

Healthcare Quality Watch

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NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS



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IPRO Supports Care Transitions Initiatives

Seven of an initial eight federal Community-based Care Transitions Program (CCTP) awards in New York received technical support from IPRO. Created by the Affordable Care Act, CCTP tests models for enhancing care coordination between hospitals and other settings in order to reduce readmissions among high-risk Medicare beneficiaries and thereby reduce costs. Under their current workplan, QIOs like IPRO are tasked with assisting local provider alliances in their efforts to secure CCTP funding. The four most recent awardees in New York involve the Eddy Visiting Nurse Association in partnership with local service agencies and five north-eastern New York State-area hospitals; Mt. Sinai Hospital and Mt. Sinai Hospital in Queens in cooperation with a network of federally-qualified health centers; New York Methodist hospital in an arrangement with Brooklyn-based skilled nursing facilities, home health agencies and community programs; and a program led by the Visiting Nurse Service of Schenectady & Saratoga Counties in partnership with six community-based care organizations and eight rural acute-care hospitals. At press time, the Centers for Medicare & Medicaid Services (CMS) was scheduled to review an additional five applications from New York-based CCTP provider groups. For more information on CCTP, visit the Partnership for Patients section of www.innovations.cms.gov/initiatives/Partnership-for-Patients/CCTP/index.html.

IPRO Secures Special Diabetes Funding

IPRO will shortly undertake a special two-year project to work with Hispanic and Latino seniors on diabetes self-management education (DSME). Under the "Everyone with Diabetes Counts" campaign, IPRO will recruit a minimum of 6,000 enrollees and be responsible for graduating at least 2,500 Hispanic/Latino beneficiaries. Participants will take part in a 15-hour training program

led by certified community health workers and IPRO-affiliated college interns. The campaign will include educating physician practices using a Stanford University-developed DSME curriculum as well as awareness-building and promotion of healthy behaviors in the community-at-large. IPRO will utilize a network of community-based organizations and partnerships to support the awareness campaign. The program builds on a successful DSME outreach campaign that IPRO conducted from 2008 to 2011. In that campaign IPRO successfully graduated 1,300 Hispanic/Latino Medicare beneficiaries using the Stanford curriculum. For more information on the project contact IPRO Project Director Janice Hidalgo at (516) 326-7767.

Policy Experts Promote Cost-Containment

Former CMS Administrator Donald Berwick, MD, MPP and colleagues assembled by the Washington DC-based Center for American Progress have outlined a series of cost-containment proposals they believe should be implemented individually or together. These include negotiated payment rates that are binding on all payers; immediate adoption of bundled payment for cardiac and orthopedic procedures, with 75% of all Medicare and Medicaid payments made using alternatives to fee-for-service in ten years; competitive bidding for all Medicare-financed commodities and for all exchange purchasing beginning in 2014; tiered offerings in all exchanges utilizing premium discounts; use of leveraged, pay-for-performance purchasing by exchanges; requiring providers to engage in electronic transactions with a single, uniform approach to physician credentialing; price information transparency; better use of non-physician providers; an expanded ban on physician self-referral; reform of the Federal Employees Health Benefits Program and use of evidence-based safe harbors as a shield

for physicians from malpractice litigation. "A Systemic Approach to Containing Health Care Spending" appeared in the September 6, 2012 edition of the *New England Journal of Medicine* (www.nejm.org).

Feds Pilot New Hospital Quality Measures

The U.S. Centers for Medicare & Medicaid Services (CMS) is pilot testing two new hospital quality measures it is planning to include next year on its Hospital Compare website (www.hospitalcompare.hhs.gov). The measures are a hospital-wide readmissions indicator and a hip and knee replacement complications and readmissions measure. Meanwhile, CMS is ready to implement a program to reduce payments to hospitals with excess readmissions for acute myocardial infarction, heart failure and pneumonia. Mandated by the Affordable Care Act and set to begin October 1, 2012, the program calculates hospitals' excess readmission ratio using three years of discharge data and a minimum of 25 cases for each condition. During the first year of the program the maximum penalty a hospital could face is capped at 1 percent of inpatient base operating payments. For additional information, visit www.cms.gov and search for the Readmissions Reduction Program.

Proposal Ties Certification and Quality Reporting

Closer alignment between physicians' specialty board recertification requirements and federal performance reporting activities will have a positive effect on quality improvement across the nation, according to an op-ed from two leading physician executives, published September 12th in the *Journal of the American Medical Association*. The authors note that all 24 medical specialty boards in the U.S. now endorse periodic recertification, with only 23% of physicians younger than 70 years of age not required to and not choosing to recertify with specialty boards. At the same time, the authors note that the "relatively small payments" available to physicians who voluntarily report performance on federal quality measures has resulted in reduced participation rates among small physician groups and solo practitioners. Aligning board recertification requirements with performance reporting "could lead to more meaningful information available to consumers as well as greater opportunities for meaningful quality improvement..." according to the authors. To access "Engaging Physicians and Leveraging Professionalism" by Patrick H. Conway, MD, MSc and Christine K. Cassel, MD, MSc, visit www.jama.com. Dr Conway is Chief Medical Officer at the Centers for Medicare & Medicaid Services. Dr. Cassel is President and CEO of the American Board of Internal Medicine.

IPRO General Counsel Wins Leadership Award

IPRO General Counsel/Vice President Terre Jeanné-Porter, Esq. has been selected for a "2012 Most Powerful & Influential Woman Award of the Tri-State Area." Ms. Jeanné-Porter is scheduled to receive her award on September 28th in Manhattan during a Tri-State Diversity & Leadership Conference. The Tri-State Diversity Council participates in the National Diversity Council and champions diversity and inclusion as a business imperative in Connecticut, New Jersey and New York.

Public Reporting Brings Results—NQF

Public reporting of hospital performance data shows dramatic improvement in the number of hospitals disclosing findings and significant gains in quality of care, according to a new report from a national public-private consensus-building entity. The National Quality Forum's (NQF's) Annual Report to Congress notes that in 2003, only 400 hospital were reporting performance on the CMS website—a number that grew to 4,000 institutions reporting data to Hospital Compare in 2012. NQF finds that in 2002 only one in five hospitals demonstrated superior performance on 22 publicly reported quality indicators. By 2009, NQF says, fully 86 percent of hospitals were able to demonstrate superior performance on those 22 measures. Publicly reported hospital measures address heart attack and heart failure, surgical care, children's asthma care and pneumonia, among other areas. NQF notes that 2012 marks the first year that the Joint Commission is including performance on these measures as part of its hospital accreditation process. NQF's Annual Report to Congress appears in the September 14 Federal Register and is available at www.qualityforum.org.

IOM Panel Scores Gaps in Clinical Decision-Making

Too many clinical practice guidelines are based on expert opinion, rather than clinical trials and meta-analysis, according to a new report from the National Academy of Sciences' Institute of Medicine (IOM). Findings published in late September by an expert panel indicate that in some cases half of recommendations in a clinical area are based on "expert opinion, case studies or standards of care" rather than evidence derived from clinical studies. The panel cites research published in 2011 indicating that only 14 percent of recommendations of the Infectious Diseases Society of America were based on more than a single clinical trial, while more than half were found to have been based solely on expert opinion. A similar analysis of recommendations from the American College of Cardiology and the American Heart Association found that most practice guidelines hadn't been subjected to controlled trials. "The inadequacy of the evidence base for clinical guidelines has consequences for the evidence base for care delivered," warn the report authors. *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America* is available at the IOM website at www.iom.edu.

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We welcome your comments and suggestions.
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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.