

Healthcare Quality Watch

MAY/JUNE 2011

**NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS**


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IPRO Authors Examine Care Transitions

“The global re-hospitalization rate of a community reflects the cumulative quality of care provided across diverse settings and providers,” say the IPRO Care Transitions Team quality improvement professionals in a new article published in the May/June 2011 edition of *Patient Safety & Quality Healthcare*. Noting that nearly 20% of all hospitalized Medicare beneficiaries are re-admitted to hospitals within 30 days of discharge, the authors describe a number of initiatives undertaken as part of a Centers for Medicare & Medicaid Services three-year, IPRO-led Care Transitions Quality Improvement Initiative involving five contiguous counties in upstate New York. The article describes the work of Ellis Hospital (Schenectady, NY) in developing a community-wide effort to develop systems of care management for patients with heart failure; the use of interdisciplinary teams to improve patient-focused communications at Northeast Health Systems Albany Memorial Hospital (Albany, NY) and Samaritan Hospital (Troy, NY); cross-setting medication reconciliation and post acute care follow-up after discharge at Seton Health/St. Mary’s Hospital (Troy, NY); improved communications between hospitalists and primary care physicians regarding high-risk heart failure patients at Saratoga Hospital (Saratoga, NY) and the use of care transition coaches to foster patient/caregiver activation

Healthcare technology expert William Winkenwerder, Jr, MD, MBA will keynote IPRO’s 27th Annual Membership Meeting June 7th at the LaGuardia Marriott Hotel in East Elmhurst, NY. Formerly principal medical advisor to the Secretary of Defense, where he managed the international TRICARE system, Winkenwerder led implementation of a new worldwide electronic health record system, as well as the merger of Walter Reed Army and Bethesda Naval Medical Centers. Now Chairman of The Winkenwerder Company, he serves on the Boards of AthenaHealth, Inc., Logistics Health Inc., C-Change and Capgemini Government Solutions. Winkenwerder is a regular contributor to the Fox Business Network and other media outlets. In addition to the keynote address, this year’s Membership Meeting will honor Quality Award recipients drawn from across New York State and include a presentation on the new national patient safety initiative known as the *Partnership for Patients*. **To register for the IPRO Annual Meeting, call Joan Ragone at (516) 209-5262.**

and self-management post hospital discharge from Glens Falls Hospital (Glens Falls, NY). Links to “Understanding Care Transitions as a Patient Safety Issue,” in the May/June 2011 edition of *Patient Safety & Quality Healthcare* are available from the IPRO Care Transitions website (linked from www.ipro.org). The article was written by the IPRO Care Transitions Team.

IPRO Manager Leads Reviewer Organization

Terese Giorgio, BSN, MA, LNC, IPRO’s Senior Director of Corporate Programs, has been elected to a two-year term as President of the National Association of Independent Review Organizations (NAIRO). Dedicated to protecting the integrity of the independent medical review process, NAIRO was formed in 2001. Its membership now includes more than 20 accredited IROs, all of which embrace an evidence-based medical case review approach to resolving coverage disputes between enrollees and their health plans. Ms. Giorgio is a founding member of NAIRO; she previously served as Secretary and mostly recently served as Vice President. A Legal Nurse Consultant, Ms. Giorgio also has ten years of clinical nursing experience in hospital and home-care settings. Ms. Giorgio’s department currently performs IRO work on behalf of 17 states and the District of Columbia. For more information, visit the NAIRO website at www.nairo.org.

Feds Create Partnership Coalition

IPRO has joined an ambitious national patient safety initiative spearheaded by the U.S. Department of Health and Human Services. The Partnership for Patients is a coalition including leaders from hospitals, employers, physicians, nurses, government and patient advocacy in a shared effort to make hospital care safer, more reliable, and less costly. The two goals of the Partnership involve: (1) keeping patients from getting injured or sicker (decreasing hospital-acquired conditions by 40% by 2013, as compared to 2010); and (2) helping patients heal without complication (reducing all hospital readmissions by 20% by 2013, as compared to 2010). Resources available at the Partnership website address specific clinical issues including hospital acquired conditions and patient safety in hospitals, care transitions, adverse drug events, catheter-associated urinary tract infections; injuries from falls and immobility; obstetrical adverse events; pressure ulcers; surgical site infections; ventilator-associated pneumonia; and venous thromboembolism. The Partnership website is located at www.healthcare.gov.

