CMS Quality Conference 2023

Building Resilient Communities:
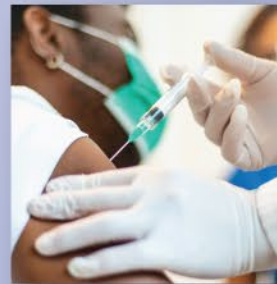Having an Equitable Foundation for Quality Healthcare

What's New on the Front Lines of Quality Improvement?

Innovative BFCC-QIO strategies to protect Medicare beneficiaries and the Medicare Trust Fund

AGENDA

- Introduction to the Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs)

- Kepro: Adapting to the changing landscape: Information for a new generation

- Livanta: Improving QIO Collaboration on Quality Improvement Initiatives

- BFCC Survey Center: Using the Beneficiary Voice to Inform Service Delivery In a Beneficiary-Centered Fashion

- Question & Answer

Presenters

Stephanie Fry, BA
- Senior Study Director, Westat;
- Deputy Director, BFCC NCORC

Scott Fortin, MBA
- Senior Director Communications and Outreach, Kepro

Matthew Stofferahn, MD
- Medical Director, Livanta

David Bercham, MSW
- Senior Associate, Rainmakers Strategic Solutions
- Director, BFCC-Survey Center

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Learning Objectives

- How are BFCC-QIOs using data to improve beneficiary protection services?

- How are BFCC-QIOs ensuring that the services they delivered are beneficiary and family-centered?

Introduction to the Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs)
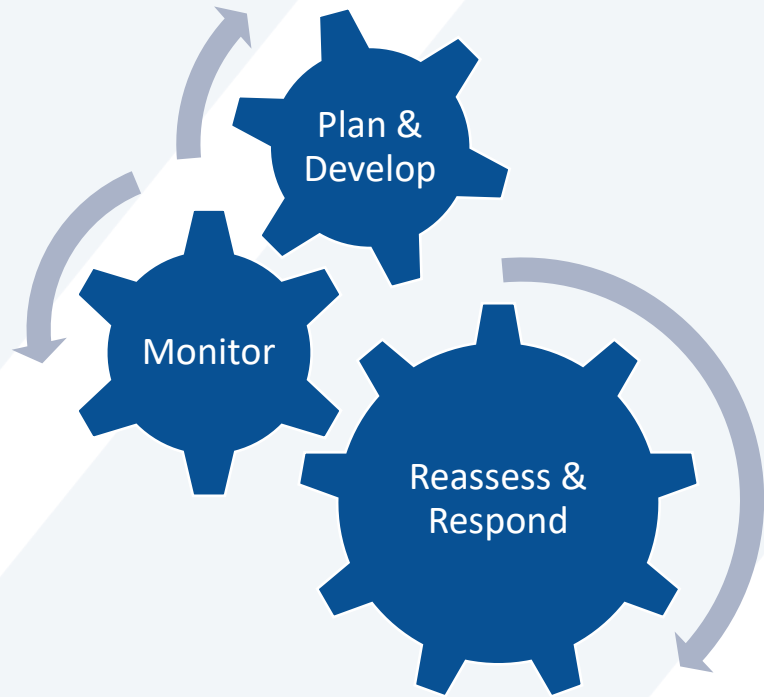
Overview of the BFCC-QIO Program

▪ Beneficiary and Family Centered Care-Quality Improvement Organizations (BFCC-QIOs) help people who have Medicare exercise their right to high-quality health care.

▪ BFCC-QIOs provide a range of services to Medicare beneficiaries including support for:

- Quality of Care Complaints
- Discharge Appeals
- Immediate Advocacy
- Emergency Medical Treatment & Labor Act (EMTALA)

