

# IPRO's Health Care Quality Watch

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**The changing landscape in Washington DC is the subject of a keynote address by Capitol Hill veteran Charles "Chip" Kahn, III, at IPRO's 17th Annual Meeting, scheduled for June 5 at the LaGuardia Marriott hotel in East Elmhurst, NY.** Mr. Kahn is President of the Health Insurance Association of America (HIAA), the nation's preeminent advocate for the private health care system. Kahn has an extensive background on Capitol Hill including a stint as Staff Director of the powerful House Ways & Means Health Subcommittee, where he played critical roles in the passage of the Health Insurance Portability and Accountability Act and the Medicare provisions of the 1997 Balanced Budget Act. IPRO's Annual Meeting includes an awards ceremony honoring healthcare professionals who have implemented key aspects of IPRO's Medicare Health Care Quality Improvement Program. The event, which includes a luncheon, is scheduled from 12:00 noon to 2:30. To register, call Claudette Steele at 516-326-7767, ext. 588, or register online at [www.ipro.org](http://www.ipro.org).

**Independent external review of managed care appeals continues to uphold roughly half of health plans' internal decisions, despite an increase in the number of states with laws mandating outside review.** That's the finding of a new study conducted by the American Association of Health Plans (AAHP), the HMO trade association, based in Washington DC. AAHP examined

findings for 16 of 39 states that now mandate independent external review of managed care appeals. It found 51 percent of plans' internal decisions upheld by independent reviewers in 2000, as against 55 percent of decisions upheld in 13 states in 1999. "Uphold" rates range from as high as 86 percent in Michigan to 41 percent in Texas. Health plans included in the survey generally report a positive experience with external appeals, citing increases in consumer satisfaction with coverage, higher levels of credibility with consumers, better understanding that clinicians make medical decisions, and support from employers for the concept. IPRO currently conducts independent external review of health plan decisions on behalf of ten states and a major Fortune 500 employer. Summary information regarding *Independent Medical Review of Health Plan Coverage Decisions: A Framework for Excellence*, is available from AAHP by calling 202-778-3200, or by visiting the organization's website at [www.aahp.org](http://www.aahp.org).

**IPRO and six other PROs have been awarded HCFA special study subcontracts to pilot test medication-use performance measures for three conditions – heart failure, atrial fibrillation and coronary artery disease.** The measures were identified, evaluated and selected by a panel of national experts and stakeholders as part of a three year effort by HCFA, to develop a core set of performance indicators that can be used to evaluate

and improve the quality of medication use in outpatient settings. The Massachusetts PRO currently provides management of the Study of Clinically Relevant Indicators for Pharmacologic Therapy (SCRIPT) project and began initial (alpha) field-testing of the performance measures in 2000. Under the subcontract, IPRO, along with two MCO collaborators who agreed to provide the testing sites and pharmacy data, will conduct extensive beta testing of the medication-use measures over a two month period beginning June 1 utilizing measures and abstraction tools developed by the Mass PRO SCRIPT Project Team.

**A scientific paper entitled *Improving Lipid Evaluation and Management in Medicare Patients Hospitalized for Acute Myocardial Infarction* by IPRO staff members, Monte Malach, MD, MACP, FACC; John Quinley, MD, MPH; Pascal James Imperato, MD, MACP, MPH&TM; and Marcia Wallen, MPH, was published in the *Archives of Internal Medicine*, Vol. 161, No. 6, March 2001.**

**A CD-ROM tutorial explaining the uses of the National Guideline Clearinghouse is now available free of charge from the U.S. Agency for Healthcare Research and Quality (AHRQ).** The Clearinghouse became operational two years ago, under a partnership involving AHRQ, the American Medical Association and the American Association of Health Plans. Healthcare organizations are encouraged to offer links from their

websites to the Clearinghouse site. Located at [www.guideline.gov](http://www.guideline.gov), the Clearinghouse indexes and posts over 900 clinical practice guidelines. The CD-ROM, which is available in limited supply at 1-800-358-9295, can be run on Windows or Macintosh operating systems, using Internet Explorer or Netscape Navigator browsers with at least 32 MB of RAM, a sound card and speakers. An electronic banner is available to highlight links. For further information, contact Salina Prasad at 301-594-6385 or at [sprasad@ahrq.gov](mailto:sprasad@ahrq.gov).

