

# Healthcare Quality Watch

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**NEWS BRIEFS FOR  
MANAGERS AND  
OPINION LEADERS**


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## Mostashari Keynotes IPRO Annual Meeting

Nationally-recognized health information technology expert Farzad Mostashari, MD, MSc will keynote IPRO's 30th Anniversary Annual Meeting, to be held June 3rd at the New York LaGuardia Airport in East Elmhurst, NY. Dr. Mostashari is a Visiting Fellow of the Engelberg Center for Health Care Reform at the Brookings Institution. Dr. Mostashari's work covers a range of topics related to helping clinicians improve care through health information technology, focusing on small practice transformation by developing innovative payment models that can better support these types of practices. He was previously the National Coordinator for Health Information Technology at the U.S. Department of Health and Human Services. Before that, Dr. Mostashari served at the New York City Department of Health and Mental Hygiene as Assistant Commissioner for the Primary Care

Information Project, where he facilitated the adoption of prevention-oriented health information technology by more than 1,500 providers in underserved communities. Dr. Mostashari also led the Centers for Disease Control and Prevention-funded NYC Center of Excellence in Public Health Informatics and an Agency for Healthcare Research and Quality-funded project focused on quality measurement at the point of care. He was a lead investigator in the outbreaks of West Nile Virus, and anthrax in New York City, and among the first developers of real-time nationwide electronic disease surveillance systems. IPRO's Annual Meeting also includes presentation of the 2014 IPRO Quality Awards. Check-in begins at 11:30 a.m. followed by a complimentary buffet luncheon. To register for this event, contact Joan Ragone at (516) 209-5262 or visit [www.ipro.org/annualmeeting](http://www.ipro.org/annualmeeting).

## IPRO Coalition Develops Clinical Tool

A new, free-of-charge tool designed by the IPRO-led New York State Anticoagulation Coalition will enable clinicians to more easily determine how, whether and when to stop the use of warfarin and other anticoagulants prior to surgery and interventional procedures. Creators of this unique tool, known as "MAP" (Managing Anticoagulation in the Peri-Procedural Period), believe it is the first time evidence-based guidelines on this critical topic have been distilled into an easy-to-use, single-page format. The Task Force reviewed hundreds of pages of medical journal articles to create this unique reference tool. Organized in a series of grids, the MAP tool gives multiple scenarios related to the use of anticoagulant medications, including levels of patient thrombosis (blood clot) risk and categories of bleeding risk. The reference guide can be downloaded from IPRO's website and printed on a single sheet of 11" x 17" paper to provide clear guidance on how each individual case should be handled. "While the medical literature

contains expert guidance for the use of anticoagulants during invasive procedures, to our knowledge there has never been a simplified reference guide to anticoagulant use that clinicians can quickly refer to when planning these procedures," said Clare B. Bradley MD, MPH, Senior Vice President and Chief Medical Officer, IPRO. "Our task force saw this need, and developed this useful tool." Surgery and invasive medical interventions increase the risk of bleeding, but withholding anticoagulants increases the risk of thrombosis due to the underlying conditions for which anticoagulation was originally prescribed. The MAP tool helps clinicians guide their decision making in balancing these risks, and enables them to make more informed choices on whether to interrupt oral anticoagulation for a medical procedure. The tool also provides guidance on, if anticoagulation is interrupted, whether to "bridge" with injectable anticoagulants, such as low molecular weight heparin in patients who are normally treated with warfarin. Although just launched, the MAP tool has already

been reviewed by the Anticoagulation Forum, the leading organization of anticoagulation professionals, and has been added to their "Anticoagulation Centers of Excellence" page, for use by member anticoagulation specialists across the United States. To download a copy of the MAP tool, go to: <http://qio.ipro.org/drug-safety/drug-safety-resources>

