

Healthcare Quality Watch

SEPTEMBER/
OCTOBER 2014

NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS



Improving Healthcare
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IPRO Wins New 5-Year Medicare Contract

IPRO has won an historic, five-year award as the Medicare-funded Quality Innovation Network (QIN) contractor for the states of New York and South Carolina and for the District of Columbia. Under a new arrangement that began August 1, state-based Quality Improvement Organizations (QIOs) have been replaced by regional QIN contractors, focusing on hospital and nursing home quality improvement, care transitions, drug safety, disease self-management and better primary care through enhanced use of health information technology. The IPRO-led entity will be known as the Atlantic Quality Innovation Network or AQIN. The award—which includes subcontracts with the Delmarva Foundation of Columbia MD and the Carolinas Center for Medical Excellence of Columbia SC—is one of 14 regional QIN contracts. Earlier this year, The Centers for Medicare & Medicaid Services (CMS) made major changes to the QIO program, electing to separate quality improvement activities from medical case review. Two other contractors, Ohio-based KePRO and Maryland-based Livanta, LLC, are now responsible for reviewing all Medicare beneficiary appeals and quality of care complaints beginning August 1. “We’re pleased that CMS has chosen to broaden IPRO’s quality improvement leadership beyond New York to include South Carolina and the District of Columbia,” said IPRO Chief Executive Officer Theodore O. Will. “We look forward to this new opportunity to improve care for a greater number of our nation’s seniors.”

IPRO Report Shows Quality Gains

Recent enhancements in healthcare quality for New York’s Medicare beneficiaries are detailed in IPRO’s new *Medicare Quality Improvement Report*. The report covers clinical areas in which the state’s healthcare providers worked with

IPRO over a three-year period that ended July 31, 2014. One major area of IPRO’s focus has been in working with New York hospitals to reduce the rates of healthcare-acquired infections—acute care facilities working with IPRO reduced central-line associated bloodstream infections (CLABSIs) by 62%. While re-measurement is still underway on another measure—reductions in *Clostridium difficile* infections (CDIs)—hospitals working with IPRO have already achieved a 21.5% improvement rate. IPRO worked with the state’s nursing homes to reduce the incidence of pressure ulcers and the use of physical restraints. Pressure ulcer incidence has dropped from 14.65% to 10.45%, a relative improvement of 28.65%. Physical restraint usage dropped from 6.14% to 1.86%, a relative improvement of 69.68%. In order to improve transitions of care between healthcare settings and prevent rehospitalizations, IPRO led the development of and assisted twenty Care Transitions community coalitions across the state, working intensively with two of these coalitions. IPRO helped achieve 30% to 40% relative reductions in rehospitalization rates in these two communities, and saw an average 19% relative improvement rate for all 20 communities. “These improvements show that, with the support of organizational leadership and a collaborative team effort, healthcare providers can achieve real improvements that benefit patients,” said Clare B. Bradley MD, MPH, IPRO’s Senior Vice President and Chief Medical Officer. “We are proud to have helped facilitate these improvements.” Although most of its QIO efforts have been directed at healthcare professionals, IPRO has also helped Medicare beneficiaries and their families better manage their care. Expanding on a successful pilot project, IPRO partnered with community-based organizations in New York City to bring diabetes self-management education workshops to 3,000 Latino

beneficiaries who have diabetes. IPRO is on track to graduate 2,500 from the evidence-based program. IPRO also used a “train the trainer” model to provide culturally and linguistically appropriate self-management education for caregivers of Latino New Yorkers who have Alzheimer’s disease and other forms of dementia. In addition, IPRO implemented a pilot hypertension self-management program. For a copy of IPRO’s entire report, *Raising the Bar: IPRO’s Medicare Quality Improvement Report for New York State (2011–2014)*, visit www.ipro.org or call Joan Ragone at (516) 326-7767, ext. 262.