Where Quality Improvement Meets Innovation

Plan & Develop

Monitor

Reassess & Respond

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Adapting to the changing landscape: Information for a new generation
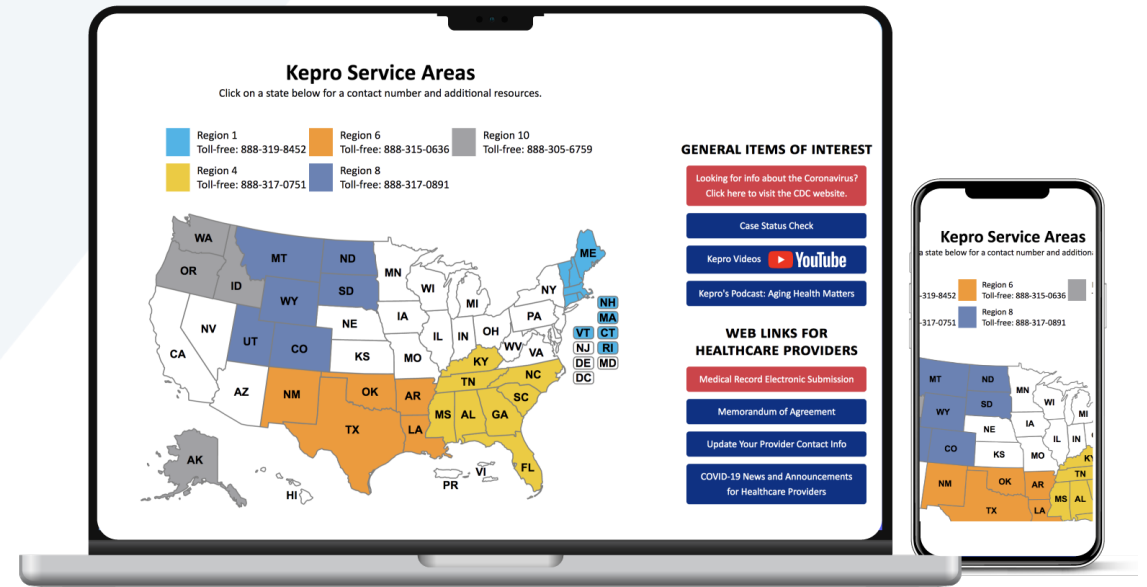
Scott Fortin, MBA

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Do Older Adults *Really* Use the Internet?

Older Adults and Technology

- Yes, they do!

- When it comes to internet use*,
  - 96% of those age 50 to 64 – families and caregivers to Medicare beneficiaries – use the internet.
  - 75% of those 65 and older – Medicare beneficiaries – report being internet users.

  *Source: www.pewresearch.org

Using Technology

- To improve accessibility of information.

- To make the lives of Medicare beneficiaries – along with their families and caregivers – easier.

- To improve Kepro's visibility and let more people know about their Medicare rights and related healthcare information.

01 WEBSITE

02 EMAIL (NEWSLETTERS)

03 VIDEOS

04 PODCAST

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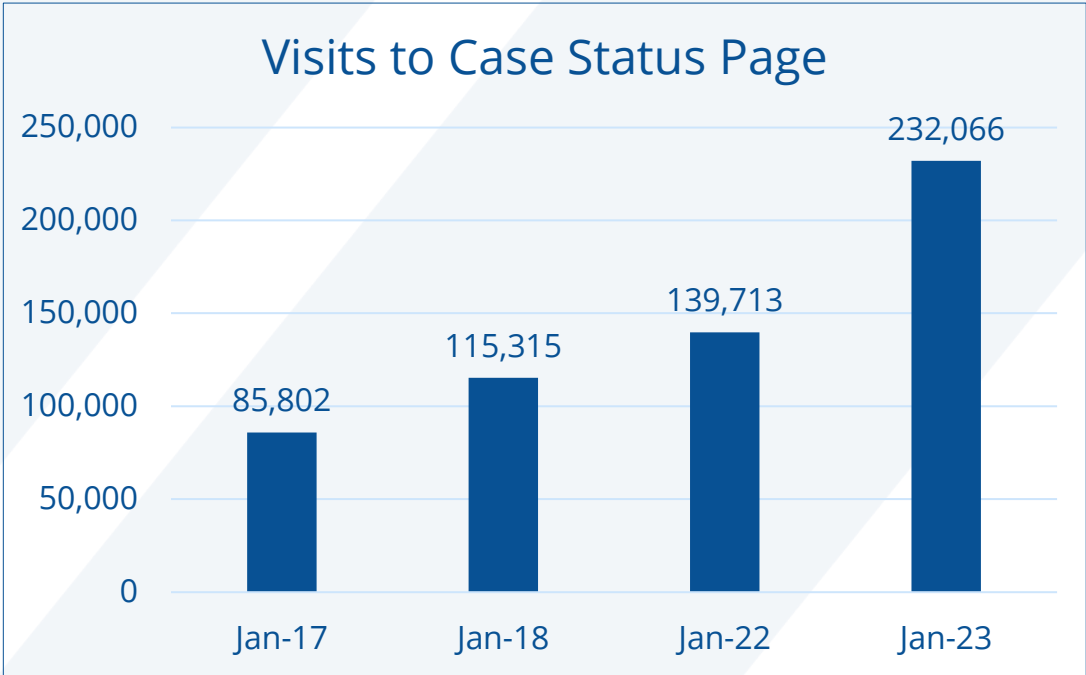
www.keproqio.com

- Kepro uses its BFCC-QIO website to provide information to Medicare beneficiaries.

