

# Healthcare Quality Watch

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NEWS BRIEFS FOR  
MANAGERS AND  
OPINION LEADERS



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## IPRO Achieves Performance Milestone

IPRO has received written notice of positive performance under the three-year, Medicare-funded Quality Improvement Organization (QIO) contract that concludes this summer. In a “27th month” progress letter dated January 29 from Patrick H. Conway, MD, MSc, CMS Deputy Administrator for Innovation and Quality and CMS Chief Medical Officer, the organization is singled out for performance in key areas: protecting beneficiaries on anticoagulant therapy by managing INR ranges at therapeutic levels, improving care transitions by achieving at least a 20% relative improvement rate for readmissions in recruited communities and improving care transitions by achieving at least a 10% relative improvement rate in admission for recruited communities. “This recognition is most gratifying, and goes to the heart of our organization’s mission,” said IPRO Chief Medical Officer Clare Bradley, MD, MPH. “I commend our entire quality improvement staff for their work under the QIO contract.”

## IPRO Supports Reductions in Readmissions

Evidence-based interventions to improve transitions of care, as part of community-wide efforts by healthcare providers in three New York communities, led to a 20.8% relative reduction in 30-day hospital readmissions for Medicare Fee-for-Service beneficiaries. These results come from an analysis by IPRO of its ongoing work with hospitals, physician practices, nursing homes, home health agencies and other healthcare providers in the Centers for Medicare & Medicaid Services (CMS) funded Care Transitions project. The results were reported December 9 at the *19th Annual Institute for Healthcare Improvement (IHI) Scientific Symposium on Improving the Quality and Value of Health Care*, held in Orlando, FL. Findings were presented by IPRO pharmacist Anne Myrka, RPh, MAT, BCPS, who helps lead medication management-related aspects of the project. “These latest results confirm that by working with IPRO in a concerted, collaborative effort, New York’s healthcare community can

significantly improve care and reduce rehospitalizations,” said Tom Hartman, IPRO’s Vice President for Quality Improvement. Nationally, almost 20% of Medicare beneficiaries are readmitted to the hospital within 30 days of discharge. It is estimated that up to 76% of these rehospitalizations may be preventable. IPRO leads the Care Transitions project as part of the national CMS Integrating Care for Populations and Communities Aim. IPRO was also one of 14 QIOs selected by CMS to participate in an earlier care transitions pilot project that showed significant reductions in hospital readmissions in New York’s Upper Capital Region, following collaborative efforts to evaluate and improve systems for transitioning care across healthcare settings. In a study published in *JAMA* earlier this year, communities working with QIOs (including IPRO) in the project showed nearly twice the reduction in hospitalizations and rehospitalizations as those not working with QIOs. In the current effort, IPRO is working with several healthcare communities across New York State, each consisting of a cohesive group of healthcare providers with existing referral patterns. IPRO facilitates monthly meetings with each community coalition to identify the most common causes of hospital readmissions and to seek solutions through sharing of ideas and experiences. IPRO also assists with a community-based root cause analysis of readmission drivers; implementation of evidence-based quality improvement interventions; and intervention effectiveness evaluation.

## IPRO VP Authors In-Hospital Sepsis Study

A new study co-authored by an IPRO Vice President demonstrates an association between in-hospital care complications and preventable lapses in quality. The research, published in a recent edition of the *American Journal of Medical Quality*, involved chart reviews of cases involving 382 patients drawn from 30 hospitals across New York, in which there was a secondary diagnosis of sepsis not present on admission. IPRO reviewers examined these cases using explicit criteria addressing preventable quality lapses,

interventions that increase susceptibility to infection, in-hospital complications suggesting quality problems and risk factors present on admission. The authors “found a number of instances of failure to adhere to process of care guidelines that are thought to be important for preventing infection,” including the timing of pre- surgical administration and post-operative discontinuance of antibiotics and whether urethral catheters were removed 24 hours postoperatively, (for which authors found 78% nonadherence). Noting that care deficiencies aren’t always obvious via chart review, the authors find that “quality lapses can be inferred, however, based not only on the well-documented failures of sterile technique association with these interventions” but also by published findings of success achieved in reducing sepsis associated with central venous catheterization. *Postadmission Sepsis as a Screen for Quality Problems: A Case Control Study* was written by John S. Hughes, MD Jon Eisenhandler, PhD, Norbert Goldfield, MD, Patti G. Weinberg, RPA, MPS, and Richard Averill, MS. Weinberg is IPRO’s Vice President for State Healthcare Assessment. The Journal is published by the American College of Medical Quality, whose website is located at [www.acmq.org](http://www.acmq.org).

