

I**P****R**O Health Care Quality Watch

Monthly News Briefs for Managers and Opinion Leaders

Vol. 7 No. 8 August/September 2003

The importance of advising and counseling hospitalized Medicare patients on smoking cessation is receiving strong emphasis from the Centers for Medicare & Medicaid Services (CMS). With deaths caused by tobacco use—the leading avoidable cause of illness and death in the U.S. — numbering in excess of 430,000 annually, direct costs to the nation in excess of 50 billion dollars, and indirect costs from lost production estimated at more than 47 billion, CMS is offering its strong support to efforts to provide advice and counseling to hospitalized Medicare patients who smoke. With studies showing that inpatient smokers infrequently receive such smoking cessation advice, CMS, in an effort to promote this activity, has defined quality indicators that measure the proportion of Medicare patients who smoke that received advice or counseling about quitting smoking before being discharged from the hospital. Inpatient topic areas in which the indicators will be used include Acute Myocardial Infarction (AMI), Chronic Heart Failure (CHF) and Community Acquired Pneumonia (CAP).

I PRO plans a major statewide initiative that will assist hospitals in providing timely smoking cessation advice to hospitalized patients. Proposed components of this initiative include development of a toolkit containing educational and intervention materials, creation of a partnership composed of professional statewide organizations with the same vision, and development of a clinical study group to organize and design an algorithm appropriate for initiating smoking cessation

treatment prior to hospital discharge. Hospitals interested in collaborating in I PRO's efforts to promote smoking cessation can obtain an activity worksheet from Marguerite Shaffer at 516/326-7767, extension 410.

A new Medicare demonstration project aims to promote high quality care in hospitals by rewarding top performing hospitals with higher Medicare payments.

The demonstration program, announced in July by HHS Secretary Tommy G. Thompson and CMS Administrator Tom Scully, involves not-for-profit hospitals in the Premier Inc. nationwide group purchasing network. The 300 hospitals (out of the 500 eligible among Premier's network of 1,500) expected to participate in the voluntary initiative already are tracking and reporting quality data through Premier's current systems. If they succeed in meeting the program's quality standards, these hospitals could earn performance bonuses. Conversely, participating hospitals might lose money if they are not performing at the required level when the project ends. The demonstration incorporates thirty-five quality measures in five clinical areas, with hospitals measured in all three years on standards established in the first year. Starting in 2004, hospitals ranked in the top 20 percent among those participating may be entitled to receive higher Medicare payments as follows: those in the top 10 percent on a given condition would receive a bonus of two percent; those in the second 10 percent would likely receive a one percent bonus. No penalties would be assessed in the

first two years for the lowest performing hospitals; however, in the third and final year of the project, low ranking hospitals could lose between one and two percent, depending on their placement relative to the other participating hospitals. While Medicare anticipates paying \$21 million in bonuses, that amount is expected to be reduced by savings from greater patient safety and improved patient care. For more information on this initiative, visit www.cms.gov.

Both government and private health plans should be required to cover vaccinations for adults 65 and older, according to a panel of experts convened by the Institute of Medicine. The panel's report, *Financing Vaccines in the 21st Century: Assuring Access and Availability*, also requires coverage for all insured children and for people whose health disorders put them at high risk for vaccination-preventable disease. It further suggests that uninsured individuals in these three groups be provided vouchers for obtaining vaccinations. Although federal spending would increase under this plan, the U.S. government would no longer be the largest vaccine buyer, and delays due to contract negotiations, price caps and funding cycles could be avoided. The report also states that the number of vaccine suppliers could be increased and current shortages eliminated through the provision of incentives to the industry. Donald Young, MD, President of the Health Insurance Association of America, while commending the goal of the report, expressed concern that the plan could prove costly.

In late July, the State of New York Insurance Department released the 2002 External Appeal Annual Report. This year's report provides a comprehensive overview of New York's External Appeal Program including a description of external appeal results from the past year. Also provided in the report is information about the external appeal programs of other states and comparison of the experiences of other states to that of New York. In addition, this year's report analyzes developments, on the state and federal levels, that impacted the New York External Appeal Program and includes information on health plan utilization review procedures. IPRO is one of only three certified external appeal agents in New York State.

