

# QIO Program 2021 *By the Numbers*

In 2021, the QIO Program partnered with health care providers to reduce opioid misuse, improve patient safety and care coordination, and increase COVID-19 infection prevention and control, vaccinations and boosters. Baseline time periods are specified for each measure by the Centers for Medicare & Medicaid Services for the QIO Program 12<sup>th</sup> Statement of Work or by the availability of the data source.

## Initiative Highlights (January 1 – December 31, 2021)

- 1,961 enrolled HQIC hospitals
- 519 enrolled Partnerships for Community Health (formerly community coalitions)
- 11,179 enrolled nursing homes

## Outcomes

### Opioid Utilization and Misuse

Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) and Hospital Quality Improvement Contractors (HQICs) work nationwide with hospitals, nursing homes and Partnerships for Community Health to decrease opioid adverse drug events (ADEs) among people with Medicare.

- 10 percent reduction in opioid ADEs among patients treated at enrolled hospitals
  - Baseline: January 2019 – August 2020
  - Comparison time period: November 2020 – November 2021
- 24 percent reduction in opioid ADEs among people with Medicare served by enrolled Partnerships for Community Health
  - Baseline: September 2018 – August 2019
  - Comparison time period: January – December 2020
- 15 percent reduction in opioid ADEs among long-stay residents in enrolled nursing homes
  - Baseline: October 2018 – September 2019
  - Comparison time period: October 2020 – September 2021

### Patient Safety

QIN-QIOs and HQICs work nationwide with hospitals, nursing homes and Partnerships for Community Health to help prevent hospital-acquired infections like *Clostridioides difficile* infection (CDI). Enrolled hospitals, nursing homes and Partnerships for Community Health have significantly reduced CDI events since 2018.

- 28 percent reduction in hospital utilization for CDI among people with Medicare served by enrolled Partnerships for Community Health
  - Baseline: September 2018 - August 2019
  - Comparison time period: January 2021 - December 2021
- 30 percent reduction in hospital utilization for CDI among long-stay residents in enrolled nursing homes
  - Baseline: October 2018 - September 2019
  - Comparison time period: October 2020 - September 2021
- 14 percent reduction in CDI among patients treated at enrolled hospitals
  - Baseline: January 1, 2019 – December 31, 2019
  - Comparison time period: January 2021- December 2021

### Care Coordination

QIN-QIOs and HQICs work with hospital leaders, clinical teams and community partners to refine care coordination processes to reduce unplanned hospital admissions.

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## Care Coordination (continued)

- 21 percent reduction in 30-day readmissions (per 1,000 Medicare beneficiaries) served by enrolled Partnerships for Community Health
  - Baseline: September 2018 - August 2019
  - Comparison time period: January 2021 - December 2021
- 38 percent reduction of hospital utilization for people with Medicare who have complex health needs (per 1,000 beneficiaries) residing in enrolled Partnerships for Community Health
  - Baseline: September 2018 – August 2019
  - Comparison time period: January 2021 - December 2021
- Three percent reduction in the percentage of 30-day readmissions for enrolled hospitals
  - Baseline: January 1, 2019 – December 31, 2019
  - Comparison time period: January 2021 – December 2021
- 6 percent decrease in emergency department visits among long-stay residents in enrolled nursing homes
  - Baseline: July 2018 – June 2019
  - Comparison time period: October 2020 – September 2021
- 15 percent decrease in hospitalizations among long-stay residents in enrolled nursing homes
  - Baseline: July 2018 – June 2019
  - Comparison time period: October 2020 – September 2021

## Nursing Homes/Long-Term Care

In the nursing home setting, hospitalizations per 1,000 long-stay resident days declined by 20 percent. Other improvements were made in several patient harm measures.

- Percentage of short-stay residents who made improvements in function increased by 21 percent
  - Baseline: October 2018 - September 2019
  - Comparison time period: January 2021 – December 2021
- Percentage of long-stay residents who have or had a catheter inserted and left in their bladder decreased by 25 percent
  - Baseline: October 2018 -September 2019
  - Comparison time period: January 2021 – December 2021
- Percentage of long-stay residents with a urinary tract infection decreased by 17 percent
  - Baseline: October 2018 -September 2019
  - Comparison time period: January 2021 – December 2021

## COVID-19

The COVID-19 pandemic has had an enormous impact on the entire health care system. The effects are especially felt in nursing homes. The vulnerable nature of the nursing home population, combined with the inherent risks of congregate living in a health care setting, have required aggressive and detailed efforts to limit COVID-19 exposure. QIN-QIOs have helped nursing homes increase vaccination rates for their residents and staff.

- 87 percent of nursing home residents received a primary series of the COVID-19 vaccine as of January 2, 2022
  - Time period: January 3, 2021 – January 2, 2022
- 81 percent of nursing home staff received a primary series of the COVID-19 vaccine as of January 2, 2022
  - Time period: January 3, 2021 – January 2, 2022