- Since the website was created in 2014, visits are trending upwards.

- Top Pages (1/2022-12/2022)
  - Case status: 2,395,246 visits
  - Home: 284,929 visits
  - Information for Medicare beneficiaries (all pages): 99,900 visits

Increase of 151% (comparing 2017 to 2023)

Visits to Home Page

Jan-17	114,000
Jan-18	146,402
Jan-22	183,087
Jan-23	285,957

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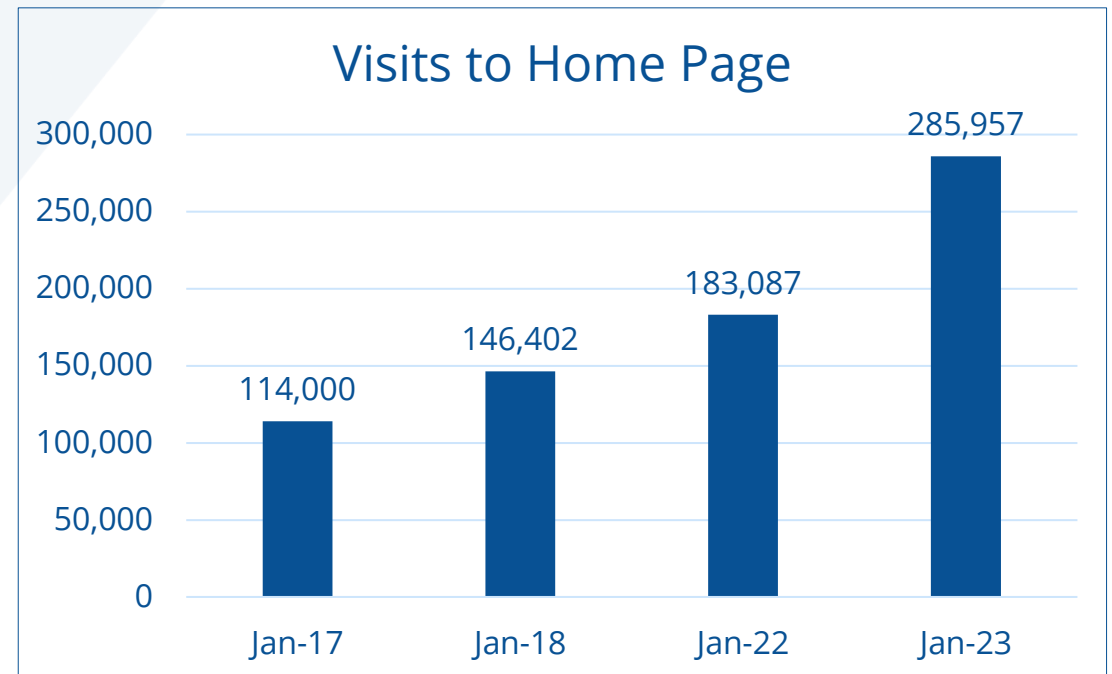
Communicating Information: Appeals

Increase of 170%
(comparing 2017 to 2023)

Increase of 26%
(comparing 2019 to 2023)

