

I PRO's Health Care Quality Watch

Monthly News Briefs for Managers and Opinion Leaders

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PROs must disclose the results of Medicare quality-of-care investigations to beneficiaries and their families, according to a July 9th ruling by Judge Ellen Huvelle in U.S. District Court in Washington DC. The ruling strikes down federal regulations which prohibited PROs from disclosing the results of their investigations without the approval of treating physicians. Under the new ruling, PROs must offer beneficiaries summary information on the "final disposition" of their reviews, including whether care provided met professional recognized standards, regardless of whether disclosure is approved by treating physicians. The case at issue involved the death of a Medicare patient following treatment at a hospital in Louisville KY. Judge Huvelle gave the U.S. Department of Health & Human Services (HHS) twenty days to instruct PROs on how to comply with the ruling. At press time, HHS had not indicated whether it planned to appeal.

Giving patients antibiotics just before surgery, using ultrasound to assist in insertion of central intravenous lines and providing beta blockers to prevent heart attack during or after operations, are three of eleven underutilized patient safety practices a federal agency is now recommending. The new report from the U.S. Agency for Healthcare Research and Quality (AHRQ), examines 79 patient safety activities, concluding that 11 are "considered highly proven to work but are not performed routinely" in hospitals and nursing homes. Some practices are viewed as not having been

tested enough or likely to create additional risks to patients. In this category is the increasing use of antibiotics to ward off infections, viewed as creating the possibility of antibiotic resistance. Additionally, the report documents the "surprising" finding that more than a dozen commonplace recommendations -- like using computerized order entry and improving nurse staffing ratios -- haven't actually been studied to the point where they're included among the agency's 11 highly-proven recommendations. The report has been transmitted to the public/private National Forum for Health Care Quality Measurement and Reporting, where it will be analyzed for its utility in helping patients evaluate provider performance. Copies of *Making Health Care Safer: A Critical Analysis of Patient Safety Practices* are available for download from www.ahrq.gov/ or by calling the AHRQ Publications Clearinghouse at 800-358-9295.

Seniors are the fastest growing group of users of the internet and will be greatly assisted by expanded educational offerings on the World Wide Web, according to CMS Administrator Tom Scully. Citing a surge in internet use from 6.8 percent of Medicare beneficiaries in 1997 to 21.3 percent in 1999, Scully sees "tremendous opportunities" to inform seniors about healthcare coverage opportunities. He notes that, effective October 1, 2001 the CMS-operated www.medicare.gov website will begin offering an interactive "Medicare Personal Plan Finder" permitting seniors to compare local health plans

on the basis of their own personal preferences. Other interactive databases available through the site address discount and free prescription drug opportunities, comparative information on dialysis facilities, nursing homes, managed care organizations and Medigap plan offerings. Taken together CMS database resources "distill tremendous amounts of information...This is a good start, and we know there is more that we can do to inform beneficiaries. We need to continue to offer information electronically," he said. Scully's entire July 23 testimony to the Senate Commerce Committee's Subcommittee on Science, Technology, and Space is available at www.senate.gov/commerce/hearings/hearings.htm.

Physicians are urged to order influenza vaccine for high-risk patients now rather than waiting until the fall flu season. That's a key recommendation of the U.S. Centers for Disease Control and Prevention. CDC notes that delays in producing vaccine last season resulted in providers getting their supplies late. To guard against similar problems, this year the agency recommends early ordering by providers. Other recommendations include extending the optimal time for vaccinating high-risk patients to the end of November rather than mid-November, and continuing to vaccinate through January. High-risk patients are defined to include residents of nursing homes and other chronic care facilities, adults and children with chronic pulmonary and cardiovascular disorders, adults and children hospitalized for chronic metabolic diseases in the previous

year, children and teenagers receiving long-term aspirin therapy and women who will be experiencing second or third trimester pregnancies during the influenza season. Healthy individuals are seen as benefiting from the vaccine insofar as they experience decreased rates of flu illness, decreased absence from work, and decreased need for medications including antibiotics.

Patients receiving right heart catheterization (RHC) prior to high-risk noncardiac surgery experience higher rates of post-surgical complications than patients not undergoing RHC. That's the conclusion of researchers at Partners Community HealthCare Inc. in Boston, published in the July 18 Journal of the American Medical Association (JAMA). RHC has long been thought to reduce complications for patients undergoing major elective surgery. Researchers found that, to the contrary, the risk of complications was greater as a result of the procedure. They found a three-fold increase in post-operative cardiac events for those undergoing RHC, as well as increases in the incidence of congestive heart failure and major noncardiac events. "Because of the morbidity and the high costs associated with RHC, the impact of this intervention in perioperative care should be carefully reevaluated," say researchers. The authors, whose work was supported by the U.S. Agency for Healthcare Research and Quality, suggest that their observational study be followed by randomized clinical trails.

Managed care plans in New York have improved significantly and outperform plans nationwide regarding the percentage of commercially-insured hospitalized patients receiving beta blockers prior to admission or upon discharge. That's according to a comprehensive

statewide HMO performance report, released this summer by the New York State Department of Health (DOH). In 1997, 73 percent of eligible, commercially-insured hospitalized HMO patients received beta blocker treatment after heart attack. That figure jumped to 87 percent for 1999, which is two percentage points above the current national average, as calculated by the National Committee for Quality Assurance (NCQA), in its "Quality Compass" database. New York's standing is remarkable, given that reporting to NCQA national database is voluntary, while reporting to DOH is mandatory. The state's *2000 Report on Managed Care Performance*, which includes plan performance for calendar year 1999 and consumer satisfaction results for 2000, is available on the state's website at www.health.state.ny.us. Questions can be directed to DOH's Office of Managed Care, Bureau of Quality Management and Outcomes, at 518-486-6074.

Researchers at the National Academy of Sciences' Institute of Medicine may have overstated the medical error rate in the U.S. in a widely reported study, according to new findings from researchers at the VA Center for Practice Management and Outcomes Research in Ann Arbor Michigan. The IOM report released two years ago estimated hospital medical errors kill up to 98,000 Americans each year. That finding gained widespread currency among policy makers, resulting in renewed attention to medical errors as a serious problem in the U.S. VA researchers now claim that, while troubling, the actual figure is more likely to be in the range of 5,000 to 15,000 deaths. The researchers suggest that precision is difficult to achieve insofar as clinicians don't always

agree on what constitutes deadly errors, nor on whether errors cause or only contribute to mortality. The VA researchers also argue that the IOM report failed to factor in deaths that would have occurred regardless of whether there were errors in treatment. The article appears in the July 25 edition of the *Journal of the American Medical Association*, and is available for download at www.jama.ama-assn.org

Edward Siegmann, a long time member of IPRO's Consumer Education and Promotion Committee, was nominated by IPRO and selected by the Centers for Medicare & Medicaid Services to receive the Beneficiary Services Certificate of Merit for 2001. Mr. Siegmann, 81 years old, was selected for his outstanding efforts and advocacy in working with HMOs in Suffolk County on behalf of his fellow Medicare beneficiaries. IPRO nominees have won this award three times before. A vocal and dedicated member of IPRO's Consumer Committee, Mr. Siegmann is also a member of the Suffolk County Senior Advocacy Council and President of the East End Senior Citizen Council. He also writes a column about senior issues in the *Suffolk Life* newspaper.

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.