### **NY’s Health Plans Seen Outperforming Nation**

New York-based managed care plans outperform plans across the United States on key measures of quality, according to new sourcebook published by the Manhattan-based New York State Health Foundation (NYSHF). According to NYSHF, New York plans score well on an important calculation of diabetes care, namely good glycemic control, as measured by having HbA1c levels less than 7% for a selected population. Based on data published by the National Committee for Quality Assurance (NCQA), in 2012, New York’s commercial HMOs outperform their counterparts nationwide 47% to 43% on this measure, while New York’s commercial PPOs outperformed the nation by 40% to 36%. In terms of Medicaid, New York plans were able to keep people with diabetes under optimum control 41% of the time, compared to 35% of the nation’s Medicaid population. In a similar fashion, New York plans outperform plans nationwide on a key mental health measure, namely whether plans follow-up within seven days of a mental health hospitalization. Using NCQA’s data published in 2012, New York’s commercial HMOs score 68% on this measure, against 58% for commercial HMOs nationwide. For commercial PPOs, New York plans score 76% against 53%. For Medicaid HMOs, the gap is 68% for New York plans, against a rate of 47% for plans nationwide. New York’s Medicare PPOs score 56% on this mental health measure, as opposed to the 38% percent rate for the nation’s Medicare PPOs. For a copy of *Health Care Costs and Spending in New York State* (February 2014), visit the Foundations website at [www.nyshealth.org](http://www.nyshealth.org).

### **Report Sees Seriously Ill Uninsured as “Winners”**

Under health reform, an estimated 5.7 million uninsured Americans with serious health problems stand to benefit directly from the coverage requirements of the Affordable Care Act, according to a new whitepaper from the American College of Physicians (ACP). The College estimates that 1.8 million uninsured individuals have a previous diagnosis of cancer, while another 2.8 million uninsureds have been diagnosed with diabetes. Stroke, emphysema, and heart failure are other major illnesses affecting uninsured Americans. ACP quotes a recent finding from M.I.T. economist Jonathan Gruber of “winners” and “losers” under health reform that shows that fully 80% of Americans will be unaffected by the ACA because they continue to

receive employer-based and government-funded coverage, while 14% are “clear winners” because they will convert from uninsured to insured status. An additional 3% of individuals are seen as facing no major consequence from ACA because their new plans are actually quite similar to their old ones. Gruber estimates that 3% of Americans are “potential losers” under health reform, inasmuch as they are now obliged to purchase more generous, and thus, more expensive plans without annual coverage caps. For a copy of ACP’s *Annual Report on the State of the Nation’s Health Care; Progress, Challenges and Opportunities; Taking the Next Steps to Reduce Barriers to Access and Reform Medicare Physician Payments*, visit the College’s website at [www.acponline.org](http://www.acponline.org).

### **Federal Study Examines Medicaid Service Delivery**

While the percentage of costly Medicaid patients with HIV/AIDS and the percentage of costly patients residing in long term care facilities are relatively low, the likelihood that individuals in these categories will be high-expenditure Medicaid recipients is high, according to new study findings. In examining service delivery patterns among Medicaid recipients, the U.S. Government Accountability Office (GAO) finds that low-income individuals with HIV/AIDS and individuals residing in nursing homes account for 3.4 and 8.8 percent of costly patients, while the probability that individuals from these groups will be high-expenditure recipients is 20.8 percent and 24.2 percent respectively. Overall, GAO finds that in fiscal 2009, states spent nearly a third (31.6 percent) of all Medicaid dollars on 4.3 percent of beneficiaries. Furthermore, the agency finds that states spent 13.3 percent of Medicaid dollars providing services to high-cost, recipients who qualify for both Medicaid and Medicare (“dual eligibles”). Costly dual eligibles account for less than one percent of the total Medicaid population. *Medicaid Demographics and Service Usage of Certain High-Expenditure Beneficiaries* (GAO-14-176) is available at the GAO website, located at [www.gao.gov](http://www.gao.gov).

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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.