

Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

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Leading healthcare professionals from across New York State will again be recognized at IPRO's Annual Meeting, scheduled for Tuesday June 5 at the LaGuardia Marriott Hotel, in East Elmhurst New York. The 2007 Awards Program will recognize individuals and provider organizations on the basis of: (1) Exemplary Performance, (2) Most Improved Performance, (3) Organization-Wide Commitment to Quality Improvement, (4) High-Level of Engagement with IPRO and (5) Championing Sharing of Best Practices. The success of IPRO's Awards Program was recognized publicly by U.S. Secretary of Health & Human Services

Mike Leavitt during his recent visit to New York. For more information about the awards program, contact Barbara Schwartz at 516-326-7767, ext. 262. To register for the Annual Meeting by phone, contact Claudette Steele at 516-326-7767, ext. 588. Registration is available online at www.ipro.org

In the first published nationwide survey of state Medicaid programs on "pay-for-performance" practices, more than half of all programs state that they provide financial incentives to health care providers for better quality care. Almost 85 percent of states plan to have pay-for-

performance programs within five years. Researchers also found that most current programs focus on women's, children's and adolescents' health issues. The study published April 12 by The Commonwealth Fund, a private foundation working toward a high-performance health system. Authors are from IPRO and The Kuhmerker Consulting Group, LLC, a health care consulting firm. "Medicaid is a major source of funding of health care in every state and, therefore, has a significant influence on the health care system," said Thomas Hartman, Vice President for Health Care Quality Improvement for IPRO and co-author of the study. "But each state operates its program

At a meeting with U.S. Department of Health and Human Services Secretary Mike Leavitt in New York City on February 14th, executives from a number of New York businesses, including IPRO, signed statements of support for a national initiative aimed at improving health care quality, information and cost-effectiveness for employees and their families. Tierre Jeanné-Porter (bottom right) and Barbara Schwartz (bottom left) represented IPRO at the event, held at the Regency Hotel. Other participating organizations included Aetna; New York Life Insurance Company; Merrill Lynch & Co. Inc.; The Depository Trust and Clearing Corporation; American International Group, Inc.; KeySpan; STV Inc.; Group Health Inc.; CIGNA Health Plan of New York; Verizon Communications, Inc.; AmeriChoice of New York; New York Health Plan Association; Siemens Corporation; the New York Business Group on Health; Welsh, Carson, Anderson & Stowe; the Business Council of New York State; Alcoa Inc.; Loews Corporation; Partnership for New York

City; and JPMorgan Chase & Co.

Those signing statements of support pledged to provide quality and price information about doctors, hospitals and other medical providers to all enrollees in their health care insurance programs. This information will help employees choose health care providers based on the quality of care they deliver and the prices they charge.

In addition, the employers will support health information technology by encouraging the use of recognized interoperability standards in the health information technology products used by their health plans. They also pledged to develop



incentives for achieving better value in health care, including incentives for high quality care and for more active involvement by employees in choosing their health care services. These four actions are the "cornerstones" of an initiative launched last November by Secretary Leavitt.

"I am proud that leading New York employers are choosing to support these four cornerstones to achieve better health care and better value for employees and their families," Secretary Leavitt said. "With the commitment that employers like these are now making...Patients will come to expect quality and performance information about health care providers. They will expect to have price or cost information in advance to make good value decisions about their care. They will use this information to improve health care value for themselves and their families. And the choices they make will help improve value and health care quality across the health care sector."

