

SOW News

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CMS's 8th SoW: Partners and Projects

The Centers for Medicare & Medicaid Services (CMS) 8th Scope of Work (SoW), 2005–2008, marks an unparalleled challenge for hospitals to provide the right care to the right patient every time. For more than two decades, Quality Improvement Organizations (QIOs), such as Health Services Advisory Group (HSAG), have worked with health care providers and others to review and improve the quality of health care for Medicare beneficiaries.

In earlier years, CMS directed improvement efforts toward case review and peer review. At that time, QIOs were known as Peer Review Organizations (PROs). In 1992 CMS launched the first multistate improvement pilot project. CMS has subsequently expanded the QIO program to include national quality improvement projects in the hospital, physician office, home health, and nursing home settings.

The hallmark of the 8th SoW will be to stimulate *transformational change*. The impetus for a dramatic and far reaching transformation is all around us. Patients, purchasers, and policy makers are focusing on quality to a greater degree than ever before.

Transformational change will be guided by the principles outlined by the Institute of Medicine: care will be safe, effective, patient-centered, timely, efficient, and equitable to all.

- *Safe*—avoiding injuries to patients from the care that is intended to help them
- *Effective*—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively)
- *Patient-centered*—providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions
- *Timely*—reducing waits and sometimes harmful delays for both those who receive and those who give care

- *Efficient*—avoiding waste, including waste of equipment, supplies, ideas, and energy
- *Equitable*—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

HSAG’s goal is to assist providers to achieve transformational change by adopting and implementing system changes, redesigning processes, and developing an organizational culture that will accelerate the rate of quality improvement and broaden its impact.

In the 8th SoW, CMS has directed the nation’s QIOs to promote transformational change through four hospital-based projects. The projects are known as Identified Participant Groups (IPGs). There are participation criteria associated with each IPG. The IPGs are:

1. Appropriate Care Measure (ACM)
2. Surgical Care Improvement Project (SCIP)
3. Systems Improvement and Organizational Culture Change (SIOC)
4. Rural Organizational Safety Culture Change (ROSC)

Throughout the 8th SoW, HSAG will continue to foster partnerships with agencies that share a common goal of supporting hospitals while improving the quality of care provided to patients. These partnerships include the following:

- Arizona Hospital and Healthcare Association
- Rural Health Office
- Arizona Medical Association
- Arizona Partnership for Implementing Patient Safety
- Institute for Healthcare Improvement
- Arizona Department of Health Services Office of Tobacco Education & Prevention

The purpose of the 8th SOW is to assist providers in measuring and reporting quality, redesigning care processes, transforming organizational cultures, and producing and using electronic clinical information to accelerate quality improvement and broaden its impact. HSAG looks forward to partnering with Arizona hospitals to meet this challenge.

Confused about which version of the *Specifications Manual for National Hospital Quality Measures* to use? The Release Notes for each version of the manual outline the changes associated with that specific release and include corrections and clarifications based on ongoing alignment discussions between CMS and JCAHO. More than one version of the manual exists on the Web page so that a specific data collection time period (i.e., based on hospital discharge dates) can be associated with the applicable manual. To determine if you are using the version applicable to the discharge dates of the records, visit http://qnetexchange.org/public/hdc.do?hdcPage=hosp_quality_manual.

WebEx Presentation:

Immunization, Smoking Cessation, Antibiotic Choice and Blood Cultures: How can we build "Reliable" systems?

Presented by: Dale Bratzler, DO, MPH, and James Liljestrand, MD, MPH. This one-hour webex presentation can be accessed at <https://ifmcevents.webex.com>.

HSAG & AzHHA Partner for Workshops

Working in partnership, HSAG and the Arizona Hospital and Healthcare Association (AzHHA) will be presenting *Transforming Hospital Care in the 21st Century*, the first in a collaborative educational series, on October 14, 2005.

