Quality Improvement Resources for Rural Health Care Organizations

If you are new to health care quality improvement (QI), you might feel overwhelmed navigating and making sense of all the learning resources, national QI entities, and reporting programs. This collection points new quality health care professionals to helpful introductory resources and provides awareness of the more prominent health care quality organizations, programs, and terms.

Basic Health Care Quality Improvement Training Resources

Institute for Healthcare Improvement (IHI) – the independent nonprofit organization is a leading innovator, convener, partner, and driver of results in health and health care improvement worldwide. Helpful resources from IHI that provide basic QI education:

- How to Improve – QI overview using the Model for Improvement

- Dr. Mike Evans Video: An Illustrated Look at Quality Improvement in Health Care (8 minutes)

- The Science of Improvement on a Whiteboard! – series of videos on QI and QI tools, such as run charts, flow charts, and PDSA cycles (3-10 minutes each)

- An Introduction to the Model for Improvement (56 minutes)

- Building Skills in Data Collection and Understanding Variation (49 minutes)

- Using Run and Control Charts to Understand Variation (55 minutes)

- IHI Open School – training and tools in an online, educational community to help you and your team deliver excellent, safe care. Paid subscriptions are offered for professionals and groups, with discounts available for rural health care organizations.

Stratis Health Quality Improvement Basics Course – designed to equip professionals with the knowledge and tools to start quality improvement projects at their facilities. This online course may be completed in sequence, or individual modules and tools may be used for stand-alone training and review. Tools and templates are provided in an editable format so users can customize them to meet their organizational needs.

Agency for Healthcare Research and Quality (AHRQ) – produces evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used. AHRQ provides various health care quality tools and resources, including measurement strategies, patient safety and teamwork programs, and quality facilitation assistance.

- AHRQ Quality Indicators – nationally recognized measures of health care quality that use administrative or claims data. They include Patient Safety Indicators (PSIs), Prevention Quality Indicators (PQIs), Inpatient Quality Indicators (IQIs), and Pediatric Quality Indicators (PDIs).

- Toolkit for Using the AHRQ Quality Indicators – provides direction, tools, and resources to drive improvement based on AHRQ Quality Indicators.

- Comprehensive Unit-based Safety Program (CUSP) Toolkit – includes training tools to make care safer by improving the foundation of how physicians, nurses, and other clinical team members work together. It builds the capacity to address safety issues by combining clinical best practices and the science of safety.

- [TeamSTEPPS](#) – evidence-based set of teamwork tools, aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals.

- [Practice Facilitation Handbook](#) – assists in training new practice facilitators as they begin to develop the knowledge and skills needed to support meaningful improvement in primary care practices.

Quality Reporting Programs

Clinic/Provider Quality Reporting Programs

Quality Payment Program (QPP) – part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the Centers for Medicare & Medicaid Services (CMS) QPP rewards providers for the delivery of high-quality patient care through two avenues:

- [Merit-based Incentive Payment System (MIPS)](#) – MIPS consolidates components of three legacy programs, Physician Quality Reporting System (PQRS), Physician Value-based Payment Modifier (VM), and Medicare Electronic Health Record Incentive Program for Eligible Professionals, and continues the focus on quality, cost, and use of certified EHR technology (CEHRT) in a cohesive program that avoids redundancies.

- [Alternative Payment Models (APMs)](#) – payment approaches, developed in partnership with the clinician community, that provide added incentives to deliver high quality and cost-efficient care.

Uniform Data System (UDS) – HRSA Health Center Program grantees and look-alikes report on their performance using the measures defined in the UDS. HRSA offers manuals, webinars, training online and at various state/regional/national meetings, and other technical assistance resources to assist health centers in collecting and submitting their data.

Hospital Quality Reporting Programs

CMS Inpatient Quality Reporting (IQR) – quality data reporting program for inpatient hospital services. Under this program, hospitals report data using standardized measures of care to receive the full update to their Inpatient Prospective Payment System (IPPS) payment rate.

CMS Outpatient Quality Reporting (OQR) – quality data reporting program for outpatient hospital services. Under this program, hospitals report data using standardized measures of care to receive the full update to their Outpatient Prospective Payment System (OPPS) payment rate.

Promoting Interoperability (PI) – (formerly the Medicare EHR Incentive Program) was established to encourage eligible hospitals to adopt, implement, upgrade, and demonstrate meaningful use of certified EHR technology and is required for PPS and CAHs. Submission of electronic Clinical Quality Measures (eCQMs) is one component, and CMS has aligned those requirements with eCQM requirements in the IQR program.

Medicare Beneficiary Quality Improvement Program (MBQIP) – QI activity under the Medicare Rural Hospital Flexibility (Flex) grant program of [HRSA FORHP](#). State Flex programs work to improve the quality of care provided in critical access hospitals (CAHs) by increasing quality data reporting among CAHs and supporting QI activities based on the data. The resources linked from the MBQIP home page provide an overview of the goals, expectations, and measures for MBQIP and resources for reporting and quality improvement initiatives.

Other Quality Reporting Programs

Healthcare Effectiveness Data and Information Set (HEDIS) – tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. HEDIS consists of 81 measures across five domains of care. Health plans often tie QI efforts and/or provider incentives to improvement on HEDIS measures.

State or Grant Required Quality Reporting: individual states or grant funding sources may require participation in quality reporting programs or submission of specific measures to various repositories.

Terms, Programs, and Organizations

Lean Health: begins with driving out waste so that all work adds value and serves the customer's needs. Identifying value-added and non-value-added steps in every process is the first step in the journey toward lean operations. IHI: Going Lean in Health Care

National Quality Forum (NQF) – considered the gold standard for health care measurement in the U.S., NQF is a private sector, standard-setting organization whose efforts center on the evaluation and endorsement of standardized performance measurement.