Maryland Contractor Handles New York Case Review

Maryland-based contractor Livanta LLC is now responsible for reviewing Medicare quality-of-care complaints and discontinuance of service appeals lodged by New York seniors and their families. Under a restructuring that took effect August 1, 2014, the Centers for Medicare & Medicaid Services created regional Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs), responsible for working collaboratively with providers and regional Beneficiary and Family Centered Care-Quality Improvement Organizations (BFCC-QIOs) responsible for reviewing quality complaints and appeals. IPRO’s Atlantic Quality Innovation Network is responsible for quality improvement in New York, the District of Columbia and South Carolina. Livanta is responsible for case review in New York and a number of East Coast and West Coast states. The following Livanta toll free numbers went live on August 1:

- Helpline Number is 1(866) 815-5440
- Fax Number for Appeals is 1(855) 236-2423
- Fax Number for All Other Reviews is 1(844) 420-6671
- TTY Number is 1(866) 868-2289
- Mailing address for submission of hard copy medical records:
BFCC-QIO Program, Area 1
9090 Junction Drive, Suite 10
Annapolis Junction, MD 20701

Feds Issue Million Hearts Hypertension Challenge

Government-operated as well as private sector practices, clinics and health systems are eligible to enter the 2014 *Million Hearts*® Hypertension Control Challenge, which will recognize practices with a minimum of 500 adult patients annually that can achieve a 12-month control rate of at least 70% of its hypertensive patient population. Practices will need to submit to a data validation process managed by an independent contractor. The Centers for Disease Control and Prevention will recognize 20 private sector Champions, each of which will receive cash prizes of \$2,000. CDC will also recognize up to 10 Federal Champions. *Million Hearts* is a national initiative intended to prevent 1 million heart attacks and strokes by 2017—requiring that 10 million more Americans will have their blood pressure under control. Nominations are due October 10, 2014; Champions will be recognized on the *Million Hearts* website in February 2015. For more information, visit www.millionhearts.hhs.gov.

IPRO Researchers Examine Warfarin Safety

New regulations and reimbursement changes may be necessary in view of findings of sub-optimal management of nursing homes patients receiving warfarin and interacting antibiotics simultaneously, according to a new study by pharmacy experts at IPRO. Researchers examined warfarin management at 12 randomly selected long-term care facilities and found timely International Normalized Ratio (INR) testing in only

70% of 207 instances of warfarin-antibiotic coprescribing. Warfarin time in therapeutic range (TTR) across facilities was only 45.5% (range 34.1% to 61.8%). Only three facilities entered the study with TTRs greater than 50%, and three facilities had TTRs below 40%. Warfarin is prescribed to an estimated 12% of all 1.6 million Americans in long-term care facilities, with 34,000 warfarin-related adverse events occurring annually, many of them preventable. According to the authors: “If facilities are unwilling or unable to voluntarily implement known best practices for anticoagulation management, then changes to regulations and reimbursement systems are warranted.” “Improving Warfarin Safety in Long-Term Care” by Darren Triller, PharmD; Susan Wymer; Karen Morris; Gayle Farman and Anne Myrka appears in the July 2014 edition of *The Consultant Pharmacist* (vol 29, No. 7), published by the American Society of Consultant Pharmacists. For reprints contact the journal at www.ascp.com.

World Thrombosis Day is October 13

Public health experts have organized an inaugural World Thrombosis Day for October 13, with an initial focus on venous thromboembolism (VTE), described as among the most serious and common thromboembolic conditions. In the U.S., an estimated 100,000 to 300,000 individuals die each year from VTE and VTE is associated with more than a half a million hospitalizations. Led by the International Society on Thrombosis and Haemostasis, organizers describe a long term goal of reducing cardiovascular mortality by 25% by 2025. Organizers are targeting their efforts at the general public, previously diagnosed patients and their families and healthcare professionals. To reduce cardiovascular mortality, organizers want to reduce undiagnosed and misdiagnosed cases, increase evidence-based prevention, encourage system-wide best practices, and to advocate for more research funding. Outreach materials include infographics, tool kits, fact sheets and social media news feeds. For more information, go to www.worldthrombosisday.org

Healthcare Quality Watch is published by the Communications Department at IPRO.

An electronic version of *Healthcare Quality Watch* is available; subscribe at <http://ipro.org/ipro-qw>.

We welcome your comments and suggestions. Please forward them to the Editor, Spencer Vibbert, at svibbert@ipro.org.

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www.ipro.org

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 30 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.