This one-day seminar will assist hospital administrators to better understand how to leverage two untapped resources for improving care: (1) CMS is promoting the partnership between Arizona hospitals and HSAG to maximize quality improvement efforts, and (2) hospital medicine (hospitalists) is quickly becoming the largest medical specialty in America. However, hospital organizations often overlook the advantages of a strong partnership with HSAG and/or hospitalists.

The keynote speakers for the day include:

- **Alpesh Amin, MD, MBA, FACP**, Founder and Executive Director, Hospitalist Program, University of California, Irvine Medical Center, and Associate Program Director, Internal Medicine Residency Program, Board Member and Education Committee Chair, Society of Hospital Medicine.
- **William C. Rollow, MD, MPH**, Director, Quality Improvement Group, Centers for Medicare & Medicaid Services, Baltimore, Md.
- **Herbert S. Rigberg, MD**, Chief Executive Officer, Health Services Advisory Group, Phoenix, Ariz.

Please direct questions and requests for additional information to medservices@azhha.org, or call (602) 445-4356.

IHI 100,000 Lives: Are You Participating?

Over 2,600 hospitals recognize the value of participation with the Institute of Healthcare Improvement (IHI) 100,000 Lives Campaign. If you are not one of these 2,600, there is still time to register and participate. Visit the IHI Web site at <http://www.ihl.org> for registration information and details about upcoming educational opportunities. The next national call-in program is scheduled for September 15, 2:00–3:00 p.m. EDT. Featured guests include Donald Berwick, IHI President and CEO; Fain Folsom, Tallahassee Memorial Healthcare's Manager of Performance Management; and members of the Campaign team.

Dial: 800-341-2319

Participant code: 7423

Additional information about the IHI campaign can also be found in the July 18, 2005, issue of *U.S. News & World Report* or by accessing http://www.ihl.org/NR/rdonlyres/AEB8852A-3648-41D0-90EA-6E019F464092/0/227189_final.pdf

ACC Guidelines for Heart Failure

American College of Cardiology / American Heart Association guidelines: New heart failure guidelines stress early diagnosis and treatment

Early diagnosis and new treatments can help battle heart failure—a growing national problem that results in 1 million hospital admissions each year, according to new guidelines released by the American College of Cardiology (ACC) and the American Heart Association (AHA).

The recently published guideline is available on the Web sites of the ACC (<http://www.acc.org>) and the AHA (<http://www.americanheart.org>) and will be published in the September 20, 2005, issues of the:

- *Journal of the American College of Cardiology*
- *Circulation: Journal of the American Heart Association*

The following are available at the ACC and AHA Web sites:

- *ACC/AHA Clinical Performance Measures for Adults with Chronic Heart Failure*
- *ACC/AHA Key Data Elements and Definitions for Measuring Clinical Measurements and Outcomes of Patients with Chronic Heart Failure.*

Noting that new treatment approaches may also improve the quality of life for patients, the authors classified heart failure on an extensive scale that includes everything from early risk factors to end-stage disease:

- **Stages A and B**—patients lack early signs or symptoms of heart failure, but are at risk because of risk factors or heart abnormalities, which could include a change in the shape or structure of the heart.
- **Stage C**—patients with current or past heart failure symptoms such as shortness of breath.
- **Stage D**—patients with refractory heart failure who might be eligible for specialized advanced treatment, including cardiac transplantation or compassionate end-of-life care such as hospice.

Nearly any form of heart disease may ultimately lead to heart failure. The guidelines stress that early recognition and proper treatment of high blood pressure, diabetes, coronary artery disease, and other cardiovascular risk factors can help patients delay or avoid heart failure. The key to prevention is to get the

risk factors under control. For instance, studies have shown controlling hypertension can reduce the incidence of heart failure by 50 percent. “More treatments have made our decision-making far more complex since the last ACC/AHA heart failure guidelines only four years ago,” said Sharon Ann Hunt, MD, FACC, professor of cardiovascular medicine at Stanford University Medical Center and chair of the writing group.

