Medicare Quality Improvement Organizations

Who

Quality Improvement Organizations (QIOs) work with consumers, physicians, hospitals, nursing homes, and home health agencies to improve the effectiveness, efficiency, economy, and quality of services in order to make sure that patients get the right care at the right time.

QIOs also investigate beneficiary complaints about quality of care and use the complaints as a basis for improving the way health care is delivered by individual providers and the health care system overall.

"In their role as health care leaders, QIOs are integral to Medicare’s efforts to preserve the Trust Fund for future generations. QIOs take the most cutting-edge, proven methods out to providers and help them deliver care that has greater value and quality for patients. They work at the local level, but they make a national impact. QIOs are the premier ‘go-to’ resource with the clinical training, the quality improvement expertise, and the passion to drive health care innovation. QIO staff and CMS look forward to continuing work with providers, partners, and consumers to reach greater heights in health care quality in the coming years.”

Barry M. Straube, M.D.
CMS Chief Medical Officer
Director, Office of Clinical Standards and Quality

Where

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the QIO Program consists of a national network of 53 QIOs located in each of the 50 U.S. states, the District of Columbia, Puerto Rico, and the Virgin Islands.

Why

QIOs work with providers and practitioners at the local level as part of CMS’ commitment to ensure consistent, high-quality health care for Medicare beneficiaries across the country.

How

QIO work builds on a growing evidence base about how to improve the quality and efficiency of the health care sector. QIOs focus on the following priorities:

1. Protecting the rights of beneficiaries who are concerned about the quality of their care;
2. Improving the safety of care in America’s nursing homes and hospitals as part of the National Patient Safety Initiative;
3. Increasing the use of screenings for breast and colon cancer and vaccinations for flu and pneumonia by leveraging innovations in health information technology;
4. Reducing gaps in the quality of care for minority patients with diabetes by empowering patients to control their disease through self-management training;
5. Slowing the progression of kidney disease to kidney failure; and
6. Coordinating care across all types of providers, settings, and levels to ensure better patient outcomes and greater system-wide efficiency.

For more information on the QIO Program, please visit www.qualitynet.org/medqic.

This material was prepared by Qualis Health, the Quality Improvement Organization Support Center for Communications, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. CommQ-08-10