

Healthcare Quality Watch

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NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS



Improving Healthcare
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IPRO Taking Over Major Hospital Database

IPRO is taking over a major online resource for measuring the performance of 5,723 hospitals in the U.S. Created by IPRO in 2008 for The Commonwealth Fund, the WhyNotTheBest.org resource has been used by tens of thousands of health care professionals to compare hospital performance and to access improvement tools. Effective January 2015, The Commonwealth Fund is transferring ownership and management of WhyNotTheBest.org to IPRO. "IPRO has been an outstanding partner in acquiring and vetting data, hosting the site, and providing technical assistance to users," according to David Blumenthal, M.D., President of The Commonwealth Fund. "IPRO helped us test a theory: that making hospital performance data readily available and easy to use could both facilitate and spur efforts to improve U.S. health care. That experiment has been a success." According to IPRO's Chief Executive Officer Theodore O. Will: "For all who rely on WhyNotTheBest.org for quarterly data updates, benchmarking, and tracking trends, nothing will change. The site will continue to be freely available to all." Starting in 2015, users will begin to receive email alerts announcing when new data are available from IPRO, instead of from The Commonwealth Fund. Users are urged to add WNTB@support.ipro.us to address books, and send any questions to wntb@cmwf.org. WhyNotTheBest.org is recognized as a "Health Data All Star" in a directory of 50 prominent domestic resources for health data at the federal, state and local levels. The directory was compiled by the Washington DC-based Health Data Consortium (www.healthdataconsortium.org), with input from leading researchers, government officials, entrepreneurs and consumer advocates.

Campaign Saves Estimated 50,000 Lives

New data from the Department of Health and Human Services (HHS) show an estimated 50,000 fewer patients died in hospitals and approximately \$12 billion in health care costs were saved as a result of a reduction in hospital-acquired conditions from 2010 to 2013. This progress toward a safer health care system occurred during a period of concerted attention by hospitals throughout the country to reduce adverse events. According to HHS, the efforts were due in part to provisions of the Affordable Care Act such as Medicare payment incentives to improve the quality of care as well as the *Partnership for Patients* initiative. Preliminary estimates show that in total, hospital patients experienced 1.3 million fewer hospital-acquired conditions from 2010 to 2013. This translates to a 17 percent decline in hospital-acquired conditions over the three-year period. "These results are welcome news for patients and their families," according to HHS Secretary Sylvia M. Burwell. "These data represent significant progress in improving the quality of care that patients receive while spending our health care dollars more wisely. HHS will work with partners across the country to continue to build on this progress." According to preliminary estimates, in 2013 alone, almost 35,000 fewer patients died in hospitals, and approximately 800,000 fewer incidents of harm occurred, saving approximately \$8 billion. Hospital-acquired conditions include adverse drug events, catheter-associated urinary tract infections, central line associated bloodstream infections, pressure ulcers, and surgical site infections, among others. HHS' Agency for Healthcare Research and Quality (AHRQ) analyzed the incidence of a number of avoidable hospital-acquired conditions compared to 2010

rates and used as a baseline estimate of deaths and excess health care costs that were developed when the *Partnership for Patients* was launched. The results update the data showing improvement for 2012 that were released in May 2014. In addition to the Partnership for Patients initiative, HHS singles out Hospital Engagement Networks and Quality Improvement Organizations for assisting in these quality improvement and cost reduction efforts. For more information, visit www.hhs.gov/news.

Leaders Equate Reporting with Quality Gains

A new survey finds a large majority of hospital executives believe that public reporting has stimulated quality improvement at their institutions. In results published recently in *JAMA Internal Medicine*, fully 70 percent of leaders equate public reporting with enhancing quality improvement. The questionnaire survey was based on a random sample of 630 hospitals with 380 respondents. Quality measures were defined as mortality, readmissions and process and patient experience measures. A smaller percentage of executives credited cost and volume measures with having a positive effect on quality—65 percent credited cost measures, while only 53 percent credited volume measures. Eighty-seven percent of respondents say publicly-reported performance measures are now incorporated into their institutions' corporate goals, with 90 percent saying they routinely review findings with Boards of Trustees. More than 94 percent review results with senior clinical and administrative staff. [Attitudes of Hospital Leaders Toward Publicly Reported Measures of Health Care Quality](#), (December 2014), was written by researchers from Baystate Medical Center in Springfield Massachusetts and Tufts University School of Medicine in Boston. For more information, go to www.jamanetwork.com

Feds Announce QIO Newsletter in New Format

The Centers for Medicare & Medicaid Services (CMS) has announced a new look and feel for the e-newsletter *QIO News*. For the last five years, *QIO News* has provided an in-depth look at health care quality improvement through the eyes of patients, thought leaders and Quality Improvement Organizations (QIOs). In December 2014, *QIO News* began providing the same quality improvement-focused content that readers have enjoyed in a fresh new format. Each issue now is delivered monthly and focuses on sharing ideas, information, best practices and news in a crisp, interactive web format. The publication is hosted online at QIOProgram.org/QIO News for ease of sharing through social networks, newsletters and email. *QIO News* contains easy-to-read articles about how patients can assume more active roles in their health, as well as success stories and interviews about relationships between patients and providers, community partners and QIOs. Sign up for *QIO News* at <http://ow.ly/G1iXG>

Physicians Advised to Avoid Payment Reductions

In order to avoid an automatic negative two percent Value Modifier payment adjustment in calendar year (CY) 2016, physicians and other health professionals in groups of ten or more must satisfy the Physician Quality Reporting System (PQRS) requirements as a group or as individuals in CY 2014. Medicare will not apply the CY 2016 Value Modifier to a group of physicians if one or more physicians in the group participate in the Medicare Shared Savings Program, the Pioneer ACO Model, or the Comprehensive Primary Care Initiative in CY 2014. The

deadline for groups to register to participate in the PQRS Group Practice Reporting Option (GPRO) as a group in CY 2014 has passed. Therefore, in order to avoid the automatic Value Modifier payment adjustment in CY 2016, groups with ten or more EPs that did not register to participate in the PQRS in CY 2014, must have at least 50% of the EPs in the group participate in the PQRS as individuals in CY 2014 and meet the criteria to avoid the CY 2016 PQRS payment adjustment. No registration is necessary for a group if the EPs in the group participate in the PQRS as individuals. For questions about the sign-up process, or participating in the 2014 PQRS as a group or individual, please contact the QualityNet Help Desk at 1(866) 288-8912 or via email at qnet-support@hcqis.org. For questions about the Value Modifier please contact the Physician Value (PV) Help Desk at 1(888) 734-6433 (select option 3).

Diabetes Self-Training Seen As Underused

Researchers at the U.S. Centers for Disease Control and Prevention estimate that no more than seven percent of recently-diagnosed individuals with diabetes who are privately insured are getting formal self-management training and education. According to Reuters Health, a key CDC researcher who looked at claims data for nearly 100,000 privately-insured adults with diabetes found that less than seven percent of individuals in need were participating in self-training programs. Experts say that claims data underestimate the number of individuals receiving training but that the number remains quite low. They cite barriers including reimbursement issues and restrictions providers face when seeking recognition as trainers. The nation's network of Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) are now engaged in a five-year effort that began last August to enroll seniors in Medicare-funded self-management training and education. For more information on that program—called the *Everyone with Diabetes Counts* Initiative—visit www.qioprogram.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 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.