

IPRO

Experts in Defining and Improving the Quality of Health Care



# Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS



**IPRO's smoking cessation quality improvement collaborative, involving approximately 100 hospitals, is now the organization's largest statewide rapid-cycle collaboration ever.**

Stringent new city and state regulations prohibiting indoor smoking in public locations in New York created momentum for public health smoking cessation efforts. IPRO launched its collaborative last fall, inviting participation from any hospital demonstrating an interest. Between 50 and 60 hospitals regularly attend each conference call and up to 70 individuals have turned out for scheduled group learning sessions. Teleconferencing and live Web casting of the learning sessions also encourage distant hospitals to maintain involvement. A unique feature of the IPRO collaborative is its focus on teaching "motivational interviewing," an evidence-based technique to promote behavior change that busy clinicians can use even if they have only one or two minutes to speak with patients. The proceedings of the collaborative's September 2003 kickoff meeting were videotaped and are now available on computer readable CD-ROM. To request a CD-ROM, or learn more about the IPRO smoking

cessation collaborative, contact Scott Crespy, PhD at 516-326-7767, extension 252 or Charles Stimler, MD at extension 514.

**Clare B. Bradley, MD, MPH, IPRO's Senior Vice President/Chief Medical Officer, has been elected a member of the Eastern Board of Directors of the American Cancer Society.** A nationally recognized expert in tobacco policy, Dr. Bradley is a past recipient of the Edward L. Trudeau Award of the American Lung Association and Former Chair of New York State's Tobacco Use Prevention & Control Advisory Board.

**For the sixth year, a business-oriented report on health plan performance across New York shows mixed findings on care provided to the state's HMO members.** Findings of the sixth annual *New York State HMO Report Card*, released last month by the New York State Health Accountability Foundation (NYSHAF), include poor mental health care and member satisfaction, but performance above the national average in most measures. The report card provides an overview of the performance of the state's 20 commercial health plans — indicating whether each had improved,

worsened, or stayed the same on performance measures related to access and service. Additional measures for specific health conditions are also reported, covering areas ranging from follow-up care after mental illness-related hospitalization to provision of eye exams for HMO members with diabetes. Access and service data are from state-mandated member satisfaction surveys, while patient care measures are derived from a nationally comparable database maintained by the New York State Department of Health. This year's report card shows that the percentage of health plan members in New York who were seen by a mental health professional within 30 days of discharge from a psychiatric hospitalization ranged from 51% to 93%; those who had at least three follow-up visits in the first 12 weeks after a depression diagnosis and treatment initiation varied by HMO from 12% to 43%; those with depression who were treated with antidepressants during the entire 12-week period ranged from 54% to 71%; and those who remained on antidepressants for at least six months ranged from 31% to 53%. Copies of the report card are available in PDF and interactive formats at [www.aboutthehealthquality.org](http://www.aboutthehealthquality.org). Bound

copies of the document are available by calling Claudette Steele at 516-326-7767, ext. 588. NYSHAF is co-sponsored by IPRO and the New York Business Group on Health, with a Steering Committee that includes representatives of TIAA-CREF, American Express and The City of New York.

**Perinatal HIV transmission rates have decreased dramatically in New York State — from 11.5% in 1997 to 3.7% in 2000 — according to a new study published in the *Journal of Acquired Immune Deficiency Syndrome*.** Researchers examined characteristics of 3,492 HIV-infected women who gave birth from 1997 to 2000, a period during which the proportion of mothers with three or more prenatal visits increased, as did the proportion of mothers receiving antiretroviral therapy (ART) and mothers having elective cesarean section deliveries. Their finding that New York City residents had higher rates of transmission than did residents of the rest of the state was not surprising, given that women in New York City are less likely to have had prenatal care, to have received ART at some point or a full 3-part regimen of ART. However, the discovery that rates of transmission are higher among white women compared to African-American women was described by the research team as “unexpected.” White mothers being at a statistically significant increased risk of transmitting HIV, compared to

African-Americans, may result from “other indicators that we were not able to account for adequately, including, for example, maternal viral load.” The article “Decline in Perinatal HIV Transmission in New York State (1997-2000)” appears in the Aug 15, 2004 edition of the *Journal*. The lead author is Nancy Wade, MD, MPH, Director of the Division of Family Health at the New York State Department of Health. Kathleen Fox, RN, MSA, IPRO’s Senior Director of Medicaid, is a co-author of the study. Reprint requests should be addressed to Dr. Wade at [naw02@health.state.ny.us](mailto:naw02@health.state.ny.us).

**Medicare Quality Improvement Organizations (QIOs) like IPRO have an essential role to play, not only in working with providers to improve quality in inpatient and outpatient settings, but also in assisting the federal government in implementing the quality-related provisions of the Medicare prescription drug benefit.** That’s according to Mark McClellan, MD, PhD, the new Administrator of the U.S. Centers for Medicare & Medicaid Services (CMS). “I absolutely agree that QIOs are a critical part of effective use of the drug benefit, and we want to use this opportunity to do even more to reward QIOs that are providing the most value added for the Medicare program,” said McClellan at a recent meeting on the Medicare Modernization Act, sponsored by the Commonwealth Fund. At the same meeting,

McClellan characterized QIOs as “probably our most important contractor[s] in the Medicare program...” Beginning in 2006, an estimated 40 million Medicare beneficiaries will have the option of keeping private prescription drug coverage, enrolling in a free-standing drug plan or obtaining coverage from a Medicare managed care plan.

**The Fifth Annual Health Legacy Partnership Conference will take place September 30 at the Hyatt Regency on Capitol Hill.** Invited speakers include Senate Majority Leader Bill Frist, MD; Agency for Healthcare Research and Quality Director Carolyn Clancy, MD; and Former Senate Majority Leader George Mitchell. The Partnership, created by philanthropist Joseph H. Kanter, is dedicated to developing a national health outcomes database. Additional information about the event is available at the Health Legacy Partnerships Web site, [www.healthlegacy.org](http://www.healthlegacy.org).

*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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