

# Healthcare Quality Watch

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NEWS BRIEFS FOR  
MANAGERS AND  
OPINION LEADERS



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## Sepsis Protocols Linked to Reduced Mortality

Timely completion of a 3-hour bundle of sepsis treatments and early administration of antibiotics are associated with reduced risk-adjusted in-hospital mortality, according to a New York State Department of Health study published this spring in *The New England Journal of Medicine* (NEJM). Co-authored by IPRO Senior Director Kathleen M. Terry, Ph.D., the study examined whether adherence to evidence-based clinical guidelines at emergency rooms can reduce mortality from deadly infections. The authors found that 83% of sepsis patients at hospitals across the state received the three-hour care bundle within the expected time frame but that each hour to completion of the bundle was associated with higher in-hospital mortality. Sepsis affects an estimate 1.5 million Americans annually, at a cost estimated to exceed \$20 billion. The NYSDOH study follows implementation of regulations in 2013 that require hospitals to use evidence-based protocols for sepsis identification and management and to report data and outcomes to the state. Protocol use increased and mortality decreased in New York since the regulations went into effect. As a NYSDOH implementation business partner, IPRO worked with the Department and a Sepsis Advisory Group to develop a data dictionary, measures and reporting mechanisms. IPRO reviewed hospital protocols, designed an electronic data portal, collected and analyzed all data, and measured and assured data integrity through audits, webinars and managing a help-desk. For a copy of the article, "Time to Treatment and Mortality during Mandated Emergency Care for Sepsis," (June 8, 2017) visit the NEJM website at [nejm.org](http://nejm.org).

## IPRO Presents Healthcare Quality Awards

Eight New York healthcare professionals, providers, health policy groups and social service organizations have been named recipients of the 2017 IPRO Quality Awards. The awards, given annually by IPRO, recognize organizations and professionals that demonstrate a commitment to improving the quality of care provided to New York's Medicare beneficiaries. The awards were given during IPRO's 33rd Annual Membership Meeting, June 6th at the LaGuardia Marriott Hotel. "These awardees represent a diverse array of professionals and organizations, working with IPRO in such areas as diabetes self-management education, sepsis awareness, improving transitions of care, and facilitating end-of-life care discussions between healthcare professionals and their patients," says Clare B. Bradley MD, MPH, Senior Vice President and Chief Medical Officer, IPRO. "New York's Medicare beneficiaries, and New Yorkers of all ages, are better off due to their efforts." Awardees include Amy Bowerman, RN, Director of Quality Improvement, VNA of Utica and Oneida County; CHAT, a partnership between The Gitenstein Institute for Health Law and Policy at the Hofstra University Law School; the John T. Mather Memorial Hospital; Putnam Hospital Center; Regional Aid for Interim Needs, Inc.; St Luke's Cornwall Hospital; Touro College Aging and Longevity Law Institute and Wingate Healthcare's Wingate at Ulster and Wingate at Beacon. For more information on the honorees, please go to <http://ipro.org/about/ipro-quality-awards>.

## NY Launches Online Provider Search Tool

Consumers who want to learn which providers participate in which health plans now have an online tool to quickly help them with their research. The NYS Provider & Health Plan Look-Up includes information on physicians and hospitals that participate in the New York State of Health Marketplace, including Qualified Health Plans, the Essential Plan, Child Health Plus and Medicaid Managed Care. According to NY State of Health Executive Director Donna Frescatore: "Consumers have told us that knowing which providers are in a health plan's network is one of the most important factors in selecting a health plan and accessing services after enrollment. This tool will be immediately available to the more than 3.6 million people who have enrolled in coverage through NY State of Health and available soon to all insured individuals in New York." Consumers can access the NYS Provider & Health Plan Look-Up in English and Spanish at <http://pndslookup.health.ny.gov>. For information on getting started, a tutorial video can be accessed. In addition, every consumer applying for coverage through NY State of Health will be able to utilize the tool at the time they select their health plan. The New York State look-up tool, viewed as a prototype for similar applications across the nation, was developed by IPRO's Health Informatics Department.

## Feds Credit QIO Interventions

A newly issued *2016 QIO Program Progress Report* from the U.S. Centers for Medicare & Medicaid Services (CMS) highlights the impact the regional Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) are having working with hospitals, nursing homes, home health agencies, physicians and other providers to meet or exceed specific government-issued quality improvement targets. Formerly state-based, these 14 multi-state organizations are currently finishing the third year of five year contracts that will conclude in 2018. IPRO leads the Atlantic Quality Innovation Network (AQIN), the QIN-QIO for New York, South Carolina and the District of Columbia. The services QIN-QIOs offer include technical assistance, education and outreach, data feedback and analysis, and provider-focused Learning and Action Networks (LANs). In some cases the QIOs offer support directly to beneficiaries-most notably in the area of diabetes self-management. The CMS report finds that QIN-QIOs are having their highest-level of impact in care coordination, diabetes care and nursing home care. Care coordination takes a community-based approach to examining indigenous factors affecting preventable and costly re-hospitalizations of Medicare beneficiaries. QIOs work with local providers to improve communications among hospitals, home health agencies, nursing homes primary care physicians and families, focusing on enhanced discharge planning, medication reconciliation and other issues that can reduce re-hospitalizations. According to the CMS, QIOs engaged more than 350 communities across the U.S. in 2016, affecting as many as 23 million beneficiaries, with as many as 24,350 hospital readmissions avoided. In terms of diabetes care, QIOs

engage in direct classroom-style teaching of self-management techniques to Medicare beneficiaries, with an emphasis on reaching inner city African-American and Latino seniors. Beneficiaries who reside in isolated rural communities are also targeted for diabetes self-management education (DSME), using evidence-based curricula that emphasize healthy eating and improved life-style choices. CMS finds that for 2016, QIOs trained more than 27,850 beneficiaries in DSME and taught DSME "train-the-trainer" techniques to more than 3,300 diabetes educators. Classes were taught in ten different languages including Russian, Vietnamese, Swahili and Tagalog. In addition to enhancements in community-based care coordination and diabetes education, CMS credits QIOs with significant impact in recruiting nursing homes into local quality improvement activities. The agency finds that fully 74% of all skilled nursing facilities in the U.S. (11,450) now participate in QIO-convened quality improvement activities, accounting for a remarkable 21% reduction in homes' use of antipsychotic medication nationwide. The Progress Report is available at <http://qioprogram.org>.

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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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