

Healthcare Quality Watch

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NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS



Improving Healthcare
for the Common Good®

Save the Date for IPRO Annual Meeting

Jean D. Moody-Williams, RN, MPP is a featured speaker at IPRO's 29th Annual Membership Meeting, to be held Tuesday June 4, 2013 at the LaGuardia Marriott Hotel in East Elmhurst, Queens. Ms. Williams is Director of the Centers for Medicare and Medicaid Services' Quality Improvement Group, in the Center for Clinical Standards and Quality, where she is responsible for the

operation of the Quality Improvement Organization (QIO) program and the End-Stage Renal Disease Networks. IPRO's Annual Membership meeting includes presentation of Quality Awards, recognizing outstanding achievement by providers across NY State and a complimentary buffet luncheon. To register for the event, call Joan Ragone at (516) 326-7767, ext. 262 or email her at jragone@ipro.org.

IPRO Initiative Reduces Rehospitalizations

Albany-area hospitals, nursing homes and home health agencies that worked collaboratively with IPRO on improving transitions of care were able to show statistically significant reductions in 30-day rehospitalizations and all hospitalizations for Medicare beneficiaries. Study results appeared in the January 23, 2013 edition of the *Journal of the American Medical Association (JAMA)*. The communities working with Medicare-funded Quality Improvement Organizations (QIOs) like IPRO showed nearly twice the reduction in hospitalizations and rehospitalizations as those not working with QIOs. "The QIOs' work in this project shows a reduction in hospitalization and rehospitalization rates, which are vitally important for keeping Medicare beneficiaries as healthy as possible for as long as possible," said Patrick Conway, MD, MSc, CMS Chief Medical Officer and Director of the Agency's Center for Clinical Standards & Quality. "Thanks to QIOs, these communities created networks of clinicians, facilities, families, social services agencies, and others that share a common language in coordinating care for patients—the community's sickest and most vulnerable people. These communities effectively prevented hospitalizations, resulting in people being more likely to stay home and healthy." The study looked at results from 2009 to 2010, focusing on 14 communities across the U.S. Close to 50 healthcare providers in New York's Rensselaer, Saratoga, Schenectady, Warren and Washington counties took part. Care transitions take place when patients move from one setting to another, such as from hospital to home or nursing home.

According to study authors, New York's Upper Capital Region achieved 5.1% relative improvement for hospital readmissions for more than 68,000 Medicare beneficiaries, and reduced hospitalizations by 5.46%. Communities of comparable size, demographics and hospital utilization—but where there were no concerted efforts to improve care transitions—averaged considerably more modest reductions, just a 2.05% drop in rehospitalizations and a 3.17% decline in hospitalizations. "We are gratified that this well-designed study has confirmed what we already knew: that by working with IPRO in a concerted, collaborative effort, New York's healthcare community can significantly improve care for the state's residents," said Clare B. Bradley MD, MPH, Senior Vice President and Chief Medical Officer. "We look forward to continued progress as we move forward with new care transitions initiatives." Nationally, the 14 communities in the JAMA study averaged a 5.7% reduction in rehospitalizations. Medicare beneficiaries in these communities also experienced a 5.74% reduction in hospitalizations over the two-year period. The U.S. Department of Health & Human Services has established a goal of 20% reduction in avoidable rehospitalizations. Reliable estimates are that 76% of rehospitalizations may be preventable. Due to the success of the QIOs' 9th SOW projects, CMS is now funding all QIOs across the U.S. to continue community-based readmission reduction efforts through July 2014. IPRO has purchased a limited number of article reprints it is making available to stakeholders across New York. To request a reprint, contact Joan Ragone in IPRO's Communications Department at 516-326-7767, ext. 262.

Specialty Societies Target Questionable Tests

A number of leading medical specialty societies and patient advocacy groups led by *Consumer Reports* are calling attention to tests and procedures that often aren't necessary and can actually be harmful. Organized by the American Board of Internal Medicine (ABIM) Foundation, the *Choosing Wisely* campaign began in April 2012 with nine specialty societies contributing to an initial master list of questionable treatments. In February 2013, 17 societies participated in the project either for the first or second time—with a rolling total of 130 tests and procedures identified. Recommendations include avoiding non-medically indicated inductions of labor or cesarean delivery before 39 weeks of pregnancy, avoiding use of feeding tubes in patients with advanced dementia, avoiding routine annual Pap tests in women 30–65 years of age, and avoiding automatic use of CT scans to evaluate children with minor head injuries. *Consumer Reports* is promoting the campaign on its website and in its magazine and has produced 35 lay reader-friendly brochures highlighting findings. A third round of questionable tests and procedures is scheduled for publication in late 2013, and will involve 19 specialty societies, including the American College of Surgeons, the American Society of Clinical Oncology and the American Geriatrics Society. For additional information, visit www.abimfoundation.org.

