

Healthcare Quality Watch

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NEWS BRIEFS FOR
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OPINION LEADERS



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A Golden Anniversary for America's Health

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In 1965, President Johnson signed legislation to establish Medicare for the elderly and Medicaid for low-income adults, children, pregnant women, and people with disabilities. Since then, these programs have transformed the delivery of health care in the United States. They have greatly reduced the number of uninsured Americans and have become the standard bearers for quality and innovation in American healthcare.

Chances are, you or a family member either have Medicare or Medicaid or know someone who does. In fact, about 55 million Americans have Medicare this

year and more than 70 million have Medicaid in any given month. Has one of Medicare's many covered preventive benefits helped detect cancer at an early and more treatable stage for you or a parent? Have rehabilitation services provided in a nursing home or in your own home helped you get stronger and return to regular activity after surgery? Has Medicaid helped pay for your parent to live in a nursing home or helped you or your children get treatment for an illness?

As part of the 50th anniversary celebration for these programs, the federal Centers for Medicare & Medicaid Services are collecting stories of how Medicare and Medicaid have made a difference for everyday Americans. Please visit Medicare.gov/anniversary/share-your-story to share your Medicare or Medicaid story.

Authors Cite Better Health, Lower Costs

Researchers are documenting substantial reductions in Medicare hospitalizations, mortality and costs over a fourteen year period, based on a review of 68 million admissions of fee-for-service Medicare patients across the U.S. For 2013 compared to 1999, hospitalizations were found to have fallen by 24% and costs were judged to have fallen by 15%. And risk of inpatient death during the same period fell by 45%, according to researchers. Lead researcher Harlan M. Krumholz, MD, SM, a cardiologist and professor at the Yale University School of Medicine, told *USA Today* that the reported 16% decline in Medicare mortality is "a jaw dropping finding. We didn't expect to see such a remarkable improvement over time." Authors cite five possible factors influencing cost

reductions and improved outcomes. These include: (1) the 1992 Health Care Quality Improvement Initiative, in which QIOs were asked to work with hospitals to focus on collaborative quality improvement rather than inspections of care; (2) adoption of healthier behaviors by Americans over the 13 year period; (3) public health advances that tend to benefit patients born in later years; (4) better procedures, technologies, devices and drugs; and (5) the possibility that patients in Medicare Advantage plans are sicker than fee-for-service patients, thus leading to an over-estimation of the gains for all Medicare beneficiaries. The authors say their findings were consistent across ages, sexes and races. They also found sharp declines in hospitalizations in the last six months of life (28%), and the percentage of beneficiaries with one or more hospitaliza-

tions (14%). The article "Mortality, Hospitalizations, and Expenditures for the Medicare Population Aged 65 Years or Older, 1999-2013," appears in the *Journal of the American Medical Association*, July 28, 2015. To obtain a copy of the article, visit the JAMA website at www.jama.com.

IPRO Care Transitions Team Documents Success

IPRO authors have written another article showing significant reductions in hospital readmission rates following implementation of a community-based care transitions program. The article profiles an Albany NY-area effort involving one acute care hospital, 28 skilled nursing facilities, a home health agency and a hospice provider. The authors document significant reductions in all-cause 30-day readmission rates from post-acute settings during 2011-2014, as well as significant improvements in rates of satisfaction among hospitalized patients. They argue that financial incentives and care coordination provisions included in the Affordable Care Act "compelled providers who were once competitors to look at each other as partners-in-care." The article focuses on concerted efforts to improve provider communications, using cross-setting contact lists, standardized transfer-of-information forms, better clinician-to-clinician dialogue, electronic health records, nursing facilities capabilities analysis and information-sharing between community-based clinicians and the hospital emergency department. The article "New York State Coalition Improves Communication for Care Transitions," by Fred Ratto Jr., and colleagues, appears in *Patient Safety & Quality Healthcare* (May/June 2015), which is available at www.psqh.com

National QIO Learning Series Announced

The QIO Program is launching a new learning series that offers health care providers the opportunity to participate in national virtual training events focused on health care quality improvement. The series, titled "Sharing Knowledge, Improving Health Care," will feature training sessions led by recognized experts and will address important topics in health care delivery transformation like value-based purchasing and meaningful use, and connect these national themes with related local services and resources available to providers through the QIO Program. The first virtual training session, entitled "The QIO Program in Action - National Benefits, Local Support", will take place on Tuesday, August 4, 2015 from 3-4 p.m. EDT. During this kick-off webinar, Dennis Wagner, Director of the Quality Improvement and Innovation Group with the Centers for Medicare & Medicaid Services (CMS), will provide information on the benefits of working with regional Quality Innovation Network-QIOs (QIN-QIOs) and share examples of local success stories involving providers, partners and patients. Registration is required for this event. To register, visit <https://qualitynet.webex.com/tc> and click the "Upcoming" tab. Locate the "National LAN Call" and click "Register."

Trade Group Promotes Chronic Care Innovation

The dramatic increase in the number of Americans between the ages of 45 and 64 who will soon be aging into Medicare—many of them with multiple, chronic conditions—will require widespread adoption of innovative care management strategies, according to written

comments submitted in June to the U.S. Senate Finance Committee, by the American Health Quality Association (AHQA), the QIO trade association. Finance is requesting recommendations from industry groups in advance of bipartisan legislation expected from the Committee later this year or early next year. In its letter, AHQA makes a number of recommendation including expanding self management education programs for individuals with diabetes and hypertension, offering incentives that support community-based care transition programs, advancing the patient-centered medical home concept, reforming reimbursement for home-based emergency services and expanding hospice-based palliative care coverage. For more information on AHQA's policy recommendations, visit the association's website at www.ahqa.org.

Feds Announce Sepsis Coalition Town Hall Meetings

The U.S. Centers for Medicare & Medicaid Services has announced a fall program to increase awareness of sepsis and to facilitate a national conversation aimed at developing interventions that will lead to a decrease in sepsis morbidity and mortality rates. Applicable to staff in long-term care facilities as well as other caregivers, presentations will address the initial characteristics of sepsis, survival rates associated with early detection and rapid treatment, success stories, and resources available from the Centers for Disease Control Prevention & Prevention. The event is scheduled for Thursday, October 15, 2015, with the morning webinar from 10:00 a.m. to 12:00 pm (Central Time) and a follow-up Town Hall scheduled from 1:00 pm to 3:00 pm (Central Time). For more information, visit the CMS website at www.cms.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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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.