Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Comagine Health



Roll-Up Report

Partnership to Reimagine Health Care

CMS Quality Innovation Network-Quality Improvement Organization (QIN-QIO)

12th Scope of Work: November 2019-November 2024

December 2024

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Overview

The Quality Improvement Organization (QIO) Program is an integral part of the U.S. Department of Health and Human Services' National Quality Strategy and is one of the largest federal programs dedicated to improving health quality at the community level. This network of experts in quality improvement works in collaboration with patients and families, providers, communities and health care partners in every setting in which care is delivered. The Centers for Medicare & Medicaid Services (CMS) relies on the QIO Program to improve the quality of health care for all people with Medicare at the local level.

Within this program, the Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) advance CMS' mission by working with nursing homes, health care providers and community coalitions to increase patient safety, support active engagement and self-management of chronic conditions, eliminate health disparities, promote best practices for healthy living, improve access to care and make care affordable.

QIN-QIOs specifically are:

Person-centered. They help make care safer for the vulnerable and underserved by improving care quality with targeted quality improvement projects. Patients, families and community members serve as trusted advisors for these initiatives.

Dynamic and collaborative. They collaborate with nursing home leaders, communities and clinical teams to develop local QI projects that meet the aims of the program and address the priorities of the people they serve.



Call to Action

During the 12th Scope of Work (SOW), which spanned 2019-2024, there were 12 QIN-QIOs serving assigned regions that, when combined, covered every state and territory in the United States. Comagine Health served as the QIN-QIO for six Western states — Idaho, Nevada, New Mexico, Oregon, Utah and Washington — a region home to approximately 2.4 million people with Medicare.

The QIN-QIO 12th SOW focused on areas that provided taxpayer value, maximized impact on the health care system, and aligned with CMS and U.S. Department of Health and Human Services goals and priorities, including:

Reduction of health disparities at the community level among people with Medicare due to geography, race, ethnicity, disability or gender

Increased quality of care transitions to r**educe unnecessary hospital admissions,** readmissions and emergency department (ED) visits

Reduction of opioid harms and prevention of substance use disorder

Improved COVID-19 response and infection control in communities serving people with Medicare

Fewer adverse drug events and healthcare-associated infections in nursing homes

Increased COVID-19, influenza and pneumococcal immunizations in people with Medicare

Improved chronic disease management, including cardiac and vascular health, diabetes, and slowing and preventing ESRD among people with Medicare

Increased access to infection prevention and control training for nursing homes serving small, rural, vulnerable, disparate populations

Our teams built meaningful relationships with a variety of providers to drive improvement in care delivery and outcomes for those with Medicare.

Between 2019 and 2024, the teams engaged with more than 900 partners while implementing quality improvement and patient safety initiatives, building capacity through education and technical assistance, and convening community partners to align and advance common goals.



Task 1: Long-Term Care

Comagine Health has a long history of serving as a QIN-QIO for long-term care and has built important supportive relationships with nursing homes across our six-state region. Comagine Health has engaged with facilities to address a variety of needs, but these needs drastically shifted during the COVID-19 public health emergency. Overcoming the challenges of shifting to an entirely remote workforce, Comagine Health improvement advisors also had to find new ways to continue relationships with nursing homes that were in critical need of support and were feeling the overwhelming burden of a rapidly spreading virus. Using virtual meeting technology and pivoting to address the urgent needs of the nursing homes was critical to preserving our relationships.

Overall, Comagine Health's QIN-QIO team has engaged with **95% of nursing home facilities** in our six-state region.



188 learning events offered with more than 2,000 attendees



77,000 vaccinations administered with support from Comagine Health



629 consultation sessions given to long-term care facilities to address quality and safety concerns



1,600 referrals for targeted services issued to address COVID-19 outbreaks and improve vaccination rates

Driving Clinical Excellence Learning Collaborative

From June 2022 to November 2023, Comagine Health facilitated the Driving Clinical Excellence Learning Collaborative. This collaborative focused on improving the Quality Assurance and Performance Improvement (QAPI) programs in long-term care using scenario-based learning. At the conclusion of the collaborative, it was determined that the 34 nursing homes that participated decreased their number of hospitalizations for healthcare-acquired infections (HAIs) from 261 at the beginning of the series to 230 in November 2023, reflecting a **12% reduction in rates** for these facilities.

