



# Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

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**Technical support provided by federally funded organizations operating in every state has had a substantial role in upgrading hospital care in the U.S. during a period when that performance improved faster than outpatient care, according to a new federal report.** The annual *National Healthcare Quality Report*, just released by the U.S. Agency for Healthcare Research and Quality (AHRQ), finds that essential treatment for Medicare patients with heart

failure was provided 73.4% of the time in 2002, with that percentage jumping to 77.7% in 2004. From 2005 to 2006, for all payers, performance on two key heart failure measures improved from 88.4% to 90.7% for one measure, and from 82.9% to 85.2% for the other. "The work of Quality Improvement Organizations (QIOs) contributed substantially to the rapid improvement in the Hospital Quality Alliance measures they track," say the authors of the AHRQ report.

The Hospital Quality Alliance is a national multi-stakeholder organization that promotes the use of a common set of performance measures in order to track performance at the state and provider levels. The AHRQ report finds hospitals improving on key performance measures at a rate of almost 3% a year, while care in ambulatory settings is improving by only a little more than 1% a year. "We are very pleased that the national quality-of-care 'snapshot' released by AHRQ

*continued on page 2*

**Each year IPRO recognizes outstanding performance by health care providers and stakeholders throughout New York State with its Quality Awards Program.** This year's honorees include hospitals, nursing homes, an ambulatory care facility and a patient support organization.

*For ongoing commitment to raising public awareness of chronic kidney disease and enthusiastic support of the New York State Chronic Kidney Disease Coalition*  
—Centers for Medicare & Medicaid Services (CMS) Chronic Kidney Disease Initiative:

JANET AND JOHN RAGGIO  
NEPHROLOGY INSTITUTE,  
NORTH SHORE-LONG ISLAND  
JEWISH HEALTH SYSTEM  
Great Neck, New York

*For organization-wide commitment to patient safety, exemplary performance, and sharing of best practices.*  
—Centers for Medicare & Medicaid Services (CMS) Patient Safety Initiative:

ST. FRANCIS HOSPITAL -  
THE HEART CENTER  
Roslyn, New York

*For ongoing organizational commitment and exemplary performance in improving care of patients with asthma*  
—New York State Department of Health Insurance Programs Asthma Outpatient Project:

BETH ISRAEL PEDIATRIC  
ASSOCIATES,  
BETH ISRAEL MEDICAL CENTER  
New York, New York

*For ongoing commitment to the renal disease community and exemplary performance in increasing public awareness of chronic kidney disease*  
—Centers for Medicare & Medicaid Services (CMS) Chronic Kidney Disease Initiative:

RENAL SUPPORT NETWORK,  
KATHE LEBEAU,  
PROJECT COORDINATOR  
Latham, New York

*For system-wide commitment to resident safety and exemplary performance in pressure ulcer prevention and management*  
—Centers for Medicare & Medicaid Services (CMS) Patient Safety Initiative:

GURWIN JEWISH NURSING &  
REHABILITATION CENTER  
Commack, New York

*For system-wide commitment to resident safety and exemplary performance in identifying and improving care and treatment of residents at risk for pressure ulcers*  
—Centers for Medicare & Medicaid Services (CMS) Patient Safety Initiative:

HERITAGE HEALTH CARE CENTER  
Utica, New York

*For system-wide commitment to resident safety and continuous improvement in preventing and managing pressure ulcers in high-risk residents*  
—Centers for Medicare & Medicaid Services (CMS) Patient Safety Initiative:

HERITAGE VILLAGE REHAB &  
SKILLED NURSING, INC.  
Gerry, New York

recognizes the important work the QIOs are doing to accelerate improvement on quality performance indicators important to our nation's seniors," said David Schulke of the American Health Quality Association, which represents QIOs in Washington DC. AHRQ endorses QIOs' current three-year workplan, noting that it includes "intensive support of providers most in need of QIO assistance, and development of a more robust monitoring framework that will track the impact QIOs are having on the quality of care provided to Medicare beneficiaries." *The National Healthcare Quality Report 2008* is available at <http://www.ahrq.gov/qual/qdr08.htm>

**IPRO's E-Services unit has developed a clinical data portal to support the nationally recognized non-profit Bridges to Excellence (BTE) physician performance recognition program.** BTE recognizes physicians who engage in practice re-engineering and health information technology adoption to improve care in such areas as managing asthma, congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease and hypertension. IPRO's portal permits practices to upload performance data and receive scoring results instantaneously, review and track their performance over time and opt-in to join employer and health plan-sponsored incentive programs. In addition to IPRO, BTE-recognized Performance Assessment Organizations (PAOs) include NCQA and Minnesota Community Measurement. For more information, visit BTE's website at [www.bridgestoexcellence.org](http://www.bridgestoexcellence.org).

