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EFFECT OF QUALITY IMPROVEMENT ORGANIZATION ACTIVITIES ON OUTPATIENT DIABETES CARE IN EASTERN NEW YORK STATE

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Medicare's Quality Improvement Organizations (QIOs) can improve outpatient diabetes care for beneficiaries, researchers say.

QIOs were created under the Medicare program to monitor the appropriateness, effectiveness, and quality of care provided to beneficiaries. Under their recent contract with the Centers for Medicare and Medicaid Services (2002-05), QIOs worked with physician practices to improve diabetes management using performance feedback, provider education, and other quality improvement tools.

In "[Effect of Quality Improvement Organization Activities on Outpatient Diabetes Care in Eastern New York State](#)" (*Medical Care*, Dec. 2006), researchers Winfred Y. Wu, M.D., M.P.H., and John J. Chen, Ph.D., from the State University of New York at Stony Brook, and Tony Shih, M.D., M.P.H., of The Commonwealth Fund (formerly of IPRO), compare the performance of providers who worked with the New York QIO with that of non-participating providers.

The study included 6,164 practices in New York State, of which 756 worked with the New York QIO and 5,408 did not. Baseline performance data were gathered for April 2001 through March 2003 and compared with data from October 2002 through September 2004. The researchers gauged performance by measuring rates of delivery for three processes considered central to effective diabetes care: biennial lipid profile testing, annual

hemoglobin A1c (HbA1c) testing, and biennial ophthalmology examination.

Compared with physician practices that did not participate in QIO activities, those that did participate significantly improved their lipid monitoring. This was true for providers that began with high baseline performance and had a low, medium, or high volume of patients, as well as providers with medium baseline performance and low or medium patient volume. The same trend was observed for HbA1c testing. For ophthalmology testing, participation resulted in significant changes at low and medium baseline patient volume, the researchers said.

While the degree of change was generally low, there were meaningful differences in performance among participating practices that already had high baseline performance levels for lipid and HbA1c testing. The authors suggest that this group of high performers may be better able to use QIO assistance than those starting at lower levels of performance.

The authors caution that the differing characteristics of participating and non-participating practices may account for some of the observed differences. For example, participating practices were more frequently group, rather than solo, practices, and their patients were more commonly white and ineligible for Medicaid. Still, the study's findings suggest that QIO activities can facilitate improvement in the quality of outpatient diabetes care.