

**APPENDIX F**

**CASE STUDY DISCUSSION GUIDES AND LETTERS**



**CMS LETTERHEAD**  
**LETTER OF ENCOURAGEMENT TO PARTICIPATE - EVALUATION OF THE**  
**9TH QIO SOW**  
**PROVIDER ORGANIZATIONS SELECTED FOR SITE VISITS**

[DATE]

[NAME AND ADDRESS]

Dear [Dr./Mr./Ms.] [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a study about the Quality Improvement Organization (QIO) Program, which is a key component in CMS' efforts to improve the quality and efficiency of care for Medicare beneficiaries. The purpose of the study is to evaluate the program's effectiveness in helping health care providers to improve the quality of care for Medicare beneficiaries and to find ways to improve the program.

Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting the study on behalf of CMS, with partnered organizations Social & Scientific Systems and Abt Associates. As part of this study, MPR and its partners will visit providers in twelve states who worked with their local QIO.

Your participation in the site visits is voluntary, but your participation is invaluable for the success of this important study. Your input will help Medicare to improve the design and effectiveness of the QIO program and to ultimately improve care for Medicare beneficiaries. I urge you to participate as described in the invitation letter included with this one.

Please be assured that your participation in the study will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

We look forward to including your valuable input in this study.

Sincerely,

CMS Project Officer

Enclosure



## QIO DIRECTOR INVITATION LETTER

**MATHEMATICA**  
Policy Research, Inc.

600 Maryland Ave. S.W.  
Suite 550  
Washington D.C. 20024-2512  
Telephone (202) 484-9220  
Fax (202) 863-1763  
www.mathematica-mpr.com

[Date], 2010/2011

QIO Director  
QIO name  
Street address  
City, ST zip

Dear [QIO Director name]:

The Centers for Medicare & Medicaid Services (CMS) would very much appreciate your thoughtful input on your QIO's experience with the 9th SOW for [STATE]. This is an invitation to participate in a site visit being conducted as part of the evaluation of the 9th SOW Quality Improvement Organization Program by Mathematica Policy Research and its subcontractors Social & Scientific Systems and Abt Associates, sponsored by CMS. Participation will involve discussions with you and the key QIO staff who lead themes or patient safety sub-themes for a total of [TOTAL LENGTH OF INTERVIEWS] hours during the week of [TARGET WEEK]; this total includes one hour for discussion with you, approximately 30 minutes per theme or patient safety sub-theme with the leader of each of those efforts, and an additional 15 minutes for the overall patient safety theme leader.

Your feedback is confidential to the extent permitted by law. Your input will be valuable in assisting CMS in continuing to improve the QIO program with each new scope of work. The site visits are part of a larger study to evaluate the 9th Scope of Work Quality Improvement Organization Program, described in the attachment.

Please note that Section C.4.B.13 of the 9th SOW contract requires each QIO to provide data for evaluation, thus, your time to participate in the site visit is an expense covered under the contract. If you have any questions, please feel free to call [CMS OFFICIAL] at [PHONE NUMBER].

On-site, we would like to discuss the following key topics:

- The impact you have had on quality improvement and patient safety related to each theme (note we do not expect you to provide data, the purpose is to obtain your thinking in summary form about your accomplishments)
- Any difficulties you have faced with the program contract, infrastructure, and supports
- The value of QIOSCs in facilitating your work
- Which types of activities you have undertaken since August 2008 were more and less valuable for quality improvement

LETTER TO: QIO Director  
FROM: Myles Maxfeild  
DATE: [Date], 2010/2011  
PAGE: 2

- How you recruited providers to work with you during the 9th SOW
- Types of actions taken by providers to improve care on the program-targeted measures, and what prompted the actions
- Lessons learned from the 9th SOW experience
- What types of key barriers remain to quality improvement in this state
- The state quality environment, such as the roles of other organizations influencing quality, and the interest among providers in collaborating and working for quality improvement

All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

With your help, the evaluation will provide critical information to CMS to help refine the Quality Improvement Program. An evaluation staff member will call you to follow up in the next couple of days. In the meantime, please feel free to call or e-mail [CONTACT INFORMATION OF EVALUATION STAFF MEMBER] with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,

Myles Maxfield, Ph.D.  
Project Director

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxx-XXX. The time required to complete this information collection is estimated to average 0.8 hours or 48 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## PROVIDER INVITATION LETTER

**MATHEMATICA**  
Policy Research, Inc.

600 Maryland Ave. S.W.,  
Suite 550  
Washington, DC 20024-2512  
Telephone (202) 484-9220  
Fax (202) 863-1763  
www.mathematica-mpr.com

[Date], 2010/2011

### Contact

Organization name

Street address

City, ST zip

Dear [contact name]:

This is an invitation to provide important feedback to the Centers for Medicare & Medicaid Services (CMS) through agreeing to an on-site interview, roughly 45 to 50 minutes in length, to assist CMS in evaluating and improving its Quality Improvement Organization Program. The CMS Quality Improvement Organization Program in this state is operated through [NAME QIO]. If you have worked with [NAME QIO] on one or more quality improvement efforts since August 2008, the evaluation research team would appreciate your feedback through an on-site interview during [TARGET WEEK], to be scheduled at your convenience. You will not need to make any special preparations for the visit, and your input will remain confidential to the extent permitted by law. In particular, we would like to discuss:

- The overall value and effect of [NAME QIO] activities related to [NAME THEME(S) THE PROVIDER WORKED WITH THEM ON]
- Why you decided to work with [NAME QIO] (if applicable) and which types of interactions, tools, resources, etc. that were provided by [NAME QIO] were more and less helpful to you
- The story of this [TYPE OF PROVIDER]'s quality improvement related to [NAME THEME(S)] since Summer 2008, and the major reasons for any changes in measured performance.
- Lessons you have learned about how to improve quality since Summer 2008, and remaining barriers you face to further improvement
- What you know and think about the quality-related environment in your area, for example, how interested [TYPE OF PROVIDER]s are in general in quality improvement, and whether they are willing to share information

CMS has contracted with Mathematica Policy Research, Inc. and its partners Social & Scientific Systems and Abt Associates, to conduct the site visits as part of a larger study to evaluate the 9th Scope of Work Quality Improvement Organization Program. A description of the larger study is attached.

All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

With your help, the evaluation will provide critical information to CMS to help refine its work to improve the quality of care. Please see the attached letter of encouragement to participate from CMS. An evaluation staff member will call you to follow up in the next couple of days. In the meantime, please feel free to call or e-mail [CONTACT INFORMATION OF EVALUATION STAFF MEMBER] with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,

Myles Maxfield, Ph.D., Project Director

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxx-XXX. The time required to complete this information collection is estimated to average 0.8 hours or 48 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.





COMMUNITY HEALTH LEADER  
INVITATION LETTER

**MATHEMATICA**  
Policy Research, Inc.

600 Maryland Ave. S.W., Suite 550  
Washington, DC 20024-2512  
Telephone (202) 484-9220  
Fax (202) 863-1763  
www.mathematica-mpr.com

[Date], 2010/2011

Contact  
Organization name  
Street address  
City, ST zip

Dear [contact name]:

As a key health leader representing [HOSPITALS/NURSING HOMES/PHYSICIANS], you are no doubt aware of the investment the Centers for Medicare & Medicaid Services (CMS) makes in improving quality of care through its Quality Improvement Organization Program, which in this state is operated through [NAME QIO]. This is an invitation to provide important feedback to CMS through agreeing to an in-person interview, roughly 45 to 50 minutes in length, to assist CMS in evaluating and improving its Quality Improvement Organization Program. Your input will remain confidential to the extent permitted by law.

CMS has contracted with Mathematica Policy Research, Inc. and its partners Social & Scientific Systems and Abt Associates, to conduct the site visits as part of a larger study to evaluate the 9th Scope of Work Quality Improvement Organization Program. A description of the larger study is attached. The evaluation research team would appreciate your feedback through an in-person interview during [TARGET WEEK], to be scheduled at your convenience. You will not need to make any special preparations for the meeting. In particular, we would like to discuss the following key topics:

- The overall value and effect of [NAME QIO] activities related to quality improvement and patient safety
- Which types of activities by [NAME QIO] since August 2008 that were more and less valuable for quality improvement
- What types of key barriers remain to quality improvement in this state, and how the CMS Quality Improvement Organization Program could best help in the future
- What the quality-related environment is like in your area, for example, how interested [TYPE OF PROVIDER]s are in general in quality improvement, and whether they are willing to share information

All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

With your help, the evaluation will provide critical information to CMS to help refine its work to improve the quality of care. Please see the attached letter of encouragement to participate from CMS. An evaluation staff member will call you to follow up in the next couple of days. In the meantime, please feel free to call or e-mail [CONTACT INFORMATION OF EVALUATION STAFF MEMBER] with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,

Myles Maxfield, Ph.D., Project Director

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxx-XXX. The time required to complete this information collection is estimated to average 0.8 hours or 48 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



DRUG SAFETY ORGANIZATION  
INVITATION LETTER

**MATHEMATICA**  
Policy Research, Inc.

600 Maryland Ave. S.W.,  
Suite 550  
Washington, DC 20024-2512  
Telephone (202) 484-9220  
Fax (202) 863-1763  
www.mathematica-mpr.com

[Date], 2010/2011

Contact

Organization name  
Street address  
City, ST zip

Dear [contact name]:

As a [DESCRIBE ORGANIZATION TYPE IN APPROPRIATE, FLATTERING TERMS—such as major health plan in the state], you are probably aware of the investment that the Centers for Medicare & Medicaid Services (CMS) makes in improving quality of care through its Quality Improvement Organization Program, which in this state is operated through [NAME QIO]. This is an invitation to provide important feedback to CMS through agreeing to an in-person interview, roughly 45 to 50 minutes in length, to assist CMS in evaluating and improving its Quality Improvement Organization Program. Your input will remain confidential.

