

Improving Healthcare  
for the Common Good®

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# Attaining National Leadership

Theodore O. Will, MPA, Chief Executive Officer,  
and Donald Winikoff, MD, President



IPRO celebrates its 30th anniversary as one of the nation's leading healthcare quality improvement and evaluation organizations.

An independent not-for-profit, we take great pride in our ability to meet new challenges and to flourish on the national stage. We now operate in 33 states and territories.

IPRO's core services are varied—ranging from clinical performance improvement to value-based purchasing and payment reform infrastructure support—all with the goal of “Improving Healthcare for the Common Good.”

And while operating in an increasingly competitive environment, we're pleased to report that we've had another year of substantial growth. We continue to renew and expand our existing contracts, and have been successful in winning several new ones.

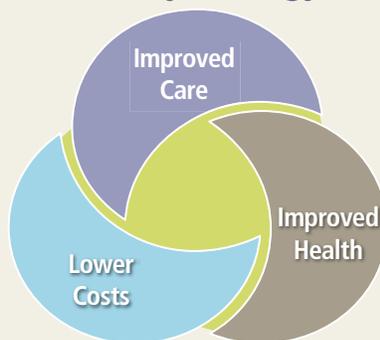
With more than 400 full-time staff members supporting over 50 federal, state and local government healthcare programs, we now have offices in New York, Connecticut, Pennsylvania, California, North Carolina and New Jersey.

Our work aligns closely with the priorities established by the National Quality Strategy—a plan that seeks to increase access to high-quality, affordable healthcare for all Americans.

We'd like to spotlight some innovative activities that we're conducting at IPRO:

- We have expanded our role as an End-Stage Renal Disease (ESRD) Network contractor, now operating in New England as well as New York and as a CMS Network Coordinating Center (NCC), working with all 18 ESRD Networks, nationwide.

## Goals of the National Quality Strategy



- We're supporting key initiatives in health reform in New York, including the “Health Homes” comprehensive care management program, while our work evaluating the quality of care delivered to persons living with HIV/AIDS is nationally recognized.
- We are a leader in the critical area of improving care transitions across settings. We recently achieved national recognition for our work in enhancing communications and hand-offs between different provider groups, which led to measurable reductions in Medicare hospital readmissions.
- We're doing exciting work in consumer empowerment and patient-centered care. Expanding on six years of experience in applying evidence-based self-management techniques to engage and empower healthcare consumers, we currently support three bilingual programs aimed at helping inner city Latino/Hispanic seniors better manage their chronic conditions.
- We have expanded our activities for Medicaid managed care oversight; we're now improving quality in nine states and territories, including New York, Pennsylvania, Rhode Island, New Jersey, Minnesota, Louisiana, Puerto Rico, Kentucky and Nebraska.

As we celebrate our 30 year anniversary, we see three broad goals for our organization going forward: bringing communities together for learning and action to achieve national health quality goals; supporting providers, practitioners and government agencies with evidence-based clinical interventions and subject matter expertise; and assisting seniors and families by providing clinically sound, independent reviews of quality, as well as training at-risk patients to better manage chronic conditions.

Finally, IPRO prides itself on being an organization with not only the expertise, but the foresight and dedication, to create and apply innovative strategies aimed at improving the quality of healthcare for individuals across the U.S.

# Collaborating with Providers

IPRO works with healthcare providers to help them improve quality of care. Following are some examples of our recent initiatives in this area.

## Enhancing Care Transitions

The improvement of transitions between care settings has been a critical focus of the Centers for Medicare & Medicaid Services (CMS). Poor care transitions have been identified as a primary cause of unnecessary rehospitalizations, especially among the nation's seniors. IPRO has convened community coalitions with the goal of helping patients take charge of their healthcare, and engaged healthcare providers and community organizations to improve care transitions. These coalitions support better transitions of patients from the hospital to home, skilled nursing care, home healthcare or hospice through process improvements in medication management, post-discharge follow-up, and patient care plans.

Assisting the Hudson Valley Care Transitions Coalition, IPRO helped coalition members implement evidence-based, cross-setting interventions, resulting in a 32% relative improvement in the Medicare fee-for-service, 30-day, all cause readmission rate for beneficiaries in the region. A study published recently in the *Journal of the American Medical*

*Association* showed that communities that worked with organizations like IPRO on a CMS care transitions pilot study in 2009 and 2010 had nearly twice the reduction in hospitalizations and rehospitalizations as those not working with Quality Improvement Organizations (QIOs).

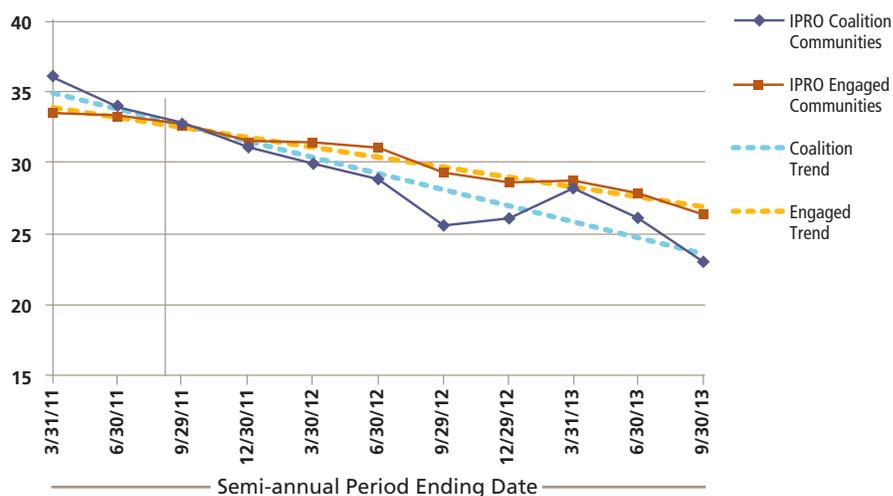
Based on IPRO's success in implementing community-wide interventions, the organization was chosen as a regional lead to support other organizations engaged in improving care transitions and was declared a "high performing organization" by CMS.

