

Health Care Quality Watch

MONTHLY NEWS BRIEFS FOR MANAGERS AND OPINION LEADERS

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IPRO has been awarded a contract to serve as the next End Stage Renal Disease (ESRD) Network Organization for New York, under an agreement effective July 1. ESRD Network Organizations are charged with developing standards regarding quality and appropriateness of vocational rehabilitation programs, home therapy programs and in-center self-care settings. IPRO will provide annual reports to the U.S. Department of Health and Human Services (HHS) identifying progress in meeting quality improvement goals. The organization is responsible for developing plans of correction for providers that aren't meeting network goals. A key HHS initiative for all Networks is the "Fistula First" initiative, which is aimed at increasing the appropriate use of AV fistulas for hemodialysis access. For more information on the initiative, visit www.ipro.org.

The New York State Health Accountability Foundation has released the first New York State Health Care Report Card — a unique interactive report on the performance of the state's health plans and hospitals. The report card, available at www.AboutHealthQuality.org, provides data on quality, volume and length of stay as well as financial information regarding the state's health insurers and hospitals, searchable by county. A private-public partnership dedicated to promoting transparency in the health care system, the Foundation was established by IPRO and the New York Business Group on Health, with an Advisory Council of

major New York employers. "More and more, members of the business community are demanding transparency in health care performance and financial information," says Laurel Pickering, Executive Director, New York Business Group on Health. "By including hospital charges, Medicaid reimbursement and HMO premiums in our report card, we hope to begin a dialogue on efficiency that everyone can support, as they now support the publication of quality measure findings." By clicking on www.AboutHealthQuality.org, users can search within each county, compare the performance of the county's HMOs and hospitals across a range of health conditions and procedures, and contrast this performance with state and national averages. Each hospital's and HMO's individual performance on all quality, financial and utilization measures — including HMO premiums and average "list" charges, Medicaid reimbursement and length of stay for hospitals — can also be viewed. For the HMOs, 26 measures of quality care are included, grouped within the categories Behavioral Health, Medical Care/Chronic Illness, Medical Care/General, Patient Experience and Women's Health. Hospital performance is reported for 18 measures, across the categories Heart Attack, Heart Failure, Pneumonia and Surgical Infection Prevention. The report card provides each New York hospital's Medicaid cost, length of stay and average "self-pay" charge for each of 15 common diagnoses and procedures. Each commercial insurer's individual and family premium for a standardized HMO

plan is also published. "For seven years, our HMO Report Card provided information on the quality of care delivered to the state's HMO members," says Theodore O. Will, Chief Executive Officer, IPRO. "Our inclusion this year of hospital quality measures, as well as financial information for both hospitals and health plans, provides an even broader picture of the quality of health care delivery within the state." Overall, New York stacks up well against national averages on the quality measures. On average, the state's HMOs do as well as or better than the national average on the 23 measures where nationwide comparisons exist. New York's hospital performance is as good as or better than the national average on 15 of 18 individual measures.

An absolute increase of 16.7 percent in the proportion of African-American Medicare beneficiaries with diabetes receiving a biennial lipid profile, and a 9.8 percent disparity reduction between African-American and all eligible white beneficiaries, have been linked to an IPRO-led intervention. Funded by the Centers for Medicare & Medicaid Services (CMS), and completed during the Medicare 7th Scope of Work, the multifaceted project targeted African-American Medicare beneficiaries with diabetes in New York City and their providers. It involved outreach to beneficiaries via churches, senior centers and housing complexes, as well as one-on-one collaboration with health care providers in physician office, hospital outpatient clinic, and community health center settings. "A Program to Reduce the

Disparity in the Rate of Biennial Lipid Profiles between African-American and White Medicare Beneficiaries with Diabetes Mellitus in New York City” by IPRO Medical Officer Terry Mahotière, MD, MPH, et al., published in the June 8 online edition of the *Journal of Community Health*, summarizes the initiative. To request a reprint, contact Terry Mahotière, MD, MPH, at tmahotiere@nyqio.sdps.org or 516-326-7767, extension 310.

Nearly two thirds of stakeholders in the New York State health care system agree that “providers are providing better care because of Quality Improvement Organizations,” according to an independent survey of professional and trade associations and consumer advocacy organizations knowledgeable about health services in the state. The survey, “Stakeholder Survey: Baseline Study Report,” was conducted in January and February 2006 by Westat, an independent company under contract to the Centers for Medicare & Medicaid Services (CMS). A second survey will be conducted in 2007 as part of CMS’ overall performance evaluation of QIOs in their current contract, which runs from 2005-2008. “These findings are a strong endorsement of the value QIOs provide to those at the front lines of the effort to improve health care quality,” said Theodore O. Will, Chief Executive Officer of IPRO, the QIO for the State of New York. “No health care provider has time to work with someone who doesn’t bring value. These data confirm that we are making a difference, improving quality in our state’s health care system.” In New York, 73% of identified stakeholders responded to the voluntary survey, which covered four major topic areas: knowledge of QIO activities, satisfaction with QIO information and assistance, perceived value of the QIO, and interactions with the QIO. Of the New York stakeholders

who responded, 65% agreed with the assertion that health care providers are giving better care because of the QIO; 77% agreed that they are making greater progress toward their goals because of the QIO; 90% were satisfied with the amount of contact they had with the QIO; and 87% agreed that the information and assistance they received were worth the time and effort expended in working with the QIO. A cross-section of state-based organizations — health plans, long term care ombudsman programs, and organizations representing underserved populations — as well as state-level representatives of national organizations including the American Academy of Family Physicians, American College of Physicians, American College of Surgeons, American Hospital Association, American Health Care Association, American Medical Association, National Association of Home Care, Medical Group Management Association, End Stage Renal Disease Network, and the American Association of Homes and Services for the Aging were invited to participate in the survey.

A landmark, four-part television series supported by Quality Improvement Organizations across the nation is set to air on public television this fall. The series, “Remaking American Medicine,” examines hospital deaths, hospital-acquired infections, innovations in managing chronic disease and advances in patient/provider partnership. Institutions and programs that will be profiled include Johns Hopkins, Hackensack University Medical Center, a public health agency in Whatcom County, Washington and a small-town teaching hospital in Augusta, Georgia. The series will air on public television on Thursday evenings, beginning October 5. To kick off the series, a National Symposium will take place September 27 in Washington DC, keynoted by Donald Berwick, MD, MPP, President of the Institute for

Healthcare Improvement. The National Symposium is being underwritten by the Amgen Foundation, with funding facilitated by the American Health Quality Foundation. For more information about the series, as well as to view a diabetes outreach video presentation IPRO developed to support the series, visit www.ipro.org.

The New York City Department of Health and Mental Hygiene has produced a comprehensive *Influenza/Pneumococcal Resource Guide*. This guide is a product of the Department of Health’s commitment to prevent unnecessary illness and death due to influenza. As flu season approaches, IPRO recommends this guide as providing valuable tools to: educate staff and patients; assist in the development of a standing order policy; develop instructions on administration techniques; develop safe handling and storage practices; and develop good record keeping practices. As institutions move forward to ensure that all eligible patients are immunized, IPRO believes that this guide will prove to be an excellent resource. The guide can be found online at www.nyc.gov/html/doh/html/imm/flu-ptk.shtml.

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:

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