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Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

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IPRO's Online Services Group has won a major new contract to develop health care performance reporting tools on behalf of the Illinois Department of Public Health. Under a multi-year contract that begins this winter, IPRO will create an online Hospital and Ambulatory Surgery Center Report Card for consumers. In addition to housing, maintaining and updating searchable performance data findings, IPRO will be responsible for calculating volume, average charges and average lengths of stay for given diagnosis-related groups (DRG), as well as implementing a risk-adjustment program. IPRO's Online Services Group has already created health care performance reporting and quality improvement tools on behalf of the New York State Department of Health (www.health.state.ny.us), the New York State Health Accountability Foundation (www.nyshaf.org) and The Commonwealth Fund (www.whynotthebest.org).

LogiquaSM, LLC has acquired the managed care performance audit business of Houston-based Dynamic Health Strategies, Inc (DHS). The transaction includes numerous existing contracts to perform HEDIS[®] compliance audits of health plans across the U.S. and Puerto Rico. "Logiqua nearly doubles its HEDIS audit client base with this transaction and can now offer additional services to new and existing clients," according to Chief Executive Officer Anu Sajja. Logiqua was established in 2007 as an IPRO affiliate providing health care management solutions and consulting services to private sector clients. Logiqua offers a comprehensive range of services, including: NCQA HEDIS[®] Compliance AuditsTM; California IHA Pay-for-Performance

Audits; Pay-for-Performance Program Design, Development, Implementation and Evaluation; Encounter Data Validation; Quality Improvement Program Design and Implementation; Data Aggregation and Reporting; Web-based Reporting Tools; Performance Measurement; Managed Care Consulting Services; HEDIS Consulting and Technical Support; State & Federal Regulatory Compliance Preparation and Medical Record Abstraction Training. For more information about Logiqua, visit www.logiqua.com or contact Anu Sajja at (704) 256-4163.

Health Policy Expert Susan Dentzer will keynote IPRO's 25th Annual Meeting, set for Tuesday June 2, 2009 at the LaGuardia Marriott Hotel in East Elmhurst, NY. Currently Editor-in-Chief of *Health Affairs*, one of the nation's most influential health policy journals, Dentzer was previously an on-air analyst on health issues with *The NewsHour with Jim Lehrer* on the Public Broadcasting Service. Dentzer is the recipient of numerous awards, including a 2007 American Society on Aging National Media Award for a two-part series on our current understanding of the causes of Alzheimer's disease, efforts under way to speed treatments to patients, and the enormous burden faced by caregivers of Alzheimer's patients. Based in Bethesda, MD, *Health Affairs* is published by Project HOPE, the health education and humanitarian assistance organization that operates programs in 36 countries around the world. To register for IPRO's Annual Meeting, please call Sylvia Toufexis at 516-326-7767, ext. 262.

Medicare will no longer pay for wrong surgeries or procedures, surgeries or invasive procedures performed on wrong body parts and surgeries performed on wrong patients, according to new national inpatient coverage policies announced January 15 by the Centers for Medicare & Medicaid Services (CMS). The decision by CMS not to pay for these "never events" as defined by the National Quality Forum, follows a number of similar Medicare reimbursement decisions. Effective last October, CMS no longer provides enhanced Medicare reimbursement for inpatient stays associated with hospital-acquired conditions (HAC). The list of HACs includes foreign objects retained after surgery, air embolism, blood incompatibility, stage 3 and 4 pressure ulcers, and injuries from falls and traumatic events such as electric shock and burns. Poor glycemic control has also been added to the list. For a copy of the CMS press announcement, visit www.cms.gov.

