

Healthcare Quality Watch

APRIL/MAY 2016

NEWS BRIEFS FOR
MANAGERS AND
OPINION LEADERS

Improving Healthcare
for the Common Good®

Quality Experts to Address IPRO Annual Meeting

Nationally recognized healthcare quality experts Mandy Cohen, MD, MPH and John Black are featured speakers at IPRO's 32nd Annual Meeting, to be held Tuesday, June 7 at the New York LaGuardia Airport Marriott Hotel in East Elmhurst, NY. Dr. Cohen, an internist, is the Chief Operating Officer and Chief of Staff for the Centers for Medicare and Medicaid Services. In this role Dr. Cohen provides operational leadership and coordination across the Agency. Prior to taking on this role, Dr. Cohen was the Principal Deputy Director of the Center for Consumer Information and Insurance Oversight at CMS, overseeing the Health Insurance Marketplace and private insurance market regulation. Formerly Director of Lean Manufacturing at Boeing Commercial Airplanes, John Black has consulted to leading healthcare institutions like the Virginia Mason Medical Center and Park Nicollet Health Services, as well as governmental authorities, including the Canadian province of Saskatchewan. Also speaking at the event is patient engagement expert David Rush, a nationally-recognized hip hop recording artist and record producer. IPRO's Membership Meeting will also include presentation of the organization's 2016 Quality Awards. To register online for this event, which is free and includes a complimentary luncheon, go to <http://ipro.org/about/32nd-annual-meeting>. This event is eligible for Qualified Education Credit through the American College of Healthcare Executives. For more information about registration and ACHE credit, please contact Joan Ragone at IPRO at (516) 326-7767, ext 262.

IPRO Anticoagulation Tool Now Available

A new, freely available smart phone application and online tool developed by an IPRO-led coalition enables clinicians to easily determine whether, when, and how to stop and restart the use of warfarin and oral anticoagulants during elective surgery and other invasive procedures. Creators of this unique app, known as "MAPPP" (Management of Anticoagulation in the Peri-Procedural Period), believe this is the first time evidence-based guidance on this critical topic has been made available in an easy-to-use smart phone application. Intuitively organized, the MAPPP app provides individualized guidance for management of anticoagulant medications based on patient thrombosis (blood clot) risk and specific procedural bleeding risk. The tool is available at the Apple App Store and on the Android Market. "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." The Task Force is part of IPRO's New York State Anticoagulation Coalition, which is co-led by anticoagulation experts Jack E. Ansell, MD, founder of the Anticoagulation Forum, and Elaine M. Hylek, MD, MPH, of Boston University School of Medicine. To use the web-based version or to download the app go to: <http://mapppp.ipro.org>.

Early Results In on NY 'Surprise Billing Law'

The landmark New York "Surprise Billing" law that went into effect last spring was intended to protect insured hospital patients from out-of-network co-payments, coinsurance and deductibles larger than charges for comparable in-network ancillary emergency services. The new law also protects insured New Yorkers from surprise balance billings for outpatient services as well, if they sign assignment of benefits forms permitting doctors to seek additional payments for disputed services from health plans and if they forward bills for disputed services to providers and to plans. New data from New York State's Department of Financial Services (NFS) suggest that the law is being administered in a way that protects patients and seems fair to health plans and providers. According to analysis of the NFS data provided by the *Crain's Health Pulse* news service, in 291 billing disputes between providers and plans over out-of-network emergency services, independent reviews found on behalf of health plans in 22% of cases and on behalf of providers in 13% of cases. According to Crain's, independent review of emergency care billing disputes in amounts between \$1,000 and \$5,000 found on behalf of providers in 18 cases and for insurers in 20 cases. IPRO is one of the independent dispute resolution contractors brought in by New York State to adjudicate between plans and providers regarding the reasonableness of out-of-network billings. The National Academy for State Health Policy has just published a report analyzing surprise billing legislation in New York, a number of other states and at the federal level. The report, *Answering the Thousand-Dollar Debt Question: An Update on State Legislative Activity to Address Surprise Balance Billing*, is available at the NASHP website at www.nashp.org.

Study Supports "Aging in Place" for Seniors

Home health agency-provided services in the home can delay admissions to skilled nursing facilities by as much as eight months, according to new research from a team at the SUNY Albany School of Public Health. Researchers examined the extent to which comprehensive Certified Home Health Agency-provided (CHHA-provided) home health services—otherwise known as "Aging in Place" services—can permit seniors to remain in their homes for a significantly longer period of time than was the case previously. Authors compared length-of-stay in the home prior to nursing home (NH) admission for two time periods and found seniors could remain at home for an average 25 months in 2012, compared to only an average 17 months in 2007. This was despite the fact that on average patients had greater limitations in activities of daily at the time of admission to facilities in 2012 than they did in 2007. According to the researchers: "...Aging in place is good for the patient, but CHHAs and NH directors will need to plan staffing appropriately to care for the patients' more complex needs when admission to the NH is delayed." The study "Is Aging in Place Delaying Nursing Home Admission?" appears in the *Journal of the American Medical Directors Association*. Co-author Lindsay Kelly is an IPRO employee in the New York State Office of Health Insurance

Programs' Division of Long Term Care. For a copy of the article, visit the journal website at www.jamda.com.

Feds Produce Interactive Disparities Mapping Tool

The Centers for Medicare & Medicaid Services (CMS) has released an online, interactive Medicare mapping device that permits users to compare geographic, racial and ethnic disparities for 18 chronic conditions as well as spending, hospitalizations, readmissions and mortality. Produced for CMS' Office of Minority Health (OMH), by KPMG and NORC at the University of Chicago, the tool is intended to health services researchers, quality improvement professionals and others "pinpoint disparities in health care outcomes by population and condition," according to OMH Director Cara James. The tool is part of the *CMS Equity Plan for Improving Quality in Medicare*, which was published last fall, and which includes six priority areas. These address: (1) expanding the collection, reporting, and analysis of standardized data, (2) evaluating disparities impacts and integrating equity solutions across CMS programs, (3) developing and disseminating promising approaches to reducing health disparities; (4) increasing the ability of the health care workforce to meet the needs of vulnerable populations, (5) improving communication and language access for individuals with limited English proficiency and persons with disabilities, and (6) increasing the physical accessibility of health care facilities. To access the Mapping tool and the Equity Plan, go to the CMS website at www.cms.hhs.gov.

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

For an electronic version of *Healthcare Quality Watch*, visit <http://ipro.org/about/publications/newsletters/quality-watch>.

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

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042
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 more than 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.