



Experts in Defining and Improving the Quality of Health Care



# Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

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**IPRO has been awarded a contract to assist the New York State Department of Health in upgrading and modernizing its New York Patient Occurrence Reporting and Tracking System (NYPORTS), which tracks medication errors and improves patient safety.**

Under the contract, IPRO is partnering with the Institute for Safe Medication Practices, a national leader in medication error reporting systems, and the New York e-Health Collaborative, which is spearheading the adoption of health information technology across the state.

**Technical assistance offered by IPRO to isolated, rural hospitals in New York has enabled institutions to make dramatic gains in public reporting and Medicare quality improvement, according to a February 2009 report issued by the Walsh Center for Rural Health Analysis, a Maryland-based policy and research group associated with NORC at the University of Chicago.** A case study included in the February report outlines IPRO's support to the 15-bed Margaretville Hospital, one of 13 Critical Access Hospitals (CAHs) in New York. IPRO trained hospital personnel to use an abstraction and reporting tool that assists quality improvement activity in such areas as acute myocardial infarction, heart failure and community-acquired pneumonia. A grant from the New York Rural Health Alliance permitted the hospital to acquire the Web-based tool. The Walsh Center credits New York's CAHs with a willingness to collaborate on quality improvement that helped make the partnership successful. For more

information about the final report, "Achieving Success in QIO and Rural Hospital Partnerships," contact the Rural Health Research & Policy Centers ([www.ruralhealthresearch.org](http://www.ruralhealthresearch.org)) or the Walsh Center, 4350 East West Highway, Suite 800, Bethesda MD 20814.

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**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.

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**New York State's aggressive health information exchange stimulus program has resulted in a much better rate of sustainability of regional projects than is being experienced nationwide, according to new study published in *Health Affairs*.** New York State envisions

spending as much as \$250 million on capital grants through funds from the Healthcare Efficiency and Affordability Law for New Yorkers (HEAL NY) and the Federal-State Health Reform Partnership to support health information technology, health information exchange, and regional health information organizations (RHIOs), a figure the authors say is ten times the rate of spending undertaken by the next most ambitious state government (Massachusetts). The authors cite statistics indicating that one-quarter of 145 RHIOs nationwide were out of business within a year of their creation, with few implementing health information exchange, interoperable electronic health records or electronic prescribing. In New York, by contrast, all 26 HEAL NY Phase 1 grant recipients were still functioning two years after award announcements, with 85% still committed to pursuing health information exchange and 35% having users in place. Grantees received an average \$1.8 million in state funds. All continued to have multiple, community-based stakeholders. In terms of the overall New York experience, the authors cite continuing concerns about long-term financial sustainability, technical "workflow integration" problems, a recognition that major projects take substantial time to implement, and the tension between local innovation and statewide-standard setting. Written by experts at the Weill Medical College of Cornell University's Department of Public Health "HEAL NY: Promoting Interoperable Health Information Technology in New York State" appears in *Health Affairs* (volume 28, number 2), which is available at <http://content.healthaffairs.org>.

**A consumer advocacy group is mulling its options in the wake of a ruling in federal appeals court overturning an earlier victory in gaining access to physician-specific Medicare billing data.** Nonprofit Consumers' Checkbook was successful in a lower court ruling handed down in 2007, ordering the U.S. Department of Health & Human Services to release Medicare data. The ruling followed a Freedom of Information request for the data in order to merge them with private-sector billing information in order to analyze physician-specific volume for selected procedures and surgeries and to identify high-performing practitioners in such areas as chronic disease management. But a three-member appeals court in Washington DC sided with HHS and the American Medical Association in a January 30, 2009 spit-decision ruling against Consumers' Checkbook, citing physicians' privacy rights. At press time, Consumers' Checkbook hadn't indicated if it will continue its legal challenge. The American Association of Retired Persons was one among several groups filing amicus briefs in support of Consumers' Checkbook.

**Nursing staff at two New York hospitals have been selected to participate in an innovative quality improvement initiative sponsored by the Robert Wood Johnson Foundation (RWJF).** The Transforming Care at the Bedside Collaborative (TCAB) will empower front-line nursing staff to identify "where change is needed on their unit[s], suggest and test potential solutions, and decide whether and how those innovations should be implemented," according to a March 12 RWJF press announcement. The two New York hospitals participating in the project are Erie County Medical Center Corporation and Medina Memorial Health Care System. The project will be supervised by the Center for Health Care Quality at the George Washington University Medical Center School of Public Health and Health Services. Technical support is being

provided by The American Organization of Nurse Executives and the Institute for Healthcare Improvement. The Collaborative is part of RWJ's \$300 million Aligning Forces for Quality Initiative. For more information, visit [www.rwjf.org](http://www.rwjf.org).

**IPRO has joined a multi-stakeholder initiative aimed at developing a consensus on the role of quality performance measurement under health reform.** Composed of scores of national, regional, state and local organizations representing consumer groups, employers, public purchasers and providers, the Stand for Quality in Health Care initiative supports a \$50 million annual investment in the National Quality Forum for priority-setting and measures endorsement. The initiative calls \$250 million in annual spending by the U.S. Department of Health and Human Services to support measure development in critical areas, and an additional \$250 million in public funds matched by the private sector for expanded collection of performance information. In addition, the group calls for setting aside \$100 million to ascertain which quality improvement strategies work best. In the future, leaders of the initiative propose improved outcomes and resource use via combining medical and pharmacy claims data with clinical registry information, and "linking of laboratory results with medical and pharmacy claims data to compute intermediate outcome measures for patients with diabetes, heart disease, etc." The 14-member Steering Committee includes former CMS Administrators Mark B McClellan, MD, PhD and William L. Roper, MD, MPH and a number of leaders from organized medicine, hospitals and insurance plans, the AFL-CIO, AARP and other groups. For more information, visit the group's Web site at [www.standforquality.org](http://www.standforquality.org).

**The Centers for Medicare & Medicaid Services has issued two "Roadmap" documents aimed at underscoring**

**priority areas for the traditional, fee-for-service Medicare program.** The Quality Measurement Roadmap document discusses the differences between outcomes measures, resource use measures and transitions measures, noting that the current Quality Improvement Organization workplan directs QIOs in fourteen states (including New York) to promote "seamless" transfers of patients from hospitals to skilled nursing and home health care, with a special emphasis on avoiding unnecessary and costly hospital readmissions. The Roadmap for Implementing Value Driven Healthcare discusses innovative payment strategies for a host of settings, aligning financial incentives for providers and the star rating system the agency has developed for evaluating nursing home quality ([www.medicare.gov/nhcompare](http://www.medicare.gov/nhcompare)). A third document, "CMS Roadmaps Overview" summarizes information provided in the other two documents. For additional information, visit [www.cms.gov](http://www.cms.gov).

*Health Care Quality Watch* is published by the Communications Department at IPRO. An electronic version of *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](mailto:svibbert@ipro.org).

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