CMS has contracted with Mathematica Policy Research, Inc. and its partners Social & Scientific Systems and Abt Associates, to conduct site visits as part of a larger study to evaluate the 9th Scope of Work Quality Improvement Organization Program. A description of the larger study is attached. The evaluation research team would appreciate your feedback through an in-person interview during [TARGET WEEK], to be scheduled at your convenience. You will not need to make any special preparations for the meeting. In particular, we would like to discuss the following key topics:

- The overall value and effect of [NAME QIO] activities related to improving drug safety by reducing inappropriate medications and drug-on-drug interactions
- Which types of activities by [NAME QIO] since August 2008 that were more and less valuable for improving drug safety
- What types of key barriers remain to further improving drug safety this state, and how the CMS Quality Improvement Program could best help in the future
- What the quality-related environment is like in your area, for example, how interested providers are in general in improving drug safety, and whether they are willing to share information on how best to do so

With your help, the evaluation will provide critical information to CMS to help refine its work to improve patient safety. Please see the attached letter of encouragement to participate from CMS. An evaluation staff member will call you to follow up in the next couple of days. In the meantime, please feel free to call or e-mail [CONTACT INFORMATION OF EVALUATION STAFF MEMBER] with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,

Myles Maxfield, Ph.D., Project Director

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxx-XXX. The time required to complete this information collection is estimated to average 0.8 hours or 48 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.





## CASE STUDY DISCUSSION GUIDES

### F6A. QIO DIRECTOR AND THEME LEADERS

In the matrix that follows, due to limited space we have used abbreviated indicators for the QIO staff who will be asked each question during the case study discussions.

Prior to the visits, we will produce a guide tailored to the staffing situation of the QIO, based on information about its staffing that we learn as we schedule the visit. For example, if a single individual is responsible for leading the Pressure Ulcer and Physical Restraints sub-themes, we will concatenate the questions for each of those topics into a single guide. The likely wide variation in who is responsible for which themes and sub-themes has caused us to prefer to provide the questions in this matrix format until just prior to the visit.

Key to Abbreviations for QIO Director and Theme Leaders Participating in Case Study Discussions:

QIO Dir: QIO Director

Pt Sfty: Patient Safety Theme Leader

PrU: Patient Safety – Pressure Ulcers leader

PR: Patient Safety – Physical Restraints leader

SCIP: Patient Safety - Leader for improving surgical safety and heart failure

MRSA: Patient Safety - Leader for reducing Methicillin-resistant Staphylococcus aureus in the acute care setting

Rx Safety: Patient Safety - Leader for improving drug safety

Pre: Prevention Theme Leader

Pre Disp: Prevention – Disparities Theme Leader

Care Tr: Care Transitions Theme Leader

CKD: Prevention – Chronic Kidney Disease Theme Leader

QIO DIRECTOR AND THEME LEADERS

DISCUSSION GUIDE TOPICS

Topic for Discussion	QIO Dir	Pt Sfty	PrU	PR	SCIP	MRSA	NHIN	Rx Sfty	Pre	Pre Disp	Care Tr	CKD
<b>1. Program Impact in the State</b>												
Has [QIO contract theme] had an impact on quality of care or patient safety? [For QIO Dir, repeat for each theme]	X	X							X	X	X	X
[If yes to pt. safety] Which components of the patient safety theme have had the largest impact on quality or safety during the 9th SOW? Why?	X	X										
[If yes] What do you view as the most important evidence of impact?	X	X							X	X	X	X
Did all the contract evaluation measures work reasonably well to assess progress? If not, which ones were problematic? Why?	X	X							X	X	X	X
Are there certain types of providers that seemed to benefit more than others from working with the QIO? If yes, which types?			X	X	X	X			X	X	X	X
Are there any specific “success stories” that you are aware of that you could share with us?	X	X	X	X	X	X	X	X	X	X	X	X
Are you aware of the trend in quality among providers in the state that you did not specifically work with during the 9th SOW? [If yes:] Did they improve?			X	X	X	X			X	X	X	X





Topic for Discussion	QIO Dir	Pt Sfty	PrU	PR	SCIP	MRSA	NHIN	Rx Sfty	Pre	Pre Disp	Care Tr	CKD
[If responded insufficient <b>data and information</b> on any item, ask:] You indicated you had insufficient data and information to [name task]: could you tell me more about what data and information you felt you needed but did not have?			X	X	X	X	X	X	X	X	X	X
Do you believe this lack of information significantly lessened the results you were able to achieve? [If yes] Why?			X	X	X	X	X	X	X	X	X	X
You rated the following information types as having high value in helping you shape and refine interventions over time: [name them]. What was it about these information sources that made them high value?			X	X	X	X	X	X	X	X	X	X
You rated the following information types as having low value: [name them]. What was it about these information sources that made them low value?			X	X	X	X	X	X	X	X	X	X
[Follow-up on any negative responses to knowledge base/tools items:] Could you elaborate more on your response that [tailor to the item]?			X	X	X	X	X	X	X	X	X	X
[If not already covered:] Could you talk about the role of the QIOSC with respect to your work? Specifically what did they contribute to your ability to work effectively on your theme?		X							X	X	X	X
[Follow up on survey response:] I see from your survey response that you found the centrally developed change package [useful/not useful] to your work. Could you tell us more about that?			X	X	X	X	X	X				