### Feds Cite Sharp Drop in Hospital-Acquired Conditions

Preliminary data released by the U.S. Department of Health & Human Services credits Medicare-funded Quality Improvement Organizations (QIOs) and Hospital Engagement Network (HEN) contractors with contributing to a nine percent decrease in hospital-acquired conditions nationally during 2011 and 2012. HHS posits that fewer adverse drug events, falls, infections, and other forms of hospital-induced harm resulted in an estimated 15,000 fewer deaths in hospitals and avoidance of 560,000 patient injuries over the same period. Another topic that QIOs have been working on during this period is community-based care transitions activities aimed at improving handoffs among providers and thereby reducing avoidable rehospitalizations of Medicare patients. HHS finds that 30-day readmission rates held constant at 19 percent from 2007 to 2011 but decreased to 18.5 percent in 2012 and to approximately 17.5 percent in 2013. According to HHS, this equates to an 8 percent reduction in the rate and an estimated 150,000 fewer hospital readmissions among Medicare beneficiaries between January 2012 and December 2013. "We're proud that the national network of QIOs has played an instrumental role in the national quality improvements that the U.S. Department of Health & Human Services announced—including reduced hospital readmissions, adverse drug events, and more," said Todd Ketch, Executive Director of the American Health Quality Association (AHQA), the trade association representing the nation's network of QIOs. "All of these achievements have contributed not only to improved quality of care and quality of life for America's seniors and their loved ones, but also to significantly reducing health care costs nationwide." To view the report, visit: <http://innovation.cms.gov/Files/reports/patient-safety-results.pdf>.

### CMS Names New Case Review Contractors

Senior managers at the Centers for Medicare & Medicaid Services (CMS) have announced new Medicare QIO case review contract awards to two organizations that will be responsible for five newly-created geographic regions encompassing the entire U.S. Previously, QIOs were defined as state-based organizations responsible for conducting Medicare case reviews as well as working collaboratively on quality improvement (QI) activities with providers. But federal legislation enacted in late 2011 permits CMS to separate case review from QI and to regionalize both activities. Accordingly, CMS announced May 9 that Livanta LLC of Annapolis Junction, MD and KePRO of Seven Hills, OH will be responsible for Beneficiary and Family-Centered Care (BFCC) QIO case review and quality complaint investigation activities in all five regions, under five year contracts. (Livanta will be responsible for case review in Region 1, which includes New York). CMS plans to award regional, five-year Quality Improvement Network (QIN) QIO contracts later this summer. CMS will shortly be offering guidance to providers regarding the change-over. To read the initial May 9 CMS press announcement, "CMS Launches Improved Quality Improvement Program," visit [www.cms.gov](http://www.cms.gov).

### Foundation Now Offers County-Based Data

A landmark website created by IPRO for the New York City-based Commonwealth Fund now includes quality performance information ranked by U.S. counties. Newly updated data on WhyNotTheBest.org compare the health of residents in counties across the United States, showcasing, for example, rates of preventable hospitalizations and the percent of adults reporting to be in fair or poor health. The data also

provide information on the health care supports available to residents, such as the supply of dentists and primary care physicians. Users can explore these data by creating a "Compare by Region" report via an interactive map. Programming for the WhyNotTheBest website was done by IPRO's eServices Department—which is also responsible for maintaining and updating the site. For additional comparative information organized by state, visit The Commonwealth Fund's new Scorecard on State Health System Performance, 2014. Both data sets are available at [www.commonwealthfund.org](http://www.commonwealthfund.org).

### Consensus Group Mulls Measure Adjustment

In a potential major policy change, the Washington DC-based National Quality Forum (NQF) is considering whether to recognize socioeconomic risk adjustments to the outcomes measures it endorses. Traditionally, NQF has taken the position that including health status risk factors in measuring outcomes runs the risk of rationalizing poor performance, and/or "masking disparities" by permitting different providers to be held to different performance standards. But in a draft report released for comment in mid-March, NQF asked for comment on a change in policy that would permit risk adjustment for certain quality measures. With quality measure results increasingly being used to adjust payments to providers, NQF posits that absent risk adjustment for health status "the results of such unrealistic demands may be fewer and fewer providers willing to serve the already underserved." NQF asked for comment on whether risk adjustment should be used to account for such issues as poverty, low literacy, limited English-language proficiency, homelessness and lack of support resources. Comments on the draft were sharply divided, according to *Modern Healthcare*, with providers arguing such adjustments are long overdue and some consumer groups arguing a lack of documentation that the absence of risk adjustments has caused actual harm to providers. A final report is expected in July. For a copy of *Risk Adjustment for Socioeconomic Status or Other Sociodemographic Factors, Draft Technical Report for Review*, visit the NQF website at [www.qualityforum.org](http://www.qualityforum.org).

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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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