

Healthcare Quality Watch

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NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS



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IPRO Obtains Nursing Home Assessment Award

IPRO has been re-awarded an important state contract to evaluate mental health needs of nursing home residents and applicants. Under the terms of the five-year Pre-Admission Screening and Resident Review (PASRR) contract awarded by the New York State Department of Health, IPRO conducts second-level reviews of patients to determine if Medicaid-participating skilled nursing facility services offer services sufficient to meet the needs of individuals with mental illness, mental retardation and other related conditions. Included among the patients subject to evaluation are individuals with primary diagnoses of Traumatic Brain Injury. In instances when IPRO's independent evaluation determines that an individual's needs are greater than a nursing facility can provide, the organization recommends specialized psychiatric services. Evaluations are conducted face-to-face and take place within five days of referral. Reviewers are New York State-licensed specialists in psychiatry, social work, nursing or psychology. PASRR reviews are required under sweeping nursing home reform legislation originally passed by Congress in 1987 and implemented in New York State in 1989.

Organization Continues ISO Certification

The IPRO Quality Management System (QMS) has been assessed and certified by SGS International Certification Services as meeting the requirements of ISO 9001:2008 for the provision of healthcare services including the design, development, and implementation of Medicare/Medicaid healthcare quality improvement and assessment activities; utilization review; external appeals; data collection, analysis and validation; compliance monitoring; healthcare auditing; special studies; consulting; and eServices for federal, state and local government agencies, providers, managed care organizations and private

sector clients. The IPRO Lake Success and Albany offices as well as Logiqua, LLC, an affiliate, are covered under this QMS. In late October, SGS performed a Surveillance Audit of the QMS and recommended IPRO's continued certification to the ISO 9001:2008 standard. IPRO was first certified to the ISO 9001:2000 standard in 2003, and to the ISO 9001:2008 standard in 2009.

IPRO Names Chief Quality Officer

Edison A. Machado, Jr., MD, MBA is joining IPRO as Chief Quality Officer and Vice President of Strategic Planning. Machado was formerly Senior Director for Strategic Partnerships at the National Quality Forum (NQF) in Washington, DC, where he focused on using performance measurement for payment incentives, public reporting and quality improvement. Prior to joining NQF, Machado was Medical Director and Program Manager for the nationally recognized Bridges to Excellence physician recognition program based in Newtown CT. "IPRO is very fortunate to be able to recruit a physician manager of the caliber of Eddie Machado," according to IPRO Chief Executive Officer Theodore O. Will. "Eddie's understanding of quality improvement, his policy background and his thorough grounding in business development make him an ideal choice to head up strategic planning on behalf of our organization." Machado earned his Doctor of Medicine and Masters of Business Administration degrees from Yale University. Machado replaces Anthony Shih, MD, MPH, who will be returning to the prestigious The Commonwealth Fund in Manhattan, where he will be Executive Vice President of Programs. Prior to serving as IPRO's Chief Quality Officer and Vice President for Strategic Planning, Shih directed The Commonwealth Fund's Program on Quality Improvement and Efficiency.

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Managers Win CMS Performance Awards

I PRO Senior Director Sue Caponi is the winner of an End-Stage Renal Disease (ESRD) Network Special Recognition Award, presented by Barry Straube, MD, Chief Medical Officer of the Centers for Medicare & Medicaid Services (CMS) at CMS' QualityNet Conference, November 30, 2010 in Baltimore, MD. The award recognizes I PRO's ESRD Network of New York Patient Advisory Committee. Another Senior Director at I PRO, Fran Gordon, won a CMS Special Service Award for "outstanding contribution and collaboration" in support of rewriting the CMS Quality Improvement Organization (QIO) Manual, EMTALA Chapter. Each year, CMS holds the QualityNet conference in Baltimore in order to set the agenda for the nation's ESRD Network and QIO communities.

Experts Warn About Drug Discounts

Deeply discounted medications (DDMs) have the potential for unintended consequences for patients, providers and the health-care system, according to a scholarly article co-authored by I PRO Senior Director Darren M. Triller, PharmD. Among the risks of DDMs, according to the authors, is the possibility that formulary status will have a greater influence on prescribing habits than clinical appropriateness. *Deeply discounted medications: Implications of generic prescription drug wars* appears in the November/December edition of the *Journal of the American Pharmacists Association*. For more information, visit the Association's website at www.japha.org.

US Performance on Public Health "Poor"

The United States continues to perform poorly relative to other nations on a number of basic public health quality measures, according to the 2010 edition of America's Health Rankings, produced by the United Healthcare Foundation. Quoting from World Health Statistics 2010, the Foundation notes that healthy life expectancy in the US (an average 70 years of age) is well below Japan's rate of 76 years, and equal to the rates in the Czech Republic, Cyprus and Chile. Infant mortality in the US is seven deaths per 1,000 live births—a rate that is higher than infant mortality in Cuba (five deaths per 1,000 live births), Cyprus (four deaths) and Czech Republic (three deaths). And researchers find that for "age-adjusted amenable mortality" including deaths attributed to bacterial infections, treatable cancers, diabetes and cerebrovascular disease, the mortality rate before the age of 75 ranks the US last among nineteen nations in the Organization for Economic Cooperation and Development. These findings "should be a wake-up call to everyone in the United States to strive to improve all aspects of our health system," say the authors. For a complete set of study findings, visit www.americashealthrankings.org.

Feds Analyze Adverse Events

Nearly 14% of hospitalized Medicare patients experience adverse events during inpatient stays, according to a study released this fall by the U.S. Department of Health and Human Services' Office of the Inspector General (HHS IG). In-depth medical record reviews of 838 hospital stays that took place in 2008 found 128 adverse events, in four major categories, including medication events (31%);

events associated with ongoing patient care (28%); events related to surgeries and procedures (26%); and infections (15%). Extrapolating to a universe of nearly one million Medicare discharges in 2008, the authors estimate that approximately 134,000 beneficiaries experienced at least one adverse event during a hospitalization in that time frame. The two federal agencies that made formal responses to the study indicated a number of new initiatives that are now underway to address the problem of adverse events in hospitals. The Agency for Healthcare Research and Quality (AHRQ) mentions the patient safety culture survey it provides to hospitals, as well as the TeamSTEPPS training it developed with the Department of Defense. Furthermore, AHRQ is working on a Common Format effort that is intended to standardize definitions and reporting of all adverse events that take place in hospitals. Responding on behalf of the Centers for Medicare & Medicaid Services, Administrator Donald Berwick, MD, cites a number of new activities including reducing adverse events through "meaningful use" information technology requirements for hospitals and physicians; expansion of the agency's healthcare acquired conditions payment policy; and use of the soon-to-be-created Center for Medicare and Medicaid Innovation to promote widespread dissemination of best practices. Berwick also points to the community-based Quality Improvement Organizations as a way to not only identify adverse events but to offer technical support to poorly performing providers to improve. For a copy of *Adverse Events in Hospitals: National Incidence Among Medicare Beneficiaries* (November 2010), visit <http://oig.hhs.gov>.

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

I PRO

1979 Marcus Avenue, Lake Success, NY 11042

www.ipro.org

I PRO 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, I PRO has been highly regarded for the independence of its approach, the depth of its knowledge and experience, and the integrity of its programs. I PRO 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, I PRO is headquartered in Lake Success, NY.