

Healthcare Quality Watch

JANUARY/
FEBRUARY 2010

NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS



Improving Healthcare
for the Common Good

Partners Form Readmissions Campaign

IPRO and 18 other Medicare-funded Quality Improvement Organizations (QIOs) are strategic partners in a national effort to reduce hospital readmissions among cardiovascular patients. The three-year Hospital to Home (H2H) initiative announced this past fall by the American College of Cardiology and the Institute for Healthcare Improvement is aiming for a 20% relative reduction in the national 30-day all-cause readmission rate for patients discharged from acute care hospitals with a diagnosis of either heart failure or acute myocardial infarction. Currently, approximately one in five Medicare patients with one of these diagnoses is rehospitalized within 30 days of discharge, often without having seen a physician for follow-up care in the intervening period. Project participants agree to obtain administrative support for the initiative, assemble improvement teams, develop improvement plans and report on progress through periodic surveys. In addition to hospitals, private practices, home health agencies, nurses, hospitalists, pharmacists and other providers are invited to participate. Progress will be measured by performance on the federal Hospital Compare website. To join the initiative, visit its website at <http://h2hquality.org>.

CMS Honors IPRO Managers

IPRO's Chief Information Officer Richard A. Alfieri, M.S., is the first-ever winner of the QIO Program Security Point of Contact Award from the Centers for Medicare & Medicaid Services (CMS). Presented at the annual QIO/ESRD meeting held December 1–3, 2009 in Baltimore, MD, the award recognizes superior performance in safeguarding Medicare data and information systems. IPRO also was named a Beneficiary Protection Redesign Award winner, in recognition of technical support "over and beyond the call of duty" provided by Andrea Goldstein, R.N., M.S., Vice President, Medicare/Federal Health Care Assessment Programs.

Website Targets Quality Measures

The Commonwealth Fund has announced that its

leading-edge website WhyNotTheBest.org had added new categories of hospital performance data that can be accessed through an improved comparison tool. With the tool, users can search for hospitals by name, region, and various characteristics, including health system and hospital referral region; choose from an expanded list of relevant benchmarks; and save performance reports for future visits. In addition to the process-of-care "core" measures and patient experience measures, the site now includes new hospital performance data—on readmission rates, mortality rates, and reimbursement, all as reported by the Centers for Medicare & Medicaid Services. Users of the site can conduct side-by-side comparisons of 4,500 hospitals nationwide, track performance over time, and find case studies of top-performing hospitals and improvement tools. The site is programmed by IPRO and powered by IPRO's Pellucid data engine. Visit the site at www.whynotthebest.org.

Feds Create Home Health Initiative

Home health agencies across the U.S. are being asked to redouble their efforts in areas including reducing avoidable hospital readmissions and improving the management of oral medications, under a national effort announced January 13, 2010 in Baltimore, MD. Spearheaded by the Centers for Medicare & Medicaid Services (CMS) and a number of national partnership organizations, the 22-month Home Health Quality Improvement National Campaign will include distribution of free educational materials as well as confidential, facility-specific performance data reports. Educational packets will address reducing avoidable hospitalizations (distributed in January 2010), medication management (April 2010), Fall Prevention (July 2010), Cross Settings, Part I (October 2010), Cross Settings, Part II (January 2011) and Cross Settings, Part III (April 2011). This is the second national home health quality campaign organized by CMS and supported by the West Virginia Medical Institute & Quality Insights, the Medicare-funded Quality Improvement Organization for West Virginia, Pennsylvania and Delaware. A similar campaign

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that took place in 2007 attracted participation by about 70% of the nation's approximately 8,000 Medicare-certified home health agencies. Sponsors at the January kick-off event said the new campaign's longer time frame is designed to provide agencies more time to assimilate and act upon educational outreach materials and will reemphasize the critical roles of all affected providers—not just home health agencies—including nursing homes, hospitals and physicians. To learn more about the campaign, visit its website at www.homehealthquality.org.