People with diabetes can make changes in their smoking, eating, or exercise behaviors after passing through several stages, according to behavioral studies. The studies identified the stages of change as: precontemplation (not considering making a change in the next 6 months), contemplation (seriously considering a change in the next 6 months), preparation (have decided to change their behavior and are about to do so), action (have made a change in behavior in the past 6 months) and maintenance (behavior change has been sustained for at least 6 months). Attending five two-hour weekly diabetes education sessions was sufficient for most people diagnosed with diabetes within the past two years to progress from one of these stages to the next for one or more of the three behaviors that are important to reducing excessively high blood glucose levels: diet, exercise, self-monitoring of blood glucose (SMBG). Advancement was accompanied by a decline in blood glucose levels that compared positively to the decline achievable through drug therapy, according to Jacqueline A. Pugh, M.D., University of Texas Health Sciences Center-San Antonio whose research was supported in part by the

Agency for Healthcare Research and Quality. However, those with diabetes for a period of time in excess of two years were less likely to make the same advancement. Additional information may be obtained from "Stage of change advancement for diabetes self-management behaviors and glucose control," by Michael L. Parchman, M.D., Teshia G. Arambula-Solomon, Dr.P.H., Polly Hitchcock Noel, Ph.D., and others, in the January 2003 *Diabetes Educator* 29(1), pp. 128-134.

Older Americans need increased awareness and understanding of the dangers of systolic hypertension to improve their blood pressure control. Despite new government guidelines indicating that normal systolic blood pressure (BP), the pressure on the artery walls when the heart contracts, is less than 120 mm Hg, nearly one-third of seniors with a systolic blood pressure reading of 140 mm Hg or higher, failed to identify themselves as having high blood pressure. The study concluded that limited awareness among older adults of the dangers inherent in systolic hypertension was a greater obstacle to BP control than medication costs. The government guidelines also indicate that normal diastolic blood pressure, (pressure on the artery walls between beats), is less than 80 mm Hg. Awareness and understanding of the dangers of systolic hypertension needs to be increased with the help of clinicians and health educators if improved control of blood pressure levels among seniors is to be realized. Brent M. Egan, M.D., of the Medical University of South Carolina and his colleagues found that only 27 percent of those surveyed understood that the presence of high blood pressure could be indicated by the top number (systolic BP). Of those in the sample reporting their systolic values as more than 140 mm Hg (including 36 percent in the 140 to 150 mm Hg range, 11 percent in the 160 to 179 mm Hg range, and 18 percent in the 180 mm Hg or more range), 30

percent stated they did not have high blood pressure. Of study participants who acknowledged that they did have high blood pressure, 80 percent reported taking medications "precisely as prescribed," confirming the importance of knowledge and understanding. Thirty-four percent of those interviewed reported that alternative therapies were the most important high blood pressure information, while 28 percent reported prevention strategies were most important. More information on the study may be found in "Awareness, knowledge, and attitudes of older Americans about high blood pressure," by Dr. Egan, Daniel T. Lackland, Dr.P.H., Neal E. Cutler, Ph.D., and others, in the March 24, 2003, *Archives of Internal Medicine* 163, pp. 681-687.

Issue briefs and two articles generated by a conference and featured in a June 2003 briefing entitled, "Long-Term Care Research: A Lifeline for Service Delivery and Policy," are available as a webcast at www.kaisernetwork.org/healthcast/academyhealth/18jun03. "Strengthening Research to Improve the Practice and Management of Long-Term Care," by Robert Kane, M.D., University of Minnesota, and Penny Hollander Feldman, Ph.D., Visiting Nurse Service of New York, also can be found in the June 2003 issue of *The Milbank Quarterly* and "Long-Term Care Research and Policy," by Peter Kemper, Ph.D., Pennsylvania State University, will appear in a forthcoming issue of *The Gerontologist*.

IPRO's Health Care Quality Watch is produced by IPRO's Department of Communications & 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:

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