Topic for Discussion	QIO Dir	Pt Sfty	PrU	PR	SCIP	MRSA	NHIN	Rx Sfty	Pre	Pre Disp	Care Tr	CKD
Has any part of your work included thinking about the sustainability of any gains that are achieved? What are the key issues in sustainability?										X	X	X
[If some changes were recommended in survey:] In your survey response, you suggested that CMS should make the following change [name change recommended]. Could you elaborate a bit on what led you to that recommendation and any more specific thoughts about what shape the change should take? [repeat as necessary to cover all recommended changes]	X											
<b>6. State Environment</b>												
<i>Health Care Organizations Involved in Quality</i>												
Please tell us about any quality-related activities undertaken by the relevant professional or provider [Rx Sfty: or health plan] association(s)? What if any role did the QIO play in any of these?			X		X			X	X		X	X
Please tell us about any relevant quality or safety-related activities undertaken by large provider organizations [Rx Sfty: or health plans] that operate in this state? Please be clear if the QIO had a role in prompting or facilitating any of these.			X		X			X	X		X	X

<b>Topic for Discussion</b>	<b>QIO Dir</b>	<b>Pt Sfty</b>	<b>PrU</b>	<b>PR</b>	<b>SCIP</b>	<b>MRSA</b>	<b>NHIN</b>	<b>Rx Sfty</b>	<b>Pre</b>	<b>Pre Disp</b>	<b>Care Tr</b>	<b>CKD</b>
In your survey response, you listed the following other organizations whose efforts were proving important to achieving improvements: [list]. Could you tell us a little more about what they are doing, and why you think their activities have been effective? Please be clear if the QIO had a role in any of these.			X		X			X	X		X	X
<i>Provider Environment</i>												
During the 9th SOW, to what extent have providers in this state been interested in exchanging information with one another to improve quality?			X		X				X		X	X
Has this [willingness/unwillingness] to share been a significant [help/hindrane] to improving quality during this period?			X		X				X		X	X
What do you think underlies the general [willingness/unwillingness] to share in this state?			X		X				X		X	X
Your survey response indicated that providers in this state often [have enough/lack] motivation to improve their quality performance. Could you say a little more about why they have this level/lack of motivation?			X	X	X	X	X		X	X	X	X
Has this level of motivation been a significant [help/hindrane] to improving quality during this period?			X	X	X	X	X		X	X	X	X
Are there any other characteristics of the culture of the providers in this state that make assisting them with quality improvement particularly challenging?			X		X				X		X	X

Topic for Discussion	QIO Dir	Pt Sfty	PrU	PR	SCIP	MRSA	NHIN	Rx Sfty	Pre	Pre Disp	Care Tr	CKD
What are the key barriers to further improvements among providers [Rx Sfty: and health plans] in this state?			X	X	X	X		X	X	X	X	X
Focusing on the poorest performers, let's say the bottom 10 percent, could you describe why you think they are performing so poorly? What if anything do you believe would help them improve?			X	X	X	X	X		X	X	X	X
Are there characteristics of the provider [Rx Sfty: or health plan] environment in this state that make providers particularly receptive to attempts to assist them with quality improvement?								X				
Are there characteristics of the provider [Rx Sfty: or health plan] environment in this state that make it particularly challenging for an organization like the QIO to assist providers with quality improvement?								X				
<b>7. Participating Providers Selection Process</b>												
How much discretion did the QIO have in selecting practices to be participating providers?			X	X	X	X			X	X		
Please describe the state's strategy in recruiting providers [CKD and CT: and organizational partners] under this theme—types of providers [CKD and CT: and organizations] targeted, type of approach, and selling points.			X	X	X	X			X	X	X	X
Could you tell us how this state ended up working with the number of providers [CKD and CT: and other partners] that it did?									X		X	X

Topic for Discussion	QIO Dir	Pt Sfty	PrU	PR	SCIP	MRSA	NHIN	Rx Sfty	Pre	Pre Disp	Care Tr	CKD
Did the geography of the areas you targeted present any special challenges to accomplishing the goals of the theme?										X	X	X
How receptive were providers [CKD and CT: and other key organizations] to working with you? Why?			X	X	X	X	X		X	X	X	X
We understand from your survey response that [summarize selection process]. Could you tell us about the advantages and disadvantages of the way providers were selected to work with, in terms of how well it worked to give you a group that you could assist to improve quality to meet your goals?			X	X	X	X			X	X		
If you had instead worked with every provider in the state who could have well-used your help to improve performance, how much bigger would the group have been?			X	X	X	X	X		X	X		
<b>8. Recruitment of Beneficiaries</b>												
Based on your survey response, we understand this state recruited beneficiaries for DSME [through providers/directly from the community]. Did you consider the other type of strategy, and if so, why did you choose the one you did?										X		
How well did your recruiting strategy work?										X		
What lessons have you learned about recruiting beneficiaries for DSME?										X		



## **F6B. HOSPITAL QUALITY IMPROVEMENT DIRECTORS**

All hospitals selected for site visits will have worked with the QIO on one or more themes/sub-themes. In the matrix that follows, some questions include theme/sub-theme names in brackets. This means the question would be asked in terms of one theme that is applicable to the selected hospital. If there is time, the interviewer would cycle back and discuss a second topic if the hospital worked with the QIO on more than one theme/sub-theme.