Reduction in Opioid Prescribing and ADE Hospitalizations

Comagine Health worked with nursing homes to educate residents and families on alternative approaches to pain management, with an aim to reduce the use of opioids and therefore reduce the risk of opioid-related adverse drug event (ADE) hospitalizations. This work resulted in a 3% decrease in the proportion of nursing home resident short-stays and long-stay days with opioid prescriptions. While rates varied by state, most notably, there were 24% fewer nursing home short-stay residents with an opioid prescription in New Mexico. The relative improvement rates (RIRs) by state and stay type are shown in the table.

Change in Opioid Prescribing Among Nursing Home Residents

State	Long-Stay	Short-Stay
Idaho	6%	10%
Nevada	3%	-
New Mexico	2%	24%
Oregon	-	3%
Utah	4%	4%
Washington	5%	4%
QIN-QIO Region	**3%**	**3%**

As a result of efforts to find alternatives to opioids, opioid prescriptions were reduced among nursing home residents. The change in prescribing practices contributed, in part, to fewer opioid-related ADE hospitalizations since September 2020. In Idaho, there were eight fewer residents hospitalized due to opioid-related ADEs, resulting in a **26% improvement rate.** Approximately three fewer residents were hospitalized in Utah, showing a **17% improvement rate**. In Washington, 91 fewer residents were hospitalized due to opioid-related ADEs, which was a **28.5% improvement rate**.

University of Washington Quality Improvement Certificate Program

From September 2022 through February 2023, Comagine Health partnered with the **University of Washington Medicine Center for Scholarship in Patient Care Quality and Safety** to offer a Quality Improvement Certificate Program to nursing home staff. During the 12 months following the program, **participating facilities experienced a 11% relative improvement in resident ED visits and a 26% relative improvement in 30-day re-hospitalizations rate.** During the same time period, facilities that did not participate experienced worse rates for ED visits and re-hospitalizations.

SUCCESS STORY

Nursing Facility Improves Resident Vaccination Rate from Zero to 97%

Quality Gap

A nursing home was struggling to meet the needs of vaccinating residents for COVID-19. In fall 2022, while working with Comagine Health, it was determined that none of the residents were up to date on their COVID-19 vaccination.

QI Plan

A Comagine Health improvement advisor (IA) worked with the facility's infection preventionist (IP) to identify the barriers to getting vaccination rates up to date. The first barrier was obtaining consent on behalf of all of the residents. The second barrier was to administer the vaccine to the large number of residents.

Interventions

- Because all residents had legal guardians, the majority of whom were not family members, there was significant hesitation to provide consent to administer the vaccine. Comagine Health provided information from reputable sources about the safety of the vaccines. The IP was also provided guidance on motivational interviewing techniques to facilitate behavior change.
- The facility did not have the staffing capacity to administer the COVID-19 vaccine to all nursing home residents, so Comagine Health assisted with identifying a vendor that could provide a mobile clinic. The vendor required a larger volume of patients to vaccinate, so the nursing home opened up the mobile clinic to their intermediate care facility as well. In just two weeks, the mobile clinic was scheduled and the immunization event took place over two days in January 2023.

Outcomes

At the conclusion of the vaccination mobile clinic, 97% of residents were up to date on their COVID-19 vaccinations. In addition, 90% of staff were up to date on their COVID-19 vaccinations.

COVID-19 Vaccine Promotion

From December 2023 to March 2024, Comagine Health launched a three-month initiative to deliver innovative strategies focused on increasing COVID vaccine rates among nursing home residents.

The QIN-QIO team assessed the major obstacles identified by nursing homes to increasing vaccination rates and immediately launched efforts to address struggles with coding and billing for vaccines, hesitancy and confusion around the vaccines, and gaining facility leadership buy-in to promote vaccines.

A total of 186 facilities engaged in at least one of the strategies during the three-month period. The initiative was incredibly successful, with results revealing that the **facilities that engaged in at least one strategy experienced a 42% relative improvement i**n their up-to-date resident COVID-19 vaccination rates whereas facilities that did not engage realized only a 6% relative improvement in respective rates.

