

Healthcare Quality Watch

MAY/JUNE 2015

**NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS**


Improving Healthcare
for the Common Good®

IPRO's 31st Annual Meeting Set for June 2

Helen Burstin, MD, MPH, FACP, Chief Scientific Officer of The National Quality Forum, and Rahul Rajkumar, MD, JD, Acting Deputy Director of the U.S. Center for Medicare and Medicaid Innovation (CMMS), are the featured speakers at IPRO's 31st Annual Membership Meeting, to be held Tuesday, June 2, 2015 at the LaGuardia Airport Marriott Hotel in East Elmhurst, NY. Dr. Burstin provides scientific oversight for the evaluation, endorsement and selection of quality measures and the transition to electronic performance measurement. Prior to joining NQF in 2007, Dr. Burstin was the Director of the Center for Primary Care, Prevention, and Clinical Partnerships at the Agency for Healthcare Research and Quality (AHRQ). Rahul Rajkumar, MD, JD,

an internist, is the Acting Deputy Director at the Center for Medicare and Medicaid Innovation. Prior to arriving at CMS, Dr. Rajkumar was a consultant at McKinsey and Company, where he helped the senior management of leading hospitals and health care payers respond to national reform and the design and operational aspects of accountable care organizations. IPRO's Annual Membership Meeting will also include presentation of the 2015 IPRO Quality Awards by Clare B. Bradley, MD, MPH, Senior Vice President, Chief Medical Officer, IPRO. The meeting includes a complimentary buffet luncheon. To register electronically, visit www.ipro.org and click on the Annual Meeting graphic on the home page. To register by phone, call (516) 326-7767, ext. 262.

IPRO Recruits Nursing Home Champions

A key facet of IPRO's five-year regional Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract requires the organization to recruit leading New York-based nursing homes to act as "peer coaches" for other facilities that participate in IPRO's nursing home quality care collaborative. The goal is to provide best practice support for other nursing homes over the course of the five-year workplan. Peer coaches are identified as high performing facilities—high performing status is measured by ranking in the top 10% of the national nursing home quality measure composite score developed by Centers for Medicare & Medicaid Services. The peer coaching organizations recruited by IPRO include: New York State Veterans Home, Batavia; Parker Jewish Institute For Health Care & Rehabilitation, New Hyde Park; Northgate Health

Care Facility, North Tonawanda; Sea View Hospital Rehab Center & Home, Staten Island; and Daleview Care Center, Farmingdale.

Authors Document Primary Care Impact

Authors at the New York State Department of Health (NYSDOH) and IPRO have collaborated on an article that examines a three-year \$250 million pilot aimed at improving primary care in teaching hospital outpatient departments and other settings. Under the federally-funded pilot that concluded last December, approximately 5,000 physician-in-training were educated on the patient-centered medical home concept, which emphasizes the use of electronic health records (EHRs), quality measure tracking and team-based care management, and is viewed as critical in advancing value-based purchasing in

primary care service delivery. Physicians-in-training were required to choose one of four care coordination projects—these focused on coordinating primary and specialty care, integrating physical and behavioral health, enhancing culturally competent care and improving care transitions/medication reconciliation. Participating hospitals were required to restructure EHRs to assure interoperability and to connect to New York’s Statewide Health Information Network. A number of findings from the pilot study were dramatic: programs increased breast cancer screening rates from 47 percent to 60 percent of targeted patients; tobacco use assessments from 70 percent to 86 percent; weight and physical activity assessments for children/adolescents from 58 to 86 percent and nephropathy testing for adult diabetics from 68 percent to 82 percent. The article by Marietta Angelotti, MD, Foster C. Gesten, MD, FACP, and colleagues, “Improving Patient Care and Resident Training in Primary Care Clinics” appears in the Spring 2015 edition of *Family Doctor: A Journal of the New York State Academy of Family Physicians*. For more information, visit the Academy’s website at www.nysafp.org.

Federal Report Isolates Quality Innovation

A report produced this spring by the Centers for Medicare & Medicaid Services (CMS), offers significant national findings: for 2011 to 2014, state-based, Medicare-funded Quality Improvement Organizations (QIOs) are credited with helping providers avoid a potential 44,640 adverse drug events; with undertaking community-based approaches to care coordination in ways that saved nearly \$1 billion; and supporting project-participating hospitals in reducing health care associated infections by 53%. Additionally, nursing homes that collaborated with QIOs minimized physical restraints (6,250 Medicare patients restraint-free) and prevented/healed pressure ulcers (3,374 prevented or healed during the three-year period) in ways that demonstrably improved the lives of seniors. The report includes a number of case studies describing ways QIOs have used innovation to target provider and beneficiary audiences. IPRO’s Every Diabetes Counts project experience is featured; in that effort, the IPRO team developed a formula for helping downstate African-American and Hispanic seniors with diabetes get the self-care classes they need to better manage their own chronic conditions—thereby contributing to a national 20% rate of improvement in blood sugar control among participating Medicare beneficiaries. Under an arrangement with local community colleges, students who underwent IPRO-sponsored bilingual outreach training and teaching internships were able to earn credits towards formal Community Health Worker certification. Eventually, IPRO helped certified workers secure interviews with physician practices, thereby bolstering the likelihood that the self-care teaching model will be sustained in the long run. A number of other approaches to quality improvement from QIOs around the country are included in the report. To view the 2014 QIO Program Progress Report online, go to <http://qioprogram.org/progress-report>.

Panel Seeks Unified Performance Reporting System

An expert panel convened by the Washington DC-based Institute of Medicine is calling for a radically streamlined approach to healthcare performance measurement. Noting that health systems now often require 50 to 100 full-time employees at costs of \$3.5 million to \$12 million annually to comply with a wide range of competing reporting

requirements, the panel argues that measurement “will fail if it is left to the experts.” The panel points to surveys that have found “significant inefficiencies and redundancies, due in part to minor variations in measure methodologies that lead to multiple different reporting requirements for the same target.” The authors of the report titled *Vital Signs: Core Metrics for Health and Health Care Progress* call for a simpler approach that focuses on 15 areas of measurement in four domains. The domains address health, quality-of-care, cost and engagement, while the areas of measurement address such topics as obesity, addiction, life expectancy, access, safety and personal healthcare spending relative to income. The panel was chaired by David Blumenthal, MD, President of The Commonwealth Fund. To download a free copy of the report, visit the Institute’s website at www.iom.edu.

New NY Law Protects Patients from Surprise Billings

IPRO and two other organizations have been authorized to adjudicate disputes that arise from billings for services provided by out-of-network providers. Effective April 1, patients in New York are protected from surprise billings in excess of network charges from out-of-network providers that take place in the absence of a written acknowledgement from patients authorizing out-of-network services. Disputes between providers and insurers over bills alleged as excessive by out-of-network practitioners are subject to resolution by independent organizations. In addition to IPRO, Independent Medical Expert Consulting Services of Lansdale PA and MCMC of Quincy MA were chosen by New York’s Department of Financial Services to arbitrate disputes over the costs of non-network charges. DFS says it received 10,000 complaints by patients over non-network charges since 2008. Experts suggest that formal dispute resolution will be minimized if providers and insurers rely on billing benchmarks available from Fair Health, the independent not-for-profit created in New York that collects and analyzes data on “usual, customary and reasonable” rates for healthcare services. For more information on the new law, visit DFS’s website at www.dfs.ny.gov.

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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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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.