<b>1. Background Information</b>
[collect description of hospital organization prior to visit, including whether part of larger system, level of services (e.g., tertiary, secondary), size of hospital, teaching status (major teaching, minor teaching, non-teaching), tax status (FP/NFP), payor mix (% Medicaid; % Medicare)]
[We will know from administrative data which themes and sub-themes the visited hospital worked on with the QIO. For questions that are specific to a theme or sub-theme—where a theme or sub-theme is indicated in brackets—we will decide in advance which theme/sub-theme to cover first. If time, we will cycle back and continue the discussion regarding a second applicable theme/sub-theme.]
<b>2. Overall Quality and Quality Improvement</b>
Where does quality fit into the hospital’s overall business strategy?
When it comes to how well this hospital is performing overall in terms of quality and safety overall, on a scale of 1-10, where 10 is the best care possible, where would you place it currently?
Where would you have placed it three years ago?
[If improved:] What have been the main factors that led to the improvement?
[If lower than 7:] What are the main reasons you wouldn’t give the hospital a higher score?
Setting aside this 1-10 scale, could you give us an overview of how the hospital measures its quality?
In general, what types of activities has the hospital found to be most effective at improving quality?
<b>3. QIO Interactions</b>
How did this hospital get involved in quality improvement activities with the QIO that have been undertaken since August 2008?
Please tell us about this hospital’s interactions with [name QIO] over the past three years. [capture frequency and types of interactions, positions/backgrounds of those who attended on both sides]
[Make sure they are thinking about emails they received as well as any in-person or phone conferences they attended]
[Make sure they cover whether they took a HLQAT and/or AHRQ Pt. Safety survey provided by the QIO and whether there was any follow up interaction.]
Let me summarize what I think I heard regarding all the hospital’s interactions with the QIO around [PrU, SCIP/HF, MRSA as applicable]: [summarize]. Is that correct?
<b>4. QIO Impact on Hospital Operations</b>
How valuable to the hospital was the interaction with [name QIO] around [PrU, SCIP/HF, MRSA as applicable]?
[If valuable:] In what way was it valuable?
[If not valuable:] Why was it not valuable?
Did any of the interactions with [name QIO] around [PrU, SCIP/HF, MRSA, as applicable] lead to changes in the hospital that ultimately improved patient care?
[If hospital took the HLQAT or AHRQ Pt. Safety survey:] What did you learn from the results?
Have any changes been made as a result of the survey(s) or related follow-up that strengthen quality or safety at the hospital?
Did any other interactions with the QIO lead to changes in the hospital that ultimately improved patient care?

If you were advising [name QIO] about improving the impacts of its interactions with hospitals like yours, what would you say?
<b>5. Story of Hospital's Performance Trend on [PrU, SCIP/HF, MRSA]</b>
Could you take us through the story of this hospital's performance trend on [PrU, SCIP/HF, MRSA] from the time you first started tracking it? By "story," we mean what the trends were and what lay behind them.
If [name measure(s)] improved over time, what did you do?
What motivated you to take these actions that led to improvement?
What knowledge and staff resources made the changes possible?
Do you believe this hospital has now achieved the best possible performance?
[If no] What barriers remain to achieving optimal performance on the [PrU, SCIP/HF, MRSA as appropriate] measures?
Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for this hospital to achieve optimal performance on these measures? [If yes] What types of help do you need? [If SCIP/HF:] On which measures?
<b>6. Hospital's Focus on QI for Measures of Interest vs. Other Measures</b>
How much of the hospital's quality improvement efforts have been focused on the [PrU, SCIP/HF, MRSA] measures vs. others? [We will provide each visited hospital in advance and on-site with a list of the specific measures we are referencing.]
[SCIP/HF only:] Within the SCIP/HF measures, have some measures received more focus on improvement than others? Why?
Are there other measures or quality improvement areas that received more focus than the [PrU, SCIP/HF, MRSA] measures? Why?
What influences the priority that is given to improving on various measures?
Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for this hospital to achieve optimal performance on other measures you perceive as high priority? [If yes] What types of help do you need? On which types of measures?
<b>7. Interactions with Outside Organizations/People Regarding QI</b>
What other organizations or people has this hospital interacted with over the past three years regarding quality or patient safety improvement?
Have any of these had an important influence on the hospitals quality improvement or safety-related efforts? [If yes] Which one(s)?
[If yes] Please tell us about what the most important interactions were and what changed as a result within the hospital.
Do you talk much with other hospitals about their perspectives on quality improvement?
How do these conversations tend to occur, for example, by phoning a friend, chatting at in-person meetings, via one-to-one emails, via group emails/listservs?
[If yes] How motivated to improve quality and safety are hospitals in this state?
[If yes] Do hospitals in this state generally perceive there to be a business case for quality and safety improvement? [Please elaborate.]
[If yes] What other factors motivate hospitals in this state? Public reporting? Pay-for-performance?
[If no] Are hospitals in this state generally reluctant to share much information about what they are doing?

<b>8. Closing</b>
In conclusion, if you were going to advise CMS about how to make the QIO program more effective in assisting hospitals to improve quality and safety, what would your advice be?
What are the most important targets for improvement?
What are the most useful methods of assistance to focus on?
Turning to efficiency of the program, are there some things that [name QIO] has been doing that could be done just as well for a larger region than just the state? In other words, could you tell us whether the state-specific knowledge of [name QIO] was key to its effectiveness in assisting hospitals over the past few years?
Are there some things that have been done have little value that CMS should ensure QIOs do not do in the future?
Do you have any other comments on the QIO program or your experiences with [name QIO] that you would like to share with us?

