



Experts in Defining and Improving the Quality of Health Care

Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS



IPRO has won an important new grant to support a community-based health information technology (HIT) project that will streamline and improve the quality of care for chronically ill New Yorkers. Under the HEAL NY Phase 10 awards announced late last month by Governor David A. Paterson, IPRO will receive nearly \$5.3 million to support HIT infrastructure in two downstate areas, with the goal of improving care coordination for adult patients with diabetes through the patient-centered medical home model. The medical home model emphasizes centralized care delivery for individuals with chronic disease who might be at risk of receiving fragmented and uncoordinated services. “We are very pleased to support the New York State Department of Health’s (NYSDOH’s) innovative approach to better care management through improved communications among multiple providers treating chronically ill patients with diabetes,” said IPRO Chief Executive Officer Theodore O. Will. IPRO’s medical home partners are the Queens Long Island Medical Group and the Nassau Health Care Corporation. The Regional Health Information Exchange Organization (RHIO) partner for the project is the non-profit Long Island Patient Information Exchange. A key project goal is to assist partner organizations in transmitting and receiving electronically-shared clinical information via the RHIO. Information will include continuity-of-care documentation, pharmacy information, patient health records, patient-clinician portal communications, referral and results tracking and shared community services information. The project will promote coordinated care for

more than 30,000 adults with diabetes. To review additional information about the HEAL NY grants and a listing of all grantees, visit the NYSDOH website at www.nysdoh.gov.

IPRO’s new 25th Anniversary Report has won an American Graphic Design award. The editors of Graphic Design USA honor creative professionals who have shared their vision and been recognized as design’s “best and brightest.” The American Graphic Design Awards is a four-decade-old flagship competition, and is open to the entire graphic arts community, including graphic design firms, advertising agencies, inhouse corporate and institutional designers, publishers and other media. There were over 8,000 entries, with a highly selective 15% being recognized as outstanding new work in 23 categories, from print and packaging to internet and interactive design. IPRO’s 25th Anniversary Report was designed by the Manhattan-based Langton Cherubino Group, Ltd. For a copy of the report, contact Sylvia Toufexis at 516-326-7767, ext 262 or stoufexis@ipro.org.

IPRO has joined the New York City Department of Health and Mental Hygiene’s landmark *Take Care New York* campaign, which tracks statistical performance on key indicators in ten major areas. The areas include: promoting quality for all, ending tobacco use, promoting physical activity and healthy eating, being heart healthy, stopping the spread of HIV and other sexually transmitted infections, reducing risky alcohol use and drug dependence, preventing and detecting cancer, raising healthy children

and making all neighborhoods healthy places. The goal of promoting quality for all includes an effort to narrow health disparities between affluent and low-income New Yorkers. Researchers at the agency note that while 8.7% of affluent adult New Yorkers report that they don’t receive necessary healthcare services in a given year, the percentage jumps to 15.8% for individuals with incomes below 200% of the federal poverty level. The *Take Care New York* campaign aims to reduce that 7.1% gap to 5% by the year 2012. For more information on the 10 major areas of focus, the performance indicators and the improvement targets, visit the department’s website at www.nyc.gov/health.

IPRO has obtained a new federal contract to support the dissemination of tools and research findings aimed at improving the quality and safety of healthcare in the United States. Under the Agency for Healthcare Research and Quality’s (AHRQ’s) Knowledge Transfer/Implementation contract, IPRO will receive specific task assignments to support accelerated dissemination of evidence-based products that improve the quality and safety of healthcare delivery. Contracts are for one year with four additional option years. The first project assigned to IPRO is to develop a learning network to provide technical assistance to Medicare-funded Quality Improvement Organizations (QIOs) and associated hospitals on AHRQ tools to improve the quality and safety of healthcare delivery. The focus will include training for QIOs on the implementation of a hospital discharge planning toolkit, developed under AHRQ sponsorship. “We are delighted to

