

**CMS Quality Improvement
Assistance to AI/AN Communities
Listening Session**

CMS Quality Improvement & Innovation Group

Purpose and Approach



- Our programs assist enrolled facilities to reduce avoidable differences in health outcomes experienced by American Indian and Alaska Natives, providing care and support to help improve health outcomes in the identified programmatic goals.
- Our programs provide direct technical assistance to facilities with healthcare quality and safety needs.



- **We recognize that Tribes and Tribal programs have the knowledge, expertise, and authority to design and deliver services in ways best suited for their people, building on cultural strengths and traditions.**
 - **We are seeking your input to help design a program that works for you, in best meeting your needs.**
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Current CMS Programs (ends 2024)

American Indian Alaska Native Healthcare Quality Initiative (AIANHQI)

24 Medicare Certified IHS Facilities

One contractor – AI/AN
Focused

Hospital Quality Improvement Contractors (HQIC)

1948 Rural, Critical Access Hospitals and Tribally-run (638)

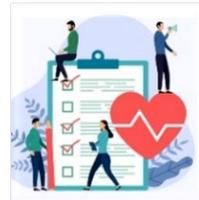
Multiple Contractors – AI/AN
Included but not Sole Focus



Patient Safety



Quality Improvement



Care Transitions



Public Health
Emergency Preparedness



Substance Misuse

American Indian Alaska Native Healthcare Quality Initiative

Spotlight on assistance provided in the first two years



Accreditation and Survey support led to an overall improvement of **9 to 19 hospitals achieving PCMH certification or re-certification**



Created **29 On-demand Training Videos**

- Leading Improvement
- QAPI Basics
- Just Culture
- ED Dashboard
- Opioid Stewardship



QIO support and training for CDC's National Healthcare and Safety Network (**NHSN**) increased monthly reporting for eligible IHS hospitals from **50% to 100%**



Readmissions improvement

- Large census hospitals: **6% relative improvement rate (RIR)**
- Low census hospitals: **8% RIR**

AIANHQI support spotlight: Certification and Accreditation

The QIO maintains efforts on supporting facilities with readiness activities for TJC accreditation, PCMH designation, and CMS accreditation.

These activities include, but are not limited to, sharing QIO-developed tools to perform self-assessments, 1-on-1 coaching, and sharing educational resources.

In addition to accreditation readiness activities, the QIO provides support with newly required standards for health disparities, providing resources on compliance and assisting with developing and reviewing disparity plans.

Additionally, the QIO trains facility staff on topics including: QAPI basics and processes for implementation, the benefits of implementing PCMH within the facility, and sharing QIO-developed patient safety micro-modules.



AIANHQI support spotlight: Opioid Adverse Event Prevention

The QIO, in collaboration with the Indian Health Services (IHS) National Committee on Heroin Opioids and Pain Efforts (HOPE) Committee, developed a communication toolkit on opioid and naloxone co-prescribing for QIAs to share with facilities, to address the rising rates of opioid overdoses.

The communications kit includes posters to share with facilities, conversation-starter scripts for pharmacy teams to aid in starting the conversation in co-prescribing naloxone with opioids, awareness videos from survivors, and other items as needed.