IPRO Kicks Off Latino Diabetes Awareness Campaign

IPRO is forging strategic partnerships with community organizations to bring the national "Everyone with Diabetes Counts" (EDC) program to New York's Latino community. EDC features a series of free workshops that empower seniors to improve their quality of life, using an evidence-based self-management curriculum developed by experts at Stanford University. IPRO's partners include the New York Chapters of the American Diabetes Association (ADA) and the American Association of Retired Persons. According to Janice Hidalgo, Director of IPRO's EDC Program: "These workshops empower New York Latino seniors to read food labels carefully, to prepare meals without sacrificing flavor, and to incorporate physical exercise into their daily lives." National ADA Spokesperson and Multiple Grammy Winner Gilberto Santa Rosa spoke at IPRO's New York EDC media kick-off event March 4 in The Bronx. "Diabetes has had a major impact on my life and on my family and education is critical," according to Santa Rosa. In New York State alone, more than one million individuals have been diagnosed with diabetes, and nearly half are Latinos. It is estimated that another 450,000 have diabetes and don't know it, because symptoms may be overlooked or misunderstood. Healthcare costs are staggering: one out of every five federal healthcare dollars is spent treating people with diabetes—the annual healthcare cost for a person with diabetes is estimated at \$11,744, compared to \$2,560 for an individual without diabetes. More than 3,000 New York City seniors have successfully completed IPRO's EDC program. IPRO's goal is to graduate an additional 2,500 individuals by the end of 2014—making this program one of the largest diabetes self-management initiatives in the nation. Workshops are held in community centers in downstate New York. Organizations interested in hosting these workshops, and individuals interested in participating should call IPRO's toll-free, bilingual helpline at 1(800) 671-1841 or visit www.ipro.org/diabetes.

Advocates Note Skilled Care Settlement is Retroactive

The recent landmark settlement of a case in federal court in favor of impaired patients seeking Medicare benefits is retroactive to January 18, 2011, according to the Connecticut-based Center for Medicare Advocacy (CMA), the consumer organization that led the class action suit. The settlement of *Jimmo v. Sebelius* approved January 24, 2013 by a federal judge means that under the Medicare program, the Department of Health & Human Services can no longer deny skilled nursing care based on a finding that a patient's condition isn't expected to improve. The settlement underscores that services must be reimbursed so

long as they're medically necessary to maintain, rather than improve, a patient's condition. The settlement applies to home health, outpatient therapy and skilled nursing facility benefits but doesn't change the 100-day "spell of illness" benefit period coverage limitation. CMA emphasizes that re-reviews are available for beneficiaries with denials of physical, occupational or speech therapy that were final after January 18, 2011. Providers and Medicaid agencies aren't eligible for re-reviews. HHS will shortly undertake a major educational campaign explaining the *Jimmo* settlement to providers and beneficiaries across the nation. For additional information, visit www.medicareadvocacy.org.

Foundation Analyzes Insurer Spending on Quality

Health insurance companies devoted an average of less than one percent of premiums to formal quality improvement (QI) activities in 2011, according to a report issued in March by the New York City-based Commonwealth Fund. The Fund indicates that the industry spent \$2.3 billion on QI in 2010—with an average expense of \$29 per subscriber. The five major QI categories were health information technology (representing 17% of total QI expenses), improving outcomes (51%), reducing hospital readmissions (9%), patient safety (10%) and wellness (13%). Under the Affordable Care Act, insurers must spend at least 80 to 85% of premiums on medical claims and quality improvement or pay rebates to customers. Commonwealth found that non-profit health plans tended to spend a higher proportion of funds on QI than did for-profit plans. To review the report, *Insurers' Medical Loss Ratios and Quality Improvement Spending in 2011*, visit Commonwealth's website at www.commonwealthfund.org.

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An electronic version of *Healthcare Quality Watch* is available; subscribe at <http://ipro.org/ipro-qw>.

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