## **F6C. NURSING HOME QUALITY DIRECTORS**

The questions that follow apply the same to all nursing homes selected for site visits—those that worked with the QIO on the Patient Safety Theme, sub-themes Pressure Ulcers, Physical Restraints, and/or Nursing Homes in Need.

<b>1. Background Information</b>
<i>Collect descriptive information about the facility prior to visit, including:</i>
Ownership
Profit/non-profit
Size
5-star rating on staffing, deficiencies, and QMs
Pressure ulcer prevalence rates over last three years
Restraint prevalence rates over last three years
Payor mix (% Medicaid; % Medicare)]
<b>2. Overall Quality and Quality Improvement</b>
Where does quality fit into the nursing home's overall business strategy?
When it comes to how well this nursing home is performing in terms of quality and safety overall, on a scale of 1-10, where 10 is the best care possible, where would you place it currently?
Where would you have placed it three years ago?
[If improved:] What have been the main factors that led to the improvement?
[If lower than 7:] What are the main reasons you wouldn't give your facility a higher score?
<b>3. QIO Interactions</b>
How did this nursing home get involved in quality improvement activities with the QIO that have been undertaken since August 2008?
Please tell us about your interactions with [name QIO] over the past three years. [capture frequency and types of interactions, positions/backgrounds of those who attended on both sides] [Make sure they are thinking about emails they received as well as any in-person or phone conferences they attended]
Let me summarize what I think I heard regarding your nursing home's interactions with the QIO around [PrU and Restraints]: [summarize]. Is that correct?
<b>4. QIO Impact on Nursing Home Operations</b>
How valuable to the facility was the interaction with [name QIO] around [PrU or Restraints, as applicable]?
[If valuable:] In what way was it valuable?
[If not valuable:] Why was it not valuable?
Did any of the interactions with [name QIO] around [PrU or Restraints, as applicable] lead to changes in the facility that ultimately improved resident care? If yes, please describe.
If you were advising [name QIO] about improving the impacts of its interactions with facilities like yours, what would you say?
<b>5. Nursing Home's Performance Trend on [PrU or Restraints]</b>
Could you provide some history on your facility's performance on the [PrU or Restraint] measure(s)? Specifically, how have your rates changed (or not) from the time you first started tracking it/them?
If [name measure(s)] improved over time, what did you do?
What motivated you to take these actions that led to improvement?
What knowledge and staff resources made the changes possible?
Do you believe this facility has now achieved the best possible performance?
[If no] What barriers remain to achieving optimal performance on the [PrU or Restraint as appropriate] measures?

Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for your facility to achieve optimal performance on these measures? [If yes] What types of help do you need?
<b>6. Nursing Home's Focus on QI for Measures of Interest vs. Other Measures</b>
How much of your quality improvement efforts have been focused on the [PrU or Restraint] measures vs. others?
Are there other quality measures or quality improvement areas that received more focus than the [PrU and Restraint] measures? Why?
How do you prioritize your quality improvement activities? What measure or issue is most important to your facility? Least important? Why?
Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for your facility to achieve optimal performance on other measures you perceive as high priority? [If yes] What types of help do you need? On which types of measures or quality improvement areas?
<b>7. Interactions with Outside Organizations/People Regarding QI</b>
What other organizations or people has this facility interacted with over the past three years regarding quality improvement?
Have any of these had an important influence on the facility's quality improvement efforts? [If yes] Which one(s)?
[If yes] Please tell us about what the most important interactions were and what changed as a result within the nursing home.
Do you talk much with other nursing homes about their perspectives on quality improvement?
How do these conversations tend to occur, for example, by phoning a friend, chatting at in-person meetings, via one-to-one emails, via group emails/listservs?
[If yes] How motivated to improve quality are nursing homes in this State?
[If yes] Do nursing homes in this State generally perceive there to be a business case for quality? [Please elaborate.]
[If yes] What other factors motivate nursing homes in this State? Public reporting? Pay-for-performance? Medicaid payment rates? Survey and certification?
<b>8. Closing</b>
In conclusion, if you were going to advise CMS about how to make the QIO program more effective in assisting nursing homes to improve quality, what would your advice be?
What are the most important targets for improvement?
What are the most useful methods of assistance to focus on?
Turning to efficiency of the program, are there some things that [name QIO] has been doing that could be done just as well for a larger region than just the state? In other words, could you tell us whether the state-specific knowledge of [name QIO] was key to its effectiveness in assisting nursing homes over the past few years?
Are there some things that have been done that lack value and should be discontinued?
Do you have any other comments on the QIO program or your experiences with [name QIO] that you would like to share with us?

## **F6D. PHYSICIAN PRACTICE – LEAD PHYSICIAN CONTACT**

The questions that follow apply to lead physician contacts from practices selected for visit because they worked with the QIO on the Prevention theme, and/or the Prevention – Disparities theme. Where indicated in brackets within questions, question wording is slightly tailored to apply to the Prevention – Disparities theme.