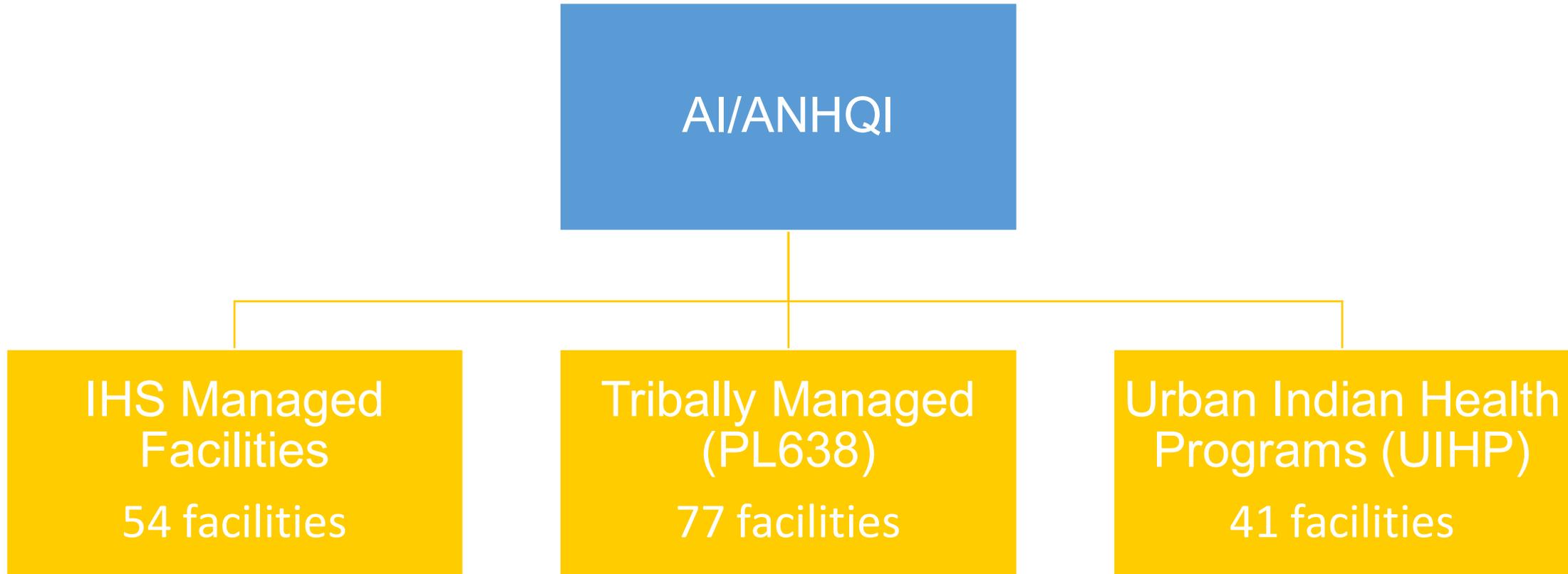
The QIO has received great response from these resources, with facilities requesting similar resources on alcohol and methamphetamine substance use.



Vision for the Future

- Our program will assist healthcare providers
 - who serve AI/AN populations navigating health disparities and health inequities
 - with limited access to QI resources within Indian Health Service, Tribally Managed Facilities and Urban Indian Health Programs
- Address healthcare inequities affecting the AI/AN population by developing a framework that blends together AI/AN Practices and Western medicine, meeting each provider and community where they are at.
- Collaborate with each community, working with AI/AN tribal community members and leaders to identify strengths, needs, and opportunities.

Potential Future Structure of AI/ANHQI/PATH Program



- Merge all AI/AN facilities under one program to allow for more aligned and collaborative QI efforts.

Note: Provider Counts are best estimates and continue to be refined



Areas of Support Available



We Need Your Help

- 1) What are your priority focus areas for?
 - Patient Safety
 - Behavioral Health
 - Certification and Accreditation
 - Preventive Health and Wellness
 - Leadership Development
 - Other ideas?
- 2) What health equity issues have you identified as priorities?
- 3) What traditional medicine practices should we be aware of and support?
- 4) Do you have or are you developing measure sets tailored to your communities?
- 5) What organizations should we collaborate with?

AIANHQI support spotlight: Care Transitions



The QIO helped facilities implement plans and improvement processes for follow-up appointment scheduling for discharged ED patients and inpatients.



This included, but was not limited to, one QIA developing a way to track the number of patient follow-ups that fall through the cracks (due to staffing shortages) and another facility leveraging ED discharge spreadsheets to confirm patients receive follow-up and are being contacted if they left the ED without being seen.



In addition, the QIO is developing patient flow charts and implementing a Plan-Do-Study-Act (PDSA) to support patient follow-up in facilities in the region.