Visits to Case Status Page

Jan-17	Jan-18	Jan-22	Jan-23
85,802	115,315	139,713	232,066

Visits to Appeals Info for Medicare Beneficiary Appeals Page

Jun-19	Jun-20	Jan-22	Jan-23
1,478	884	1,698	1,865
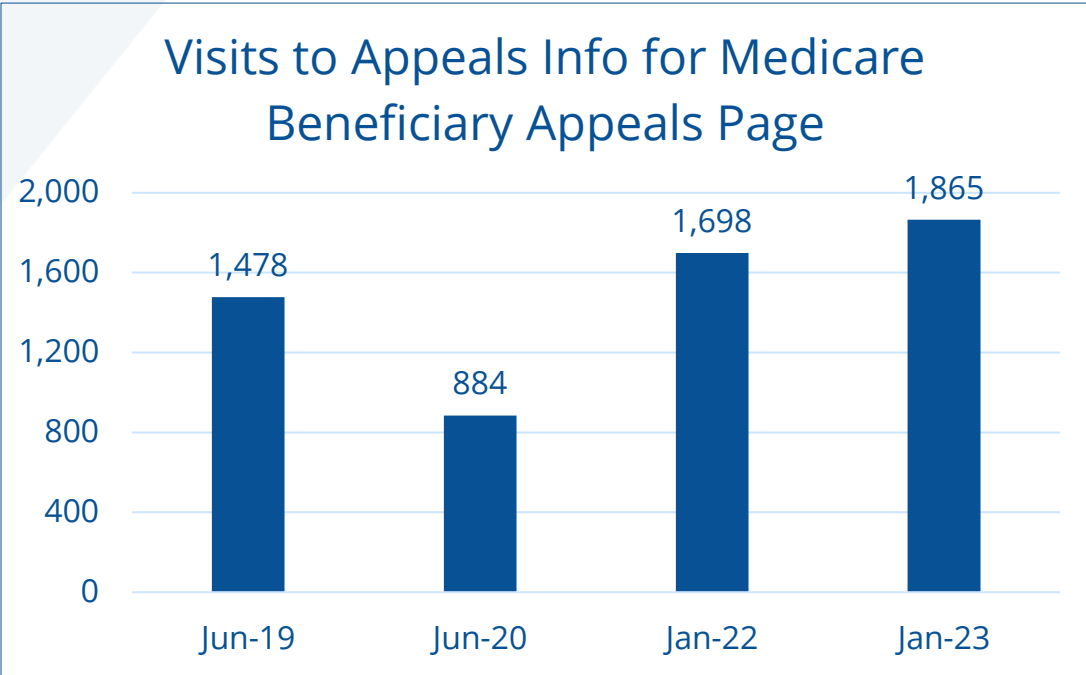
# Sharing Information: Health Awareness

- Monthly health observances help older adults – including Medicare beneficiaries – to focus on particular aspects of their health.
- Information is shared:
  - On the website
  - In Kepro newsletters
  - Through outreach staff

Month	Health Observance
January	Glaucoma Awareness Month
February	American Heart Month
March	National Nutrition Month
April	National Minority Health Month
May	Older Americans Month
June	Men's Health Month
July	UV (Ultraviolet) Awareness Month
August	National Immunizations Awareness Month
September	Healthy Aging Month
October	Health Literacy Month
November	National Family Caregiver's Month
December	National Influenza Vaccination Week

Communicating Using Technology

- Since website visits were increasing, Kepro looked at other options for sharing information online.

- Other ways Kepro started sharing information:
  - YouTube channel
  - Podcast
  - Electronic newsletter for Medicare beneficiaries
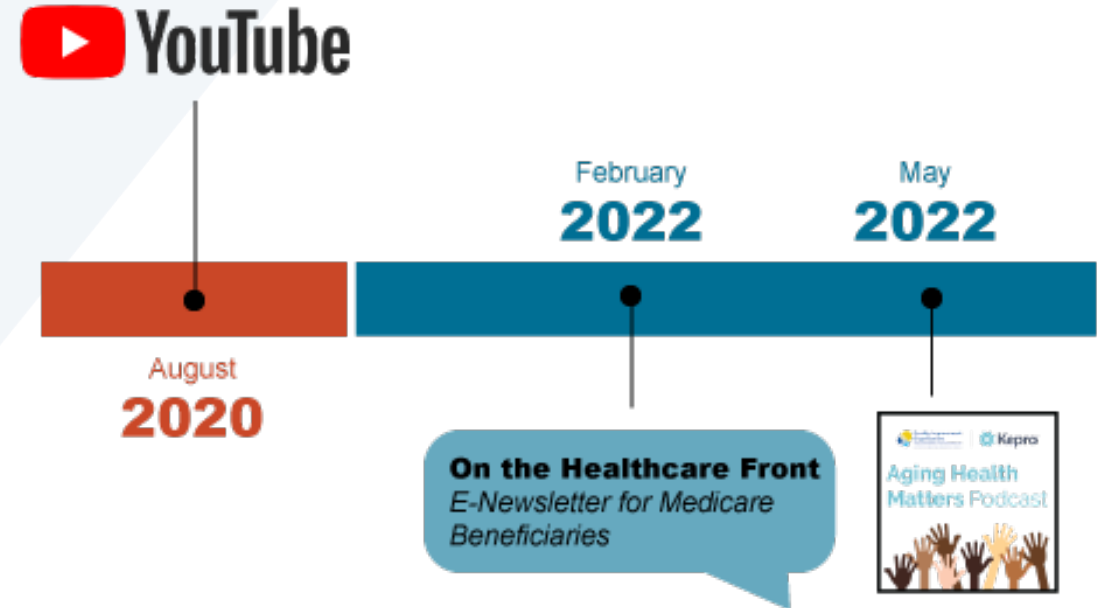
Working with Stakeholders

- Continuing to work with stakeholders by using technology (e.g., Microsoft Teams) to conduct presentations and meetings, since the start of the pandemic.