**The use of the federal False Claims Act to root out fraud and abuse has encouraged a prosecutorial mentality that has had a "chilling effect" on provider participation in the Medicare program, according to a reform-minded position paper co-authored by Bruce C. Vladeck, the former Administrator of the US Health Care Financing Administration (HCFA).** Created in 1863 as a means of preventing theft by military contractors during the Civil War, the Act was extended to Medicare in 1996 and strengthened by the Health Insurance Portability and Availability Act of 1996. Honest errors in designating payment for skilled nursing facility services can be interpreted as false claims, according to the position paper, resulting in denial of services for beneficiaries and cases against providers. The report, developed by Vladeck and co-author Barbara S. Cooper, offers 24 operational reforms to Medicare, affecting beneficiaries, providers and general program administration. Recommendations include designating account executives at HCFA regional offices who are responsible for working with Medicare providers, reducing E & M documentation

requirements for physicians, developing an independent advisory board for coverage decisions, and requiring mid-level HCFA employees to spend at least one year working for a beneficiary or provider organization. Underwritten by the Henry K. Kaiser Family Foundation, the paper *Making Medicare Work Better* is available free from the Foundation by calling 1-800-656-4533. This paper is also available on the websites of the Institute for Medicare Practice at the Mount Sinai School of Medicine ([www.mssm.edu/instituteformedicare](http://www.mssm.edu/instituteformedicare)) and the Kaiser Family Foundation ([www.kff.org](http://www.kff.org)).

**A fully-functioning, internet-based, quality evaluation system to inform consumers' health plan selections across the U.S. is 7-10 years away, according to United Hospital Fund President James Tallon.** Speaking at an e-health conference held in Manhattan April 9, Tallon commended content developers like the Foundation for Accountability (FAACT) and the National Committee for Quality Assurance (NCQA), but warned that challenging operational issues remain. Other speakers at the morning breakfast event included David Lansky, president of FAACT, Margaret O'Kane, president of NCQA, and Arthur Levin, president of the Center for Medical Consumers. Conference attendees received a CD-ROM highlighting the website developed by the New York State Health Accountability Foundation. Accessible through either [www.nyshaf.org](http://www.nyshaf.org) or [www.aboutthehealthquality.org](http://www.aboutthehealthquality.org), the site includes licensed proprietary data addressing chronic disease self-care, HMO performance evaluation and physician and hospital volume for selected procedures. It also gathers

and indexes public domain data developed by state governments in New York, New Jersey and Connecticut. For copies of the CD-ROM and information on how to link to the site, contact IPRO Marketing Manager Barbara Schwartz at 516-326-7767, ext. 403.

**Healthcare's share of the nation's Gross Domestic Product (GDP) is actually falling, according to a new report from HCFA in the journal *Health Affairs*.** While health spending accounted for 13.4 percent of GDP in 1993, it declined to 13.0 percent in 1998 and 1999, according to the authors. They cite a robust economy, the shift to managed care and one-time savings from the Balanced Budget Act of 1997 as factors in slowing the growth in spending. Medicare also saw a major slowdown in spending during this period, according to the authors. Medicare spending grew only 0.1 percent in 1998 and 1.0 percent in 1999, according to the authors, compared to the 1993-1997 period, during which spending increased an average annual 9.2 percent. Factors cited for moderating Medicare spending include changing payment systems for homecare, growth in general healthcare costs and stepped-up efforts to detect fraud and abuse.

*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](http://www.ipro.org).