have been chosen by AHRQ to support its evidence-based knowledge transfer effort,” said IPRO Chief Executive Officer Theodore O. Will. “Our first activity—supporting Quality Improvement Organizations and hospitals in improving hospital discharge planning—couldn’t be more timely,” he said, noting recent research indicating that almost 20 percent of Medicare beneficiaries are re-hospitalized within 30 days, at an estimated annual cost of \$17.4 billion. AHRQ is the lead Federal agency charged with improving the quality, safety, effectiveness, and efficiency of healthcare. AHRQ sponsors and conducts research that provides evidence-based information about healthcare outcomes, quality, cost, use and access. AHRQ also supports initiatives that disseminate and help move research into practice. This contract is part of AHRQ’s Knowledge Transfer/Implementation program, which seeks to accelerate the dissemination and implementation of AHRQ’s evidence-based products, tools, and research findings into the healthcare system. IPRO will be assigned specific projects under this contract.

“Meaningful use” of healthcare information technology (HIT) will require that providers not only adopt new care management systems but use them in a way that actually improves quality, according to an October 1 update from David Blumenthal, MD, MPP, National Coordinator for Health Information Technology, US Department of Health and Human Services. He noted that federal stimulus legislation provides eligible physicians in small practices with up to \$44,000 in Medicare funding over five years (and up to \$63,750 in Medicaid funding over six years) for “meaningful use” of electronic health records (EHR). “We recognize that better healthcare does not come solely from the adoption of technology itself,” he wrote, “but through the exchange and use of health information to best inform clinical decisions at the point of care.” The Centers

for Medicare & Medicaid Services is due to publish a proposed rule on “meaningful use” by December 31, 2009, with a public comment period to follow. Blumenthal’s office will define EHR “certification,” which will be the benchmark that systems will be required to meet to qualify physician users for Medicare and Medicaid incentive payments.

While reducing Medicare payments for cases involving hospital-acquired conditions is one strategy to improve quality, the Centers for Medicare & Medicaid Services (CMS) has a number of other initiatives in place to affect change, according to an article co-written by CMS Chief Medical Officer Barry Straube, MD. Writing in the September/October edition of *Health Affairs*, Straube and co-author Jonathan Blum note that Medicaid programs in New Jersey, Indiana, Wisconsin, Nebraska, Kansas and Utah have all followed CMS’ lead and our now reducing payments for cases involving hospital-acquired infections. “Medicare’s total payment reductions may understate the overall cost savings of preventing hospital-acquired conditions,” write the authors. Other important aspects of the CMS agenda, according to the authors, include the current Quality Improvement Organization 9th Scope of Work, public reporting and transparency initiatives, value-based purchasing, evidence-based guideline development, and a national coverage policy that includes outright denial of payment for “never events.” Visit the Health Affairs website at www.healthaffairs.org.

Employers in Pennsylvania say a state agency that publishes healthcare outcomes and utilization data could be a model for the nation under health reform. By relying on the findings of the Pennsylvania Health Care Cost Containment Council (PHC4), the Hershey Corporation claims it was able to cut employee medical costs by as much as 50% over several years. PHC4 publishes risk-

adjusted rankings of hospital performance in such areas as bypass surgery and diabetes care, along with pricing information. Hershey created a model in which rankings were calculated focusing on 21 high-cost procedures, with 70% of a hospital’s grade based on outcomes and 30% based on price. “The correlation between costs and quality was zero,” Hershey Compensation and Benefits Manager Richard Dreyfuss has told *The Wall Street Journal*. “Generally, higher-cost hospitals had poorer outcomes,” according to Dreyfuss. Under a special offering to employees, the company used the rankings to exclude 13 of 23 hospitals as health plan providers. The Journal reports that a former senior manager at Hershey is now Chairman and Chief Executive of Capital BlueCross and that he has developed a ranking plan similar to the one formerly used at Hershey. “I would ask officials in Washington to push for mandatory compiling of medical data,” says the Blue Cross executive.

Health Care Quality Watch is published 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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