Organizations become Peer Review Organizations (PROs) with new authority to protect Medicare beneficiaries from underuse of necessary health services.

1996: PROs began to focus on specific diseases and improving the management of common chronic conditions such as diabetes and cardiovascular disease.

2002: PROs were renamed Quality Improvement Organizations (QIOs) to reflect the multidisciplinary approach of all team members — physicians, nurses, and administration — working together to improve the quality of care.

2011: Learning and Action Networks (LANs) were developed in an effort to bring together like-minded individuals around the achievement of a common goal.

2014: CMS established a new functional structure for the program to deliver value to patients and families, maximize learning and collaboration for improving care, and support the spread and sustainment of effective new practices and models of care.

2019: The QIO program reaffirms its commitment to a person-centered approach to improving healthcare quality with a new contracting structure and focus, and issues task orders under the 12th Statement of Work.