Healthcare Quality Watch

MARCH/APRIL 2010

NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

IPRO

Improving Healthcare for the Common Good

Tallon to Keynote IPRO Annual Meeting

James R. Tallon, Jr., a nationally recognized leader in health policy in the U.S., will keynote IPRO's 26th Annual Meeting, to be held June 8th at the LaGuardia Marriott hotel in East Elmhurst, NY. As President of the United Hospital Fund, Tallon heads a nonprofit research and philanthropic organization that is committed to promoting high-quality, patient-centered services that are accessible to all. Among the Fund's major recent achievements are its leadership role in framing New York City's earliest responses to the AIDS crisis, its pioneering programs to improve end-of-life care and its developing and publishing the influential *Blueprint for Universal Health Insurance Coverage in New York*. In addition to his leadership position at the nation's oldest federated charity, Tallon chairs The Commonwealth Fund and the Kaiser Commission on Medicaid and the Uninsured. He is a member of the Board of the Institute on Medicine as a Profession and the New York eHealth Collaborative. Prior to joining the Fund, Tallon was for 19 years a member of the New York State Assembly, serving as Majority Leader from 1987 to 1993. IPRO's Annual Meeting includes a complimentary luncheon and a ceremony honoring quality improvement specialists from across the state. To register, visit http://ipro.org/annualmeeting or call Susan Ulmer at (516) 209-5258.

IPRO Physician Wins Recognition

IPRO Medical Director Alan Silver, MD, MPH has been chosen for the Advisory Board of a special issue of *Doctors Digest* devoted to technology for primary care offices. Based on Long Island, with a readership of about 100,000 physicians, *Doctors Digest* focuses each of its editions on a single theme in healthcare. The March/April 2010 edition explores the issue of choosing, implementing and maintaining electronic health record (EHR) systems in primary care settings. Dr. Silver's comments pertain to common pitfalls in implementation and the need to re-engineer entire practices in order to make best use of new technologies. Dr. Silver also addresses the overriding goal of using EHR systems to improve reporting of clinical performance measures and thereby improve quality. For print or electronic copies of the March/April issue, visit the magazine's website at www.doctorsdigest.net.

Chief Outlines EHR Accreditation

The National Coordinator for Health Information Technology is proposing a temporary electronic health record (EHR) technology certification program, followed by a permanent program under a new proposed rule. The temporary program would authorize testing and certification of programs prior to the period eligible clinicians must begin reporting quality performance data using EHR in order to receive up to $44,000 in Medicare or $65,000 in Medicaid incentive payments. The permanent program would separate testing from certification and begin after at least one body has been approved for accreditation on a temporary basis. For more information on the proposed rule, visit the National Coordinator's website at http://healthit.hhs.gov.

Advisors Urge Quality Comparisons

An influential body that advises Congress on healthcare policy is recommending that the US Department of Health and Human Services (HHS) develop quality measures in the fee-for-service Medicare program that would permit direct comparisons with the quality of care achieved by Medicare managed care plans. Specific recommendations in Medpac's March 2010 *Report to Congress* include having HHS use fee-for-service claims data (including Medicare Part D pharmacy data) to calculate performance on those HEDIS® measures currently

being used to evaluate Medicare Advantage Plans. Medpac cautions that HHS will need to be careful in assuring that quality findings are truly comparable and that comparisons aren't skewed by differences in program design and patient populations. In a companion recommendation, Medpac is asking for new Medicare HEDIS measures, noting that of six outcomes measures, only one applies to beneficiaries between the ages of 75 and 85, while none apply to plan-enrolled seniors over 85. For a copy of the report, visit the Medpac website at www.medpac.gov.

CMS to Identify Physician Leaders

Physicians and group practices able to report specific quality measures electronically in 2010 will be identified publicly by the Centers for Medicare & Medicaid Services (CMS), based on new federal law. In implementing the latest elements of the Physician Quality Reporting Initiative (PQRI), CMS chose 175 quality measures. Forty-six of these are registry-only measures, 10 are for electronic reporting and 30 measures are new. As a result of recent federal legislation, CMS will publish the names of physicians and group practices that are successful in prescribing electronically and can report PQRI quality measures successfully in 2010. Providers who participate successfully in PQRI are eligible for bonus payments of two percent of total allowable charges in 2010. For more information, visit the PQRI page on www.cms.hhs.gov.

Expert Urges Quality Checklists

Checklists and empowering nursing staffs to enforce their use can have a dramatic positive effect in reducing blood stream infections contracted in intensive care units (ICUs), according to a new book from a clinician at Johns Hopkins Hospital in Baltimore. Peter J. Pronovost, MD, notes that a checklist program involving 70 ICUs in Michigan has resulted in infection rates "near zero." In a March 9th interview with *The New York Times,* Pronovost cites a federal estimate that 31,000 people die each year from blood stream infections associated with catheter insertion following surgery, treatment in an ICU, for chemotherapy and for dialysis. Checklists address such issues as hand washing, skin cleaning, avoiding placing catheters in the groin, and keeping sterile fields. Pronovost is medical director of the Quality and Safety Research Group at Hopkins. His book is: *Safe Patients, Smart Hospitals: How One Doctor's Checklist Can Help Us Change Health Care from the Inside Out.*

IPRO Collaborates on NJ Hospital Rankings

IPRO's eServices Department and Castle Connolly Medical Ltd. have collaborated on a survey of the top hospitals in New Jersey. Appearing in the April 2010 edition of *Inside Jersey* magazine, the rankings are based on the results of an online survey of physician attitudes conducted by Castle Connolly and IPRO's presentation of post-discharge patient satisfaction data. The physician survey ranks hospitals for specific conditions such as breast, prostate and pediatric cancers and for procedures including coronary bypass surgery and hip/knee replacement. Patient attitudes, which are presented separately, address overall satisfaction, doctor communication, nurse communication and perceived cleanliness at hospitals. Findings are displayed for hospitals with fewer than 350 beds and more than 350 beds. For ratings, visit www.nj.com/insidejersey.

Scholar Proposes More Transparency

The best way to reduce preventable injuries in hospitals is to require physicians to review their own performance data and compare them to the risk-adjusted complication rates of their peers, according to a nationally recognized expert. Writing in The Commonwealth Fund's March 2010 *Perspective on Health Reform,* Lucian L. Leape, MD, commends the Veterans Administration's National Surgical Quality Improvement Program, which he says was developed in the 1990s and has since been adopted by the American College of Surgeons. Under the program, VA surgical specialty departments are given their own risk adjusted mortality and complication rates as well as those of all other such departments in the VA system, but on a blinded basis. The result: "below-average units made substantial improvements, leading over several years to systemwide declines in both complication rates and mortality that significantly exceeded the secular trend." For a copy of *Transparency and Public Reporting Are Essential for a Safe Health Care System,* visit the Fund at www.commonwealthfund.org

Foundations Announce County Rankings

Putnam and Saratoga Counties are the two healthiest in New York, while Sullivan County and the Bronx are the least healthy in terms of mortality and morbidity, according to a series of state and national rankings developed by the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation. In addition to calculating health outcomes by county, the authors also issued rankings for health factors, which are made up of health behaviors (30%); clinical care (20%); social and economic factors (40%); and physical environment (10%). For the health behaviors subset of the health factors rankings, Westchester and New York Counties top the list, with Oswego and Jefferson Counties finishing last. The health behaviors category, in turn, is made up of tobacco use, diet and exercise, alcohol use and unsafe sex. For comprehensive county-based rankings across the nation, visit www.countyhealthrankings.org.