QI Initiatives (QIIs) and Targeted Response QI Initiatives (TR-QIIs)

At times, nursing homes were referred to work with Comagine Health as a result of a quality-of-care problem. In these instances, a Quality Improvement Initiative (QII) or a Targeted Response Quality Improvement Initiative (TR-QII) was launched and improvement advisors worked directly with the facility to identify the issue and put an improvement plan in place. TR-QIIs were often related to low resident COVID vaccination rates and about 70% of facilities in our region were referred to us with a TR-QII at least once.

Comagine Health worked with nursing homes on **86 QIIs and approximately 1,600 TR-QIIs**, directly working to address a core issue and resolve it to in turn improve the quality of care for residents.

SUCCESS STORY

Engaging Residents and Families in Infection Prevention and Control

As a result of coaching and technical assistance to promote resident and family education on infection prevention and control (IPC) practices, one center established a new weekly program called "Senior Scouts." In this program, residents can earn badges related to IPC practices. For example, the first badge was for hand hygiene. To earn the badge, they attended an activity, which included the director of nursing (DON), staff and residents. As part of the activity, the DON used a black-light handwashing kit, Glo Germ, to demonstrate how contaminated surfaces or sneezing can spread or be stopped when proper hand hygiene is done. According to the DON, "The residents were really excited and were engaged talking about when they should wash their hands, when they should see staff performing hand hygiene and what they should do if they see someone not doing it correctly."



Quarterly COVID Mitigation Medal Program

To ensure nursing homes were better prepared for COVID-like situations in the future, Comagine Health worked with facilities to ensure they had a safe visitor policy, cohorting plan and emergency preparedness plan in place. **All 459 nursing homes in our regional cohort now have these elements in place.**

To both encourage and reward nursing homes for completing these critical steps, Comagine Health created the quarterly COVID Mitigation Medal, which recognized vigilance and excellence in infection control and prevention efforts at long-term and post-acute care (LTPAC) centers.

From 2023-2024, **115 facilities were awarded the COVID Mitigation Medal**, with 32 facilities earning the award more than once.

Beyond the awards itself, as a result of these efforts and technical assistance provided around COVID-19 vaccination support, Comagine Health supported facilities to administer **more than 77,000 vaccinations to residents**.



Task 2: Partnerships for Community Health

Comagine Health believes quality improvement work across care settings can transform the health care system. Partnering with outpatient clinics, hospitals, health departments, community organizations and the people they serve can enhance care for those with Medicare. Through expert facilitation and technical assistance, our Partnerships for Community Health served participants in both urban and rural settings, ensuring better and more equitable health outcomes.

These partnerships address several focus areas identified by CMS:

- Chronic Disease
- Immunizations
- Care Coordination
- Opioid Utilization and Misuse
- Health Equity
- Tobacco Cessation

Between 2020 and 2024, Comagine Health's Partnerships for Community Health delivered quality improvement services **to more than 350 providers** across a variety of care settings. These services ranged from one-on-one phone calls and visits to larger group collaboratives and training sessions. Improvement advisors shared best practices, facilitated interactive learning events and responded to each participant's unique needs.

Technical Assistance Provided Across Four Key Areas: 473 Sessions between 2022 and 2024.



176 sessions for opioid-related support



120 sessions for community immunizations



142 sessions for chronic disease



35 sessions for care coordination

Chronic Disease: Learning Collaboratives

Between 2023 and 2024, Comagine Health launched three unique learning collaboratives to help health care professionals improve care for patients with chronic conditions. These collaboratives were designed to meet the individual needs of each participating clinic or health system and their patient populations. Overall, Comagine Health's chronic disease learning collaboratives resulted in statistically significant increases in clinical staff knowledge of clinical staff and the opportunities for clinical staff to gain experience in chronic disease management.

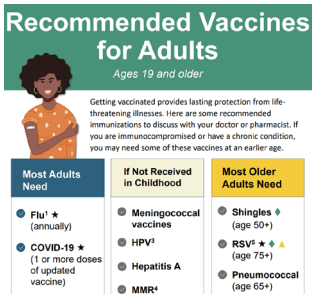
Chronic Kidney Disease (CKD): Three participating medical groups completed a learning collaborative and received guidance, practice facilitation support and resources to improve their workflow process to increase CKD screening and diagnosis rates. By the end of the collaborative, **participating clinics saw a 29%-55% increase in screening rates.**