- Creating synergy with other stakeholders:
  - Opportunities to co-present
  - Guest appearances on Kepro's podcast

- Stakeholders include:
  - CMS regional offices
  - State Health Insurance Assistance Programs (SHIPs)
  - Senior Medicare Patrol (SMP)
  - Area Agencies on Aging (AAA)
  - State departments of aging
  - Patient safety organizations

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Results: E-Newsletters

Statistics as of 2/2023

Case Review Connections
For Healthcare Providers, Stakeholders (2015 – present)

4,585 Subscribers

35 Number of Issues

33% Average Open Rate

On the Healthcare Front
For Medicare Beneficiaries (2022 – present)

790 Subscribers

12 Number of Issues

41% Average Open Rate

16

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Results: Aging Health Matters Podcast
Statistics: 5/2022 – 2/2023

- Started podcast in May 2022.
- Provides an opportunity to talk about additional topics – in addition to Medicare rights – for greater education.
- Examples of podcast episodes:
  - A Conversation about Caregiving
  - How Senior Health Insurance Assistance Programs (SHIPs) Help People Who Have Medicare
  - How the Appeals Medical Record Process Works

203
Number of Downloads

943
Number of Views on YouTube

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Results: YouTube

Statistics: 8/28/2020 – 2/9/2023

- Started channel August 2020
- Top videos:
  - Do you have Medicare? Learn How to File An Appeal.
    Posted 3/2021; **4,485 views**
  - An Easy Way to Check Your Appeals Status. Posted 7/2022; **4,459 views**
  - Medical Record Submission Process.
    Posted 11/2020; **3,036 views**

269 Total # of Subscribers

24,048 Total Views

1,300 Total Hours of Watch Time

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Thank you

- Scott Fortin
  Senior Director, Communications and Outreach
  sfortin@kepro.com

- For more information, please visit Kepro's website:

  www.keproqio.com/conference

BFCC-QIO and QIN-QIO Collaboration

- **Part 5125.2** of the QIO Manual specifies the authority of the QIN-QIOs to address quality of care concerns that are confirmed by the BFCC-QIOs:
  - Conduct or review root cause analyses
  - Provide technical assistance to develop and monitor measurable quality improvement initiatives and corrective action plans
  - Assist providers in implementing best practices
  - Refer non-compliant providers to other agencies if necessary

- Collaboration between the BFCC-QIO and QIN-QIO can transform a beneficiary's concern into a hard-wired quality improvement system or process

Analysis

- Early in the 12th SOW, the number of confirmed beneficiary concerns that led to referrals to the QIN-QIO fell below the national average
  - Livanta's concern referral rate = **4.8%**
  - National average concern referral rate = **7.2%**
  - (Source: BFCC-QIO program dashboard dated December 15, 2020)

- Closer examination of just one month of quality-of-care case reviews showed:
  - **43** confirmed concerns
  - **1** QIN-QIO referral
  - Team review found:
    - **20** definite referral possibilities
    - **4** potential referral possibilities

Livanta's Opportunity for Improvement

- Looking more closely:
  - Were we missing opportunities to more effectively partner with the QIN-QIOs and improve the quality of care provided in our regions?
  - How could we maximize the benefit of the BFCC-QIO's case review work for Medicare beneficiaries and families?
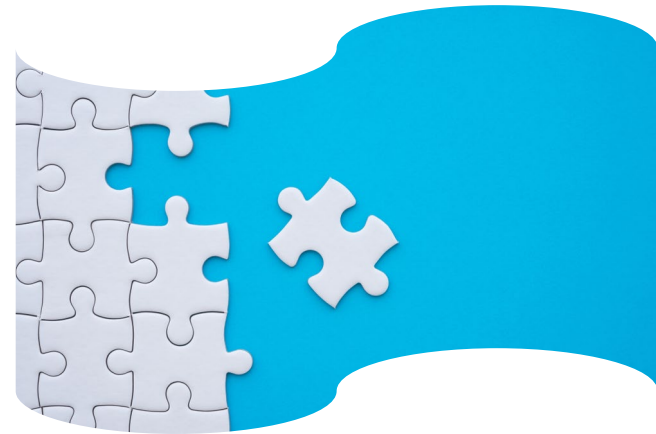
The Referral Process – How it Started

- Livanta's physician reviewers (PRs) could recommend a QIN-QIO referral
  - Many Livanta PRs had an incomplete understanding of the role of the QIN-QIO
  - Cases were not double-checked for referral appropriateness
- Livanta's nurse review coordinators (RCs) referred concerns that were clearly systemic
  - Most BFCC-QIO reviews are isolated cases, and it can be difficult to tell if the root cause of a problem is systemic from one case
  - The Livanta RC in charge of QIN referrals changed multiple times, undermining consistency

