

# Healthcare Quality Watch

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NEWS BRIEFS FOR  
MANAGERS AND  
OPINION LEADERS



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## IPRO Supporting CMS Payment Program

IPRO has been awarded a special contract from the Centers for Medicare & Medicaid Services (CMS) to help physician practices in New York, Maryland, Virginia and the District of Columbia prepare for and participate in the new Quality Payment Program, established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). This technical assistance, authorized and funded under MACRA, brings direct support to an estimated 27,000 Merit-based Incentive Payment System (MIPS) eligible clinicians in small practices with 15 or fewer clinicians, including small practices in rural locations, health professional shortage areas, and medically underserved areas across the country. The direct technical assistance is available immediately, free to all MIPS eligible clinicians, and will deliver support for up to a five-year period. "We're very pleased to be able to support CMS in this effort to offer free technical assistance to thousands of physicians as they implement the new value-based Medicare payment system," said IPRO Chief Medical Officer Clare Bradley, MD, MPH. IPRO will provide customized technical assistance to MIPS eligible clinicians, which may include, but is not limited to, the following:

- Conveying the MIPS expectations and timelines,
- Explaining the MIPS feedback report,
- Creating a MIPS-score improvement plan,
- Evaluating practice readiness for joining an Advanced Alternative Payment Model (APM),

- Assessing and optimizing Health Information Technology,
- Supporting change management and strategic planning,
- Developing and disseminating education and training materials,
- Enabling peer-to-peer learning and local partnerships.

For additional information on helping physicians navigate the new Quality Payment Program, see page 2.

## New Study Credits HIT for Hospital Quality

A new study from experts at the U.S. Agency for Health Care Research & Quality finds that adoption of health information technology (HIT) has had a positive effect on declining rates of hospital adverse drug events (ADEs). The AHRQ study credits "meaningful use" (MU) of health information technology with 22% of the reduction in hospital adverse drug events that took place from 2010 to 2013—translating to as many as 67,000 fewer ADEs attributed to MU over the three-year period. Findings were computed using the Medicare Patient Safety Monitoring System, which tracks 21 ADEs occurring among adults hospitalized at acute care hospitals for acute myocardial infarction, heart failure, pneumonia and conditions requiring major surgery. Hospitals' MU technological capacities were evaluated using a widely-accepted proprietary scoring methodology that grades medication-related capabilities. For the time frame during which authors noted a 22% decline in

ADEs that could be attributed to MU, they found a 269% increase in medication-related technology capabilities at acute-care hospitals. The article "Meaningful Use of Health Information Technology and Declines in In-hospital Adverse Drug Events," is available from the *Journal of the American Medical Informatics Association* ([www.amia.org](http://www.amia.org)).

### **IPRO VP Chosen for National Medicaid Expert Panel**

IPRO Vice President Virginia Hill has been selected to serve on an expert panel that will advise the federal government on developing a Medicaid managed care quality rating system. A federal rule published last May authorized the Centers for Medicare & Medicaid Services to create the rating system. The Technical Expert Panel convened by project consultant Booz Allen Hamilton will meet this summer and spring in Washington D.C. and will include representatives of Medicaid agencies, health plans, consumers, providers, and quality measurement organizations. Under Ms. Hill's leadership, IPRO's Managed Care Department now provides external quality assessment services to nine states across the U.S. as well as Puerto Rico.

### **Hospitals Urged to Post Surgical Volume Data**

Hospitals should make surgical volume data routinely available as a means of informing patients and families about potential risks and benefits, according to healthcare quality expert Peter Pronovost, MD, in a recent posting on [thehealthcareblog.com](http://thehealthcareblog.com). He notes that three major health systems—Johns Hopkins, the University of Michigan and Dartmouth-Hitchcock Medical Center—have agreed to a "Volume Pledge" requiring surgeons and hospitals to meet volume thresholds for ten procedures. Pronovost says an impetus for the pledge was a 2015 report in *U.S. News & World Report* that found that hospitals with extremely low volume for knee-replacement had twice the national average risk of death from the

surgery. The same report found risk that was 77 percent higher for hip-replacement patients at low volume hospitals. The data now available on a Johns Hopkins website show volume targets for ten surgeries including hip and knee replacement, lung resection, abdominal aortic aneurysm repair and carotid artery stenting. Frequency statistics from two Hopkins facilities posted alongside the targets show actual volume above and below the target numbers. According to Pronovost: "the benefit to patients is not in selecting the hospital that has done 20 cases of a procedure versus another that's done 19. It is in avoiding, if possible, hospitals that rarely do it at all." The Pronovost essay, which originally appeared in *U.S. News & World Report*, is available at [www.thehealthcareblog.com](http://www.thehealthcareblog.com). The Hopkins data are available at [www.hopkinsmedicine.org](http://www.hopkinsmedicine.org).

### **Additional Payment Resources for Clinicians**

The Centers for Medicare & Medicaid Services offer free resources and organizations on the ground to provide help to clinicians who are eligible for the Quality Payment Program: In addition to the support available for small and solo practices, other CMS offerings address:

#### **PRIMARY CARE & SPECIALIST PHYSICIANS**

The Transforming Clinical Practice Initiative (TCPI) for primary care and specialist physicians supports more than 140,000 clinician practices through active, collaborative and peer based learning networks. Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs) are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs. The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.

#### **LARGE PRACTICES**

Quality Innovation Networks-Quality Improvement Organizations (QIN-QIOs) support clinicians in large practices (more than 15 clinicians) in meeting Merit-Based Incentive Payment System requirements through customized technical assistance. Includes one-on-one assistance when needed. There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.

#### **TECHNICAL SUPPORT**

All eligible clinicians are supported by the Quality Payment Program website, [qpp.cms.gov](http://qpp.cms.gov), which serves as a starting point for information on the Quality Payment Program.

The Quality Payment Program Service Center assists with all Quality Payment Program questions: [www.cms.gov](http://www.cms.gov), 1(866) 288-8292.

Center for Medicare & Medicaid Innovation (CMMI) Learning Systems Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs.

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For an electronic version of *Healthcare Quality Watch*, visit <http://ipro.org/about/publications/newsletters/quality-watch>.

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.