

# Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

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**Mediation is an increasingly popular — and promising — alternative to resolving disputes between Medicare beneficiaries and their health care providers.**

Writing in the December 12th issue of *Modern Healthcare*, Dr. William Rollow, Director of the Quality Improvement Group, Office of Clinical Standards and Quality at the Centers for Medicare & Medicaid Services (CMS), relates the positive experiences physicians have had with the Medicare Mediation Program, and cites a number of benefits: increased patient satisfaction; better communication; continuation of patient-provider relationships that might otherwise be terminated; and identification of quality improvement opportunities that, applied systemically, benefit all patients. Quality Improvement Organizations in each state — IPRO in New York — work under contract with CMS to handle all beneficiary quality-of-care complaints. QIOs identify cases appropriate for mediation, offer it as an option, and facilitate the process. Physician review must demonstrate absence of medical error for a case to be eligible for mediation; participation by beneficiary and provider is entirely voluntary; and all parties may opt to revert to traditional complaint resolution procedures at any time. Read Dr. Rollow's article at <http://www.modernhealthcare.com/page.cms?pageId=1396> For more information about the Medicare Mediation Program in New York State, contact Andrea Goldstein, RN, IPRO Vice President, Medicare/

Federal Health Care Assessment at 516-326-7767, extension 364 or via e-mail at [agoldstein@nyqio.sdps.org](mailto:agoldstein@nyqio.sdps.org).

**The University of Kansas Medical Center (KUMC), in cooperation with the Centers for Medicare & Medicaid Services (CMS) has developed a new provider “crash course” in the Medicare Part D prescription drug benefit.** Two tracks of the *Medicare Rx Drug Program Course* are available: one for physicians, nurses and other health care professionals and one for pharmacists and pharmacy personnel. The course is intended to help health care providers answer Medicare beneficiaries' questions about the new prescription drug benefit and help those seeking guidance in choosing an appropriate prescription drug plan. The Medicare Part D prescription drug benefit went into effect on January 1st and beneficiaries who do not choose a plan by May 15th of this year face financial penalties. The KUMC course is completed online and continuing education credits are available upon completion. For more information, visit <http://www.kuce.org/kumc/medicare/> or call 877-404-KUCE (5823).

**Three years ago, at the beginning of the Medicare 7th Scope of Work, New York State's hospital payment error rate was 8.1%. By August 2005, the payment error rate had been cut in half, to less than 4%. Now, however, New York's error rate is on the upswing — above**

6% — while the national rate has remained steady. Cause analyses for fiscal year 2004 show that in New York, 43% of the errors are attributed to admission necessity denials, 30% to DRG/coding denials, and 27% to technical denials (failure to submit the medical record for review, resulting in all dollars denied and recouped for the discharge). To reverse this trend, IPRO has called for a statewide initiative involving all acute care Prospective Payment System (PPS) hospitals. IPRO will convene focus groups to help clarify the issues and re-define the interventions that helped reduce payment errors in the Medicare 7th Scope of Work, so that they may be adopted by hospitals to address current payment error rates. The groups will be asked to address Medicare payment issues and suggest process improvements in the areas of admission necessity, coding/DRG and technical denials that will drive the error rate down. Interested participants should contact Dr. Kathy Terry, Senior Director, Data Analysis & Evaluation, IPRO at [kterry@nyqio.sdps.org](mailto:kterry@nyqio.sdps.org) by January 18th. More information about the Hospital Payment Monitoring Program at IPRO is available at <http://www.ipro.org/hpmp>.

**With its latest “refresh” last month, a full year of hospital performance data is now available on the federal government's *Hospital Compare* Web site.** The Centers for Medicare & Medicaid Services (CMS) added data reflecting

the first quarter of 2005 to the site on December 15th. Targeted to consumers, *Hospital Compare* is a Web-based tool that shows how 4000+ acute care hospitals across the United States stack up against one another in their performance on 20 quality-of-care measures. Eight measures are related to heart attack care; four involve care provided to patients with heart failure; six are related to care provided to patients with pneumonia; and two are related to surgical infection prevention. CMS, in collaboration with the Hospital Quality Alliance (a public-private consortium) launched *Hospital Compare* in April 2005. Additional performance measures will be added to the database over time. Visit [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov) for more information.