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Process Improvements

- Re-train Livanta's physician reviewers about the ways in which QIN-QIOs can support confirmed concerns

- Redirect minor concerns to Immediate Advocacy

- Universal review of all confirmed concerns using new referral criteria
  - **Concerns of a systemic nature**
  - **Concerns amenable to root cause analysis**
  - **Concerns that are trackable as a metric**
  - **Concerns where a facility has already started their own measurable initiative**

- Increased efforts to collaborate more directly with QIN-QIOs

Livanta Results

- Baseline (2020)
- Cases referred to the QIN-QIO: **52**
- Total number of cases with confirmed concerns: **772**
- Percent referred to the QIN-QIO: **6.7%**

- Current (2022)
- Cases referred to the QIN-QIO: **233**
- Total number of cases with confirmed concerns: **582**
- Percent referred to the QIN-QIO: **40.0%**

Source: CMS Quality Management and Review System (QMARS)

Lessons Learned

- QIN-QIOs have a wide-range ability to assist providers:
  - Data analysis
  - Improvement plan development and implementation
  - Monitoring and reporting results
- Root cause analyses (RCAs) can be an important element - concerns from case reviews may not have obvious systemic causes initially

- BFCC-QIO referrals to the QIN-QIO should be as informative and specific as possible
- Open communication between the QIO pillars greatly improves collegiality, understanding, and effectiveness of the quality improvement process

Next Steps

- Continue to monitor monthly QIN-QIO referral rates
  - Are we maintaining results and process changes?
  - Did the COVID-19 pandemic influence the nature/severity of concerns during our intervention period?
- Actively discuss and solicit feedback from QIN-QIOs
  - What referral information is most helpful?
  - Are we now referring too many cases?
  - What can we do to improve the referral process?

BFCC-Survey Center: Using the Beneficiary Voice to Inform Service Delivery In a Beneficiary-Centered Fashion

David Bercham, MSW

Experience Survey Question Domains

| Survey Domains and Items	Appeals	Quality of Care Complaints	Immediate Advocacy Complaints
Communication at Case Initiation			
QIO listened carefully during intake	X	X	X
QIO explained process	X	X	X
QIO spent enough time during intake	X	X	X
Support for Case Processing			
QIO supported forms preparation		X	
QIO kept beneficiary informed of case status		X	X
Communication at Case Determination			
QIO clearly explained determination	X		
QIO spent enough time when explaining determination	X		
Beneficiary-Centered Case Processing			
QIO treated beneficiary with courtesy and respect	X	X	X
QIO involved beneficiary and family as much as wanted	X	X	X

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Experience Survey Qualitative Items

Survey Items	Appeals	Immediate Advocacy Complaints	Quality of Care Complaints
What did the QIO do well during your recent {appeal/complaint}?	X	X	X
What suggestions do you have for the QIO to improve the process that they use in working with Medicare beneficiaries and their families during the {appeal/complaint} process?	X	X	X

BFCC Survey Center Qualitative Analysis

- Used a recurrent neural network to identify and categorize common or related comments

- Coding program created and continuously improved using existing sets of manually coded (or "correct") responses

- Program reviewed each open-ended comment and output probabilities for each theme independently

