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Experts in Defining and Improving the Quality of Health Care


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# Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

## Quality Watch Supports Going Green

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**I**PRO has been awarded special federal funding to support the assessment and improvement of Medicare-funded hospice services. Despite well-documented benefits of palliative-oriented end-of-life care for certain Medicare beneficiaries, timely referral to certified hospice programs is often suboptimal and not always available to members of racial and ethnic minority groups. Under a special study funded by the Centers for Medicare & Medicaid Services, IPRO will partner with eight New York-based, Medicare-certified hospice programs to promote timely referrals, to support the integration of hospice into the overall health system and to test first-generation performance measures. Working with IPRO, hospice programs will collect and submit a standard set of patient-level data elements for a one-year period in order to test previously developed quality measures. IPRO will perform statistical analyses of the properties of these measures, including identifying any racial or ethnic differences in performance, and conduct focus groups of family members, hospice staff members, hospice referral sources and Medicare beneficiaries to evaluate the usefulness of the measures to each group. With the assistance of the School of Public Health of the State University of New York at Albany, IPRO will also conduct a comprehensive literature

review of end-of-life care, with a special emphasis on studies concerning cultural beliefs and differences in attitudes about death and dying. Findings from the literature review, focus groups and quality measures analysis will be used to formulate interventions to address identified disparities.

**I**PRO has achieved its third consecutive ISO certification, an international quality management standard focused on fulfilling customer requirements, enhancing customer satisfaction and continually improving business performance.



Certification to ISO 9001:2008 by SGS International Certification Services means IPRO's Quality Management System (QMS) has passed a rigorous external audit encompassing operations at its offices in Lake Success and Albany, NY as well as at its affiliate Logiquial, LLC. The three-year

certification follows two previous certifications by SGS. IPRO's recertification is valid through November 2012. "We are especially pleased to achieve ISO 9001:2008 certification in IPRO's 25th year of operation. The certification, in conjunction with IPRO's high rate for customer satisfaction, continues to demonstrate our strong commitment to quality service," according to IPRO CEO Theodore O. Will, MPA, FACHE. To obtain certification, auditors from SGS International Certification Services—the leading independent registrar providing ISO registration services to health care organizations—visited IPRO's offices in Lake Success and Albany, NY to obtain objective evidence about its quality management system. SGS conducted staff interviews, reviewed documented procedures and records and observed real-time work processes.

**I**PRO Chief Medical Officer Clare B. Bradley, MD, MPH, is the recipient of the American Cancer Society's prestigious *St. George National Award for 2009*. Awarded for Outstanding Contributions to the Control of Cancer, nominees must be volunteer leaders who have served the Society for a minimum of six continuous years and "made a significant

impact” on its goals and mission-driven programs. Dr. Bradley’s activities at the Society include leading the Mammography and Access-to-Care Strike Forces. Currently, Chief Medical Officer for the Society’s Eastern Division, Dr. Bradley is a Past Chair of the New York State Tobacco Use and Prevention Advisory Board. Dr. Bradley joined IPRO in 2003. Previously she was Commissioner of the Suffolk County Department of Health Services, where she was responsible for the public health of a diverse population of 1.4 million and a total budget of \$350 million.

**An important new study on the topic of healthcare fraud was released in late October by Sara Rosenbaum, JD, and colleagues at the George Washington University School of Public Health and Health Services.** According to one estimate, fraud accounts for as much as 10% of all healthcare spending, or \$220 billion. The authors believe that provider-generated healthcare fraud is far more common than consumer-generated fraud. The most common types of provider fraud are billing for services never performed and “upcoding”; performing medically unnecessary services; misrepresenting non-covered treatments; falsifying diagnoses; billing patients in excess of co-pays; accepting kickbacks; waiving co-pays or deductibles; over-billing; and unbundling services. Recent major settlements include a \$350 million payment to settle charges against a pharmaceutical company over allegations of inflated drug charges (2009); a \$350 million recovery from a for-profit managed care provider over allegations of manipulating a database used to calculate out-of-network charges (2008); and a \$900 million recovery involving allegations of false claims and kickbacks against a for-profit hospital chain (2003). For a copy of *Health Care Fraud*, October 27, 2009, visit the Robert Wood Johnson Foundation website at [www.rwjf.org](http://www.rwjf.org).

**While Illinois was the first state in the U.S. to mandate public reporting of hospital-specific performance data (under legislation co-sponsored by then-State Senator Barack Obama and passed in 2003), it was only last month that the state’s online system actually went “live,” according to a recent report from the *Chicago Tribune’s* online news service.** Experts attribute delays to funding and logistical issues. The site now in operation at [www.idph.state.il.us](http://www.idph.state.il.us) or [www.healthcarereportcard.illinois.gov](http://www.healthcarereportcard.illinois.gov) includes patient safety data, infection rates, volume information, cost comparisons and mortality findings. Patient satisfaction information and nurse staffing ratios are also included. All programming, site design and site management is performed by IPRO’s eServices group, the same group that is responsible for the voluminous public reporting sites developed for the New York State Department of Health ([www.health.state.ny.us](http://www.health.state.ny.us)), the New York State Health Accountability Foundation ([www.abouthealthquality.org](http://www.abouthealthquality.org)), and the Commonwealth Fund ([www.whynotthebest.org](http://www.whynotthebest.org)). “It’s important to remember that our team’s skills go well beyond designing and managing websites,” says IPRO Senior Director Jaz-Michael King. “Our eServices group calculates composite measures, manipulates state and federal databases, and arrays information in a way that empowers rather than confuses consumers,” according to King. Local labor and consumer advocacy groups are joining in a campaign to raise public awareness of the site, according to the *Tribune* news service.

**IPRO Vice President Anthony Shih, MD, MPH, has been chosen to participate in a key workgroup of the National Priorities Partnership (NPP).** Convened by the National Quality Forum, the Partnership is composed of 32

organizations committed to transforming healthcare in the U.S. The Overuse Workgroup that Shih will participate in is chaired by Bernard Rosof, MD, who represents the Physician Consortium for Performance Improvement. An NPP position paper estimates that as much as 30 percent of healthcare spending in the U.S. may be unnecessary, accounting for as much as \$600 to \$700 billion in wasteful spending. The position paper includes the finding from the Dartmouth Atlas Project that high-spending areas in the U.S. account for spending that is more than 60 percent higher than low-spending areas, despite the fact that the latter areas often perform “equally as well or better on a number of quality indicators.” In addition to the topic of overuse, the other NPP priority areas include palliative and end-of-life care, patient and family engagement, population health, safety and care coordination. For more information, visit [www.nationalprioritiespartnership.org](http://www.nationalprioritiespartnership.org).

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We welcome your comments and suggestions. Please forward them to the Editor, Spencer Vibbert, at [svibbert@ipro.org](mailto:svibbert@ipro.org).

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