## Reducing Infections

Poor care transitions are not the only quality concern of New York providers; IPRO is helping hospitals report on and improve quality of care in a number of areas.

One special area of focus is in helping hospitals reduce healthcare-associated infections. According to the Agency for Healthcare Research and Quality (AHRQ), these infections are the most common complication of hospitalization, and up to 70% of certain infections can be prevented by following evidence-based prevention strategies.

Medicare Fee for Service 30-Day All Cause Readmissions Per 1,000 Beneficiaries in IPRO's 10th SOW Communities



Source: CMS Medicare FFS Claims Data from C.8 ICPC NCC Scorecard Report 01/31/2014.

Aligned with the *Partnership for Patients*, this initiative seeks to reduce healthcare-associated infections—specifically, central line-associated blood stream, catheter-associated urinary tract, *Clostridium difficile* and surgical site infections—by 40%. In addition to providing technical assistance in reporting infection data, IPRO leads a statewide Learning and Action Network that works on quality improvement, provides training on evidence-based infection prevention tools, supports rapid-cycle improvement and assists hospitals in adopting successful strategies between units.

Another IPRO focus is on assisting New York’s 14 critical access hospitals—small facilities in rural areas that provide outpatient and limited inpatient services—with reporting quality data to CMS. With IPRO’s help, New York became the first state in the nation in which 100% of critical access hospitals successfully submitted one or more performance measures to CMS for the Hospital Outpatient Quality Data Reporting Program.



**“The patient safety movement emphasizes a systems-based approach to addressing avoidable adverse events. For IPRO,**



**this has meant supporting the New York State Department of Health in a number of landmark quality improvement initiatives. One such initiative involves assessing protocols developed by providers regarding early identification of severe sepsis and septic shock in the ER and on inpatient units. IPRO is also working closely with the Department of Health to develop a provider clinical data portal so that performance measurement and risk adjusted mortality can be calculated and analyzed.”**

—Patti G. Weinberg, RPA, MPS, Vice President,  
Medicaid/State Healthcare Assessment

# Collaborating with Providers

## Improving Nursing Homes

Like hospitals, New York's nursing homes rely on IPRO to support the development of quality-focused systems and processes that protect their patients.

IPRO is working with New York nursing homes to help them reduce rates of pressure ulcers and eliminate the use of physical restraints. IPRO is also leading an initiative to reduce the inappropriate use of antipsychotic medications among nursing home residents.

IPRO has worked closely with facilities across New York to establish systems and processes that reduce the prevalence of pressure ulcers, which are also known as "bedsores." These efforts have helped some nursing homes in the state to reduce their high-risk pressure ulcer rates below 4%—a 20.61% relative improvement rate.

IPRO has also helped nursing homes develop strategies that avoid reliance on physical restraints without jeopardizing resident safety. Physical restraints can be dangerous. They rob residents of their independence and reduce their quality of life. IPRO's quality improvement efforts have enabled some nursing homes to eliminate the use of physical restraints entirely, leading to an overall relative reduction of 69.90% across the state.

In order to ensure that every nursing home resident receives the highest quality of care, IPRO convened a Nursing Home Quality Care collaborative. IPRO is working with 48 nursing homes to help make quality and performance improvement practices routine, eliminate healthcare-acquired conditions, and dramatically improve resident satisfaction.

## Developing New Care Models

IPRO is strengthening New York's network of primary care practices through technical support that helps them develop new models of care.

IPRO assisted approximately 500 primary care practices in New York and Massachusetts in achieving National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) recognition. IPRO provides free, personalized consultation on an ongoing basis to participating practices via office visits and Web-based training, and through e-mail, phone and fax support. The New York State Department of Health's (NYSDOH) Office of Health Insurance Programs is sponsoring this initiative in New York. The NYSDOH is currently offering incentive payments to practices that are recognized as medical homes.



The patient-centered medical home is a key element in the effort to strengthen primary care by helping patients become more involved in their own healthcare. This approach encourages a partnership between the patient and his or her physician.



*The Affordable Care Act* has provisions that support the establishment of medical homes, with the promise of enhanced reimbursement from Medicaid and other payors for practices attaining this NCQA recognition.

IPRO is also working with the NYSDOH on an innovative model of care delivery called the Medicaid “Health Home.” The Health Homes program focuses on improving care coordination for Medicaid enrollees with multiple chronic health issues, as well as mental health conditions. Navigating the complexities of the healthcare system can be especially difficult for these patients.

The Health Home is a care management model that emphasizes improved communications among all of an individual’s health-care providers. This is done primarily through a care manager who oversees and provides access to all of the services the patient needs. Services are delivered through a network of organizations—providers, health plans and community-based organizations—a virtual “Health Home.”

IPRO’s role is to provide technical support to NYSDOH in order to promote coordination among organizations that have been recognized as Health Homes.

“We are proud of the growth we’ve experienced in our Medicaid managed care work. Over the past 30 years we’ve expanded our reach in this arena, now



serving as the Medicaid External Quality Review Organization (EQRO) in nine states and territories. Through quality measurement and improvement strategies, our expert staff work in partnership with state agencies to improve the care and experience of members, member health, and the efficiency of the delivery system.”

—Virginia Hill, RN, MPA,  
Vice President, Managed Care

# Collaborating with Providers



“The Federal Information Security Management Act of 2002, otherwise known as FISMA, was landmark legislation in the effort

to develop a comprehensive approach to protecting the security of government-funded information systems. I’m pleased that IPRO was an early adopter in the FISMA development process. Given the vast amount of patient-identifying information we handle every day, we weren’t about to take a casual approach to building robust security and cybersecurity systems.”