<b>1. Background Information</b>
[collect description of practice prior to visit, including whether an FQHC or Rural Health Clinic, whether part of larger medical group or health system, size of practice (number of physicians and mid-level practitioners), specialties of clinicians, number of Medicare beneficiaries and % of practice this represents][for disparities, also get % of practice that is underserved, and % with diabetes]
Does the practice receive any quality report cards from outside organizations?
Does the practice participate in any quality improvement programs or activities, in addition to the [preventive/diabetes] work you do with [name QIO]?
<b>2. Interactions with the QIO and other CMS Contractors</b>
How did the practice get involved in working with [name QIO] on [preventive/diabetes] care activities?
What did the practice hope to gain?
[Pre – Disp only:] Are you aware of the diabetes self-management education that the QIO has been sponsoring?
[Pre – Disp only:] In your view, how well do such programs, and this one in particular, work?
Please tell us about the practice’s [Pre – Disp: other] interactions with [name QIO] over the past three years. [capture frequency and types of interactions, positions/backgrounds of those who attended on both sides] [Make sure they are thinking about emails they received as well as any in-person or phone conferences they attended]
Please describe your experience with reporting data from your EHR to the CMS contractor on the [preventive/diabetes] care measures—did all go smoothly?
[Pre – Disp only:] Did you submit blood pressure control data to PQRI? Why or why not? [If yes] Was it easy to do?
<b>3. QIO Impact on Practice Operations and Patients’ Health</b>
How valuable to the practice was the interaction with [name QIO] around [preventive/diabetes] care?
[If valuable:] In what way was it valuable?
[If not valuable:] Why was it not valuable?
[Pre – Disp only:] To your knowledge, did any of your patients receive diabetes self-management education because of the QIO’s initiative to increase this? [If yes] About how many?
[Pre – Disp only:] [If yes] Did you see any improvement in the condition of patients who attended the training that you believe was attributable to the class?
Did any of the interactions between the practice and [name QIO] around [preventive/diabetes] care lead to changes in practice operations that improved patient care?
If you were advising [name QIO] about improving the impacts of its interactions with practices like yours, what would you say?
<b>4. Practice’s Knowledge of its Performance and Trend on [Preventive/Diabetes] Care Measures</b>
What information does this practice generate or receive about the percentage of practice patients that have received [measures of interest]?
When and how did the practice first become aware of how its patients were doing on these measures?

Since that time, have you taken any particular actions to try to increase these rates? [If yes,] What were they?
[If yes] What motivated you to take these actions?
How consistently are these actions applied across the practice?
What knowledge and staff (or consultant) resources made the changes possible?
Have you been able to see any trend yet in these measures that would indicate if your actions were working?
Do you believe this practice has now achieved the best possible performance?
What is the role of your EHR in supporting good performance on [preventive/diabetes] care measures?
[If no] What barriers remain to achieving optimal performance on the [preventive/diabetes care] measures?
Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for this practice to achieve optimal performance on these measures? [If yes] What types of help do you need? On which measures?
<b>5. Practice's Focus on QI for Measures of Interest vs. Other Measures</b>
How much of the practice's quality improvement efforts have been focused on the [preventive/diabetes care] measures vs. others? Why? [we will share a list with them of the specific measures we are referencing]
Within the [preventive/diabetes care] measures, have some measures received more focus on improvement than others? Why?
Are there other measures or clinical areas that received more focus on improving measured performance than the [preventive/diabetes] care measures? [If so] Why?
What influences the priority that is given to improving on various measures?
Are there any needs you have from an outside organization such as a Medicare Quality Improvement Organization in order for this hospital to achieve optimal performance on other clinical performance measures you perceive as high priority? [If yes] What types of help do you need? On which types of measures?
<b>6. Interactions with Outside Organizations/People Regarding Performance Measurement and Improvement</b>
What if any other organizations or people has this practice interacted with over the past three years regarding performance improvement?
Have any of these had an influence on the practice's operations? [If yes] Which one(s)?
[If yes] Please tell us about what the most important interactions were and what changed as a result within the practice.
Do you talk much with other practices about their perspectives on performance measurement and improvement?
How do these conversations tend to occur, for example, by phoning a friend, chatting at in-person meetings, via one-to-one emails, via group emails/listservs?
Are most practices in this state aware of how they are doing on these [preventive/diabetes] care measures?
[If yes] How motivated to improve performance on quality measures are practices in this state at this time? Why?
Do practices in this state generally perceive there to be a business case for them to improve on these quality measures? [Please elaborate.]

Aside from any inherent business case and professional integrity, do any other factors motivate practices in this state? Future or current public reporting? Future or current pay-for-performance?
What do you think it would take to get practices to change operations enough to improve the rates of [preventive/diabetes] care measures in the state to their optimal level?
<b>7. Closing</b>
In conclusion, if you were going to advise CMS about how to make the QIO program more effective in assisting practices to improve quality of care and safety for their patients, what would your advice be?
What are the most important targets for improvement?
What are the most useful methods of assistance to focus on?
Turning to efficiency of the program, are there some things that [name QIO] has been doing that could be done just as well for a larger region than just the state? In other words, could you tell us whether the state-specific knowledge of [name QIO] or their ability to come on-site was important to their ability to effectively assist physician practices over the past few years?
Are there some things that have been done have no apparent value that CMS should ensure QIOs do not do in the future?
Do you have any other comments on the QIO program or your experiences with [name QIO] that you would like to share with us?

## **F6E. COMMUNITY HEALTH LEADERS**

The set of questions that follows applies to three “community health leaders” identified for each case study state. Usually these would be provider or professional association representatives knowledgeable about quality, with one representing the physician sector, one the hospital sector, and one the nursing home sector. On occasion, another type of respondent rather than a provider or professional association representative may be selected to provide an external vantage point, such as the leader of a large quality alliance in the state.