Self-Measured Blood Pressure (SMBP): Ten clinics completed a learning collaborative focused on SMBP program implementation in outpatient settings. Comagine Health provided participating clinics with 21 blood pressure monitoring cuffs and provided weekly training and support for staff. **This work resulted in 127 — nearly 50% — of 267 enrolled patients with hypertension achieving controlled blood pressure.**

Diabetes: Three federally qualified health centers (FQHCs) and one hospital system completed a learning collaborative focused on increasing the adoption and use of clinical systems and care practices to improve health outcomes in people with diabetes. Participants focused on reducing the number of patients with A1C greater than nine, reducing the number of patients missing A1C measurements and increasing referrals to diabetes self-management education and support (DSMES) programs. **Those involved in the collaborative also started using registry dashboards to gain data visibility and conducted data validation and cleaning** that led to more familiarity with the information.

Boosting Immunization Rates

Adult immunizations played a substantial role in Comagine Health's work as a QIN-QIO during the 12th Scope of Work, partially due to the COVID-19 pandemic. Improvement advisors worked closely with outpatient providers, community organizations, pharmacies and others to ensure individuals were receiving life-saving vaccines and aid in the fight against misinformation. These interventions focused on COVID, influenza and pneumonia vaccines:

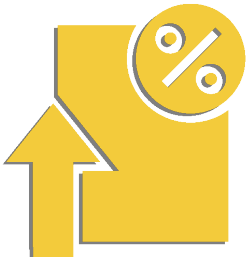


Developing and Sharing Best Practices Resources

Improvement advisors developed more than 20 resources on adult immunization best practices that were **accessed over 1,200 times**, including a poster to facilitate patient conversations about vaccines in the exam room.

Connecting Community Partners with Pharmacies

Comagine Health connected community partners to pharmacies providing flu vaccinations in the region. Despite national downward trends, influenza vaccination **rates among people with Medicare in Oregon, Nevada and Utah increased between 2022 and 2024.**





Promoting Pneumonia Vaccines via Social Media

A social media ad campaign promoting pneumococcal vaccinations **reached more than 34,000 individuals** in Clark County, Nevada, and Multnomah County, Oregon, regions with the highest percentage of unvaccinated people in our service area.

Hosting Regular Virtual Workshop Series

Nearly **250 long-term care professionals from 132 facilities across 22 states** registered for the Vaccination Station 2.0 workshop series. Participants reported higher vaccination rates than nonparticipants.



Preventing Opioid Harms

Comagine Health's opioids team worked with surgeons, pharmacists, primary care practices and other providers across the six-state region to reduce opioid harms and implement best practices to prevent overdose.

Achievements from this work included:



Opioid Adverse Drug Impact

Efforts to address opioid use disorder (OUD) helped contribute to the **reduction in opioid adverse drug events, including deaths, by 10%** across the six-state region from 2022 to 2024.



Pharmacy Engagement

Comagine Health **expanded access to free naloxone in four underserved rural communities** and connected three pharmacies with free naloxone resources.



Emergency Department (ED) Education

A learning series was **completed by 37 ED providers from 17 facilities**. This series focused on screening and referrals for OUD, buprenorphine initiation and naloxone prescribing.



Surgical Opioid Stewardship

Using Medicare Part A claims with a surgery CPT code and Part D outpatient prescription claims, Comagine Health **developed a list of 66 surgeons with high-risk opiate prescribing practices** across all six states. Letters highlighting best practice guidelines and the Comagine Health opioid stewardship toolkit were sent to identified surgeons.



Innovations in OUD Care

Educational sessions built around learning from people with OUD lived experience were **attended by 397** county-based public health and harm reduction professionals, representatives from state health departments, primary care providers, behavioral health providers, substance use disorder professionals and those who provide medications for OUD.

SUCCESS STORY

Saving Lives with Stickers: Spreading the Word About Naloxone at Pharmacy Level

From 2022 to 2024, Comagine Health expanded access to free naloxone in four rural, underserved communities across Washington, Nevada and Idaho. By building partnerships with local public health departments and developing patient-focused collateral for pharmacists to distribute, we helped connect patients with lifesaving medication.

Collateral for pharmacies included "naloxone saves lives" bag stickers; cards with information on how to access free naloxone; and tear-off pads that allowed patients to discreetly request a conversation with the pharmacist about naloxone.

