

# Healthcare Quality Watch

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NEWS BRIEFS FOR  
MANAGERS AND  
OPINION LEADERS



Improving Healthcare  
for the Common Good®

## IPRO Joins Payment Reform Partnership

IPRO has received special recognition from the Health Care Payment Learning & Action Network (LAN), a national public-private partnership aimed at adopting alternative payment models (APMs) that reduce costs and improve outcomes for patients. As a LAN “Committed Partner,” IPRO agrees to take concrete steps to promote reimbursement methodologies that reward value and incentivize improvement. The LAN’s goals include a target of linking 30% of all health care payments in the U.S. to quality and value via APMs by the end of 2016, and linking 50% of all such payments to APMs by 2018. APMs offer providers and practitioners financial risks and rewards based on meeting specific performance benchmarks. “We’re delighted to be partnering with the LAN in its effort to reward and incentivize providers who demonstrate value in the clinical services they provide,” according to IPRO Chief Executive Officer Theodore O. Will. “It’s critically important that we develop a consensus on the measurement tools and supports necessary to encourage efficient, patient-centered care, rather than continuing to rely on a system that reimburses providers largely on the basis of how many itemized services they provide.” With the final release of recommendations on Clinical Episode Payment and Population-Based Payment Models, the LAN pivots focus to its next phase of work: assembling multi-stakeholder action collaboratives to share their experiences implementing these recommendations. The LAN is also engaged in a National Measurement Effort that systematizes data collection in order to document progress in reaching the APM payment goals and has established a Primary Care Payment Model Work Group to accelerate implementation at the physician practice level. A LAN Committed Partner is an organization that has

committed to specific targets that match or exceed the established goals for accelerating APM adoption. A partner also agrees to work with the LAN and to measure and report progress toward the goals it has set for transitioning to a system that advances quality of care over quantity of services. Guidelines for becoming a LAN Committed Partner are available at <https://hcp-lan.org/step-up>.

## IPRO Will Promote Surgery Management Tool

IPRO has been awarded special federal funding to promote the use of a surgical management tool it recently converted from a paper-based format to a mobile application. The free, 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. Intuitively organized, the Management of Anticoagulation in the Peri-Procedural Period, or MAPPP app, provides individualized patient guidance for management of anticoagulant medications based on patient thrombosis (blood clot) risk and specific procedural bleeding risk. The tool is currently available on the Apple App Store and on Google Play for Androids. Under a new, two-year award from the Centers for Medicare & Medicaid Services, IPRO and its Atlantic Quality Innovation Network will educate physicians and provider staff on the MAPPP app, promote its integration into clinical decision support (CDS) at selected healthcare systems and develop a process for incorporating the app into electronic health record CDS across multiple inpatient and outpatient vendor systems. For more information regarding this project, contact Project Director Anne Myrka, RPh, MAT at Phone: (518) 320-3591.

## **IPRO Debuts New Wellness Newsletter**

IPRO has developed a new consumer-focused newsletter aimed at supporting wellness among seniors and their families. The first few issues of the newsletter will be available in print and electronic formats—the goal is eventually to issue editions in electronic format only. The editor is Clare Bradley, MD, MPH, who serves as IPRO's Senior Vice President for Quality Improvement and Chief Medical Officer. Dr Bradley is a past recipient of the American Cancer Society's (ACS) St. George National Award for 2009, awarded for outstanding contributions to the control of cancer. Dr. Bradley is the past Chair of the Eastern Division (New York and New Jersey) of the ACS and has been an ACS Board Member since 2004. She is President-Elect of the American Health Quality Association, a Washington DC-area trade association representing quality improvement professionals across the U.S. Dr. Bradley is board certified in Internal Medicine and is an associate Professor in the Department of Preventative Medicine in the School of Medicine at the State University of New York, Stony Brook. For more information regarding the *Healthy Insights* newsletter, contact Joan Ragone at [jragone@ipro.org](mailto:jragone@ipro.org) or (516) 326-7767, ext 262.