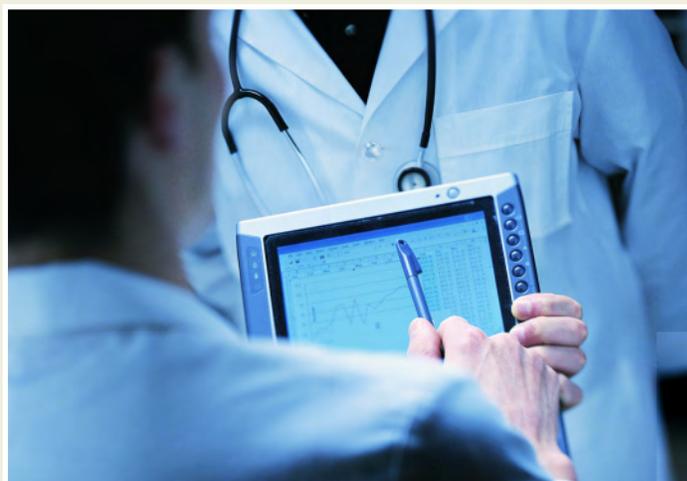
—Richard A. Alfieri, MS,  
Chief Information Officer/Security Officer

## Supporting the *Million Hearts* Initiative

I PRO and the New York State Department of Health are partners in *Million Hearts*<sup>™</sup>, a national initiative launched by the U.S. Department of Health and Human Services with the explicit goal of preventing a million heart attacks and strokes by 2017. *Million Hearts* seeks to reduce risk factors, including hypertension, smoking and high cholesterol, and to increase heart-healthy behaviors, such as aspirin use and tobacco cessation.



I PRO supports physician practices that join this initiative in using their EHRs to: coordinate care and measure improvement in the health of patients who are at most risk for a heart attack or stroke; link to care coordination and patient self-management resources; provide access to educational programs, best practices and tools to improve heart health; and to implement/modify office operations to focus on patient-centered medical home recognition and clinical data reporting.



## Preventing Adverse Drug Events

IPRO is helping ambulatory care facilities protect their patients by preventing adverse drug events.

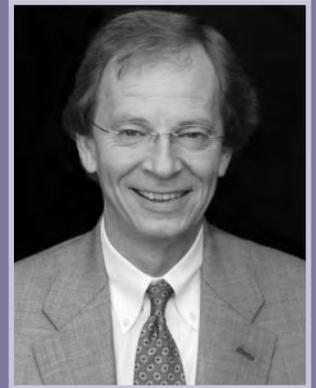


Evidence-based guidelines published by the American College of Chest Physicians cite the need to carefully manage anticoagulants.

The federal government is in the midst of a national three-year project focusing on anticoagulant safety. IPRO is leading an initiative across New York State to encourage best practices in safe anticoagulant management, and has formed the New York Anticoagulation Coalition. The coalition, which is guided by two of the nation's leaders in anticoagulant safety, is an open-membership collaborative that includes leading professional organizations, as well as practitioners from around the state.

The IPRO coalition brings together clinical pharmacists, primary care practices, and other ambulatory care providers who care for at-risk older patients with multiple chronic conditions. Providers who have joined this effort are contributing to a national goal of reducing 265,000 adverse drug events a year.

"Our recent affiliation with San Francisco-based Lumetra Healthcare Solutions means we're supporting physician offices—predominately smaller-size practices—in implementing electronic health record systems on both the East and West Coasts. We've passed the tipping point with a strong majority of office-based physicians now using EHRs. The EHR is a critical technology enabling higher quality care for individual patients as well as a more efficient system for all of us."



—Tom Hartman, Vice President,  
Healthcare Quality Improvement

# Collaborating with Providers

## Improving ESRD Treatment

IPRO is taking a leadership role in the nationwide effort to ensure that quality, appropriate care is provided to individuals with end-stage renal disease (ESRD).

In its role as the ESRD Networks for New York and New England, IPRO provides quality improvement, data management, grievance investigation, technical assistance, and patient and professional education services for more than 430 dialysis providers and over 41,000 dialysis patients in the states of New York, Connecticut, Maine, Rhode island, Vermont, New Hampshire and Massachusetts. The goal of the Networks is to efficiently and effectively increase the quality of care and quality of life for ESRD patients. The Networks promote positive change relative to the three AIMs outlined in the National Quality Strategy and CMS priorities:

- Better Care for the Individual Through Beneficiary- and Family-Centered Care,
- Better Health for the ESRD Population, and
- Reduce Cost of ESRD Care by Improving Care.

The ESRD Network Coordinating Center (NCC) provides support for the achievement of common quality improvement goals for the nation's 18 Networks, while providing a single communication and organizational vehicle for CMS to achieve the strategic goals of the ESRD Network Program. The ESRD NCC is charged with bringing together national leaders in order to unite around a common vision and secure commitments that are necessary to systematically achieve overarching national goals.

The ESRD NCC also provides oversight and management of the national Kidney Community Emergency Response (KCER) Program. KCER is the national lead for ESRD-related emergency and disaster response, and as such is responsible for convening and coordinating national stakeholders in an organized approach to ESRD-related emergency/disaster management and submits a post-recovery assessment and debrief after each actual emergency or disaster.





Both the ESRD Network of New York and New England work on a number of quality improvement initiatives including *Fistula First Catheter Last* (FFCL), reducing healthcare-acquired infections, improving transplant coordination, and implementing the *Five-Diamond Approach to Patient Safety* Program. This is a national initiative designed to increase staff and patient awareness of patient safety, promote safety values, and build a culture of safety in all dialysis facilities.



“Our work with the End-Stage Renal Disease (ESRD) Networks of New York and the six New England states has been multi-dimensional: we



support providers in such critical areas as emergency preparedness and the “Fistula First Catheter Last” initiative, but we also work with patients in areas like home dialysis and engagement. In addition, our National Coordinating Center role has helped CMS with training and program management on a national level. The work has been rewarding, and the growth has been surprising. Ten years ago, no one at IPRO could have predicted how heavily our organization would be invested in improving care for individuals with kidney failure.”