Comagine Health **distributed 4,800 bag stickers, 50 tear-off pads and 750 naloxone referral cards** to partner pharmacies. Pharmacists placed at least 1,053 stickers on bags, were handed 68 naloxone discussion request sheets and shared 115 referral cards with patients at the pharmacy counter. Comagine Health staff also **facilitated distribution of 239 nasal naloxone units** to partner pharmacies through local public health departments.

Human-Centered Design (HCD) Sepsis Readmissions Project

Comagine Health's QIN-QIO team, along with human-centered design (HCD) firm **Do Tank**, engaged hospitals and nursing homes across Nevada and New Mexico in an eight-week, five-session HCD sprint project designed to improve processes and outcomes for patients in care transitions to address readmissions resulting from sepsis. The New Mexico and Nevada Hospital Associations partnered in this work and encouraged hospitals to participate, and the New Mexico and Nevada health care associations were supportive of the initiative and provided information on the opportunity to participate to their membership.

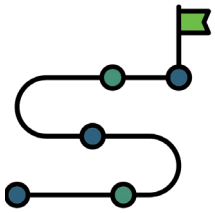
The design sprint, conducted in fall 2024, included paired groups of hospitals and skilled nursing facilities (SNFs) from the same community (when possible) who worked together to identify opportunities to improve the care transitions and more quickly identify and treat patients with sepsis. Facilitation techniques and tools engineered to support HCD allowed these groups to easily identify opportunities for improvement and ultimately focus on an area where they could make positive change.

Health Equity

Health equity was a focus across all interventions during the QIN-QIO 12th Scope of Work. Comagine Health expanded provider and practitioner knowledge of health equity best practices through these interventions:



Health Equity Learning Events
Health equity professional education sessions were offered to providers from all care settings. Sessions included topics such as **health literacy, implicit bias, vaccine equity, social determinants of health, Culturally and Linguistically Appropriate Services (CLAS) Standards** and more. More than 260 health care professionals attended these events.



CLAS Standards Articles
This four-part newsletter series on CLAS Standards was sent to providers from a wide range of care settings. Newsletters reached health care professionals **nearly 500 times**. Articles covered CLAS fundamentals, providing CLAS to patients, creating a CLAS implementation action plan and resources to provide and implement CLAS.

Smoking Cessation

Tobacco dependence is a chronic, relapsing condition that often requires repeated intervention and long-term support. While many resources are available to help smokers quit, they are consistently underutilized. According to the Centers for Disease Control and Prevention, fewer than 4 in 10 adults who smoke cigarettes use counseling or medication to quit.

To respond to this need, Comagine Health's QIN-QIO team worked to reach underserved and marginalized populations, including low-income communities, racial and ethnic minorities, and individuals with lower education levels who are disproportionately affected by tobacco use. Improvement advisors helped community partners implement counseling programs; evaluated the impact of existing tobacco cessation activities; and offered educational events and resources for providers. These services were offered to any providers who work with patients who use tobacco products.

Comagine Health:



- Conducted a survey for an Oregon public health department, evaluating tobacco cessation screening and referral processes for **11 dental practices**
- Distributed an informational letter and referral code resource to **97 providers**
- Developed and shared resources on the **impact of smoking on chronic conditions** such as heart disease, diabetes and hypertension

These resources were shared with health systems and Native American tribes across our six-state region.

SUCCESS STORY

Establishing Community Coalitions to Improve Care Coordination

While the health care system includes a number of different settings from clinics to hospitals or nursing homes, patients may need care from all or some of these different settings. The coordination of consistent care for each patient as they transition from setting to setting is necessary and critical. Coalitions are created to provide communication among the various providers of these settings of care within a community.

Comagine Health facilitated the establishment of a community care coalition in Curry County, Oregon. The coalition determined local priorities and supported increased communication, strengthened relationships and increased knowledge and resource sharing between health care delivery partners in the county.

The coalition aimed to:

- Increase coordination across available health care entities
- Identify opportunities and solutions for unique community needs
- Optimize existing resources in the community
- Support community members in accessing and navigating existing health care resources

One coalition participant shared that the most useful aspect of the coalition was "connecting with other members of the county to brainstorm resources and collaboration."