**A majority of the \$2 billion available in the federal stimulus package for the National Coordinator for Health Information Technology should be devoted to start-up funding for regional support centers, according to a new report from an influential think-tank based in Washington DC.** The stimulus legislation creates "Regional Health IT Extension Centers" (RHITECs) that are intended to support HIT adoption, particularly by small physician practices and "safety net" providers in underserved areas. The Center for American Progress proposes that RHITECs

be structured to support up to 200,000 physicians and that 20 to 30 entities be funded in 2009, with another 20 to 30 funded in 2010. The Center proposes that the RHITEC awardees be "local trusted entities" like QIOs or physician collaboratives "with proven operational capacity" and the ability to attract required matching funds from local stakeholders. The Center argues that widespread adoption of HIT systems by physicians can enable better preventive care, chronic disease management, care coordination, non-visit-based care (e-care), and knowledge-based medication management. The white paper *A Historic Opportunity: Wedding Health Information Technology to Care Delivery Innovation and Provider Payment Reform*, is available at [www.americanprogress.org](http://www.americanprogress.org).

**While a recommendation from a physician is known to be a strong predictor of whether a woman obtains a screening mammogram, as many as 71 percent of unscreened women who had visited a provider in the past year received no such recommendation, according to a recent national survey of 40,000 households.** The in-person survey conducted by the National Center for Health Statistics is cited in a recent article co-authored by Clare Bradley, MD, MPH, Senior Vice President/Chief Medical Officer of IPRO. The authors note that older women are less likely than younger woman to have their physicians recommend a screening mammography and the likelihood of a recommendation decreases among women with chronic medical conditions. "As long as fewer than two-thirds of women with health insurance and less than half of uninsured women are getting annual mammograms, we cannot realize the full life-saving potential of regular mammography," say the authors. Other factors cited in explaining the recent four-year, nationwide decline in screening mammography include fear of the procedure, inconsistent screening guidelines from expert panels, lengthy wait times for appointments and insurance co-pays and deductibles. The article "Is There a Crisis in Mammography?" was published last fall in *Perspectives*, a journal of the New Jersey Academy of Family Physicians. The

article was published under the auspices of the American Cancer Society Eastern Division Mammography Strike Force. For additional information, contact the Division at [www.cancer.org](http://www.cancer.org).

**Fully one-third of children in the U.S. are overweight and over the past 30 years, the rate of obesity among youths ages 12 to 19 has quadrupled, according to data cited by Health Affairs Editor-in-Chief Susan Dentzer in her keynote at IPRO's June 2 Annual Meeting.** Dentzer noted that researchers now project that if current trends continue, an estimated 86 percent of Americans will be overweight or obese by 2030. By that time, obesity-related health care spending will have reached an estimated \$956.9 billion annually, according to Dentzer. Generally, she argues that chronic and often preventable illnesses are the single largest cause of death and disability in the US. At the other end of the spectrum, in terms of the elderly, there is "an inexplicably wide range in care and cost" during the last stages of life. Slides of Dentzer's presentation are available at [www.ipro.org](http://www.ipro.org).

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We welcome your comments and suggestions. Please forward them to the Editor, Spencer Vibbert, at [svibbert@ipro.org](mailto:svibbert@ipro.org).

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**JENY**  
The Health Care Quality  
Improvement Community  
<http://jeny.ipro.org>

**Regional Health Care  
Report Card**  
[www.abouthealthquality.org/hcrc](http://www.abouthealthquality.org/hcrc)

**New York State  
Health Accountability Foundation**  
[www.abouthealthquality.org](http://www.abouthealthquality.org)