

# Healthcare Quality Watch

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NEWS BRIEFS FOR  
MANAGERS AND  
OPINION LEADERS



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## IPRO Renews Critical Hospital Contract

IPRO has won renewal of an important New York contract that oversees hospitals' compliance with critical physician-in-training work hour requirements. The contract with the New York State Department of Health—which IPRO has held since the compliance program's inception in 2001—involves unannounced site visits, surveys, interviews and responsibility for complaint investigations at 115 teaching hospitals across the state. At issue is compliance with work rules that include limiting post-graduate physicians-in-training to a maximum of 80 hours on duty per week (averaged over four weeks), with mandatory weekly time-off requirements and rest time between duty periods, as well as requirements that residents receive in-person supervision by senior physicians. The New York work rule requirements have long been viewed as models for the nation. In 2003 the Accreditation Council for Graduate Medical Education (ACGME), the national accrediting body for GME programs, implemented work hour rules similar to New York State's regulation, prompting IPRO to create vital cross-walk documentation. "We are very pleased that New York State has again chosen IPRO to manage this critically important program in a fair and impartial manner," according to Harry M. Feder, IPRO's Chief Operating Officer. "We're gratified for the support we receive from the hospital community as well as physician groups including the Committee of Interns and Residents." To date, over a fourteen-year period, IPRO

has conducted more than 1,900 surveys and 79,000 resident interviews in New York. Since 2001, the compliance rate of New York's teaching hospitals with State regulations has risen from 36% to 88%.

## IPRO to Lead Antibiotic Campaign

In a Medicare-funded effort that began this fall, IPRO is now leading a three-region Antibiotic Stewardship project focusing on the outpatient setting. Antibiotic Stewardship is directed at measuring and improving how antibiotics are prescribed and used. Improving antibiotic prescribing includes strategies to modify prescribing practices to align them with evidence based recommendations. Antibiotic use is the greatest risk factor for the development of antibiotic resistance. In addition to combating antibiotic resistance, Antibiotic Stewardship programs are designed to decrease antibiotic side effects such as rashes, diarrhea, allergic reactions and C. difficile infections. Improving antibiotic prescribing practices will have an added benefit of decreasing healthcare spending, by minimizing antibiotic resistance and complications as well as inappropriate utilization. The IPRO-led Atlantic Quality Innovation Network will recruit outpatient practices in New York, South Carolina and the District of Columbia, create a multidisciplinary advisory team, and routinely monitor performance—utilizing a framework developed by the Centers for Disease Control & Prevention. The core elements of the Outpatient Antibiotic Stewardship

effort include: (1) demonstrating accountability for optimizing antibiotic prescribing and patient safety; (2) implementing at least one policy or practice to improve antibiotic prescribing, assessing whether it is working, and modifying as needed; (3) monitoring antibiotic prescribing practices and offering regular feedback to clinicians; and (4) providing educational resources to clinicians and patients regarding antibiotic prescribing. For more information on these activities, go to [www.atlanticquality.org](http://www.atlanticquality.org).

### **Feds Announce Medicare QI Innovation Projects**

The Centers for Medicare & Medicaid Services (CMS) has announced twenty Special Innovation Projects awarded to twelve regional Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs), that focus on evidence-based efforts to improve care at lower cost and to spread local innovations for larger impact. In characterizing these awards, the American Health Quality Association—the QIO trade association—noted that special funding will be made available to address quality of life improvement for residents in nursing homes, the reduction of opioid misuse, improvement in chronic care management, and the acceleration of treatment for better stroke outcomes, among other important healthcare quality issues. AHQA noted that these projects align with the CMS Quality Strategy, which addresses improving population health, providing better care for individuals and lowering cost through improvement. “The QIN-QIOs are excited about the opportunity to implement these new initiatives, which encourage flexible and innovative approaches to improving the lives and health of Medicare beneficiaries,” according to a statement from Jane Brock, MD, MSPH, AHQA President. Projects had to be scientifically sound, with a strong analytic framework, containing interventions based on evidence, and demonstrating sound local, regional, and national partnerships. The award made to the IPRO-led Atlantic Quality Innovation Network focuses on operationalizing the MAPPP tool, a mobile/Web-based application that supports clinical decision making regarding management of anticoagulation in the peri-procedural period. For information on all 20 awards, visit [www.qioprogram.org](http://www.qioprogram.org).

### **IPRO to Support State Oversight of NY Adult Care Services**

IPRO will be responsible for supporting State oversight of long-term, mostly nonmedical adult care residential services for New Yorkers unable to live independently, under a new contract with the New York State Department of Health’s Division of Assisted Living. Under New York State law, Adult Care Facilities (ACFs) are defined as certified adult homes or enriched housing programs that provide long-term, residential care and services to five or more adults who are unable or substantially unable to live independently. Such facilities are reimbursed mostly via private pay, private long term care insurance and Supplemental Security Income—Medicare and Medicaid do not routinely reimburse residential (non-medical) costs but may cover the costs associated with Assisted Living Program services. In partnership with the State, IPRO will conduct onsite

inspections that include, but are not limited to a review of individualized service plans fire/safety conditions, nutrition, medication and case management services and sanitation. IPRO will also be required to conduct investigations of written and verbal complaints, as well as allegations that unlicensed facilities are attempting to offer services that may require licensure. “We’re very pleased to be undertaking these assessments, which build on our experience evaluating services across the state of New York,” says IPRO Vice President Patti Weinberg. For more information regarding ACF oversight in New York, visit [www.health.ny.gov/facilities/assistedliving](http://www.health.ny.gov/facilities/assistedliving).

### **Feds to Test Decision-Support for Select Conditions**

The Centers for Medicare & Medicaid Services (CMS) has announced plans to test patient engagement strategies that target six “preference-sensitive” conditions—that is, conditions for which there isn’t a single treatment option and for which decision-support needs to recognize the values of individual patients and families. The two models are the Direct Decision Support Model—which will utilize up to seven Decision Support Organizations to help approximately 700,000 Medicare beneficiaries choose treatment approaches—and the Shared Decision Making Model—which will offer special reimbursement for support services provided by physician practices that participate in up to 50 Accountable Care Organizations (ACOs). The six preference-sensitive conditions are stable ischemic heart disease, hip osteoarthritis, knee osteoarthritis, herniated disk and spinal stenosis, clinically localized prostate cancer and benign prostate hyperplasia. For more information regarding these projects, go to <https://innovation.cms.gov>.

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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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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 30 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.