—Clare B. Bradley, MD, MPH,  
Senior Vice President/Chief Medical Officer

# Empowering Consumers



“IPRO has a longstanding commitment to protecting the rights of healthcare consumers and engaging Medicare beneficiaries in

managing their health. As an Independent Review Organization for 20 states, the District of Columbia, and several ERISA plans, IPRO reviews patients’ appeals of health plans’ adverse coverage decisions. Recently we’ve focused on helping Medicare beneficiaries better manage life-long chronic conditions like diabetes. More than 3,000 seniors have “graduated” from the six-week self-management workshops that we offer in neighborhood senior centers. It has been immensely satisfying work.”

—Andrea Goldstein, RN, MS, Vice President,  
Federal Healthcare Assessment

IPRO plays a leading role in engaging and empowering consumers to help improve the quality of care they receive. IPRO’s programs teach Medicare beneficiaries to self-manage debilitating chronic conditions; assist kidney disease patients in remaining healthy; and protect consumers through independent reviews of health plan coverage discussions.

## Enabling Self-Management

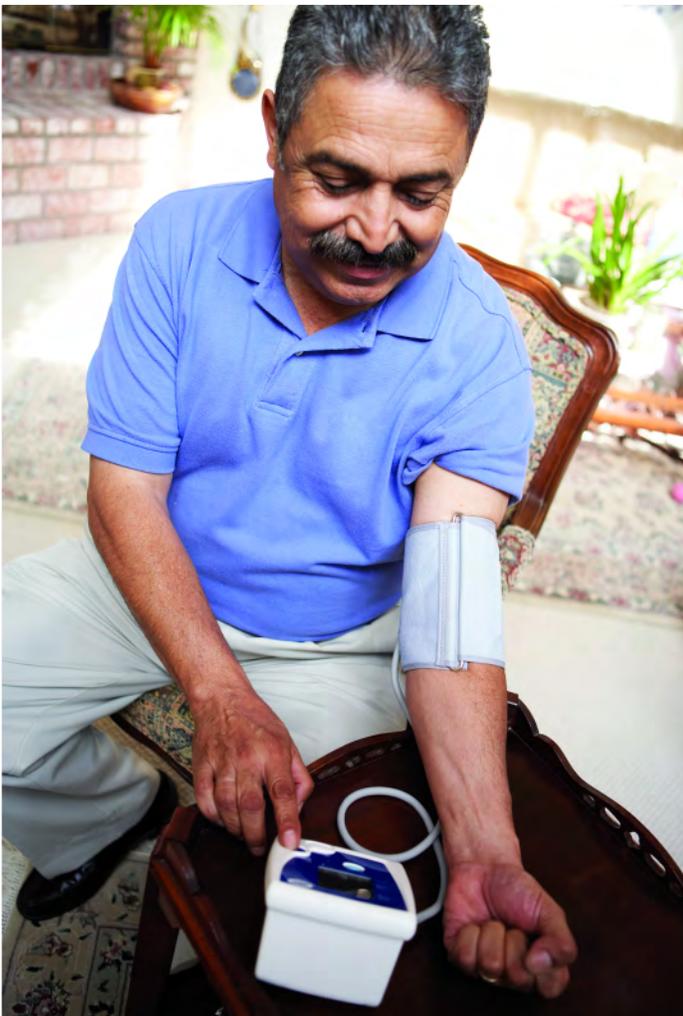
IPRO engages Medicare beneficiaries and their families in managing their healthcare, supporting CMS’ goals of improving care and reducing healthcare costs. IPRO’s Consumer Health Collaborative, which consists of representatives from a range of national, state, and local organizations involved in aging, healthcare and quality issues, assists in advising and extending IPRO’s reach in these areas.

As a result of a successful pilot initiative, IPRO has forged strategic partnerships with community-based organizations that bring the national *Everyone with Diabetes Counts* (EDC) diabetes self-management education (DSME) program to New York City’s Latino population. Latino Medicare beneficiaries in New York City have higher rates of both Type II diabetes and its complications. The DSME workshops, which have been shown to help people with diabetes better manage their disease, were developed by experts from Stanford University.

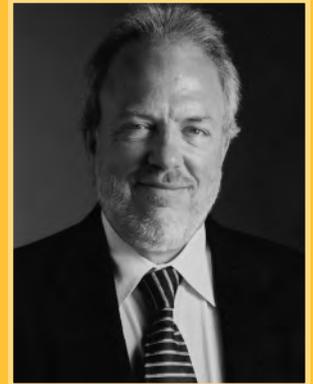
A series of free workshops, held in Spanish and English, empower Latino seniors to incorporate healthy behaviors into their lives. More than 3,000 New York City seniors have completed the program, and IPRO’s goal is to graduate an additional 2,500 Latino EDC participants.

IPRO is also using a “train the trainer” model to provide culturally and linguistically appropriate, evidence-based self-management education to caregivers of New York-based Latino Medicare

beneficiaries who have Alzheimer's disease and other forms of dementia. IPRO's goal is to help improve the care provided to 2,000 beneficiaries diagnosed with the symptoms of dementia by training 1,000 caregivers through 100 community based organizations and workshops. In another new initiative, IPRO is implementing a hypertension self-management program in underserved communities in the New York metropolitan area.



**"IPRO and the Northeast Business Group on Health began publishing managed care report cards back in the 1990s. Eventually these documents went online and led to our spinning off an eServices Department devoted to creating Web-based performance reporting tools that consumers could understand and providers could use for benchmarking. Our eServices Department built and now manages robust public reporting programs on behalf of the state of Illinois, The New York State Department of Health and The Commonwealth Fund, to name three prominent clients. We profile acute hospitals, nursing homes, home health agencies and other providers and have created a massive multi-state database."**



—Spencer Vibbert,  
Vice President, External Affairs

# Empowering Consumers



**“IPRO’s End-Stage Renal Disease (ESRD) Networks serve as the federally-funded contractors for New York and New England.**

**With the mission of providing assistance to the ESRD community, IPRO ESRD Networks work to empower patients with the resources and education that they need in order to ensure optimal quality of care.”**

**—Susan E. Caponi, RN, BS, MBA,  
Chief Executive Officer,  
End-Stage Renal Disease Program**

## **Helping ESRD Patients**

The IPRO ESRD Networks of both New England and New York actively engage patients and their families through the facilitation of Learning and Action Networks, as well as beneficiary led Patient Advisory Committees.

