

IPRO's Health Care Quality Watch

Monthly News Briefs for Managers and Opinion Leaders

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Since the World Trade Center tragedy of September 11, IPRO has been operating a free, 24 hour, seven-day-a-week hotline for individuals experiencing difficulty getting health and social services in the metropolitan New York area.

Initiated at the request of the Centers of Medicare and Medicaid Services (CMS), as well as Secretary of Health & Human Services Tommy Thompson, the expanded IPRO hotline has fielded over 2500 calls for assistance, addressing such topics as Medicare, Medicaid and Child Health Plus issues. To reach the hotline, dial 1-800-331-7767.

Fifty eight health plans nationwide have announced that they are reducing services offered to seniors, under the federal Medicare +Choice program. While an estimated 536,000 seniors will be dropped from managed care plans, the vast majority will be able to join another Medicare-participating health plan near where they live, should they choose to. Fully 38,000 seniors, however, will have no alternative but to return to fee-for-service Medicare, according to The Washington Post. Of the fifty-eight health plans, 36 are reducing their Medicare offerings, while 22 are leaving the program altogether. CMS Administrator Tom Scully has made expansion of Medicare + Choice a priority, proposing a doubling of senior enrollment by 2005. He notes that plan defections are fewer than expected and that they affect significantly fewer seniors than a year ago, when nearly a million seniors experienced service

interruptions. House Ways & Means Chairman Bill Thomas (R-CA) is calling for increased reimbursement as a means of encouraging plans' participation in Medicare in the future.

More than half (56 percent) of the nation's supply of flu vaccine will likely be distributed in October, with 31 percent scheduled for distribution in November and 13 percent expected to be released in December. That's a projection of the National Immunization Program (NIP) of the U.S. Centers for Disease Control and Prevention, which cautions that these figures are developed by manufacturers and are subject to change. As part of a national campaign to avoid distribution delays that occurred last year, the U.S. Food and Drug Administration is permitting providers to redistribute vaccine to other providers in their states, under special exemptions from federal law. For information regarding proper shipping and storing of vaccine, visit the CDC's influenza website at www.cdc.gov/nip/flu. IPRO will be distributing English and Spanish pamphlets and posters urging seniors to get their flu shots. For more information regarding this initiative, contact Martha Carney, Manager, Communications and Corporate Development at IPRO, 516-326-7767, ext. 315.

Detailed clinical and non-clinical data on hospitalizations and hospital-affiliated ambulatory surgical procedures in 11 states are now available from the U.S. Agency for

Healthcare Research and Quality (AHRQ). The State Inpatient Databases (SID) and State Ambulatory Surgery Databases (SASD) include principal and secondary diagnoses and procedures, patient demographics, charges, length of stay, discharge status and source of payment. AHRQ organizes the information in a uniform format that links to hospital identifiers but not patient identifiers. The inpatient data for 1999 and 1998 include information made available by Arizona, Colorado, Iowa, Maryland, New York, Oregon and Wisconsin. The 1999 and 1998 ambulatory surgery data, which include information from free standing surgery centers as well as hospital-based centers, include information from Colorado, Maryland, New York and Wisconsin. For pricing information, contact AHRQ's Healthcare Cost and Utilization Project at 866-566-4287 or e-mail hcup@s-3.com.

America's Top Ten Particularly Dangerous Drug Interactions in Long Term Care is a new publication now available from the American Medical Directors Association (AMDA), an organization representing physicians and other professionals who work in nursing homes. Available on AMDA's website at www.amda.com, the document addresses the most lethal combinations of drugs administered in long term care settings. In order to make the list, interactions must have the potential to cause harm, occur frequently, and be prescribed in high volumes in nursing homes. The top five dangerous interactions all involve

warfarin, while the rest involve interactions with ACE inhibitors, digoxin, and theophylline. The publication includes explanations of the interactions, lists of generic and brand names for drugs, and ways to avoid interactions. AMDA is now developing a tool kit for medication management in the long term care setting.

The rate at which independent external review decisions reverse appealed treatment decisions is roughly the same for HMOs, non-profit indemnity insurers and commercial insurers, according to the New York State Department of Insurance (DOI). *The New York Consumer Guide to Health Insurers*, just released by DOI, offers analysis of independent external review decisions for the year 2000. Excluding partial reversals, the rate at which external entities overturn treatment decisions remains fairly constant, with external reviews reversing 40 percent of HMO decisions (179 of 449 appeals), 38 percent of non-profit indemnity insurer decisions (125 of 329) and 42 percent of commercial insurer decisions (56 of 132). IPRO performs independent external review of coverage decisions on behalf of New York and ten other jurisdictions, including New Jersey, Maryland, Connecticut, New Hampshire, District of Columbia, Washington, Oklahoma, Colorado, Pennsylvania, and Massachusetts. For a copy of the DOI report, visit the Department's website at www.ins.state.ny.us.

The U.S. Court of Appeals in Washington DC has stayed a July 10th ruling in federal court that requires PROs to disclose the results of investigations of Medicare beneficiary complaints regardless of

whether treating physicians consent to the disclosure. The lower court had said the U.S. Department of Health & Human Services had until September 7th to instruct all PROs to disclose results of quality of care investigations without first obtaining the permission of treating physicians. The stay means HHS won't have to change procedures, pending the outcome of its appeal. Supporting HHS in its appeal are the American Medical Association and the Federation of American Health Systems. Those groups argue that more disclosure will increase litigation without improving quality-of-care. Groups like Public Citizen, which originally brought the case to court, argue that beneficiaries are entitled to detailed information regarding the quality of services they receive.

Health plans are registering modest improvements in familiar measures of clinical quality and significant improvements in newer quality measures, according to the National Committee for Quality Assurance's (NCQA's) fifth annual State of Managed Care Quality document, released in September. Based on self-reported audited HEDIS data from 273 health plans nationwide, the report demonstrates small improvement in performance on measures that have been used for more than three years (mammography rates, follow-up after mental illness) and substantial improvements in newer measures like cholesterol control and controlling high blood pressure. NCQA notes that in terms of delivering beta blockers to heart attack patients, the worst performing ten percent of plans meet the standard 76 percent of the time -- outperforming the overall national average for that measure in 1996. The

lowest performing plans provided appropriate medications only an average 37 percent of the time in 1996. Standard and expanded versions of the document are available for download from NCQA's website at www.ncqa.org. NCQA's *Quality Compass 2001* document offers plan-specific findings for the same 273 plans who agree to share their findings publicly. The organization estimates that about a third of the nation's health plans fail to provide HEDIS data to NCQA.

'Re-engineering Healthcare' is the title of a conference sponsored by the National Business Coalition on Health and the Employers' Managed Health Care Association scheduled for November 11-13 in Phoenix, AZ. Featured speakers include Thomas Scully, Administrator, Centers for Medicare and Medicaid Services; Mark Smith, MD, MBA, President & CEO, California HealthCare Foundation; and Peter Lee, President and CEO, Pacific Business Group on Health. For information regarding registration, contact the sponsors' websites at www.emhca.org and www.nbch.org.

IPRO's Health Care Quality Watch is produced by IPRO's **Department of Communications and Corporate Development**. IPRO is a not-for-profit organization that works with public and private sector clients to analyze and improve the quality of health care. For further information, contact IPRO at 516.326.7767 ext. 588 or visit our website at www.ipro.org.