

Healthcare Quality Watch

JUNE/JULY 2010

**NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS**

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Improving Healthcare
for the Common Good

Organization Announces Award Winners

Seventeen healthcare organizations and professionals from across New York State received Quality Awards at IPRO's 26th Annual Meeting, held June 8th in East Elmhurst Queens, NY. The awards recognize individuals and organizations that demonstrate a commitment to improving the quality of care provided to New York's Medicare beneficiaries.

"While they are different from one another in many

respects, what unites this group of awardees is a strong commitment to quality improvement," says Clare B. Bradley MD, MPH, Senior Vice President and Chief Medical Officer, IPRO. "Quality improvement is a complex and time-consuming process, and we thank them for their dedication to this effort, and for their achievements."

Awards were given for accomplishments on a range of quality-related projects:

Organization/Individual	Location	Project
Beth Israel Medical Center	Manhattan	Patient Safety
Bronx-Lebanon Highbridge Woodycrest Center	Bronx	Nursing Home Quality
Eric D. Collins, MD, College of Physicians and Surgeons, Columbia University	Manhattan	Patient-Centered Care/Beneficiary Protection
Glens Falls Hospital	Glen Falls	Care Transitions
Greater Rochester Independent Practice Association	Rochester	Drug Safety and Chronic Kidney Disease
Island Medicine	Huntington	Electronic Health Records/Preventive Services
Long Beach Medical Center	Long Beach	Patient Safety
Jack Mancus, MD	Rhinebeck	Electronic Health Records/Preventive Services
North Shore/LIJ Forest Hills Hospital	Forest Hills	Patient-Centered Care/Beneficiary Protection
Riverhead Care Center	Riverhead	Nursing Home Quality
St. James Plaza Nursing Facility	St. James	Nursing Home Quality
St. Luke's Roosevelt Hospital	Manhattan	Patient-Centered Care/Beneficiary Protection
Schoellkopf Health Center	Niagara Falls	Nursing Home Quality
Seton Health System St. Mary's Hospital and Seton Health Home Care	Troy	Care Transitions
Southampton Hospital	Southampton	Patient Safety
Van Rensselaer Manor	Troy	Care Transitions
Westchester Medical Center	Valhalla	Patient Safety

Feds Release Reporting Software

The U.S. Agency for Healthcare Research and Quality is releasing software free-of-charge that hospitals, health plans, government agencies and researchers can use to create special websites that display and analyze hospital-specific quality performance data. Dubbed MONAHRQ—which stands for My Own Network powered by AHRQ—the Windows-based program can be used for internal quality improvement purposes and/or public reporting of performance. The program processes billing data in a way that permits users to analyze hospital-level performance on 57 quality indicators, addressing inpatient mortality and patient safety, as well as performance on utilization measures, such as length-of-stay and frequency of discharges. MONAHRQ also permits county-level analysis of potentially preventable hospitalizations, disease prevalence and frequency of procedures. A senior official at AHRQ estimates the cost of a comparable commercial platform in the range of \$300,000. AHRQ estimates that set-up time takes an average one to two days. For additional information, visit the AHRQ website at www.ahrq.gov.

IPRO Project Emphasizes Follow-up

Seniors with major chronic illnesses who are discharged from hospitals don't always recognize the critical nature of timely follow-up visits with primary care physicians, according to experts participating in IPRO's 5-county Care Transitions program, which runs through July 2011. Allison J. Wait, MS, RN, Clinical Educator and Personal Health Coach with The Eddy VNA in New York's Upper Capital Region, visits patients during hospitalization to prepare them for outpatient self-care. She then makes home visits within 24 to 48 hours of discharge, at which time patients are coached on the need for timely office visits. Patients are scripted on what to say to obtain appointments and coached while making telephone calls. "They don't understand why they need to see a doctor when they were just in the hospital," says Wait. IPRO's Care Transitions program is one of 14 taking place across the country. IPRO's project targets five contiguous counties in the state's Upper Capital Region—including Rensselaer, Saratoga, Schenectady, Warren and Washington counties. IPRO's project is summarized in an article "Improving Outcomes Through Re-engineered Care Transitions: The New York Experience," published in *The Remington Report*. For a reprint of the article, contact IPRO's Communications Office at 516-326-7767, ext. 262.

Feds Limit Medicare Payments

Preliminary analysis of Medicare inpatient data demonstrates a savings of \$16.4 million over a recent nine-month period due to quality-of-care payment adjustments, according to the U.S. Centers for Medicare & Medicaid Services (CMS). Under federal law, CMS implemented a policy in the fall of 2008 that limits DRG payments when the only secondary diagnosis that appears on a claim is one of 10 hospital-acquired conditions (HACs). CMS finds that the HAC-based payment adjustments made over nine months in FY 2009 affected 3,038 discharges and resulted in a net savings of \$16.4 million. In a statement this spring, CMS said this payment strategy is one of a series of value-based purchasing activities. "These tools include measuring performance, using payment incentives, publicly reporting performance results, applying national and local coverage policy decisions, enforcing conditions of participation, and providing direct

support for providers through Quality Improvement Organization (QIO) activities." In the same announcement, CMS indicated that it is proposing to add ten additional quality measures to the 46 that hospitals are now required to report to obtain Medicare's annual full market basket payment update. For more information, visit www.cms.gov.

Authors Seek Reform Coordination

Close coordination between the soon-to-be-created Center for Medicare and Medicaid Innovation and Independent Payment Advisory Board will be essential in order to assure that promising pilot projects are expanded to affect national payment policy, say the authors of a new paper included in the June edition of *Health Affairs*. Under the recently-enacted health reform law, CMS is charged with establishing the Center for Medicare and Medicaid Innovation beginning in 2011. The legislation also mandates an Independent Payment Advisory Board by 2014. The former is charged with testing promising payment models that depart from traditional fee-for-service arrangements, while the latter will make recommendations annually on ways to adjust policy to slow Medicare cost growth and improve quality of care. The authors warn that Medicare demonstration programs typically take a long time to show results and propose that the Center be given authority "to make broader and quicker decisions about identifying, implementing, monitoring, and modifying promising payment strategies." They also suggest that while the Payment Board's recommendations will be non-binding for private payers, the entity will have the capacity to influence all sectors of the healthcare system. "Innovation in Medicare and Medicaid Will Be Central to Health Reform's Success" by Stuart Guterman, Karen Davis, Kristof Stremikis and Heather Drake appears in the June *Health Affairs* (www.healthaffairs.org).

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

IPRO

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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 not-for-profit organization, IPRO is headquartered in Lake Success, NY and is a 501(c)(3) corporation.