Initiatives such as these keep the patients at the center of their ESRD care, by encouraging them to play a dynamic role in providing beneficial feedback and suggestions on how the Networks can better serve them.

In response to patient feedback, the Networks develop and execute a quality improvement activity to integrate the patient’s perspective at the facility level. The Networks also develop educational campaigns on topics such as Hand Hygiene All Stars, Annual Plan of Care, Patient and Family Engagement through Social Media and Patient Advisory Committee recruitment.

Both Networks also publish *Kidney Chronicles*, a monthly patient-focused newsletter that serves as an easily accessible and informative resource for patients.



With a mission of consistently seeking new and innovative ways to positively impact the renal community, the IPRO ESRD Networks of New England and New York are dedicated to promoting ESRD care that is safe, effective, efficient, patient-centered, timely and equitable.

## Reviewing Coverage Disputes

IPRO serves as an Independent Review Organization (IRO) to help resolve disputes between health plans and patients about medical necessity and appropriateness of care.

As one of the first organizations to be accredited by the *Utilization Review Accreditation Commission (URAC)*, the leading organization accrediting IROs, IPRO has reviewed more than 12,000 appeals of insurers' denials of care for reasons of medical necessity, and experimental/investigational issues. IPRO is certified to conduct independent external reviews of health plan denials of care or payment on behalf of 20 states and the District of Columbia. IPRO conducts this work through a network of 300 independent clinical reviewers, representing most medical specialties and sub-specialties.



IPRO assures that the review of every appeal meets a range of standards that guarantee that consumers' concerns get a fair hearing. Each appeal is thoroughly reviewed by a specialist who is board certified in the appropriate specialty; is reviewed based on the latest and best evidence-based medicine; meets URAC and U.S. Department of Labor standards; uses an established process that ensures timely review; is handled in a way that ensures the privacy of medical information; and results in a fair and impartial determination that is fully substantiated and consistent with nationally recognized standards.

"IPRO has worked with hundreds of physician offices to measure pay-for-performance eligibility, has integrated data-driven clinical and administrative dashboards with physician group EHRs looking to achieve patient-centered medical home status, and will soon be accepting clinical data directly from hospitals and physician practices to measure topics such as prenatal care and sepsis protocol adherence."



—Jaz-Michael King, Chief Technology Officer



# From the CEO's Desk

Theodore O. Will, MPA, Chief Executive Officer



**Q: How do you describe IPRO's organizational culture?**

A: While it's hard to characterize 30 years of experience in a couple of sentences, I would emphasize three essential qualities. First, we've always been nimble in terms of meeting the changing needs of a demanding client base. Second, we've made a conscious commitment to diversification as the best way to enhance our long term prospects in an often-turbulent environment. And third, we've managed to attract employees with first-rate project management skills, so that we can retain essential contracts while obtaining new ones.

**Q: What about business diversification?**

A: We're now in 33 states and Puerto Rico—as Medicaid managed care evaluation contractors, as independent review

agents handling patient appeals and (through our eServices Department) as public reporting support contractors. We have a major role in supporting improvement of care provided to individuals with end-stage renal disease across the Eastern seaboard, while also operating the nation's only work hour oversight contract for physicians-in-training.

We also now provide self-management education to minority populations with diabetes and hypertension, and to caregivers of patients with dementia.

We also focus on cost-containment and anti-fraud activities, and work with private foundations like The Commonwealth Fund and with large government operations like the Veterans Administration.





We started with a single office in Queens, NY and we now have offices on Long Island and in Albany, NY, as well as New Jersey, North Carolina, Connecticut, California and Pennsylvania.

**Q: Say a few words about the changing needs of clients.**

A: In the 1980s, healthcare was organized as a largely fee-for-service enterprise, with an emphasis on quality assurance and utilization review. In the current climate, providers are increasingly risk-sharing organizations, and they're less likely to be reimbursed on an item-by-item basis. The work we do now for our government clients is more likely to involve collaborating with colleagues around critical quality improvement initiatives. And evaluation guards against under-service

as much as it does over-service. It's a vastly different environment than it was 30 years ago.

**Q: Do you really think IPRO's employees are that special?**

A: I do and the results speak for themselves. It's simply not possible to come as far as we have without being able to rely on teams of dedicated, largely self-motivated employees to manage a growing number of highly-diverse contracts. This is especially true in an industry as robust as healthcare quality evaluation. We know that at the end of the day there isn't anything as important as the quality of our employees and that's where we've invested as an organization. As I say, results speak for themselves.



# Evaluating Cost and Quality



“As the newest member of the IPRO senior management team, I’ve observed a strong work ethic and a

commitment to exceeding customer expectations. I’ve also noted wide variation in activities under contract at IPRO, ranging from quality improvement collaboration with providers to anti-fraud work, and from chronic disease self management in inner cities to highly sophisticated clinical data software applications via eServices. The range of skills is remarkable.”

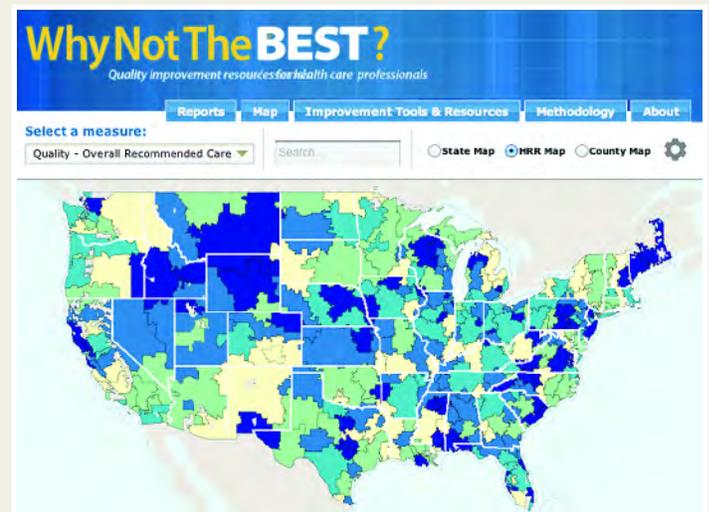
—Edison A. Machado Jr., MD, MBA,  
Chief Quality Officer and Vice President,  
Strategic Planning

IPRO plays a leading role in efforts across the United States to evaluate the quality and cost of the nation’s healthcare.