Lessons Learned

Data-Driven and Locally Tailored Interventions

Comagine Health's QIN-QIO team emphasized the use of data to uncover opportunities, drive learning and fuel continuous improvement. Behind every data point is an individual, and we approach our work with the privilege of amplifying their stories and experiences. By combining data insights with a commitment to tailoring national priorities and evidence-based practices to local contexts, we foster meaningful connections and build on existing community efforts to maximize impact.

Holistic Approach to Partnership

The QIN-QIO team has adopted a holistic approach to nursing home engagement, aiming to reduce the burden on facilities while addressing multiple areas of quality improvement. Recognizing that teams often interact with the same facilities across different projects, we intentionally consolidate the information collected and shared to streamline efforts and improve efficiency.

Engagement in Outpatient Clinics

Outpatient clinics face similar obstacles, with workforce shortages and turnover posing challenges to sustained quality improvement engagement. To address this, the team:

- Provided tailored support during transitions
- Re-engaged with partners once they achieve stable staffing
- Listened to partner priorities to identify mutually beneficial activities

The Role of Leadership in Driving Success

Across nursing homes and outpatient settings, the team has found that engaging leadership is critical to the success of QI initiatives. When leaders understand how QIN-QIO efforts benefit their facilities or practices, they are more likely to support and sustain these initiatives.

Incorporating Patient Voice and Lived Experience

The QIN-QIO team understands the importance of incorporating the patient voice into our initiatives. We hosted **listening sessions seeking input from people with Medicare** and established patient and family advisory councils with **PFCCpartners** to ensure our interventions were designed around their lived experiences. This approach led to more patient-centered and effective outcomes.

Adapting to Post-Pandemic Challenges

Since the pandemic, nursing homes have shown increased interest in patient safety, survey readiness and staff education, while also prioritizing best practices and policies.

However, facilities face significant challenges because of high staff turnover and capacity limitations. To address these issues, the team emphasized:

- Building strong relationships with new facility leadership
- Maintaining frequent contact to provide consistent support
- Offering resources like the new administrator handbook to help new leaders navigate the QIN-QIO program and available services

In response to vaccine fatigue and hesitancy, particularly around COVID-19, the team shifted its focus toward helping nursing homes develop comprehensive vaccine programs that promote all recommended vaccinations, such as influenza and pneumococcal vaccines.

The pandemic underscored the importance of flexibility by our QIN-QIO teams. We learned to pivot our focus to meet the immediate needs of providers, such as infection control and emergency preparedness, while finding approaches to continuing to address long-term quality goals like patient safety and chronic disease management.

The QIN-QIO team's success stems from its **adaptability, commitment to equity, collaborative partnerships and patient-centered focus**. By tailoring national priorities to local contexts, addressing workforce challenges, and amplifying the voices of patients and communities, our team has driven impactful quality improvement initiatives. Through flexibility and innovation, we've built trusted relationships, fostered equitable care delivery, and empowered health care providers to improve patient outcomes that truly make a difference.



Acknowledgments

This effort would not have been possible without the time, effort and attention from all participating providers, corporations and health care agencies addressing and implementing these interventions within their care environments for the benefit of their patients, residents and communities. We are grateful for their continued collaboration and like-minded desire to improve the quality of care for those with Medicare.

We would like to thank the dedicated Comagine Health team members whose commitment, collaboration and expertise were instrumental in the successful implementation of the QIN-QIO work, benefiting providers, patients and communities across the region.

In addition, Comagine Health would like to acknowledge **Do Tank**, **Southern Nevada Pathways Community HUB**, **PFCCpartners**, the **University of Washington Medicine Center for Scholarship in Patient Care Quality and Safety**, **LeadingAge Washington**, Dr. Alexis LaPietra, Dr. Lyen C. Huang, Mandy Sladky, our state health care associations, departments of health, HAI programs and everyone else we've had the privilege to work with other the years for their partnership on various interventions, education and support.

Finally, Comagine Health would like to thank the program funder, the Centers for Medicare & Medicaid Services (CMS), for the opportunity to provide such impactful and important work for people with Medicare across Idaho, Nevada, New Mexico, Oregon, Utah and Washington.

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Comagine Health is a community-based nonprofit that works collaboratively with patients, providers, payers and other stakeholders to implement sustainable improvements in the health care system. We work in the community to address key, complex problems in health and health care delivery. Our work includes federally and state-funded programs that we implement locally to improve quality and cost outcomes. Learn more at www.comagine.org.