AIANHQI support spotlight: Care Transitions

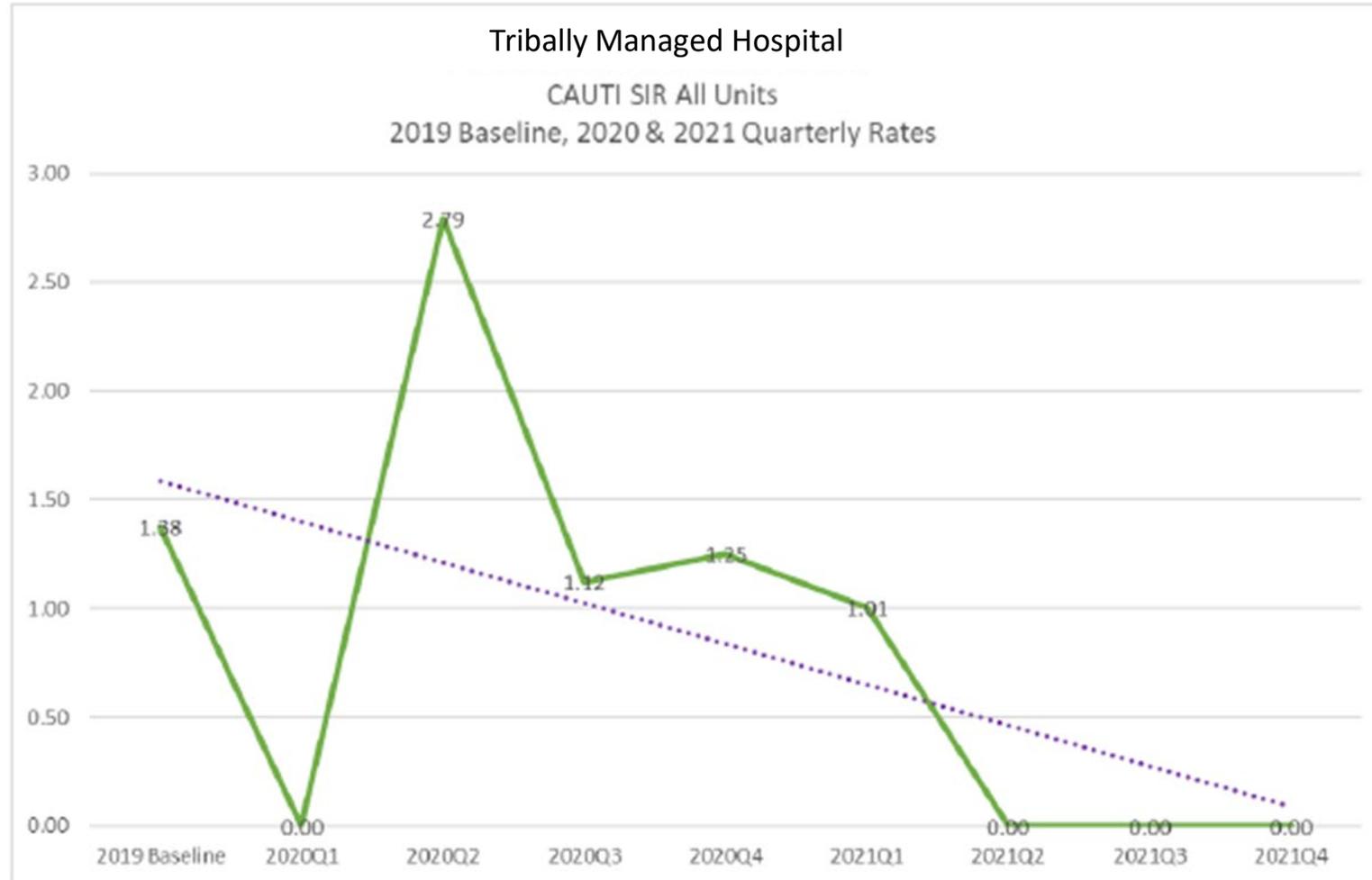
A high-volume IHS
Emergency Department
struggled with patient
follow-up upon discharge

From November-
December 2021, the team
tracked and prioritized
patient follow up for
patients who needed
referrals post discharge

QIO helped with project
development,
collaborating with several
key IHS staff members and
leadership

Patient follow-up
improved **from 4% to
67%** over the two month
timeframe

HQIC Support Spotlight: CAUTI Prevention



- Key Improvement Components:
- CAUTI Guideline Updates
- Physician Champion
- Workgroup Activities
- Daily Audits and Interventions
- Timely Removal
- Staff Education
- Using Data – Decrease Catheter Utilization/Appropriate Use
- Evaluating and Implementing New Products