## Comparing Provider Quality

Building on its multi-year experience developing report cards and provider performance analytics, IPRO has created a range of innovative, easy-to-use online quality reporting tools for national and state clients. These public reporting sites enable both consumers and healthcare providers to easily access side-by-side comparisons of provider quality and to create customized reports based on reliable, validated performance data.

*WhyNotTheBest.org* was created for The Commonwealth Fund to address the high variability in healthcare quality described in the Fund’s report, *Why Not The Best: Results from the National Scorecard on U.S. Health System Performance*. The interactive website provides side-by-side comparisons of 4,500 hospitals nationwide. The site, which is also an invaluable consumer resource, was designed to enable providers to track performance over time against numerous benchmarks and to download tools to improve care.



A free resource, *WhyNotTheBest.org* provides data on hospital performance across two dozen measures of recommended care, and links users to improvement resources directly related to those measures, connecting them with hands-on tools they can put into practice. The site is unique: it allows providers to benchmark their performance against the performance of quality leaders, and provides credible tools to help in quality improvement.

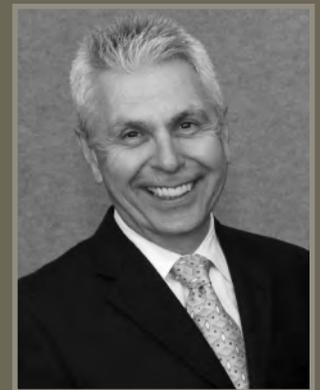
Since developing the NYSDOH *New York State Hospital Profile* (<http://hospitals.nyhealth.gov/>) in 2005, IPRO has managed this consumer-friendly Web-based hospital comparison tool. The site gives the public online access to comparative performance information on New York's 239 hospitals, revealing how well they perform 26 different clinical procedures. Viewers can search the site a number of different ways.

Due to the initial success of the hospital performance reporting site, the state asked IPRO to develop interactive quality report cards for home health, hospice care and nursing homes. All provider comparison tools can be found on the NYSDOH site, [www.health.ny.gov](http://www.health.ny.gov).

Since 2009, IPRO has produced the *Illinois Department of Public Health's Illinois Health Care Report Card* (<http://healthcare.reportcard.illinois.gov>). This consumer-focused site profiles the state's hospitals and ambulatory surgical treatment centers. The site includes comparative process of care, outcome and procedure charge measures. Since launch, the site has added numerous quality indicators including measures of patient safety, central line infection rates, and inpatient mortality rates for several conditions.

In 2010 IPRO produced an interactive public health map of Illinois that allows users to examine the state by county, exploring dozens of utilization and quality indicators stratified by demographic data. The site generates roughly 500,000 reports a year, and has been cited as a model in consumer reporting.

**"It's perhaps ironic that as a healthcare evaluation organization, one of our chief preoccupations is managing employee**



**healthcare costs. Like any other organization our size, we recognize the need to be vigilant in order to stay competitive. And that goes for a number of expenses, not just healthcare costs. The real challenge lies in managing costs in a way that helps you attract and retain top employees while winning procurements in an increasingly cost competitive environment. To do this, we all have to be more creative. There's really no other way."**

**—Alan F. King, MBA, Chief Financial Officer**

# Evaluating Cost and Quality

## Profiling AIDS Programs

As manager of the New York AIDS Intervention Management System (AIMS), on behalf of the AIDS Institute of the New York State Department of Health, IPRO has played a leading role in measuring and reporting on the quality of AIDS care in the state since 1997.

IPRO has collected and analyzed the data used in the AIDS Institute's consumer guide as part of the AIMS support role. On its initial publication in 2000, this report was the first in the U.S. to publish HIV treatment performance data.

IPRO measures and monitors utilization and quality of care delivered by HIV service providers in New York State. The system is considered the most robust of its kind in the world. Under the program, IPRO conducts an annual review of more than 100,000 medical records at approximately 120 treatment facilities statewide; develops measures of quality of care and evaluates performance on these measures; recommends corrective measures for facilities in need of improvement;



monitors plans of correction; and provides data support for all activities, including software development, sampling and reporting.

## Analyzing Managed Care

IPRO's work in evaluating quality goes beyond public reporting to include assessment and oversight.

IPRO has played an important role nationally in the External Quality Review Organization (EQRO) program that continues to this day. In 2002, IPRO advised CMS during development of the initial EQRO mandatory and optional protocols. More recently, IPRO was represented on the External Quality Review Panel that CMS convened to align the protocols with the new federal health reform requirements and current industry practices.

As a federally qualified EQRO, IPRO has Medicaid managed care oversight contracts in Pennsylvania, Minnesota, New York, Kentucky, Louisiana, Nebraska, New Jersey, Rhode Island and Puerto Rico. This work helps ensure that individuals in Medicaid managed care plans receive high quality healthcare, and assists the contracting agencies and health plans in developing quality improvement plans.

As one example of state-based work, IPRO conducts quality assessment and oversight activities for Pennsylvania's Medicaid managed care organizations in the areas

of physical health, behavioral health and long-term care services. IPRO has worked with the Pennsylvania Insurance Department to develop specifications for process and outcome performance measures and case audit collection tools. IPRO has also validated performance data for an initiative to integrate physical and behavioral health for Medicaid managed care members with serious mental illness.