Office of the National Coordinator for Health Information Technology (ONC) - the principal federal entity charged with coordinating nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.

- Quality and Patient Safety Health IT Playbook – includes Safety Assurance Factors for EHR Resilience (SAFER) guides, which identify recommended practices to optimize the safety and safe use of electronic health record (EHR) systems, Quality Measurement and Reporting

Six Sigma and Lean Six Sigma

- **Six Sigma** - method that provides organizations tools to improve the capability of their business processes. This increase in performance and decrease in process variation leads to defect reduction and improvement in profits, employee morale, and quality of products or services.
- **Lean Six Sigma** - fact-based, data-driven philosophy of improvement that values defect prevention over defect detection. It drives customer satisfaction and bottom-line results by reducing variation, waste, and cycle time while promoting the use of work standardization and flow, thereby creating a competitive advantage. It applies anywhere variation and waste exist, and every employee should be involved.

Hospital Quality Improvement Contractor (HQIC)

The CMS HQIC program began September 2020, under the auspices of the Network of Quality Improvement and Innovation Contractors. This is a new version of predecessor programs, HIIN (Hospital Improvement and Innovation Network) and HEN (Hospital Engagement Networks).

HQIC is designed to support rural, critical access hospitals and those low-performing hospitals serving vulnerable populations in achieving measurable outcomes under the rubrics of patient safety, addressing the opioid epidemic, and care transitions. Additionally, this Task Order shall provide support to hospitals during public health emergencies, epidemics/pandemics, and other crises as they arise.

Nine organizations were selected to implement the HQIC program across the country, and each HQIC is recruiting 250- 300 hospitals from the list of 2600 eligible hospitals. HQIC is not a geographically defined program; as a result, a hospital may be recruited by multiple HQICs, and can only agree to participate with one HQIC.

Medicare Quality Improvement Organizations (QIO) – a group of health quality experts, clinicians, and consumers organized to improve the quality of care delivered to people with Medicare. Two types of QIOs work under the direction of CMS in support of the QIO Program.

- Quality Innovation Network (QIN)-QIOs bring Medicare beneficiaries, providers, and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality.
- Beneficiary and Family Centered Care (BFCC)-QIOs help Medicare beneficiaries exercise their right to high-quality health care.

Accreditation Organizations: The Social Security Act permits providers and suppliers accredited by an approved national accreditation organization (AO) to be exempt from routine surveys by State survey agencies to determine compliance with Medicare conditions. Accreditation by an AO is voluntary and is not required for Medicare certification or participation in the Medicare Program. For example, some hospitals seek accreditation from The Joint Commission rather than participating in the State survey agency process.

- CMS Information on Accreditation
- CMS-Approved Accrediting Organizations

Quality Certification Individual Professional Program

- Certified Professional in Healthcare Quality
- Certified Professional in Patient Safety

Rural Health Care Organizations

Federal Office of Rural Health Policy (FORHP) – part of HRSA, FORHP has responsibility for analyzing the possible effects of policy on the 57 million residents of rural communities in the U.S. and provides grant funding at the state and local levels to improve access, quality, and financing for rural health care. Grant funding includes the Medicare Rural Hospital Flexibility Grant (Flex), the Small Rural Hospital Improvement Program (SHIP), the Small Health Care Provider Quality Improvement (SHCPQI) grantee program, and others.

National Center for Rural Health Works - provides tools and templates to assist rural stakeholders in better understanding the direct, secondary, and indirect financial impact that rural health has upon their community, county, region, state, and the nation.

National Rural Health Association (NRHA) – a national nonprofit membership organization with more than 21,000 members. The association's mission is to provide leadership on rural health issues through advocacy, communications, education, and research.

National Rural Health Resource Center (The Center) – provides technical assistance, information, tools, and resources to improve rural health care. It serves as a national rural health knowledge center and strives to build state and local capacity.

Rural Health Information Hub (RHI Hub) – (formerly the Rural Assistance Center) funded by FORHP to be a national clearinghouse on rural health issues.

- **Rural Community Health Gateway** – resource to assist at every stage of program implementation, from finding an approach to securing funding to planning for long-term stability. Evidence-based toolkits include literature reviews and resources to implement effective community health programs on care coordination, quality improvement, community health workers, mental health and substance abuse, obesity prevention, etc.

- **Rural Health Models and Innovations Hub** – provides examples of evidence-based programs and approaches shown to be effective and new and emerging ideas.

Rural Health Research Gateway - an online library of research and expertise for the federally funded Rural Health Research Centers and Policy Analysis Initiatives.

Rural Health Value – assists rural communities and providers in achieving high-performance health systems by providing tools and resources appropriate for varying levels of change readiness.

Rural Policy Research Institute (RUPRI) – provides unbiased analysis and information on the challenges, needs, and opportunities facing rural America. RUPRI aims to spur public dialogue and help policymakers understand the rural impacts of public policies and programs.

Recommended Books

- The Checklist Manifesto. Gawande, A. Profile Books. (2011)
- The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. Langley, G. J., Moen, R., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. John Wiley & Sons. (2009)
- Our Iceberg is Melting: Changing and Succeeding Under Any Conditions. Kotter, J. P., & Rathgeber, H. Macmillan. (2006)
- Switch: How to Change Things When Change is Hard. Heath, C., & Heath, D. (2010)
- Who Moved My Cheese? Johnson, S. Random House. (2015)