

Healthcare Quality Watch

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NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS



Improving Healthcare
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IPRO Wins PA Medicaid Evaluation Contract

IPRO has won a three year renewal of a major contract with the Commonwealth of Pennsylvania to review the quality of services provided to Medicaid recipients enrolled in managed care plans across that state. Under the terms of the External Quality Review Organization (EQRO) contract, IPRO will evaluate how well health plans manage specific clinical conditions and will analyze quality using medical records, eligibility data, claims/encounter data and patient satisfaction surveys. The three-year agreement includes an option to renew the contract for two additional one-year terms. EQRO contracts assure that Medicaid programs are evaluated by independent, external organizations. IPRO has held the Pennsylvania EQRO contract continuously since 1999. "We are gratified that Commonwealth of Pennsylvania has seen fit to renew our EQRO contract," said IPRO Chief Executive Officer Theodore O. Will. "Given the highly competitive nature of the healthcare evaluation marketplace, this renewal demonstrates the high-level skills and analytic capabilities of our managed care evaluation team." Contract managers at the State's Department of Public Works have identified 20 explicit objectives for assessing the performance of managed care plans, addressing behavioral as well as physical health. IPRO's oversight responsibilities also include Medicaid managed long term care. For the first time, IPRO's purview will be extended to include review of Children's Health Insurance and Adult Community Autism Programs.

IPRO Achieves Management Certification

IPRO's Quality Management System (QMS) has been certified as meeting the requirements of the internationally-recognized management audit program known as ISO 9001:2008. Under the terms of the onsite review conducted by SGS International Certification Services this past fall, IPRO's QMS was found to meet ISO requirements for provision of healthcare services including the design,

development and implementation of Medicare/Medicaid health care quality improvement and assessment activities; utilization review; external appeals; data collection, analysis and validation; compliance monitoring; health care auditing; special studies; consulting; and e-services. IPRO conducts these activities on behalf of state and federal government agencies, providers, managed care organizations and private sector clients. IPRO's Lake Success and Albany offices as well as Logiquel, LLC, an affiliate, are covered under the QMS. IPRO has been ISO certified since 2003.

IPRO Champions Statewide Drug Events Task Force

IPRO is launching a major initiative aimed at reducing warfarin-related adverse drug events across the state of New York. As the Medicare-funded Quality Improvement Organization (QIO) for New York, IPRO is charged with working with providers to improve the quality of care provided to New York's seniors. Anticoagulation therapy is prescribed for the prevention of harmful and life threatening blood clots. The most commonly prescribed anticoagulant is warfarin (Coumadin). Although anticoagulants can be life-saving when used appropriately, they also carry the risk of serious bleeding. A study published recently in *The New England Journal of Medicine* demonstrated that warfarin—whether used alone or in combination with other drugs—is the medication most often associated with preventable adverse drug events among the elderly. The U.S. Centers for Medicare & Medicaid Services (CMS) is directing IPRO to focus on supporting measurable reductions in warfarin-related adverse drug events affecting New York's Medicare population. Accordingly, IPRO has launched the New York State Anticoagulation Coalition, led by nationally recognized leaders in antithrombotic therapy, including Jack Ansell, MD, and Elaine Hylek, MD. "I am delighted to participate in this important endeavor," said Dr. Ansell, founder of the Anticoagulation Forum and Chairman of the

Department of Medicine at Lenox Hill Hospital, New York. "As demonstrated in multiple studies, warfarin therapy has a narrow therapeutic range and requires expert dose management to keep patients within that range so that complications, such as bleeding, are prevented. Management is complex and labor intensive and may not be performed well. This effort by IPRO, to reduce warfarin-related adverse events by improving dose management, is a critical step to the overall improvement of anticoagulation care, especially for New York seniors who are the major recipients of anticoagulation therapy." For more information regarding the New York State Anticoagulation Coalition, please contact Dr. Darren Triller, IPRO's Senior Director of Drug Safety at dtriller@nyqio.sdps.org.

Professional Society Announces Payment Commission

A professional society is in the process of creating a national commission that will recommend reforms to physician payment in the U.S. The National Commission on Physician Payment Reform is a creation of the Washington DC-based Society of General Internal Medicine. Noting that healthcare spending is scheduled to reach \$4.5 trillion in 2019, the Commission's concerns include the current fee-for-service system's emphasis on quantity rather than quality of services; system-wide waste and lack of care coordination; a patient population that is increasingly more complicated in terms of chronic care needs and the system's preoccupation with high technology interventions "that may or may not be necessary." The Commission plans to review such innovations as accountable care organizations, patient-centered medical homes and value-based purchasing. It plans to produce payment reform recommendations by early 2013. Former Senate Majority Leader William Frist, MD is the Commission's Honorary Chair; University of California Department of Medicine Professor Steven Schroeder, MD, MACP is Chair. The Commission indicates it will shortly announce its consumer members. Funding is being provided by the Robert Wood Johnson Foundation, the California Healthcare Foundation and the Sergei Zlinkoff Fund for Medical Education and Research. For more information, visit the Commission's website at www.PhysicianPaymentCommission.org.

Advocates Urge Quality Oversight of Exchanges

Leading consumer advocates are arguing that the federal government will need to take an aggressive approach to regulating new health plan quality performance requirements included in the Affordable Care Act. Writing online in the February 29 Health Affairs Blog, Consumers' CHECKBOOK Executive Robert Krughoff and colleagues assert that the government must issue regulations requiring "comparable, meaningful, verified information across all plans," offered by state-based Exchanges under health reform. The authors note that the health reform law mandates that Exchange plans be profiled based on enrollee satisfaction, accreditation status, quality reporting, case management, care coordination, management of chronic disease and initiatives designed to improve medication and care compliance on the part of consumers. Authors recommend highlighting physicians and group practices recognized by the National Committee for Quality Assurance's "Patient Centered Medical Homes" initiative as well as Bridges to Excellence. They urge that as Medicare's Physician Compare tool expands as a quality information resource, "plan comparison tools should include information...for every doctor affiliated with every

plan." For more on *Helping Consumers Choose Health Plans in Exchanges: Best Practice Recommendations*, which was posted online February 29, visit <http://healthaffairs.org/blog>.

Punitive Culture Undermines QI-AHRQ

Hospitals need to do a better job of assuring staff members that if they report patient safety problems, the information won't be used against them, according to a new report from the U.S. Agency for Healthcare Research and Quality (AHRQ). The report highlights findings from the most recent edition of the Hospital Survey on Patient Safety Culture. More than a half a million hospital staffers drawn from 1,128 hospitals responded to the 2012 survey, with the vast majority of respondents indicating they had direct interaction with patients. In terms of findings, 50% of respondents said they felt mistakes were held against them, 46% felt event reporting resulted more in write-ups than problem correction and 35% worried that information on mistakes would be kept in personnel files. AHRQ's seven-step action plan for patient safety improvement include understanding results, communicating results, creating focused action plans, communicating plan deliverables, implementation, tracking progress and sharing positive results. For the full text of *Hospital Survey on Patient Safety Culture: 2012 User Comparative Database Report*, visit AHRQ's website at www.ahrq.gov/qual/hospsurvey12.

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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. For more than 25 years, IPRO has been 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 and corporate clients, in more than 33 states and the District of Columbia. A not-for-profit organization, IPRO is headquartered in Lake Success, NY.