Experts Issue Payment Warning

Failure to align public- and private-sector payment policies could undermine reform efforts now before the Congress, say policy experts in a December editorial in the *New England Journal of Medicine* (NEJM). While the authors hold out hope for the Accountable Care Organization (ACO) payment model, patient-centered medical homes and other alternatives to traditional fee-for-service payments, they warn that “without...harmonization, uncoordinated payment reforms run the risk of creating a confusing hodge-podge of requirements, incentives, penalties, and rewards for providers and patients alike.” The authors endorse the creation of an independent Medicare board, empanelled by the Secretary of the Department of Health and Human Services, but with strong representation from private-sector experts in order to coordinate reform across payers. They warn that if ACOs come to dominate a particular geographic region in terms of Medicare, they could easily use their power to shift costs and demand higher prices from private payers. “Payment Reform-The Need to Harmonize Approaches in Medicare and the Private Sector,” was written by Peter V. Lee, JD, Robert A. Berenson, MD, and John Tooker, MD, MBA. For a copy of the article visit the NEJM website at www.nejm.org.

New York Addresses Obesity

In 2009 the New York State Department of Health, Office of Health Insurance Programs launched a two-year Pediatric Obesity Performance Improvement Project. Through this project, 19 of the State's Medicaid managed care plans are conducting activities incorporating interventions and measurement tools focused on screening for, preventing and managing childhood and adolescent obesity. To foster collaboration among plans, the State hosted an all-plan conference call on December 2, 2009. During the call a group of plans—AmeriGroup NY, EmblemHealth, HealthFirst, HealthNow, Independent Health Association, Excellus BCBS Rochester and MVP Health Care/Preferred Care—presented highlights of their projects and their progress to date. The six presentations, available on IPRO's Joint Effort New York (Jeny) site <http://www.jeny.ipro.org/showthread.php?t=2938> represent a range of target populations and interventions. The Jeny site also includes a document summarizing each of the 19 participating managed care plan's projects. For more information please contact Paul Henfield, Senior Director, Managed Care, IPRO at 516-209-5670; phenfield@ipro.org.

Researchers Find Treatment Gaps

While roughly half of Americans with depression receive at least some treatment for their condition, only 21% receive treatment that meets established clinical practice guidelines, according to a new study from the Archives of General Psychiatry, summarized January 4, 2010 by the online WebMD news service. In a nationwide survey of 15,762 adults that took place between 2001 and 2003, researchers found that 8.3% of respondents reported having depression, with the highest rates found among Puerto Ricans (11.8%) and non-Latino whites (8.5%), and the lowest

among Mexican Americans (8%), Caribbean blacks (7.9%) and African Americans (6.7%). On the other hand, the groups least likely to receive any treatment for depression include African-Americans, Mexican Americans and Caribbean blacks. Only 12% to 14% of depressed individuals in those groups received any treatment at all, according to researcher Hector Gonzalez, Ph.D., of Wayne State University in Detroit and colleagues. Treatments recommended by the American Psychiatric Association typically include a combination of psychotherapy and medication. Researchers found that fully 45% of depressed individuals in treatment received psychotherapy without medication, with 34% receiving medication without psychotherapy. For additional information on “Depression Care in the United States,” visit the Archives of General Psychiatry website at <http://archpsyc.ama-assn.org>.

Feds Announce EHR Plan

Physicians and other office-based providers will need to demonstrate “meaningful use” of certified electronic health record (EHR) technology in explicit categories in order to receive Medicare or Medicaid incentive payments, according to a proposed rule issued December 30, 2009 by the Centers for Medicare & Medicaid Services (CMS). Office-based providers could receive up to \$44,000 in incentive payments over five years under the proposal, beginning in 2011, when they would be required to meet “Stage 1” criteria including 25 objectives and measures. The following year, office-based practitioners would be required to engage in direct transmission of clinical quality measures to CMS via a certified EHR system. An office-based physician could participate in either the Medicare or Medicaid EHR incentive program, but not both. Hospital-based providers would not be eligible for incentive payments, but hospitals would be. The incentive payments to hospitals would be calculated over four years, beginning with a first-year payment of a \$2 million base and additional funding based on discharge calculations. The proposed rule carries a 60-day public comment period, after which it is likely to be revised and finalized in regulation. The proposed rule is available at http://www.cms.hhs.gov/Recovery/11_HealthIT.asp.

Healthcare Quality Watch is published monthly 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.

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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. Founded in 1984, IPRO is 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, as well as private sector clients, operating best-of-class programs in more than 33 states and the District of Columbia. A national nonprofit organization, IPRO is headquartered in Lake Success, NY and is a 501(c)(3) corporation.