## **IPRO Wins Employee Engagement Award**

IPRO is the winner of a 2016 Silver Innovation Award from Avatar Solutions (Press Ganey), a leading provider of employee engagement surveys nationwide. The award recognizes successful expansion of the organization's Town Hall Meeting program, with a format that permits participation by all employees in a number of locations across the entire organization, utilizing web-ex technology. IPRO's enhanced staff communication strategy resulted in improvement in performance on essential survey dimensions as measured by Avatar Solutions, including employee understanding of the organization's mission and change readiness in a competitive work environment.

## **Feds Issue Medicare Observation Stay Language**

Interested parties had until September 1 to submit comments on draft language developed by the Centers for Medicare & Medicaid Services (CMS) explaining "observation status" coverage issues to Medicare beneficiaries. Under a law passed last year, CMS is obliged to provide written notices to beneficiaries explaining the implications of hospital-based observation stays longer than 24 hours. These stays are reimbursed under Medicare Part B not Part A, and, as such, require additional co-pays by beneficiaries. In addition, observation stays don't count toward the three-day inpatient stay requirement necessary to obtain Medicare-covered skilled nursing facility services following a hospital stay. For more information, visit [www.cms.gov](http://www.cms.gov).

## **New York Offers All-Payer Database Regulation**

The New York State Department of Health has released for comment regulations governing the operation of an all-payer data base it believes will have a positive impact on the effort to evaluate the cost and quality of health services. Calling the current payment data collection system "fragmented, inconsistent and incomplete," DOH says an all-payer approach will improve comparability of information in a way that will enhance disease prevention and evaluation of treatment costs. An all-payer database is also seen as supporting a single set of risk adjustment calculations, which will help payers and regulators "prescribe and determine appropriateness of premium rates." In a presentation made late last year, NYSDOH estimated New York's total all-payer enrollee count

could reach as high as 19.3 million, with commercial healthplan enrollment accounting for 9 million enrollees and Medicare, Medicaid and CHIP accounting for 9.3 million enrollees in New York. The New York State Health Exchange accounts for an additional 1 million insured individuals. The Supreme Court ruled last March that the state of Vermont couldn't compel self-insured healthplans to submit claims data to that state's all-payer database. As a result of that ruling, New York officials are asking self-insured employers to submit claims data voluntarily. For a copy of the draft regulation, visit [www.health.ny.gov](http://www.health.ny.gov).

## **Report Analyzes Hospital Pay-for-Performance Results**

An impact analysis of five hospital Pay-for-Performance programs on 3,218 hospitals across the U.S. shows a one-year savings of \$930 million to the Medicare program. The Greater New York Hospital Association (GNYHA) analyzed the affects of five hospital P4P programs now in operation: quality reporting, meaningful use (MU) of electronic health records, value-based purchasing, readmissions reductions and the hospital-acquired conditions/complications reduction program. Of the five programs, fully 57% of all Medicare savings in FY 2017 were attributed to the readmissions reductions program, while another 40% of savings were attributed to the hospital-acquired conditions reduction program. "The quality reporting and MU programs provide negligible savings to the Medicare program, but notable losses to affected hospitals," wrote Elisabeth Wynn, GNYHA Senior Vice President, in written testimony submitted September 7 to the House Ways & Means Health Subcommittee. Among her critiques of the P4P programs, Wynn argues against a complicated reporting structure in which "each program has its own relatively sophisticated scoring methodology that embeds different policy preferences." Wynn argues that safety net hospitals are disadvantaged by patient experience measures that account for as much as 25% of a hospital's total value-based purchasing score, and by risk-adjustments that downgrade experience scores offered by less educated, non-English speaking patients in poor health. For a copy of the GNYHA testimony presented at the *Ways & Means' Hearing on Incentivizing Quality Outcomes in Medicare Part A*, visit the association's website at [www.gnyha.org](http://www.gnyha.org).

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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](mailto: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 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.