More information about the initiative is available at www.bhs.gov/transparency

independently of the others. We thought it would be helpful to provide a detailed snapshot of what is taking place around the nation so that state officials have solid information on which to base decisions about pay-for-performance.” Hartman and co-author Kathryn Kuhmerker, President of the Kuhmerker Group and former Medicaid Director for New York State, found several trends. Nine Medicaid programs (Arizona, Kansas, Maine, Minnesota, New Hampshire, New York, Oregon, Vermont, and Washington) are joining in statewide and regional pay-for-performance and quality improvement efforts, and others are considering entering into such collaborations. Health information technology is a focus of numerous Medicaid pay-for-performance programs (Alabama, Alaska, Arizona, Massachusetts, Minnesota, New York, Pennsylvania, and Utah). In these programs, providers are given incentives to adopt electronic health records and electronic prescribing, often in conjunction with the collaborative efforts described above. Access to care is a continuing concern of state Medicaid directors, and that concern is reflected in the approaches they take in this area. An overwhelming majority of Medicaid directors state that their pay-for-performance priority is on improving quality, not on reducing cost. “Medicaid is not a new entrant into the field of pay-for-performance,” according to Kuhmerker. “We learned that almost half of all programs, in fact, are more than five years old.” More than 70 percent of planned new programs are expected to start in the next two years. “The effort to link health care spending and quality is a growing phenomenon in the health care industry,” said Karen Davis, President, The Commonwealth Fund. “Both quality and efficiency are key components of a high performance health system, and it is encouraging to see the states rewarding provider efforts in these areas.” To download a copy of the report, visit www.ipro.org or www.cwf.org

IPRO has been recognized as exemplary in its management of hospital quality improvement, beneficiary protection and hospital payment monitoring. The organizations’s perform-

ance on these three activities qualifies it as a mentor to other Quality Improvement Organizations (QIOs) working on these activities under statewide Medicare contracts. QIOs are qualified as mentor organizations on the basis of top performance, provider satisfaction, having successful intervention strategies, overall QIO contract performance and recommendations from their Project Officer. Mentorships last for one quarter and are confidential in nature. Peer assistance includes reviewing activities and data, recommending interventions based on the analysis, and ongoing telephone and e-mail support.

IPRO has been recertified under ISO 9001:2000, demonstrating continuing commitment to quality management.

The voluntary recertification indicates that IPRO continues to meet the requirements of ISO 9001:2000 for the provision of health care services, including the design, development and implementation of Medicare and Medicaid quality improvement and assessment activities; data collection, analysis and validation; special studies; and consulting services. IPRO’s recertification is valid through November 2009. “Our ISO recertification indicates that IPRO’s internal quality management systems have continued to withstand the scrutiny of a rigorous external review,” says Theodore O. Will, Chief Executive Officer, IPRO. “We are proud to be among the small number health care organizations that have undergone ISO’s internationally recognized certification process.” Although more than 16,600 companies in the U.S. and Canada are registered to the ISO 9001:2000 standard, ISO certification is relatively new to the health care field. ISO 9001:2000 is an international quality management standard and framework for business-to-business dealings, focusing on meeting customer quality and applicable regulatory requirements, enhancing customer satisfaction and continually improving business performance from the initial contracting stage through the delivery of service. ISO certification guarantees IPRO’s customers that a quality management system is in place, facilitating better systems processes and cost-effective management of the company. The imple-

mented management framework helps identify any system gaps, provides a strong foundation for system improvement and assists in organizational compliance with other accreditation programs.

A QIO project that offers free technical support to physicians grappling with implementing electronic health records (EHRs) has been invaluable, especially for small practices, according to a new magazine article. The QIO Doctor’s Office Quality-Information Technology (DOQ-IT) project is “the first government program I’ve ever been involved with that worked perfectly,” David Zalut, MD, a New Jersey-based family practice physician tells *Medical Economics* magazine. The DOQ-IT projects now underway in all 50 states concentrate on supporting practices with fewer than ten physicians. QIOs do “readiness assessments” to learn how much expertise practices have, as well as analyzing work-flow, providing lists of qualified vendors and supporting physician decision-making. QIOs aren’t allowed to recommend specific HER vendors and can’t negotiate contracts. To read the article: “EHRs: The Feds Get Something Right,” visit the *Medical Economics* Web site at www.memag.com

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

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