

# Hospital Quality Improvement Contractor (HQIC)



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# Hospital Quality Improvement Contractor (HQIC)

- Four year project to improve the effectiveness, efficiency, economy and quality of services
- Supports rural, critical access hospitals and hospitals that are low performing and serving vulnerable populations
- CMS 12th Statement of Work goals:
  - Improve behavioral health outcomes, including a focus on decreased opioid misuse
  - Patient safety with a focus on reduction in patient harm
  - Increase quality of care transitions with a focus on high utilizers
  - Provides support during public health emergencies, epidemics/pandemics and other crises as they arise

# HQIC Awarded to Nine Organizations

- Alliant Quality
- Convergence Health Consulting
- Healthcare Association of New York State (HANYYS)
- Health Quality Innovators (HQI)
- Healthcare Services Advisory Group (HSAG)
- Iowa Healthcare Collaborative (IHC)
- Independent Peer Review Organization (IPRO)
- Telligen
- TMF Quality Institute



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Alliant Quality is a Network of Quality Innovation and Improvement Contractor (NQIIC) that implements Indefinite Delivery/Indefinite Quantity (IDIQ) contracts. The contract work supports quality improvement efforts to maximize impacts for QIN-QIO work, End-Stage Renal Disease (ESRD) Networks, hospital-focused large scale improvements, clinician-focused technical assistance, and other quality improvement work.

# Alliant Quality



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- Quality improvement services group of Alliant Health Solutions
- Successful CMS contractor with a national footprint in 12 states
  - Past sub-contractor to HIIN and HEN work
- Clinically-led and data-driven organization
- Demonstrated success across multiple healthcare settings, e.g., nursing homes, long term care, hospitals, clinical provider offices

# HQIC Evaluation Metrics By 2024

## Behavioral Health Decreased Opioid Misuse

- Decrease opioid-related ADEs by 7% including deaths
- Decrease opioid prescribing (<90MME) by 12%

## Patient Safety Reduction of Harm

- Reduce ADEs by 13%
- Reduce all-cause harm by 9%
- Reduce Clostridioides difficile rates

## Care Transitions Focus on High Utilizers

- Reduce readmissions by 5%



# Data Measures

- Low data burden on hospitals
- Use Medicare claims and NHSN data
- Hospital self-reported data if appropriate

Additional if problematic



Patient Safety Focus Area Measures	Data Source Options
ADE - Anticoagulants	Medicare Claims = Anticoagulant ADE events not POA including in hospital death + inpatient/OBS/ED visits for anticoagulant ADEs within 30 days of discharge from enrolled hospital
ADE - Glycemic Agents	Medicare Claims = Glycemic ADE events not POA including in hospital death + inpatient/OBS/ED visits for glycemic ADEs within 30 days of discharge from enrolled hospital
ADE - Opioids	Medicare Claims = Opioid ADE events not POA including in hospital death + inpatient/OBS/ED visits for opioid ADEs within 30 days of discharge from enrolled hospital
CLABSI	NHSN
CAUTI	NHSN
C Diff	Medicare Claims - (A0471, A0472)
Pressure Injuries	Medicare Claims - PSI 03
Sepsis	Medicare Claims - PSI 13
Readmissions	Medicare Claims = 30 day all-cause readmissions
SSI	NHSN
VAE	NHSN
VTE	Medicare Claims = PSI 12 for post-operative PE or DVT

# Other Areas

- COVID-19 and/or public emergencies
- Health disparities and health equity
- Patient and family engagement (PFE)
- Leadership engagement



# Making Health Care Better *Together*

**Collaborators:** Alabama Hospital Association  
Alliant Quality  
Comagine Health  
Georgia Hospital Association  
Kansas Foundation for  
Medical Care  
Kentucky Regional  
Extension Center  
Konza

## Hospital Quality Improvement Project

### Alliant HQIC Partners in Several States

**Alabama Hospital Association** - Alabama

**Comagine** - Utah, Nevada, Oregon, and Washington

**Georgia Hospital Association** - Georgia

**Kansas Foundation for Medical Care** - Kansas and Nebraska

**Kentucky Regional Extension Center** - Kentucky, Oklahoma, and Nebraska

**KONZA**- Kansas, South Carolina, and Louisiana

# Customized Technical Assistance

- Initial assessment to identify areas of focus
- Monthly calls to discuss
  - Data measures, collection, and performance
  - Progress and challenges on quality improvement plan
  - Best practices and leading interventions
  - Educational events, toolkits, and other resources
- Available to connect hospitals for peer-to-peer networking
- Teach Quality Improvement methodologies

# Hospital's Role

- Confer NHSN rights for review of infection prevention measures
- Complete an initial assessment to identify areas for improvement
- Meet monthly with technical assistance adviser to review data and report progress on quality improvement plans
- Actively participate in educational events
- Network with peers to share best practices and lessons learned

# Alliant's Role

- Review CMS claims and NHSN data and identify trends
- Conduct an initial assessment to identify areas of focus
- Provide customized 1:1 technical assistance to develop a quality improvement plan
- Deliver educational events and resources such as toolkits
- Access to success stories of like-size hospitals that have same challenges/barriers

# Key Benefits

- Less data burden than in past, e.g., HIIN
  - CMS claims, NHSN data, and self-reported data
- Customized 1:1 technical assistance/quality improvement coaching
- Educational events at no cost
  - Learning and Action Networks, webinars, quickinars
- Opportunity for peer-to-peer networking
- Success will contribute to avoidance of CMS reimbursement penalties

# Next Steps

- Review and sign Participation Agreement  
[HQIC Participation Agreement](#)
- Confer NHSN rights to Alliant Quality
  - Instructions will be provided
- Complete initial assessment with technical assistance/quality improvement adviser to identify areas for improvement
- Begin to meet on a monthly basis to discuss progress with relevant areas

# Questions?



Email us at [HospitalQuality@AlliantQuality.org](mailto:HospitalQuality@AlliantQuality.org) or call us 678-527-3681



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## Hospital Quality Improvement Project



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