Report Addresses Costly Non-Urgent Care

The national network of Federally-funded Community Health Centers is essential to preventing the misuse of hospital emergency departments, according to a new report from the United States Government Accountability Office (GAO). The report estimates that 8 percent of the 117 million emergency room visits that took place in 2007 were classified as non-urgent—with the cost of emergency room visits estimated at seven times the cost of visits to Community Health Centers. Hospitals and Health Centers should work together to educate patients on the appropriate use of outpatient services, says GAO. And Health Centers should use care coordination strategies such as the medical home model and chronic care management to prevent patients from having to rely on emergency departments for primary care. Finally, GAO argues that the Centers need to do a better job of raising awareness among local communities about the availability of low-cost alternatives to emergency departments. Centers should expand their hours of service and use telemedicine, home visits, mobile clinics and translation services to reach poor and uninsured patients in inner-cities, according to the report. *Hospital Emergency Departments: Health Center Strategies That May Help Reduce Their Use* (GAO-11-414R Health Center Strategies), is available at www.gao.gov.

Adverse Event Data Now Available

Institution-specific data on hospital-acquired conditions (HACs) are now available on the federal Hospital Compare website. The information includes hospital-specific and national rates for eight conditions. These are: foreign object retained after surgery, air embolism, blood incompatibility, Stage 3 and 4 pressure ulcers, falls and trauma, vascular catheter-associated infection, catheter-associated urinary tract infection and manifestations of poor glycemic control. Findings represent fee-for-service claims for discharges that took place between October 1, 2008 and June 30, 2010. In the summer of 2008 Centers for Medicare & Medicaid Services published a final federal rule selecting ten conditions for which hospitals would no longer receive addition payments when not present at discharge. Recently CMS chose eight of the ten for public reporting on the Hospital Compare website, using Congressionally-imposed criteria addressing cost and volume. The Office of the Inspector General of HHS estimates that 13.5% of hospitalized Medicare patients experience adverse events while hospitalized. Excluded from the database are critical access hospitals and hospitals not participating in Medicare's prospective payment system. For more information, visit www.hospitalcompare.hhs.gov.

Attorney Examines External Appeals Landscape

If self-insured health plans across New York decided to offer the external appeals procedures already available to enrollees in traditional plans, the result would be at least a 40% jump in the number of consumers eligible to use the state's system. That's according to a white paper just published by an expert attorney with New Yorkers for Accessible Health Coverage, a statewide coalition. Author Mark Scherzer notes that under the Affordable Care Act, ERISA exempt self-insured plans must begin offering independent external appeals effective July 1, 2011. That would make external appeals available to most of the 4,000,000 New Yorkers who are not now entitled to such appeals. Scherzer thinks most large, self-insured plans won't want to use state-based systems, however, for fear of having to cope with conflicting coverage determinations made in different states. In any event, to comply with the new federal law, New York State must change its existing external appeals program in a few ways, including permitting immediate external review in urgent situations, allowing filings requests made up to four months after initial adverse determinations, and permitting review only by accredited organizations. IPRO is one of three organizations certified to conduct independent external appeals in New York. Recent data suggest that appeals filed by New Yorkers account for approximately 20% of all appeals filed nationwide. For a copy of *Implementing Health Care Reform: External Review of Health Plan Decisions*, visit www.cidny.org.

Authors Analyze Quality Improvement in US

More groups than ever before are engaged in concerted efforts to improve healthcare quality in the U.S., according to experts at the Chicago-based Joint Commission. Writing in the April 2011 edition of *Health Affairs*, authors Mark R. Chassin, MD, MPP, MPH and Jerod M. Loeb, PhD credit ongoing efforts by Medicare-funded Quality Improvement Organizations, New York State's Cardiac Surgery Reporting System, the Institute for Healthcare Improvement, the Robert Wood Johnson Foundation, The Commonwealth Fund and other "regional collaboratives of multiple stakeholders." The authors warn, however, that the risk of harm in healthcare may be increasing, due to the complexities surrounding new devices, procedures, technologies and pharmaceuticals. They call for more study of "high reliability" delivery systems that are able to eliminate deficiencies while remaining vigilant regarding future threats to patient safety. *The Ongoing Quality Improvement Journey: Next Stop, High Reliability* is available via the Health Affairs website at www.healthaffairs.org.

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We welcome your comments and suggestions. Please forward them to the Editor, Spencer Vibbert, at svibbert@ipro.org.

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042

www.ipro.org

IPRO is a national organization providing a full spectrum of healthcare assessment and improvement services that foster more efficient use of resources and enhance healthcare quality to achieve better patient outcomes. For more than 25 years, IPRO has been highly regarded for the independence of its approach, the depth of its knowledge and experience, and the integrity of its programs. IPRO holds contracts with federal, state and local government agencies and corporate clients, in more than 33 states and the District of Columbia. A not-for-profit organization, IPRO is headquartered in Lake Success, NY.