<b>1. Background Information</b>
[collect description of the leader's position and role in health care quality improvement]
<b>2. QIO Program Impact in the State</b>
Could you tell us how and to what extent you know about and/or involved in the work of [name QIO] as a Medicare QIO over the past few years?
Has the work of [name QIO] over the past few years as a Medicare Quality Improvement Organization influenced the quality of care in this state? How?
<b>3. Most Effective QIO Activities</b>
Among the different kinds of activities you may be aware of that [name QIO] undertakes in its role as a Medicare QIO, are there any that you could identify as particularly high-value? Low value?
Is there anything you think [name QIO] could have done differently to be more effective in its work that you are aware of? What would it have taken for this to have happened?
<b>4. Quality Improvement in the State</b>
What are the key organizations that influence quality or patient safety improvement activities in this state? What major contributions has each made in the past three years?
What are the key barriers to further improvements among quality and patient safety in this state?
Are there characteristics of the provider environment in this state that make providers particularly receptive to attempts to assist them with quality improvement?
Are there characteristics of the provider environment in this state that make it particularly challenging for an organization like the QIO to assist providers with quality improvement?
<b>5. Closing</b>
If you were going to advise CMS about how to make the QIO program more effective as a catalyst or technical assistance resource to improve quality and patient safety, what would your advice be?
What are the most important targets for improvement?
What are the most useful methods of assistance to focus on?
Turning to efficiency of the program, are there some things that [name QIO] has been doing that could be done just as well for a larger region than just the state? In other words, could you tell us whether the state-specific knowledge of [name QIO] was key to its effectiveness over the past few years?
Are there some things that have been done have no apparent value that CMS should ensure QIOs do not do in the future?
Do you have any other comments on the QIO program or your experiences with [name QIO] that you would like to share with us?

## **F6F. DRUG SAFETY PARTNER ORGANIZATION**

The drug safety partner organization may be a health plan, a provider organization, or another type of organization who has partnered with the QIO to improve drug safety under the QIO's Patient Safety theme. The QIO will provide us with contact information to interview the lead contact from this organization.

<b>1. Background Information</b>
[collect description of drug safety partner organization and the effort that they worked on with the QIO in advance of the visit]
<b>2. The Drug Safety Initiative</b>
Where does drug safety as a topic area for improvement fit into this organization's overall business strategy?
What influences the priority that is given to improving on various measures of patient safety and quality?
Please tell us about the drug safety initiative that the QIO has been involved in with you. [motivators, goals and measures, other partnered organizations, scope of the effort, timeframe, level of effort over time from the various partners]
<b>3. QIO Interactions</b>
How, why, and when did [name organization] get involved in [name drug safety-related activities] <i>with the QIO</i> ?
Please tell us about [name organization]'s interactions with [name QIO] around drug safety over the past three years. [capture frequency and types of interactions, positions/backgrounds of those who attended on both sides] [Make sure they are thinking about emails and materials they may have received as well as any in-person or phone conferences they attended]
<b>4. QIO Impact on Drug Safety Initiative and Drug Safety</b>
How valuable to the drug safety initiative was the interaction with [name QIO]?
[If valuable:] In what way was it valuable?
[If not valuable:] Why was it not valuable?
Did any of the interactions with [name QIO] around drug safety lead to changes that have improved drug safety?
If you were advising [name QIO] about improving the impacts of its interactions with other organizations in order to improve drug safety, what would you say?
<b>5. Story of the Organization or Initiative's Performance Trend on Drug Safety Measures</b>
Could you take us through the story of this [organization's or initiative's] performance trend on the drug safety measures you have been tracking, from the time you first started tracking it? By "story," we mean what the trends were and what lay behind them.
If [name measure(s)] improved over time, what did you do?
What motivated you to take these actions that led to improvement?
What knowledge and staff resources made the changes possible?
Do you believe this [organization/initiative] has now achieved the best possible drug safety performance?
[If no] What barriers remain to achieving optimal performance on the drug safety measures?
Are there needs from an outside organization such as a Medicare Quality Improvement Organization in order for providers in the state to achieve optimal performance on drug safety measures? [If yes] What types of help are needed? To influence what measures?
<b>6. Interactions with Outside Organizations/People Regarding Drug Safety</b>
What if any other organizations or people has this organization interacted with over the past three years regarding drug safety, that haven't yet been mentioned?
Have any of these had an important influence on the organization's drug safety-related efforts? [If yes] Which one(s)?

If yes] Please tell us about what the most important interactions were and what changed as a result.
<b>7. Closing</b>
In conclusion, if you were going to advise CMS about how to make the QIO program more effective in assisting other organizations with improving drug safety, what would your advice be?
What are the most important targets for improvement?
What are the most useful methods of assistance to focus on?
Turning to efficiency of the program, are there some things that [name QIO] has been doing that could be done just as well for a larger region than just the state? In other words, could you tell us whether the state-specific knowledge of [name QIO] was key to its effectiveness in assisting with drug safety over the past few years?
Are there some things that have been done have no apparent value that CMS should ensure QIOs do not do in the future?
Do you have any other comments on the QIO program or your experiences with [name QIO] that you would like to share with us?