

Healthcare Quality Watch

MAY 2012

**NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS**



Improving Healthcare
for the Common Good®

IPRO Offering Empowerment Workshops, Website

IPRO is offering a series of educational workshops aimed at supporting a patient and family-centered approach to empowering Medicare beneficiaries. Modeled on self-management workshops offered by IPRO to inner city Medicare beneficiaries with diabetes from 2008 to 2011, the sessions emphasize healthy living, empowerment and understanding Medicare rights. Workshops are held in English and Spanish and use a Train-the-Trainer methodology in order to maximize information dissemination. For more information regarding the workshops, contact Project Manager Janice Hidalgo at (516) 209-5310 or jhidalgo@nyqio.sdps.org. For more on the patient and family-centered care concept, including a number of tools, resources and contacts, visit IPRO's new Beneficiary and Family Centered website at www.PatientFamilyCaregivers.ipro.org.

IPRO to Support Warfarin Safety Study

The Albany NY-based Foundation for Quality Care, Inc. has received an empirical study grant from Medline Industries, Inc. for a

NYS Health Commissioner to Keynote IPRO Annual Meeting

New York State Health Commissioner Nirav R. Shah, MD, MPH will keynote IPRO's 28th Annual Membership Meeting, to be held Tuesday, June 5 at the New York LaGuardia Airport Marriott Hotel in East Elmhurst, NY. Also speaking at the event is Janet Wright, MD, FACC, Executive Director of Million Hearts™, a national initiative launched by the Department of Health and Human Services with the explicit goal of preventing a million heart attacks and strokes by 2017.

Dr. Shah is a nationally recognized thought leader in patient safety and quality, comparative effectiveness, and the methods needed to transition to lower-cost, patient-centered healthcare for the 21st century. Dr. Wright is an invasive cardiologist, most recently serving as the Senior Vice President for Science and Quality at the American College of Cardiology. The event also includes presentation of the IPRO Quality Awards, given each year to recognize high-performing providers in a variety of settings from across the State of New York. IPRO's Annual Meeting takes place from 12:00 to 3:00PM and includes a complimentary buffet luncheon. **To register for the IPRO Annual Meeting, call Joan Ragone at (516) 209-5262.**

project entitled: *Warfarin Safety for Residents in Skilled Nursing Facilities*. This study seeks to address the quality of therapeutic monitoring for the high risk drug, warfarin (a long term oral anticoagulant therapy medication). "Warfarin tops the list of ten dangerous drug interactions in long term care, and as many as 12% of the 1.6 million American nursing home residents receive long term oral anticoagulant therapy with warfarin to prevent strokes and other thromboembolic events," notes Karen Morris, RN, MS, Director of Clinical and Quality Services for the New York State Health Facilities Association (NYSHFA), and *Warfarin Safety study* Project Director. "This study will evaluate how improvements in policies, staff education, prescription management, and clinical monitoring can reduce the high incidence of fatal, life-threatening, or serious adverse warfarin-related events in the nursing home setting, the majority of which may be preventable," Morris continued. This research study will be conducted in partnership with IPRO. Darren M. Triller, PharmD., IPRO's Senior Director of Health Care Quality Improvement, will serve as the Principal Investigator.

The Foundation was created in 2001 as an affiliated subsidiary of the New York State Health Facilities Association, a statewide trade association representing more than 250 skilled nursing facilities in New York State.

