

Healthcare Quality Watch

JUNE 2013

**NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS**


Improving Healthcare
for the Common Good®

Executives Address Annual Meeting

Two leading healthcare executives are featured speakers at IPRO's 29th Annual Membership Meeting, scheduled for Tuesday, June 4 at the LaGuardia Marriott Hotel in East Elmhurst, Queens. The keynote speaker is Jean D. Moody-Williams, RN, MPP, Director of the Centers for Medicare and Medicaid Services' (CMS') Quality Improvement Group, in the Center for Clinical Standards and Quality. The Center is responsible for the operation of the nation's Quality Improvement Organization (QIO) program, as well as the End-Stage Renal Disease (ESRD) Networks program. The other featured speaker at the IPRO event is Danielle Holahan, MPH, Deputy Director of the New York Health Benefit Exchange, where (under the Affordable Care Act)

she manages facilitated enrollment of individuals in quality health plans and the provision of Federal subsidies available to eligible individuals and small businesses under health reform. IPRO's Annual Membership Meeting includes presentations of Quality Awards to healthcare organizations across the state of New York that made important contributions in quality improvement over the past year. This year IPRO will honor a record number of Quality Award recipients. The event also includes a complimentary buffet luncheon. To register for the event, call Joan Ragone at 515-326-7767, ext 262 or email her at jragone@ipro.org. You can also register online at www.ipro.org.

IPRO Co-Sponsors Geriatric Learning

IPRO is co-sponsoring an interdisciplinary educational program aimed at enhancing specialized training in geriatrics and geriatric mental health across the State of New York. With funding from the U.S. Health Resources and Services Administration, the Consortium of New York Geriatric Education Centers is supporting a 40-hour certificate program for healthcare professionals as well as a 160-hour program to train faculty. Physicians participating in the certificate program receive CME credit through the Icahn School of Medicine at Mount Sinai. Online learning for nurses seeking continuing education credits is available through the New York University College of Nursing. Certification classes will take place from October 2013 to June 2014 in downstate locations (Bronx, Long Island, Manhattan, and New Rochelle) and upstate locations (Binghamton, Cooperstown, Montrose and Utica). Trainings use an evidence-based curriculum that emphasizes geriatrics in multiple settings, including nursing homes, chronic and acute disease hospitals, ambulatory care centers and senior centers. To learn more about the programs, visit the Consortium's website at www.nygec.org.

IPRO Achieves Critical Milestone

IPRO has passed a critical 18-month performance evaluation that takes place under the organization's Quality Improvement Organization (QIO) contract. Each state's QIO is evaluated by CMS after 18 months (and again after 27 months) of its three-year contract. IPRO's current QIO contract expires in July, 2014. In an April 18, 2013 letter from Patrick Conway, MD, MSc, Director of the Centers for Clinical Standards and Quality at the CMS, the organization was recognized for "hard work and dedication to excellence that led to your meeting and, in many cases, surpassing expectations..." Dr. Conway made special reference to the work of IPRO's Care Transitions Team and the technical support it provides to community coalitions working to prevent unnecessary rehospitalizations of Medicare beneficiaries. "Thank you for sharing your accomplishments, best practices and stories of success from the field," he said. Dr. Conway's letter recognizes strong performance in other facets of the QIO contract, including Operating Values, Beneficiary- and Family-Centered Care, Improving Individual Patient Care, Integrating Care for Populations and Communities and Improving Health for Populations and Communities.

Experts Credit Public Reporting

Nine of the 10 quality measures showing the fastest improvement nationwide are ones that are publicly reported by CMS. That's a key conclusion of the 10th annual *National Healthcare Quality Report*, released in May by the U.S. Agency for Health Research & Quality (AHRQ). Eight of these quality measures involve public reporting by hospitals—antibiotics given before and discontinued after surgery, pneumonia patients receiving pneumococcal and influenza screening/vaccination, proper treatment and discharge instructions for heart failure patients and timely intervention for heart attack patients. One of the nine addresses long-term care—pneumococcal vaccination among long-stay nursing home residents. As for the 10 quality measures for which performance is worsening at the fastest rate nationwide, AHRQ finds that three address diabetes management, two relate to maternal and child health and two measures involve the frequency of adverse events in hospitals. Authors find that “urgent attention” is required to address: (1) quality of diabetes care, maternal/child health and adverse events, (2) cancer care disparities, and (3) quality of care among Southern states. For a copy of the report, visit the AHRQ website at www.ahrq.gov.