**One year ago, the Centers for Medicare & Medicaid Services (CMS) expanded Medicare coverage of Implantable Cardioverter Defibrillators (ICDs) for primary prevention of sudden cardiac death, with the proviso that hospitals seeking payment for that treatment modality submit data to an ICD registry for tracking and evaluation purposes.** Since then, participating hospitals have been able to submit data via CMS's Quality Network Exchange (QNet) ICD Abstract Tool. That is set to change on April 1st, when the American College of Cardiology's National Cardiovascular Data Registry's (ACC-NCDR) ICD Registry™ becomes the official CMS vehicle for ICD data collection. Participating hospitals should have notified ACC-NCDR of their intent to use their ICD Registry™ by January 1st. CMS has asked hospitals to begin using the new registry as early in the year as possible and no later than April 1st. The QNet Abstract Tool will be unavailable after April 30th. For more information about the ACC-NCDR's

ICD Registry™ visit <https://www.accncdr.com>.

**The United Hospital Fund has published a report calling for "formal and sustained multi-stakeholder HIT policy efforts in New York."** *Advancing the Health Information Strategy in New York: Options and Recommendations for Creating Sustainable Multi-Stakeholder Collaboration* was released on December 6th. The 17-page report was prepared by the Fund at the request of the New York State Department of Health. Contents include an overview of national, state and regional HIT initiatives; the current landscape and future HIT policy initiatives in New York; and recommendations for successful, sustainable collaboration in the state. An annotated listing of HIT Web resources is also included. The report is available for download, free of charge, at [http://www.uhfnyc.org/pubs-stories3220/pubs-stories\\_show.htm?doc\\_id=326128](http://www.uhfnyc.org/pubs-stories3220/pubs-stories_show.htm?doc_id=326128).

**The Agency for Healthcare Research and Quality (AHRQ) is developing a reference guide intended to help government and private-sector entities design and operate more effective patient registries.** The guide will also include criteria for evaluating registries and the quality of the data within them, and information on how to use registry data in scientific research. Scheduled for completion by the end of 2006, the project is being coordinated by Cambridge, Massachusetts-based Outcome Science, Inc., under contract with AHRQ. Duke University is also involved in the effort. AHRQ Director Carolyn M. Clancy, M.D., said she hopes the guide will help bring about wider use of registries in order to learn more about the effectiveness of specific medical treatments. More information

is available from the AHRQ Public Affairs office: (301) 427-1922 or (301) 427-1855.

**Many *Quality Watch* subscribers have replaced their paper copy of this newsletter with an electronic version.** If you would like to join them, and receive *Quality Watch* via e-mail each month, visit <http://company.ipro.org/index/newsletters>. In addition to *Quality Watch*, this link offers you the opportunity to subscribe to *HPI at a Glance* (weekly news on hospital performance improvement and data reporting); *HPMP Insight* (monthly updates on the Hospital Payment Monitoring Program); and *IPro eNews* (a monthly digest of health care news). There is no charge for any of these publications.

**Correction: the December 2005 issue of *Quality Watch* contained an error.** The lead story, which reported a recent Institute of Medicine (IOM) recommendation that Congress create a National Quality Coordination Board, included a link to the IOM Web site, but that address contained an incorrect suffix (".org" instead of ".edu"). The correct Web address is: [www.iom.edu](http://www.iom.edu). We apologize for the error.

*Health Care Quality Watch* is published monthly 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:

**IPro**

1979 Marcus Avenue  
Lake Success, NY 11042  
telephone 516-326-7767 ext. 262  
or visit us online at  
[www.ipro.org](http://www.ipro.org).