



Experts in Defining and Improving the Quality of Health Care

# Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS



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**IPRO has created an easy-to-use national Web site that organizes publicly-available comparative information on patients' experience of hospital care.**

The site, [www.AboutHealthSatisfaction.org](http://www.AboutHealthSatisfaction.org), permits users to compare hospitals' performance on widely-recognized patient satisfaction measures addressing medical, surgical and maternity care, sorted by zip code. The HCAHPS survey instrument (Hospital Consumer Assessment of Healthcare Providers and Systems) was developed by the U.S. Centers for Medicare & Medicaid Services and the U.S. Agency for Healthcare Research and Quality. It is administered to patients after they leave hospitals and addresses such issues as thoroughness of nurse and physician communications; wait time for assistance from hospital staff; explanation of medications; cleanliness of hospital rooms; dissemination of information about recovery; and whether patients would recommend this hospital to a family member. "The attractive, dynamic displays of findings on the site make the information especially accessible to consumers," according to IPRO CEO Theodore O. Will. "We hope that over time, consumers and family members will come to rely on this tool as a useful way of organizing essential patient information," he said.

**The U.S. Agency for Healthcare Research and Quality (AHRQ) has published interim guidance on how organizations can apply to become Patient Safety Organizations (PSOs).**

Mandated by the Patient Safety Act of 2005, PSOs will analyze confidential patient safety information submitted voluntarily by providers in order to improve clinical quality. The Act was an outgrowth of a landmark

study from the Institute of Medicine, which found that thousands of Americans die each year due to preventable medical errors. Prior to passage of the Patient Safety Act, peer review immunity protections intended to improve quality were generally only available within a given institution or network. An important role for PSOs will be to not only advise providers confidentially on site-specific patient safety issues, but to aggregate and analyze data received from multiple providers in order to develop strategies for system wide improvement. While AHRQ intends to issue a final rule on the Patient Safety Act by the end of 2008, the interim guidance provided this fall is intended to stimulate PSO applications right away. Applicants will be required to address 15 specific requirements in order to be certified as PSOs. These include having safeguards to protect confidentiality while minimizing patient risk; developing feedback processes for participating providers; utilizing common data reporting formats that permit information-sharing across PSOs; and disclosing potential conflicts of interest with providers. Insurers are barred from acting as PSOs and recognized organizations have 24 months to acquire at least two bonafide PSO contracts with providers. For more information on PSOs, visit [www.pso.ahrq.gov](http://www.pso.ahrq.gov).

**The scoring methodology used by federal authorities to rank poor-performing nursing homes is now publicly available.**

Released in an October 10 letter from the U.S. Centers for Medicare & Medicaid Services to state survey agencies, the Special Focus Facility (SFF) methodology is intended to address the problem of nursing homes that periodically pass and then fail

quality inspections for problems that don't get fixed on a permanent basis. The methodology not only weights deficiencies based on a severity scale, but penalizes homes that aren't able to demonstrate improvements during a single follow-up visit. Deficiency scores increase depending on the number of visits required to document improvement. State survey agencies are required to develop lists of the 15 facilities with the highest deficiency scores and work with federal authorities to determine which warrant assignment as SFFs. Homes with the SFF designation are now identified with special icons on the federal Nursing Home Compare Web site. For more information on the methodology and cited nursing homes, visit <http://www.cms.hhs.gov/certificationandcompliance/downloads/sfflist.pdf>. For Nursing Home Compare, visits [www.medicare.gov](http://www.medicare.gov).

**Premier, Inc., the hospital purchasing alliance, has written to the Federal Trade Commission to argue against the use of proprietary hospital performance measures in a federal public reporting program.**

In a September 30 letter to the FTC, Premier argues that performance measures considered by CMS for use in annual Medicare payment updates are proprietary and that their developer hasn't released the data specifications and measurement calculation algorithms necessary to evaluate the measures' effectiveness. Premier claims that an organization seeking access to the logic behind measures developed by the Society of Thoracic Surgeons (STS) Cardiac Surgery Clinical Data Registry would be required to join the Registry and that public reporting for purposes of receiving Medicare payment updates must be fully transparent.

Premier acknowledges that CMS dropped the STS measures from the data set to be reported in FY 2009 but says that CMS plans to propose their inclusion for public reporting beginning in FY 2010. For a copy of the Premier letter, go to <http://www.premierinc.com>.

**Obesity, return on investment for preventive and primary care and managing HIV are topics for discussion at the 19th Annual Symposium on Health Care Services in New York, to be held November 19 at the Graduate School and University Center of The City University of New York.** Sponsored by the Greater New York Hospital Association and the United Hospital Fund, the event features a keynote address on Medicare reform by Len Nichols, PhD, Director of the Health Policy Program at the New America Foundation. The Graduate School and University Center is located at 365 Fifth Avenue, between 34th and 35th Streets. Registration is available online at [www.uhfnyc.org](http://www.uhfnyc.org). For additional information, contact Kristina Ramos-Callan at 212-494-0791 or at [kcallan@uhfnyc.org](mailto:kcallan@uhfnyc.org).

**IPRO recently announced the membership of its newly-reconstituted Board of Directors.** The Board is composed of up to 20 members representing a variety of healthcare settings and disciplines, as well as individuals with non-healthcare backgrounds. No single profession constitutes a majority of the Board. The Directors are elected annually each June at the IPRO Annual meeting for a term of one-year. Directors are subject to a term limit of six years. Three Directors may serve up to three additional years and ex-officio Directors are not subject to six year term limits. Board members and their affiliations are as follows:

**Carlos Alvarez**, Executive Director,  
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**Lois Aronstein**, State Director,  
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**Michael A. Walsh, MD** - Secretary,  
Physician;

**Larry Wilson**,  
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**Donald Winikoff, MD** - Vice President;  
Physician

**Landmark mental health parity legislation signed into law by President Bush this fall (H.R. 6983), requires that if a group health plan offers mental health coverage, benefits must be equivalent to what is available for physical health.** The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, signed into law on October 3, 2008 as part of the Emergency Economic Stabilization Act, requires equivalency in such areas as deductibles, co-payments, coinsurance and out-of-pocket expenses. Similarly, the law requires equality in caps on visits, limits on days of coverage and out-of-network coverage. Hailed by more than 250 advocacy and professional organizations across the nation, the legislation is named for two of its long-time Senate champions: Pete Domenici (R-NM) and the late Paul Wellstone (D-MN). Proponents cite an influential 2002 study by the Kaiser Family Foundation that found that while virtually all workers with employer-sponsored coverage had mental health benefits, three-quarters had outpatient visit limitations and 64 percent had annual limits on inpatient stays. Approximately 44 million Americans suffer from mental illness but only one-third of that number receive treatment, according to Rep. George Miller (D-CA), chair of the House Education and Labor Committee.

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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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#### **JENY**

The Health Care Quality  
Improvement Community

<http://jeny.ipro.org>

**New York State Healthcare  
Report Card**

[www.abouthealthquality.org/hcr](http://www.abouthealthquality.org/hcr)

**New York State  
Health Accountability Foundation**

[www.abouthealthquality.org](http://www.abouthealthquality.org)