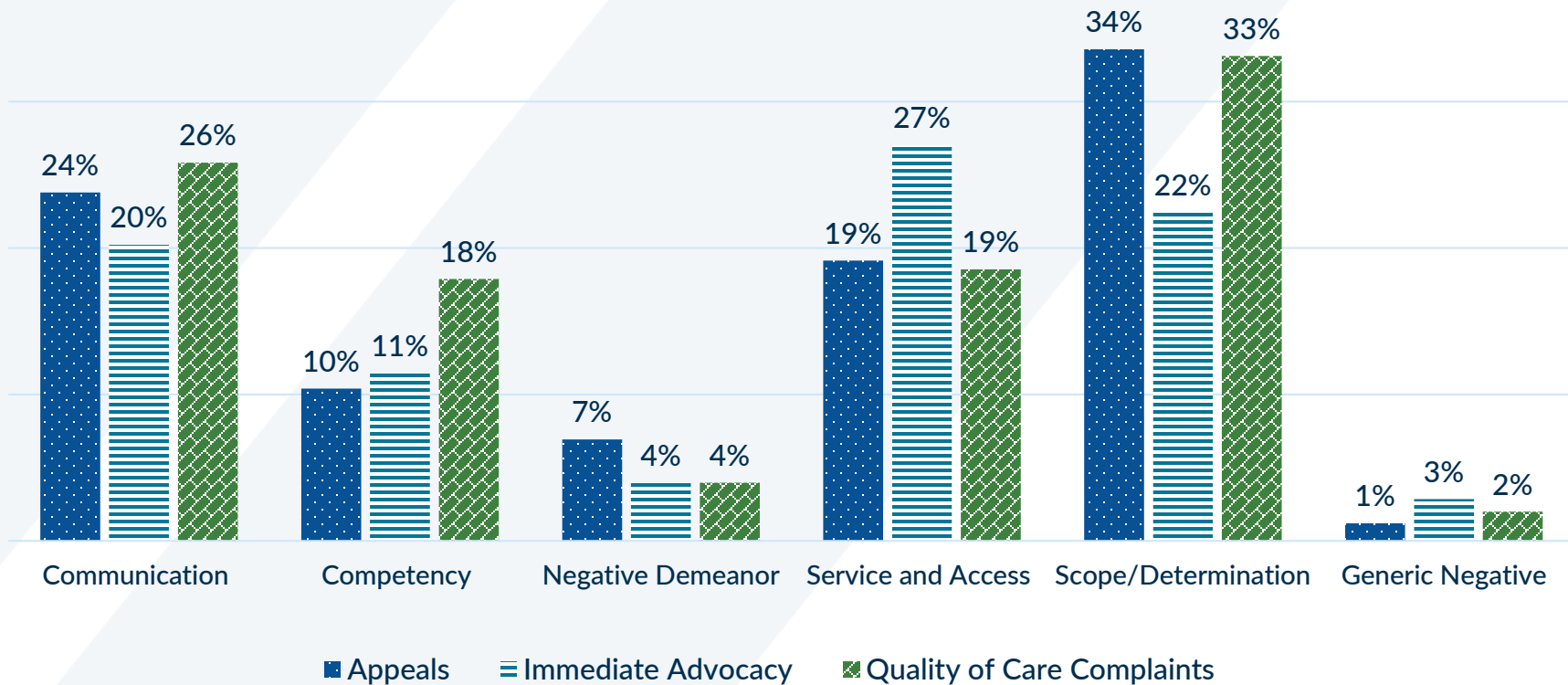- Results sent to CMS and QIOs for quality improvement efforts

