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Healthcare Quality Watch

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NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

IPRO

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IPRO Awarded Three ESRD Network Contracts

IPRO has been awarded three major federal contracts to support the provision of End-Stage Renal Disease (ESRD) services to Medicare beneficiaries. All three-year awards assist dialysis and renal transplantation centers in maintaining high standards of care for ESRD patients. The contracts are administered by the Centers for Medicare & Medicaid Services (CMS) and are effective January 1, 2013. IPRO's award as the ESRD Network 1 contractor (supporting service delivery in CT, ME, MA, NH, RI and VT), and renewal as ESRD Network 2 contractor (supporting service delivery in NY), requires the organization to: (a) assure effective and efficient administration of Medicare benefits for patients; (b) work with providers to improve quality of care; (c) use data collection to measure performance on key metrics; (d) provide technical assistance to patients and providers and (e) evaluate and resolve patient grievances. IPRO's re-award of the expanded ESRD Network Coordinating Center contract means the organization will have a lead role in supporting CMS' management of the ESRD program nationwide including responsibility for operation of the KCER Coalition—supporting emergency preparedness and response for the ESRD Networks, dialysis organizations, and stakeholder community. "We are very pleased that CMS has chosen to expand our role in working with providers and beneficiaries to improve ESRD service delivery, both at the regional and national levels," said Clare Bradley, MD, MPH, IPRO's Senior Vice President and Chief Medical Officer. "This expansion is a testament to the diligence and creativity of our entire ESRD contractor support team." Created by federal law in 1978, there are currently 18 Network Organizations operating nationwide. The 18 Networks serve the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, America Samoa, Guam and the Northern Mariana Islands. For more information on the announcement, visit http://cms.hhs.gov.

IPRO Focusing on Albany Area Long-Term Care

IPRO will work with a broad range of stakeholders in the greater Albany area to investigate variations in cost, quality and utilization of long term care, with the goal of developing best practice interventions to improve service delivery. Under this one-year Special Innovation Project funded by CMS, IPRO will collaborate with advocates, providers, civic leaders, Medicare beneficiaries and other stakeholders to perform a community-based root cause analysis and develop a work plan to improve patient outcomes. The greater Albany area covers a large multi-county region that includes urban, suburban, and rural service delivery. The project will be focused on home-based as well as institutional long term care. Special Innovation Projects are designed as community-wide projects seeking improvement in local and regional service delivery. For more information, contact Sara Butterfield, Senior Director, Health Care Quality Improvement at IPRO's Albany office (518-320-3504 or sbutterfield@nyqio.sdps.org).

Rule Includes Major Changes to QIO Program

The U.S. Centers for Medicare & Medicaid Services (CMS) has made a number of important changes to the way Quality Improvement Organizations (QIOs) like IPRO handle quality of care complaints lodged by Medicare beneficiaries. The changes to QIO regulations are included in a massive final rule revising the Medicare hospital outpatient prospective payment system and the Medicare ambulatory surgical center payment program.

The changes include long-awaited revisions to the manner in which the organizations disclose review findings to beneficiaries and families; codification of an "immediate advocacy" dispute resolution alternative; new language clarifying that beneficiaries can submit case review requests electronically; and provisions permitting beneficiaries to authorize disclosure of their own confidential medical information. Historically, QIOs have been barred from disclosing specific information on an adverse quality determination against a physician in the absence of that physician's agreement to disclose such findings to patients and their families. The new regulation requires QIOs to offer beneficiaries and families detailed findings about practitioner performance without the practitioner's approval—a change long sought by patient advocacy organizations like Public Citizen and Center for Medicare Advocacy. The final rule was published on November 15 *Federal Register*; to view the rule, visit https://s3.amazonaws.com/public-inspection.federalregister.gov/2012-26902.pdf

Officials Foresee Improved Quality Reporting

Close attention to aligning physician quality measures, better coordination of efforts among federal agencies and deployment of interoperable electronic health records will reduce administrative burdens on physicians and increase voluntary reporting activities, according to a new article from experts at the U.S. Centers for Medicare & Medicaid Services (CMS). The authors note that while voluntary participation in the CMS Physician Quality Reporting System (PQRS) increased by 10% from 2007 to 2010, only a quarter of the nation's eligible professionals were participating in 2010. They argue that reducing the reporting burden for providers and aligning public and private-sector reporting activities will likely improve participation rates. They note that currently five federal data reporting initiatives all use different adult immunization reporting measure—thereby undercutting practitioners' willingness to participate in such efforts voluntarily. In the future, the authors foresee: "more robust date-driven clinical quality measures that elucidate changes in a patient's health outcomes and functional status longitudinally and across care settings." They also believe redesigned and more user-friendly Compare websites (including implementation of mobile applications) will make performance information more readily accessible to patients and families. The article "A History of and a Vision for CMS Quality Measurement Programs," by Kate Goodrich, MD, MHS; Edward Garcia, MHS; and Patrick H. Conway, MD, MSc, appears in the October 2012 edition of *The Joint Commission Journal on Quality and Patient Safety* (vol 38, number 10). Visit the Joint Commission's website at www.jcaho.org.

Feds Commission MD Practice Work-Flow Analysis

Citing a lack of scientific studies analyzing the work-flow implications of electronic health record implementation at small and medium-size primary care settings, the U.S. Agency for Healthcare Research and Quality is commissioning a three-year study at six clinics affiliated with Vanderbilt University Medical Center. The analysis will focus on patients with diabetes and examine the impact that practice re-design has on work-flow, office operations and care coordination. The study will include interviews with patients in order to ascertain impact on attitudes toward self-care. Vanderbilt's "My Health Team" care coordination redesign program focuses on chronic care registries; shared viewing of care plans among clinical staff; automated alerts and reminders; patient self-management at home via electronic messaging; and frequent interactions with care coordinators via telephone and secure patient portals. The study will be undertaken by RTI International and is intended to identify best practices in managing high-cost conditions. The study notice appears in the January 7, 2013 *Federal Register* (vol 78, number 4) available at www.gpo.gov.

Experts Doubt Online Physician Rating Programs

Researchers say that while "crowdsourcing" techniques may be helpful in finding restaurants, the online ratings programs used to evaluate physicians have too few users to say anything meaningful about the performance of practitioners. A National Public Radio (NPR) blog posting in early January cites a recent survey of urologists conducted by *The Journal of Urology;* the average number of reviews available for 500 physicians—from a total of 10 physician rating websites—was 2.4 reviews. According to NPR: "the paltry number of participants means that one cranky patient's complaint—or a rave from one doctor's relative—can skew a rating." NPR also reports results from a similar study published in 2012 in the *Journal of Medical Internet Research,* which found that while most ratings of Virginia physicians were positive, they were based on findings of an average of three patients per physician. NPR posits that patients may be intuiting that physician rating services are of limited value: while 80 percent of internet users report that they use online services to evaluate other products and services, only 20 percent say they choose healthcare providers that way. For more information, access "Online Grades For Doctors Get an Incomplete," by Nancy Shute in the January 4, 2013 NPR blog, available at www.npr.org/blogs/health/2013/01/04/168626218/grades-for-doctors-get-an-incomplete.

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

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042

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