An additional project involves the identification of members who are at high risk of hospital readmission, and examination of their risk factors and underlying causes of rehospitalization. IPRO has also implemented new requirements for behavioral health managed care organizations that have statistically significant poorer performance, implemented pay-for-performance measure report cards, and conducted validation and produced reports related to re-admission performance measures.

## Assessing Appropriateness

IPRO's quality evaluation efforts also take the form of assessment of the appropriateness of care provided, as well as evaluation of reporting mechanisms used, when care has not been optimal.

Since 1987, IPRO has held a contract with the New York State Department of Health for Medicaid utilization review and quality improvement. IPRO delivers a variety of

services under this contract, to ensure that care rendered to Medicaid recipients is appropriate, necessary and meets professionally recognized standards of care.

I PRO conducts more than 100,000 Medicaid medical record reviews annually to assess medical necessity and appropriateness of services. This work includes coding analysis in acute care hospitals, diagnostic treatment centers and other provider settings.

I PRO conducts sensitive and urgent medical review activities; completes validation studies; conducts on-site assessment of acute and ambulatory care facilities; and validates patient safety and “never events” (devastating medical errors that should never have occurred) reporting. I PRO coordinates activities with the NYSDOH and the Office of the Medicaid Inspector General (OMIG) and is responsible for sampling records for review from the universe of Medicaid paid claims, for data analysis and reporting, and for supporting the state’s claims system.

I PRO has conducted a number of projects known as “special studies” as part of this work. Examples include an asthma and diabetes study in state Diagnostic and Treatment Centers, aimed at improving treatment and processes of care for patients under 65 years of age; a study at the New York City Health and Hospitals Corporation that focused on changing processes of care to improve outcomes for pneumonia patients; and a study of recurrent admissions in order to improve and coordinate the care of patients with 10 or more admissions a year to multiple hospitals.

Under this contract, I PRO also reviews adverse events (preventable medical errors) reported by hospitals through the New York Patient Occurrence Review and Tracking System (NYPORTS). Since 2005, I PRO has reviewed approximately 20,000 hospital medical records a year to validate that cases submitted to the state’s adverse event reporting system were reported appropriately by the hospitals. As part of this initiative, I PRO

“At I PRO, we have always recognized that our employees are our greatest asset. Since 2000, we’ve conducted an Employee Opinion Survey. We use the feedback from employees to improve organizational performance—knowing that employees are more engaged when they know that they contribute to I PRO’s successes. And we are always happy to hear employees say that what they like best about I PRO is ‘the people.’ We’re very proud of the spirit of community shared by our employees.”



—Tierre A. Jeanné-Porter, Esq.,  
Vice President, Administrative Services  
and General Counsel

# Evaluating Cost and Quality

reviews cases for potential medication errors, including those that result in permanent harm to patients.

## Examining Child Services

IPRO's quality monitoring activities benefit people of all ages—even the very young.

IPRO contracts with the New York State Department of Health to examine performance of the state's Early Intervention providers. New York has more children enrolled in its Early Intervention Program than any other state, with more than 74,000 eligible children and families and an annual cost of about \$700 million.

These early intervention programs provide therapeutic and supportive services to children with disabilities, birth to age three, and their families. Children suspected of having a developmental delay or disability are provided with a service coordinator,



and receive a multidisciplinary evaluation, including assessment of cognition and communication as well as social-emotional, physical and adaptive development.

IPRO's early intervention experts visit more than 650 service providers annually to evaluate regulatory compliance, management and operating processes. IPRO's experts provide technical assistance to providers for developing corrective action plans. They then review, process and track the more than 500 corrective action plans submitted by providers annually.

As a result of its track record in early intervention monitoring, in 2011 IPRO was asked by the New York State Department of Health to monitor three more state-funded programs: School-Based Health Centers, School-Based Health Center Dental Programs and Family Planning Clinics. IPRO conducts 100 visits to these program providers each year, and administers a comprehensive program consisting of pre-review, on-site review and post-review activities. IPRO also manages the corrective action plan process for these programs.

## Ensuring Quality VA Services

Through Lumetra Healthcare Solutions, IPRO's California-based affiliate, IPRO extends its quality evaluation and improvement activities to the nation's military veterans.

Lumetra has two contracts with the U.S. Department of Veterans Affairs (VA), to help ensure that the nation's veterans get the best quality healthcare. Lumetra has provided peer review for more than 6,000 VA cases over the past two years.



Under one contract, Lumetra provides epidemiological and clinical consultation and analytic services to support the assessment and investigation of the quality of medical and behavioral healthcare provided to veterans. Lumetra's clinical reviewers examine case-specific episodes of medical healthcare services provided in certain VA facilities.

Under the second contract, Lumetra provides external peer review. Lumetra's clinical reviewers perform reviews and analyses to determine the level of agreement of VA internal peer review with external peer review.

## Identifying Medicaid Fraud and Waste

Just as IPRO monitors and evaluates the quality of healthcare provided to consumers, it also provides oversight of billing procedures used by healthcare providers.

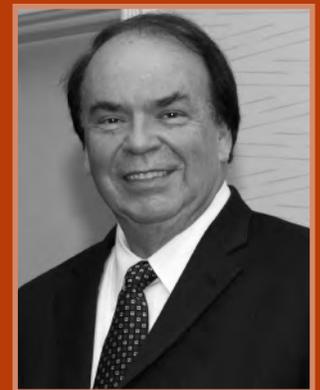
IPRO plays a leading role in the Centers for Medicare & Medicaid Services' (CMS') efforts to eliminate fraud and waste in the Medicaid program through its work as a Medicaid Integrity Contractor.

IPRO performs both comprehensive and focused audits of Medicaid providers by reviewing the medical documentation and other supporting information for paid Medicaid claims in instances in which unusual claims activity has been detected. These audits include determinations of medical necessity by licensed practitioners.

