

# IPRO's Health Care Quality Watch

Monthly News Briefs for Managers and Opinion Leaders

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The U.S. Centers for Medicare & Medicaid Services has asked the national network of Peer Review Organizations (PROs) to coordinate outreach to clinicians and administrators regarding investigations of anthrax. Accordingly, as the PRO for the state of New York, IPRO is making the latest public health information widely available to professionals across the state. *Anthrax Updates*, published by the Centers for Disease Control and Prevention in its *Morbidity and Mortality Weekly Report*, teleconference announcements, links to other resources and other timely information are available on the IPRO website at [www.ipro.org](http://www.ipro.org).

## **IPRO's emergency assistance hotline handled more than 3200 calls during the 18 days following the World Trade Center tragedy, according to program managers.**

IPRO was asked by the U.S. Department of Health & Human Services to expand its Medicare assistance hotline to a 24 hour, 7 day a week operation for all individuals seeking support immediately following the World Trade Center disasters. IPRO's resource center helped numerous displaced persons in lower Manhattan, in such areas as securing transportation to alternative dialysis centers and coping with pharmacy and food stamp needs when computer systems were malfunctioning.

IPRO will shortly launch a web-based interactive Continuing Medical Education (CME) program for physicians. The course covers coding procedures for septicemia, a systemic disease in which bacteria remain and multiply in the bloodstream. It is the first of a number of online coding error prevention CME offerings planned by IPRO. As the Medical Peer Review Organization (PRO) for the state of New York, IPRO is under contract with the U.S. Centers for Medicare and Medicaid Services (CMS, formerly known as HCFA), to work with New York State's health care providers to reduce inpatient payment and billing errors under the Payment Error Prevention Program (PEPP). The CME course guides participants through a slide show on coding practices. Participants then take a ten-question multiple-choice quiz. Those passing the quiz receive three CME credits and a CME certificate, issued on-line. The program is expected to be available in mid-November and can be accessed via the IPRO website at [www.ipro.org](http://www.ipro.org).

**Health plans in Massachusetts may now win financial bonuses by embracing the patient safety initiatives promoted by The Leapfrog Group, a group of employers including General Electric, General Motors, Verizon and managers of**

**the Federal Employees Health Benefit Program.** In one of the most concrete demonstrations of support for The Leapfrog Group to date, health plans bidding for three year contracts with a commission representing public employees must agree to measure percentages of inpatient admissions to "safety-enhanced" hospitals. "Safety-enhanced" hospitals are defined as meeting high-volume thresholds for selected surgeries and procedures, such as bypass surgery (more than 500 a year), angioplasty (more than 400 a year) and carotid endarterectomy (more than 50 a year). During the second and third years of the contracts, health plans stand to gain bonuses if they can demonstrate increases in admissions to hospitals meeting these thresholds. For more information regarding the program, visit Leapfrog's website at [www.leapfroggroup.org](http://www.leapfroggroup.org).

**Private-sector employees can expect either reduced benefits or increased cost-sharing in employer-paid health coverage over the next year according to a new survey from Watson Wyatt.** The survey of 200 companies finds 70 percent of employers contemplating either service reductions or employee cost increases. Employers are forecasting overall costs for active employees to grow by 13.6 percent next year, with drug costs

expected to rise the most, by an average 17 percent. Costs for retiree health care services are expected to jump 15 percent, with drug costs among the post 65-year-old retiree population expected to increase by as much as 18 percent over current spending. Benefit managers are increasingly turning to the internet to educate employees regarding health care choices. A full 75 percent of survey respondents say they're considering offering web-based medical information for their covered populations in the coming year.

**Teams of independent researchers have developed quality indicators for 22 medical conditions affecting vulnerable seniors who reside outside of institutions.** The six-year Assessing Care of Vulnerable Elders (ACOVE), a joint effort of the RAND Corporation and Pfizer Inc., is intended to develop and test evidence-based measures useful in assessing care provided to ill seniors. A special supplement to the October 16th *Annals of Internal Medicine* analyzes indicators for eleven of the 22 conditions. The supplement addresses dementia, end-of-life care, falls and mobility, heart failure, medication management, osteoarthritis, osteoporosis, pain management, pressure ulcers, pneumonia, and urinary incontinence. Background papers addressing indicator development regarding the other eleven conditions are available on the American College of

Physicians-American Society of Internal Medicine website at [www.acponline.org/sci-policy/](http://www.acponline.org/sci-policy/).

**Publicly-funded quality initiatives involving Medicare, Medicaid, the Agency for Healthcare Research and Quality, the Defense Department, and the Department of Veterans Affairs, as well as private-sector efforts like the National Forum for Health Care Quality and the Leapfrog Group are profiled in a new document just released by a special committee of the Institute of Medicine (IOM) in Washington DC.**

Written by researcher Elaine Swift, Ph.D., on behalf of IOM's Committee on Enhancing Federal Healthcare Quality Programs, the technical paper provides overviews of numerous quality improvement programs. The Committee is an outgrowth of a Congressional effort to review redundancies in federal oversight efforts. Specific program recommendations are due a year from now. For a copy of "An Overview of Major Federal Health Care Quality Programs," go to IOM's website at [www.iom.edu/IOM](http://www.iom.edu/IOM).

**Some clinical practice guidelines developed by the U.S. Agency for Healthcare Research and Quality are already out-of-date, according to researchers, who recommend that the Agency systematically reassess guidelines every three years.** Writing in the September 26

*Journal of the American Medical Association*, the authors claim certain of the guidelines are in need of major overhaul. These include guidelines addressing depression in primary care, cataracts in adults, sickle cell disease, unstable angina, heart failure and otitis media with effusion. Through surveys of original AHRQ guideline panelists and extensive literature reviews, the authors found seven of 17 guidelines requiring major updates; six requiring only minor changes; three judged still useful as written; and one instance in which no conclusion could be reached regarding a guideline's currency. The authors recommend viewing guideline development as "an ongoing process rather than a discrete event." They propose membership on guideline panels be rotating, with literature reviews conducted periodically after a guideline is published. List servers could be used to issue electronic alerts regarding significant changes to guideline recommendations, with texts and revisions posted to the World Wide Web.

*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 us at our website at [www.ipro.org](http://www.ipro.org).