IPRO has joined the Alliance to Make US Healthiest (formerly known as Alliance for the Healthiest Nation), a not-for-profit, 501(c)(3) grass roots coalition of individuals and organizations committed to improving health in local communities and advancing public health priorities across the country. The Alliance was created by leaders at the Centers for Disease Control and Prevention, National Association of County and City Health Officials and the Association of State and Territorial Health Officials, and now includes more than 100 other entities as varied as the Indiana State Department of Health, the National Business Coalition on Health, the New York Academy of

Medicine, Target, Coca-Cola North America, Walmart and Northrop Grumman. The goals of the Alliance are to promote an integrated national system that values health and prioritizes prevention by: changing the focus from “health care” to “health;” changing the definition of a successful health system from one that measures disease and “unhealthiness” to tracking measures of health; and engaging health care consumers where they live, work, shop and play. The Alliance’s Web site is located at www.healthiestnation.org and includes an attractive video on health care prevention.

Medicare should commit to bundled payment methodologies that encourage providers to deliver more integrated and better coordinated care to beneficiaries, according to a new article co-authored by IPRO’s Chief Quality Officer/Vice President Strategic Planning, Anthony Shih, MD, MPH. Published as one of a series of articles on payment innovation that appear in the current Web edition of *Health Affairs*, the article proposes that physician group practices, hospitals and delivery systems share with the federal government any savings achieved as a result of reimbursement innovations. The authors believe the time is right for moving beyond marginal adjustments to payment systems in order to reform “the underlying payment mechanism to encourage and reward accountability and performance...” The article, “Using Medicare Payment Policy to Transform the Health System: A Framework for Improving Performance,” can be obtained by visiting the Health Affairs Web site at www.healthaffairs.org.

Three of six innovative care management demonstration projects initially chosen by the Centers for Medicare & Medicaid Services will be given an additional three years to test their approaches to coordinating care for Medicare beneficiaries with severe needs. CMS estimates that 15 percent of beneficiaries account for as much as three-quarters of all Medicare expenditures, due to their having multiple illnesses and complicated treatment

regimens. Under the Care Management for High-Cost Beneficiaries demonstration, programs that are able to manage care for high-cost patients efficiently are permitted to share in the savings they achieve. Under a novel funding arrangement, participating care management programs receive monthly fees for managing high-risk patients. Programs that fail to produce a five percent savings net of fees are required to make refunds to the government, while programs achieving efficiencies greater than net five percent are permitted to share savings with Medicare. The three programs that will continue under the demonstration are The Health Hero Network’s Healthy Buddy program in OR and WA; Village Health’s Key to Better Health Program in NY; and the Boston-based Massachusetts General Care Management Program in MA. Strategies include 24-hour access to care managers, targeted disease management by clinical specialists, use of electronic medical records, early interventions and individualized care plans. For additional information, visit www.cms.gov.

IPRO Board Member Carol Rodat is a recipient of AARP New York’s 50th Anniversary Social Impact Award. Currently New York Policy Director for the Paraprofessional Healthcare Institute, Rodat is recognized for working “to improve the lives of people who need home or residential care - by improving the lives of the workers who provide that care.” For the complete list of Social Impact Award winners, visit AARP’s Web site at www.aarp.org and search for the New York State Chapter section.

Celebrated on the second Thursday of March each year in more than 100 countries on six continents (this year on March 12th), World Kidney Day offers a crucial, visible opportunity to inform and educate health policy-makers, people who are at highest risk of chronic kidney disease, and the general public that kidney disease is common, harmful and treatable. Chronic kidney disease (CKD) is the ninth leading cause of death in the United States. Every year millions worldwide die prematurely of heart attacks

and strokes linked to CKD. Through events and activities such as free kidney screenings, medical advice, seminars, public lectures, walk-a-thons, and press conferences, the whole renal community will be taking part in launching positive changes in health care systems and practices. World Kidney Day (WKD) is a joint initiative of the International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF). The founder of the IFKF first conceived the idea of WKD recognizing that CKD is a global public health threat; that it can be detected with simple and inexpensive tests yet national detection programs are rare; and that although it can be treated with existing, effective therapies, few people with CKD receive appropriate health care. WKD is guided by a Steering Committee - including four members from ISN and IFKF as well as a scientific advisory committee. The support of celebrities like Tom Hanks and Johnny Depp has brought great worldwide recognition and strength to the campaign. For more detailed information about WKD please visit www.worldkidneyday.org.

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

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