The audits involve reviews of claims submitted by all Medicaid providers, including those submitted by individual practitioners, healthcare facilities and managed care organizations. The purpose of these audits is to identify potential overpayments to Medicaid providers. IPRO conducts this work for CMS Region I, which includes Maine, New Hampshire, Massachusetts, Vermont, Rhode Island, and Connecticut; as well as CMS Region II, which includes New York, New Jersey, Puerto Rico and the U.S. Virgin Islands.

IPRO also has a statewide contract with the New York State Department of Health (NYSDOH), and county-specific contracts with Albany, Dutchess, Rensselaer and Westchester Counties' Departments of Social Services to conduct Medicaid provider compliance audits. The purpose of these contracts is to identify and combat Medicaid fraud and waste.

**"IPRO has long been a national leader in identifying fraud and abuse, as well as wasteful practices, in the nation's healthcare system. Working in eight states and two territories, IPRO staff audits Medicaid providers to ensure that payments are for covered services that were medically necessary, properly billed and documented. This ultimately contributes to making healthcare delivery more appropriate and efficient across the continuum of care."**



**—Harry M. Feder, MPA, Senior Vice President/  
Chief Operating Officer**

# Corporate Leadership

## IPRO BOARD OF DIRECTORS

### **Carlos Alvarez**

Medicare Beneficiary/  
Consumer Representative

### **Warren R. Betty, MD**

Treasurer  
Physician

### **William A. Dolan, MD**

Physician

### **John Friedman, MD**

Vice President  
Physician

### **Robert G. Lerner, MD**

Secretary  
Physician

### **Paul F. Macielak, Esq.**

President/CEO  
New York Health Plan Association

### **Ronald A. Paynter, MD**

Physician

### **Paul Pronovost, MD, FACP, FASN**

ESRD Provider Representative

### **Carol Rodat**

New York Policy Director, PHI (formerly  
Paraprofessional Healthcare Institute)

### **Paul J. Rowland, MSW, FACHE**

Executive Vice President and  
Chief Administrative Officer  
St. Catherine of Siena Medical Center

### **John Sardelis, DrPH**

Associate Chairperson, Health Administration,  
Assistant Professor  
Saint Joseph's College of New York/  
Consumer Representative

### **Raymond D. Sweeney**

Consultant, Healthcare Association of  
New York State

### **Donald A. Winikoff, MD**

President  
Physician

### **Joel Yohai, MD**

Retired Healthcare Executive

## IPRO SENIOR MANAGEMENT

### **Richard A. Alfieri, MS**

Chief Information Officer

### **Clare B. Bradley, MD, MPH**

Senior Vice President/Chief Medical Officer

### **Harry M. Feder, MPA**

Senior Vice President/Chief Operating Officer

### **Andrea G. Goldstein, RN, MS**

Vice President  
Federal Healthcare Assessment

### **Thomas W. Hartman**

Vice President  
Healthcare Quality Improvement

### **Virginia A. Hill, RN, MPA**

Vice President  
Managed Care

### **Tierre A. Jeanné-Porter, Esq.**

General Counsel/Vice President  
Administrative Services

### **Alan F. King, MBA**

Senior Vice President/Chief Financial Officer

### **Edison A. Machado, MD, MBA**

Vice President, Strategic Planning/  
Chief Quality Officer

### **Spencer Vibbert**

Vice President  
External Affairs

### **Patti G. Weinberg, RPA, MPS**

Vice President  
State Healthcare Assessment

### **Theodore O. Will, MPA**

Chief Executive Officer



## ESRD DIVISIONAL BOARD

### **Gilbert W. Bliss**

ESRD Consumer Representative

### **Chaim Charytan, MD**

Provider

### **Paul H. Pronovost, MD, FACP, FASN**

Co-Chair, Provider

### **Gerald P. White**

ESRD Consumer Representative

### **Larry Wilson**

ESRD Consumer Representative

## IPRO OFFICE LOCATIONS

### **Corporate Headquarters:**

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Lake Success, NY 11042-1002  
Phone: (516) 326-7767

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Hamden, CT 06517  
Phone: (203) 387-9332

3705 Trindle Road  
Camp Hill, PA 17011  
Phone: (717) 730-6173

909 Aviation Parkway, Suite 300  
Morrisville, NC 27560  
Phone: (919) 388-9899

4385 US 1 South  
Princeton, NJ 08540  
Phone: (609) 452-8782

Lumetra Healthcare Solutions (affiliate)  
500 Kearny Street, Suite 300  
San Francisco, CA 94108-4429  
Phone: (415) 677-2000



# Corporate Policy Statement

## Our Mission

I PRO is an independent not-for-profit corporation committed to assessing and improving the value of healthcare services received by consumers through the use of innovative methods and technologies.

## Our Vision

As a national leader in assessing and improving healthcare services, we will improve health outcomes and increase health value. We will accomplish this through:

- Commitment and expertise of our people;
- Excellence of our products and services; and,
- Independence and integrity in our evaluation and decision-making.

## Our Values

Our values guide us as we strive to meet our mission and achieve our vision, and we are committed to Quality, Integrity and Excellence in everything we do.

- People First: We are committed to creating a productive and challenging work environment that celebrates employee involvement, skills development and teamwork.
- Customer-Focused Excellence: We are committed to providing value-added products, services and support that meet customer requirements and exceed their expectations.
- Continuous Improvement: We are committed to continuously improve organizational performance and the processes through which we deliver our products and services.
- Technology Optimization: We are committed to the integration of technology into our work to enhance productivity, efficiency and effectiveness.
- Public Responsibility: We are committed to honesty, accountability and responsibility in all aspects of our work and to serving the public through volunteerism and community service.

**ISO**  
**9001:2008**  
**CERTIFIED**

The IPRO Quality Management System (QMS) has been assessed and certified by SGS International Certifications Services (SGS ICS) as meeting the requirements of ISO 9001:2008 for the provision of healthcare services. The three year certification, which is valid through November 2015 follows three previous certifications by SGS.

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





Improving Healthcare  
for the Common Good®

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