



Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

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IPRO has a lead role in assisting the U.S. Centers for Medicare & Medicaid Services (CMS) in identifying measures for public reporting of acute care hospital performance. Currently, under the National Voluntary Hospital Reporting Initiative (NVHRI), 1,459 participating institutions have submitted performance information for up to ten clinical measures addressing the management of acute myocardial infarction, congestive heart failure and community-acquired pneumonia. Under a plan spearheaded by the American Hospital Association, the Federation of American Hospitals and the Association of American Medical Colleges, in collaboration with CMS, the Initiative's data are posted on www.cms.gov. Plans call for developing a more consumer-friendly posting of the information on www.Medicare.gov, which is scheduled to go "live" in early 2005. Beginning this spring, IPRO is convening town meetings around the U.S. that are aimed at identifying additional measures beyond the initial ten in the NVHRI. Measures to be included in the new "robust, prioritized measure set" will be submitted to the National Quality Forum for consideration under its consensus process. For additional information regarding IPRO's activities in this area, contact

Tom Hartman, IPRO Project Director, at 516-326-7767, ext. 258.

IPRO will hold its 20th Annual Membership Meeting on Tuesday, June 1, 2004 from 12:30 pm – 3:00 pm at the LaGuardia Marriott Hotel in East Elmhurst, New York. This year's keynote address will be given by Carolyn M. Clancy, MD, Director of the Agency for Healthcare Research and Quality (AHRQ), Rockville, Maryland. Dr. Clancy is a general internist and health services researcher, and a graduate of Boston College and the University of Massachusetts Medical School. Following clinical training in internal medicine, Dr. Clancy was a Henry Kaiser Family Foundation Fellow at the University of Pennsylvania. She was also an assistant professor in the Department of Internal Medicine at the Medical College of Virginia in Richmond prior to joining AHRQ (then named the Agency for Health Care Policy and Research) in 1990. Prior to her appointment as Director in February 2003, Dr. Clancy had served as AHRQ's Acting Director since March 2002 and, before that, as Director of AHRQ's Center for Outcomes and Effectiveness Research (COER). Register online at www.ipro.org or call 516-326-7767, extension 588 for more information.

IPRO has now established a Speakers Bureau. IPRO has an interdisciplinary team of health care professionals with expertise in a variety of topics. IPRO speakers are skilled at presenting cutting edge information on health care issues and trends that impact the industry. These individuals are available to speak to your organization on such topics as:

- Continuous Quality Improvement / ISO,
- Health Care and the Business Community,
- Health Care on the Internet,
- Health Care Policy,
- HIPAA,
- HIV Management,
- Hospital Compliance,
- Information for Consumers,
- Quality Review and Improvement in the Managed Care Setting,
- State & Federal Program Oversight.

For more information about the IPRO's Speakers Bureau – or to schedule a speaker – please contact our Communications & Corporate Development Department at 516-326-7767, ext. 262, or email us at stoufexis@ipro.org.

Medicare-financed Quality Improvement Organizations "are a central player in this

Administration's efforts to improve the quality of care provided to Medicare beneficiaries," according to the President's FY2005 Budget for the U.S. Department of Health and Human Services. Citing "ground-breaking efforts" to promote public awareness of the quality of services provided by nursing homes, home health agencies, hospitals and physicians' offices, the budget supports three-year QIO spending of \$1.1 billion. The President's budget message cites QIO-led improvements in public health in such areas as cholesterol screenings for diabetics (an increase from 56 percent to 74 percent from 1998 to 2000) and the provision of beta blockers at discharge for heart attack patients (an increase from 72 percent to 79 percent of eligible patients).

While Medicare managed care plans outperform employer-sponsored plans in the management of diabetes, the reverse appears to be true for managing follow-up after hospitalization for mental illness, according to Medicare Payment Advisory Commission's (MedPAC's) Annual March Report to Congress. MedPAC's review of HEDIS data for 2000-2002 from the National Committee for Quality Assurance show Medicare managed care plans outpacing private plans in managing diabetes in terms of eye exams, controlling hemoglobin A1c, profiling and controlling lipids and monitoring nephropathy. MedPAC suggests Medicare plans may do better in this area because of the attention given diabetes by the QIO program. On the other hand,

employer-sponsored plans seem to do better in offering continuing care after hospitalization for mental illness, including 7 day and 30 day follow-up. The MedPAC analysis finds similar performance in such areas as providing beta blockers after heart attack, cholesterol screening and mammography. This year's MedPAC report recommends pay-for-performance strategies for Medicare managed care plans and dialysis treatment, reflecting concern "that current Medicare payment systems are neutral or sometimes even negatives towards quality." For a copy of the report, visit www.Medpac.gov.

The rate for inpatient smoking cessation counseling in New York State is significantly lower than the national rate – 35% in New York State versus 42% nationally. In September 2003, IPRO launched a collaborative to assist hospitals establish smoking cessation programs or improve programs that may already be in place. Targeted to nurses, social workers, pharmacists, physicians and psychologists, the collaborative's "Improving Indicators Through Enhanced Communication with Patients" teleconferences and workshops are meant to facilitate the sharing of best practices from hospital programs that have had demonstrated success with both documentation of cessation counseling and with patient outcomes. Nearly 100 hospitals across the State of New York are currently participating in the collaborative.

For more information on the Smoking Cessation Collaborative, and other resources that may benefit

your institution, contact Project Manager Scott Crespy, Ph.D. (phone 516-326-7767, extension 252; e-mail screspy@ipro.org) or Clinical Lead Charles Stimler, M.D., M.P.H. (phone 516-326-7767, extension 314; e-mail cstimler@ipro.org).

IPRO will be sponsoring home health care conferences to be held on March 23 at the Rochester Marriot and March 24 at the Desmond Hotel in Albany. Topics to be addressed include assessment of depressive symptoms and cognitive impairment in home care, and pain assessment and measurement in home care. Ample time will be provided for sharing of best practices and for interactive questions and answers. IPRO has applied for Nursing continuing education credit through the New York State Nurses Association and CE credit for Certified Professionals in Healthcare Quality (CPHQ) through the Healthcare Quality Certification Board. Conference attendees must be present for the entire conference to qualify to receive continuing education credits. For more information and to register online, visit www.ipro.org/events.

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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