Improved Health Literacy Improves Health Status

For underserved individuals with chronic illnesses, improvements in health literacy can result in better patient outcomes—that's the conclusion of a paper written by officials at CMS and recently published in the journal *Family Community Health*. The article summarizes efforts by QIOs to enroll underserved beneficiaries in Medicare-covered diabetes self-management education (DSME) classes from 2008 to 2012. The program began in MD, DC, LA, GA, NY and the U.S. Virgin Islands and was later expanded to include MS and TX. Classes used props and visual aids and concentrated on teaching dietary and exercise strategies as well as the importance of tests/monitoring and self foot exams. Participants were permitted to bring family members to the trainings, which typically ran from 10 to 20 hours, spread over four to six weeks. The authors attribute the program's success to a number of factors, including development of multi-lingual curricula and the use of community centers and public housing authorities to facilitate attendance at workshops. IPRO's program was the forerunner to the current “Everyone with Diabetes Counts” two-year project that is charged with training a minimum of 6,000 Medicare enrollees in DSME, with the goal of “graduating” 2,500 Hispanic/Latino Medicare beneficiaries from a 15-hour program, using IPRO staff, community health workers and college interns. For a copy of “*The Centers for Medicare & Medicaid Services Diabetes Health Disparities Reduction Program*,” by Terris King, DD, MS; Susan B. Fleck, RN, MMHS and colleagues, contact publisher Wolters Kluwer Health/Lippincott Williams & Wilkins at www.wolterskluwerhealth.com. To learn more about IPRO's current DSME program in downstate New York, contact IPRO Project Lead, Janice Hidalgo at 516-326-7767.

Feds See Dramatic Surge in EHR Adoption

While only nine percent of hospitals in the U.S. could demonstrate “meaningful use” of electronic health records (EHRs) in 2008, five years later that figure has jumped to 80 percent, according to the latest information available from the U.S. Department of Health & Human Services (HHS). The proportion of eligible professionals (mostly physicians) using advanced EHRs shot up from 17 percent in 2008 to more than 50 percent by April 2013, according to HHS. “We have reached the tipping point in adoption of electronic health records,” according to a May 22 statement from HHS Secretary Kathleen Sebelius. The Obama Administration attributes much of the surge in

adoption to its Medicare and Medicaid EHR Incentive Programs. Under Medicare, eligible professionals can receive \$44,000 over five years if they can demonstrate “meaningful use” of EHR systems, including the ability to record clinical information and write prescriptions electronically. Failure to do so will result in Medicare payment penalties for practitioners beginning in 2015. Professionals choosing the Medicaid incentive program can receive \$63,750 over six years, but aren't subject to Medicaid payment reductions for failing to achieve “meaningful use.” For more information, visit the news section of the HHS website at www.hhs.gov/news.

High Utilization Rates—A Re-admissions Predictor?

One often overlooked influence on hospital readmission rates is the degree to which communities have an over-reliance on acute care institutions as sites of care, according to researchers at The Dartmouth Institute for Health Policy & Clinical Practice. Researchers find that 49% of variation in 30-day readmission rates for medical hospitalization can be explained by an institution's medical discharge rate. A similar 47% of variation in readmission rates after surgical hospitalization is also attributed to a hospital's medical discharge rate. “Communities and health systems that have higher underlying admissions rates, suggesting they are more likely to rely on the hospital as a site of care in general, tend to have higher readmission rates,” according to researchers. *The Revolving Door: A Report on U.S. Hospital Readmissions* includes the work of Dartmouth researchers as well as narratives derived from interviews with patients and care givers by PerryUndem Research and Communications. The Robert Wood Johnson Foundation publication is available at www.rwjf.org.

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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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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.