What the BFCC-QIO Did Well
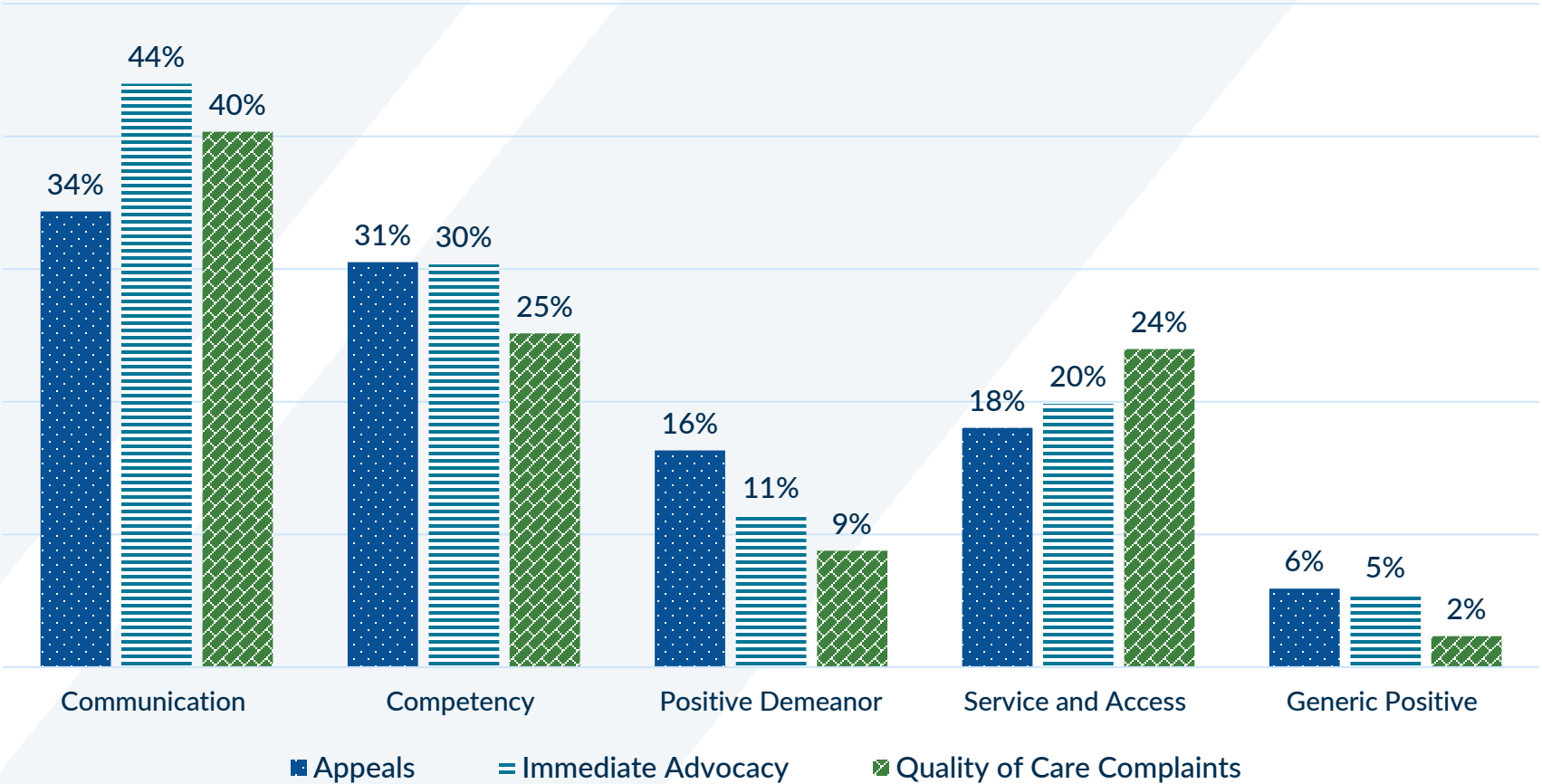
- **Communication** (e.g., good listening, good explanations, *quality* of communicating).
- **Competency** (e.g., descriptions of technical skills and efficiency like thorough, professional, informative, knowledgeable, helpful, timely resolution).
- **Positive Demeanor** (e.g., descriptions of BFCC-QIO representatives' demeanor like kind, empathetic, or thoughtful).
- **Service and Access** (e.g., hours of operation, ability to reach a BFCC-QIO representative, ease of filing, following up, *frequency* of communication).
- **Generic Positive** (e.g., everything). The generic positive category was only used for positive responses that were not coded as any of the above categories.

Chart data:

Category	Appeals	Immediate Advocacy	Quality of Care Complaints
Communication	34%	44%	40%
Competency	31%	30%	25%
Positive Demeanor	16%	11%	9%
Service and Access	18%	20%	24%
Generic Positive	6%	5%	2%

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Areas of BFCC-QIO Improvement

Bar chart comparing Appeals, Immediate Advocacy, and Quality of Care Complaints across improvement categories:

- Communication: Appeals 24%, Immediate Advocacy 20%, Quality of Care Complaints 26%
- Competency: Appeals 10%, Immediate Advocacy 11%, Quality of Care Complaints 18%
- Negative Demeanor: Appeals 7%, Immediate Advocacy 4%, Quality of Care Complaints 4%
- Service and Access: Appeals 19%, Immediate Advocacy 27%, Quality of Care Complaints 19%
- Scope/Determination: Appeals 34%, Immediate Advocacy 22%, Quality of Care Complaints 33%
- Generic Negative: Appeals 1%, Immediate Advocacy 3%, Quality of Care Complaints 2%

Legend: ■ Appeals ≡ Immediate Advocacy ▨ Quality of Care Complaints

- Communication (e.g., better listening, better explanations, more *clear* communication).
- Competency (e.g., descriptions of improvements to technical skills and efficiency like more thorough, more professional, more informative, faster resolution, more helpful).
- Demeanor (e.g., descriptions of improvements to BFCC-QIO representatives' demeanor, such as be more kind, empathetic, or thoughtful).
- Service and Access (e.g., hours of operation, methods of filing, why do I have to send something in the mail? why can't I do this all online? more *frequent* communication, advertising of BFCC-QIO services, etc.).
- Scope/Determination (e.g., talk more to family, visit the patient, show criteria for decision making, speak to decision maker, disagree with outcome, charts/records were falsified).
- Generic Negative (e.g., everything, be better). The generic negative category was only used for negative responses that were not coded as any of the above categories.

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BFCC Survey Center

- Rainmakers Strategic Solutions, LLC
  - An 8(a) economically disadvantaged woman-owned small business
  - Call center comprised of male, female, African-American, and Latinx interviewer
- Contact: David Bercham, Project Director
  - David.Bercham@RainmakersSolutions.com

Q&A

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