

# Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

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## Quality Watch Supports Going Green

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**IPRO's Chief Operating Officer, Harry M. Feder has been chosen to serve on New York State's Data Protection Review Board (DPRB), as a representative of professional review organizations.** The DPRB makes judgments pertaining to the release of confidential information from medical records for purposes of health services research. In his notification letter, New York State Health Commissioner Richard F. Daines, MD writes: "I am certain that you will find your term of service both interesting and rewarding." The appointment is through the fall of 2011.

**Nursing homes in New York can apply to participate in a special three-year pilot program to determine whether cash incentives can improve efficiency and quality-of-care.** Under the Nursing Home Value-Based Purchasing demonstration announced March 27 by the Centers for Medicare & Medicaid Services (CMS), Medicare-participating nursing homes in Arizona, Mississippi, Wisconsin and New York can apply to be part of the demonstration. Facilities that demonstrate the highest scores and greatest improvement in four specific areas will be eligible for performance payments from state pools. The areas address nurse staffing, avoidable hospitalizations, resident outcomes and citations of deficiency. CMS anticipates enrolling 100 facilities in each state in the demonstration. Homes will be assigned randomly to demonstration groups and comparison groups. For additional information, visit [www.cms.hhs.gov](http://www.cms.hhs.gov).

**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, or register online at [www.ipro.org](http://www.ipro.org).

**IPRO has been recertified by the State of New Hampshire's Insurance Department to perform independent, external reviews of health care coverage appeals in that state.** The re-certification is for two years. IPRO currently conducts independent external reviews of consumer-generated appeals on behalf of the District of Columbia and the following states:

Arkansas, Colorado, Connecticut, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Washington State, Wisconsin and Vermont.

**IPRO is honoring a select group of health care providers in New York's Upper Capital Region who have signed on to a Medicare-funded, three-year project aimed at making dramatic improvements in care transitions and reducing avoidable readmissions to hospitals.** The providers volunteering to participate in the Care Transitions Project include hospitals, nursing homes, home health agencies, physicians' offices, rehab centers, dialysis centers and hospices located in the counties of Warren, Washington, Rensselaer, Schenectady and Saratoga. Nationally, almost 20% of Medicare beneficiaries are readmitted to hospitals within 30 days of discharge, while the vast majority of these readmissions may be preventable. (See related story on page 2.) IPRO's Care Transitions Project takes an innovative, community-based approach that emphasizes collaboration across settings and among distinct provider groups in order to better coordinate care for Medicare beneficiaries with chronic illnesses. IPRO is one of fourteen Quality Improvement Organizations nationally selected by CMS for this initiative. "We congratulate those Capital Region providers who are joining together to make dramatic improvements in care continuity, with the goal of reducing costly and often unnecessary readmissions to

hospitals,” according to Clare Bradley, MD, MPH, Chief Medical Officer at IPRO. “To do this, we need to do a better job of identifying high-risk patients before discharge and implementing post-discharge care plans that address contingencies. We also need to make sure reliable transfer information gets shared across settings.”

Upper Capital Region providers and stakeholders currently participating in the project include:

- Adirondack Tri-County Nursing & Rehabilitation Center,
- Baptist Health Nursing and Rehabilitation Center,
- Capital Care Medical Group,
- Capital District Physicians Health Plan,
- Community Hospice,
- Ellis Hospital,
- Fort Hudson Nursing Center,
- Glens Falls Hospital,
- H & L Rubin Dialysis Centers,
- High Peaks Hospice and Palliative Care, Inc.,
- Hoosick Falls Health Center,
- Hudson Headwaters Health Network,
- Kingsway Arms Nursing Center,
- MVP Health Care,
- Pleasant Valley,
- Resurrection Nursing Home,
- Saratoga Care Nursing Home,
- Saratoga County Public Health,
- Saratoga Hospital,
- Seton Health/St. Mary’s Hospital,
- Seton Health at Schuyler Ridge,
- Seton Home Health Care,
- The Avenue/Capital Living and Rehabilitation Centres,
- The Dutch Manor/Capital Living and Rehabilitation Centres,
- The Springs/Capital Living and Rehabilitation Centres,
- The Stanton/Capital Living and Rehabilitation Centres,
- Van Rensselaer Manor Nursing Facility,
- VNSA of Schenectady and Saratoga,

- Warren County Public Health,
- Washington County Public Health,
- Wesley Health Care Center Inc.,
- The Orchard Nursing and Rehabilitation Centre,
- Glens Falls Dialysis Center,
- Ellis Residential & Rehab Center, and
- Healthcare Information Xchange of New York.

**A federal advisory panel should make sure that government-funded Comparative Effectiveness Research (CER) activities include evaluating “translation and presentation strategies” to assure that findings get used in everyday medicine, according to testimony from a leading consumer group.** Consumers Union Spokesperson William Vaughan was one of a number of individuals offering written testimony for an April 3 meeting of the National Advisory Council for Healthcare Research and Quality, which advises the U.S. Department of Health & Human Services (HHS) on priority-setting. The recently-enacted American Recovery and Reinvestment Act includes \$1.1 billion for CER, with \$300 million earmarked for the Agency for Healthcare Research and Quality and \$400 million each for the National Institutes of Health and the Office of the HHS Secretary. Consumer Union’s other priority areas include review of ethnic and racial disparities in care; evaluating off-label prescribing of drugs; strengthening data registries; implementing a medical database surveillance law; and publication of high-quality but unpublished clinical trial results. To review this and other written presentations to the Advisory Council, go to [www.abrq.gov/about/nac/cu.htm](http://www.abrq.gov/about/nac/cu.htm).

**Medicare spent an estimated \$17.4 billion on unplanned rehospitalizations in 2004, according to a new study published in the *New England Journal of Medicine*.** The authors found that of nearly 12 million Medicare beneficiaries discharged from hospitals in 2004, almost one-fifth of patients (19.6%) were rehospitalized within 30 days and more than a third (34%) were rehospitalized within 90 days. Overall, the authors estimate that only one in 10 rehospitalizations is planned.

They suggest that interventions at the time of discharge can reduce rehospitalization rates dramatically, particularly for patients with heart failure. While arguing that coordination of care at the community level alone may not necessarily reduce rehospitalizations, the authors credit palliative care and the work Quality Improvement Organizations have done with home health agencies as having a positive effect on readmission rates. The authors note the absence of documentation of physician visits for more than half of patients with medical conditions who were discharged to the community and rehospitalized within 30 days. The authors call this finding “of great concern” suggesting “considerable opportunity for improvement.” They write: “Hospitals and physicians may need to collaborate to improve the promptness and reliability of follow-up care.” *Rehospitalizations among Patients in the Medicare Fee-for-Service Program*, by Stephen F. Jencks, MD, MPH and colleagues, appears in the April 2 edition of the *Journal*. For additional information visit [www.nejm.org](http://www.nejm.org).

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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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