Relatively Few Physician Practices Meet EHR Standard

While the vast majority of physicians in the U.S. are eligible to apply for Medicare or Medicaid incentives that support the use of electronic health record (EHR) systems, few practices actually meet the “meaningful use” standards required to receive such payments. That’s the conclusion from a survey of a representative sample of 3,996 physicians across the U.S. published in the current online edition of the journal *Health Affairs*. The authors found that while 91 percent of physicians met Medicare and/or Medicaid eligibility requirements in 2011, only 11 percent of doctors both intended to apply for incentive payments and actually met most of required Stage 1 “meaningful use” criteria. Under federal law, practices can receive \$44,000 over five years under the Medicare program or \$63,750 over six years under Medicaid if they can demonstrate capabilities in such areas as recording problems, medication and allergies electronically; transmitting prescriptions to pharmacies electronically and electronic exchange of clinical summaries with other providers. Researchers find physicians are more likely to indicate intention to apply for incentive payments if they are under the age of 55, engaged in primary care and work in practices of more than eleven practitioners. While demonstrating a “great discrepancy” overall between intention to apply for incentive payments and actual readiness to do so, the authors note that 62 federally-funded Regional Extension Centers (RECs) are now offering valuable technical assistance to practices implementing EHR systems. IPRO is an active participant in the New York eHealth Collaborative REC. For more on IPRO’s activities, visit the Ambulatory Care/Electronic Health Records section of the IPRO website at www.ipro.org. To read the article “Most Physicians Were Eligible for Federal Incentives in 2011, But Few Had EHR Systems That Met Meaningful-Use Criteria,” visit <http://content.healthaffairs.org>.

Feds Identify Areas with Fastest Quality Improvement

All of the ten quality measures showing the most rapid pace of improvement nationwide are indicators featured on the federal Hospital-Compare and Nursing Home-Compare websites, according to findings from the annual healthcare disparities study released this spring by the U.S. Agency for Healthcare Research & Quality (AHRQ). Additionally, most of these measures are, or were recently, focus areas of the federally-funded QIO program. Two of the measures registering the most rapid improvement are focus areas of the current QIO Surgical Site Infection initiative (the timing of prophylactic antibiotic administration and discontinuance), and another two are focus areas of the current QIO Care Transitions work (written instructions and ACE/ARB prescriptions for hearts patients at hospital discharge). The other six areas showing the fastest improvement address influenza screening and pneumococcal vaccination of hospital patients and nursing home residents—areas QIOs concentrated on in their recent Medicare workplans. Of the ten quality areas where AHRQ finds the most rapid deterioration in performance nationwide, three relate to diabetes management and four relate to adverse events in healthcare facilities. In terms of “snap shots” of performance by individual states, AHRQ ranks New York among the five top states for performance on preventive care. For a copy of the *National Healthcare Disparities Report, 2011*, visit the AHRQ website at www.ahrq.gov.

Policy Experts Propose QIO Role in Malpractice Reform

The statutory authority QIOs have to promote local practice guidelines—while never used—could nonetheless prove useful in the effort to provide malpractice “safe harbors” for physicians, according to White Paper just published by the Robert Wood Johnson Foundation and the Urban Institute. While not a panacea, the authors argue that evidence-based practice guidelines could be useful in the effort to reduce litigation and thereby control healthcare costs, particularly if accompanied by payment reforms and/or other structural changes to the healthcare system. The authors cite provisions in 1972 Professional Standards Review Organization (PSRO) legislation that would have permitted those organizations to set local practice standards that would protect physicians who adhere to them from future malpractice lawsuits. Claiming such authority remains in effect for the QIO successor organizations, the authors suggest such a mechanism is “a tactic worth another look.” A similar argument was made by JF Blumstein in a 2006 article in the *Vanderbilt Law Review* and by Former Obama Administration Budget Director Peter Orszag in *The New York Times* in the fall of 2010. For a copy of *The Value of Clinical Practice Guidelines as Malpractice ‘Safe Harbors’* (April 2012) by Randall R. Bovbjerg and Robert A. Berenson, visit the Robert Wood Johnson Foundation website at www.rwjf.org.

CMS Proposes More Hospital Public Reporting

The U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS) wants to add five new patient experience of care measures that hospitals would report on beginning next fall. Currently hospitals must survey discharged patients on 27 Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) questions addressing experience of care in order to receive full annual Medicare payment updates. Under the CMS proposal now under review at the Administration’s Office of Management of Budget, hospitals would survey patients on five additional measures beginning next October—three questions addressing Care Transitions, one addressing admission through the emergency room and another addressing overall mental health. CMS proposes to require this additional data collection as part of its implementation of the Affordable Care Act’s Value-Based Purchasing program. That program will offer quality-based incentive payments to hospitals. The proposal appears in the April 27 Federal Register, which is available through www.federalregister.gov.

Healthcare Quality Watch is published by the Communications Department at IPRO.

An electronic version of *Healthcare 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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www.ipro.org

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.