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Healthcare Quality Watch

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IPRO Wins Key Quality Measurement Contract

IPRO is the recipient of a ten-year federal quality measurement contract that will permit the organization to bid on individual task orders developed by the U.S. Centers for Medicare & Medicaid Services. “The Measure and Instrument Development and Support” (MIDS) contract is a \$1.6 billion, multiple-award Indefinite Delivery, Indefinite Quality (IDIQ) contract that pre-qualifies successful entities to bid on individual task orders as they arise. The MIDS contract supports development of outcome, process, cost and composite quality measures “suitable for endorsement by a consensus endorsement entity” addressing numerous sites of care including psychiatric hospitals, nursing homes, home health agencies, accountable care organizations, hospice programs, rehabilitation facilities and cancer hospitals. IPRO is one of 31 IDIQ contract holders. According to IPRO Chief Executive Officer Theodore O. Will: “We’re very pleased to have been selected as a MIDS IDIQ contract holder and we look forward to bidding on individual Task Orders addressing quality measures in myriad settings.”

Panel Reports on Anti-Coagulation Management

An IPRO-led multi-disciplinary panel has reached consensus on essential anticoagulation management elements that need to be communicated to downstream providers upon discharge of at-risk patients from acute care hospitals. The 15 data elements experts agree need to be communicated during transitions from one care setting to another include precise information on recently prescribed and/or discontinued agents; whether patients are new or longstanding users of medications; explicit documentation of when anticoagulation medications should be reduced or discontinued; objective assessments of renal function; and



documentation addressing the ability of patients to self-administer and self-monitor medications. The panel’s work is featured in a new article “Defining Minimum Necessary Anticoagulation-Related Communication at Discharge: Consensus of the Care Transitions Task Force of the New York State Anticoagulation Coalition,” by Darren Triller, PharmD, Anne Myrka, BS Pharm, MAT, and colleagues, which appears in the *Joint Commission Journal on Quality and Patient Safety* (2018; 000:1-11).

Performance Database Wins Accolades

IPRO’s WhyNotTheBest website is featured in a cover story in the May 2018 edition of *Reader’s digest* magazine. The IPRO website is one of three featured under a heading, “Getting the Best Intel,” which is included in a “how to” article for patients preparing for hospital stays. The three online resources the magazine recommends that patients and families start with are the federal government’s medicare.gov, IPRO’s WhyNotTheBest.org and the Leapfrog Group’s hospitalsafetygrade.org. IPRO’s site is called out for not only ranking hospitals based on safety and quality but also “the number of times [hospitals] follow recommended practices for treating common conditions.” Wikipedia estimates *Reader’s digest* current circulation at 10.5 million readers, making it “the largest paid circulation magazine in the world.”

Senior Director Co-Authors Pediatric Sepsis Study

IPRO Senior Director Kathleen M. Terry, PhD is co-author of an important article on hospital management of sepsis that appeared this summer in the *Journal of the American Medical Association (JAMA)*. The article compares in-hospital mortality for pediatric patients receiving a bundle of services within one hour of hospital admission versus outcomes for patients who didn't receive the bundle within one hour of admission to an emergency department, inpatient unit or intensive care unit. The authors find lower risk-adjusted odds of mortality for patients receiving the treatment bundle on a timely basis, but



didn't find statistically significant reductions in mortality for timely completion of individual elements of the bundle. The article—"Association Between the New York Sepsis Care Mandate and In-Hospital Mortality for Pediatric Sepsis"—is the latest in a series of landmark sepsis articles published with the New York State Department of Health. It appears in the July 24/31 2018 edition of *JAMA* and is summarized at <https://jamanetwork.com>.

Regional Variation Persists Despite Insurance Status

Regional variation in utilization of hospital and post-acute services persists despite whether seniors are enrolled in traditional Medicare or Medicare Advantage plans, according to new research published in *Health Affairs*. The authors are among the first to examine variation for seniors receiving fee-for-service versus managed care services, as opposed to examining difference in spending between seniors and commercially insured populations.



While the authors posited that managed care plans might have stronger incentives to control post-acute care utilization, they didn't find less variation in use rates among managed care enrollees compared to fee-for-service patients, and in some case they found more. The authors conclude that "variations in post-acute care for older adults likely reflect local factors that operate irrespective of enrollment in health plans of different types." The article "Regional Variations: The Use of Hospitals, Home Health, and Skilled Nursing in Traditional Medicare and Medicare Advantage" by researchers at the Brown University School of Public Health appears in the August 2018 edition of *Health Affairs*, vol. 37, no. 8. (www.healthaffairs.org).

IPRO is a non-profit organization that works with government agencies, providers and consumers to implement innovative programs that bring policy ideas to life. For over 30 years we've made creative use of clinical expertise, emerging technology and data solutions to make the healthcare system work better.



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