

# IPRO's Health Care Quality Watch

Monthly News Briefs for Managers and Opinion Leaders

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**Major changes in personnel in Washington promise to make IPRO's June 5 Annual Meeting an especially timely event.** At press time, Quality Watch learned that keynoter Charles "Chip" Kahn has accepted a position as President of the Federation of American Health Systems (FAHS), the trade association representing the nation's for-profit healthcare providers. In order to take this position, Kahn has announced his resignation from his current post as President of the Health Insurance Association of America, effective June 17. The FAHS post became available when Thomas Scully was nominated by President Bush to become the next Administrator of the U.S. Health Care Financing Administration. The Senate Finance Committee has approved the Scully nomination, making his appointment virtually assured. In addition to Kahn's presentation at the IPRO Annual Meeting June 5 at the LaGuardia Marriott Hotel, the organization will announce its Fifth Annual Outstanding Service to the Health Care Community Awards. The Annual Meeting takes place from noon to 2:30 p.m., with a complimentary buffet luncheon. To register for this event, contact Claudette Steele at 516.326.7767, ext. 588.

**Hospitals should conduct routine monitorings of short stay hospitalizations to ensure inpatient acute care is necessary and that medical record documentation reflects that need,** according to an IPRO report

distributed to hospitals May 21. The report examined 1988 Medicare cases involving short stay hospitalizations for intravenous infusion or injection of therapeutic or prophylactic substances (ICD-9-CM Procedure Code 99.29). IPRO found that 16 of 217 acute care hospitals had at least 50 claims for this procedure, with at least ten percent representing either same day or next day discharges.

Medical record reviews of a sample of these cases found that 21 percent did not include documentation to support admission necessity. In addition to recommending routine monitorings of short stay cases, IPRO recommends investigation of hospital-specific issues to identify opportunities for process improvement and reasons for lack of timeliness in submitting medical records. For information regarding PEPP Administrative Memorandum #2001-09, contact IPRO at 516-326-7767, ext. 364.

**Beginning next month, Medicare will cover screening of pap smears and pelvic exams every two years.**

This is an increase from the previous benefit of every three years. To improve early detection of colorectal cancer, Medicare will also cover colonoscopy for persons not at high risk for colorectal cancer. This means that Medicare will pay for the test if it is performed within ten years after a previous screening colonoscopy. For those beneficiaries at high risk, Medicare will pay for the procedure if it is performed within ten years after a previous screening colonoscopy or

within four years of an earlier screening flexible sigmoidoscopy. Under the new law "high risk" means an individual who, because of family history, prior experience of cancer, or precursor neoplastic polyps, a history of chronic digestive disease, i.e. Crohn's disease, ulcerative colitis, and others may face a high risk for colorectal cancer.

**Electronic prompting of primary care physicians (PCPs) can improve the likelihood of aggressive treatment for depression, according to a recent study funded by the U.S.**

**Agency for Healthcare Research and Quality.** Researchers at the University of Pittsburgh School of Medicine examined management of 212 depressed patients by 16 internists. PCPs received e-mail alerts when their patients were identified by a computerized testing module as suffering from major depression. For those physicians who scheduled return visits and continuing treatment, no further interventions were taken. "Passive care" physicians were reminded of diagnoses on paper encounter forms generated for each patient visit, with no direction on how to treat depression. Two-thirds of physicians agreed with the computer-assisted diagnoses of depression and were more likely to note depression in medical charts, prescribe antidepressants or refer to mental health specialists. The study, summarized in AHRQ's April 2001 "Research Activities" ([www.ahrq.gov/](http://www.ahrq.gov/)), was published in the January 22, 2001 *Archives of Internal Medicine*, pp. 189-197.

**Medicare will now pay for angioplasty of the carotid artery with stent insertion, a procedure used as an alternative to carotid endarterectomy.** The coverage decision is likely to increase the use of balloon-like devices to re-open carotid arteries, followed by insertion of stents or metal mesh-like devices to prevent the arteries from closing. Stroke is the third-leading cause of death in the U.S. and it occurs most often among individuals 65 or older. For further information regarding the coverage decision, visit HCFA's website at [www.hcfa.gov/coverage/8b3-nn.htm](http://www.hcfa.gov/coverage/8b3-nn.htm).

**The Princeton, NJ-based survey firm Roper Starch Worldwide is now conducting what it calls a comprehensive study of physician use of the internet.** The commercial study is national in scope and is intended to provide statistically projectable data on use and attitudes by specialty. The methodology includes 2,000 telephone interviews with primary care physicians, oncologists, cardiovascular specialists, endocrinologists, psychiatrists and rheumatologists. One of the issues to be explored is why an estimated 70% of physicians still don't use the internet. First-year findings are due in September, with the second year of the study scheduled to examine physicians' attitudes worldwide.

**Specific information on diabetes-related Medicaid coverage in New York is available in a foldout pamphlet for clinicians produced by IPRO and The Institute for Medicare Practice of the Mount Sinai School of Medicine and Mount Sinai NYU Health.** For each item or service, the pamphlet offers the latest information on the Medicaid benefit, how much

Medicaid pays and how much the Medicaid recipient must pay. Included is information addressing exceptions to co-payment rules and exceptions to annual limits on services and visits. Special attention is devoted to transportation and language interpreter services as well as coverage issues pertaining to low income seniors who are Medicare and Medicaid "dual eligibles." The pamphlet includes useful contact information, including how to get in touch with HCFA, Medicaid billing experts, and Medicare carriers. For further information, contact the Institute for Medicare Practice at 212-241-3845 or visit their website at [www.mssm.edu/instituteformedicare/](http://www.mssm.edu/instituteformedicare/).

**A special committee of the National Forum for Health Care Quality Measurement and Reporting is scheduled to release a report shortly on a core set of events that should never occur in a healthcare delivery setting.** The Forum's "Never Events" Steering Committee is preparing a report detailing failures in quality that are defined as adverse events that are serious and unexpected. The Steering Committee has agreed to review events occurring outside hospitals. It has also agreed to work closely with state representatives, in as much as reporting systems emanating from the Committee's work are likely to originate in local governments. Both IPRO and the New York State Health Accountability Foundation are members of the Forum. For more information regarding Forum activities, log onto [www.qualityforum.org](http://www.qualityforum.org). The Forum document "Patient Safety: A Call to Action" is now available for download via this site.

**While most Fortune 500 companies say they use quality-of-care criteria in their healthcare purchasing decisions, only 55 percent require plans to be accredited by the National Committee for Quality Assurance (NCQA).** That's a "surprise" finding of a new study based on telephone surveys and follow-up interviews conducted last year with senior health benefits managers at large U.S. corporations. Sixty-one percent of managers says their companies have requirements for network composition and 32 percent say companies require annual improvements in clinical quality. More than half the companies say they collect consumer satisfaction survey information and HEDIS data and 79 percent say they collect quality information from consultants. Only about one in three employers says it disseminates quality information to employees. The authors question this last finding, noting that while employees increasingly are asked to make benefit selection choices, "they often lack adequate information to guide their decision-making." The article, "Corporate Health Care Purchasing Among Fortune 500 Firms," appears in the May/June edition of the journal *Health Affairs*.

*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).