From 1990–99, the number of people hospitalized with a primary diagnosis of heart failure increased from 810,000 to more than 1 million. This was due to the population aging and to more people surviving heart attacks. Heart failure mostly affects the elderly, and more Medicare dollars are spent for heart failure diagnosis and treatment than for any other disease. The guidelines also change the name of the condition from congestive heart failure (CHF) to heart failure (HF) to reflect the broad spectrum of the disease. The panel dropped the word “congestive” because people can have few or no symptoms of congestion and still have a severely abnormal heart with symptoms of fatigue and exercise intolerance caused by poor cardiac output.

In recent years, doctors have recognized that many people with normal ejection fraction (EF) have heart failure. This often occurs because the heart pumps properly but fails to fill adequately with blood, a condition called diastolic heart failure. These patients rarely have been included in clinical trials of new drugs and devices in the past, but they are the subjects of several new, ongoing trials. These trials should help settle the issue of whether their treatment should be the same as that for patients with reduced EF.

The second major point is that heart failure does not go away. There are drugs that need to be used and medical care that needs to be provided on a regular basis.

The committee also recommended that left ventricular assist devices (LVADs) be considered as permanent or “destination” therapy in selected patients.

Other recommendations:

- Expand the number of patients eligible for implantable cardioverter-defibrillators (ICDs).
- Provide information on end-of-life issues. Although treatment advances can extend lives,

heart failure is often fatal. The guidelines recommend that cardiologists broach the subject of hospice care—support and comfort for dying patients and their families.

The guidelines also suggest that a new perspective on treating end-stage heart failure could result in a smoother, less stressful transition for patients and their families.

[The article may be accessed at <http://www.acc.org>]

Volunteers to Assist in Katrina Relief Efforts

If you are an individual seeking information about joining the relief effort, go to <https://volunteer.ccrf.hhs.gov/>. The Office of the Surgeon General and the Office of Public Health Emergency Preparedness are in the process of mobilizing and identifying health care professionals and relief personnel to assist in Hurricane Katrina relief efforts.

If you represent a health care organization wishing to send a team for the relief effort, go to <http://www.hospitalreliefforts.org/hospitalreliefforts/index.jsp>. The American Hospital Association is working with the Department of Health and Human Services (HHS) and other national and state hospital associations to help coordinate medical relief efforts for hospitals and patients affected by Hurricane Katrina. The agency will mobilize up to 40 250-bed federal emergency shelters to stabilize and provide basic medical care to hospital and nursing home patients evacuated from the affected areas, as well as to individuals with storm-related injuries.

Hospital Compare Updated

As of September 1, the Hospital Quality Alliance has updated its consumer-oriented Web site for hospital quality information: www.HospitalCompare.hhs.gov. Hospital Compare displays information from over 4,000 U.S. hospitals that voluntarily reported on the quality of care they provided in CY2004. Hospital Compare now reports on 20 measures of hospital quality of care, including two new measures related to preventing surgical infections.

Arizona hospitals are making more information public on the quality of care they provide, including information on how they prevent infections associated with surgery.

Three new hospital quality measures will accompany 17 existing publicly reported measures dealing with heart attack, heart failure, and pneumonia. The new measures include one for pneumonia care and two measures for procedures that help prevent surgical infections—a new and significant category of hospital quality measure.

Arizona hospitals are performing at or above the national average on 75 percent of the heart attack measures and 50 percent of the heart failure, pneumonia, and surgical infection prevention measures. Public reporting of these quality measures helps Arizona hospitals identify important opportunities to continuously improve their care.

Are You Ready for Medication Reconciliation?

By January 1, 2006, acute care hospitals will need to have a process in place to meet the JCAHO patient safety goal of medication reconciliation. Information about getting started, forms, and other process can be found at

http://acute.hsag.com/medication_reconciliation.asp

How Safe is Your Hospital?

During a recent workshop, Peter Provonost, MD, PhD, FCCM, of John Hopkins University had this to say, “If you want to determine where there are opportunities for patient safety improvement, ask your employees this, “How do you think we will harm the next patient we see?”


Become a Partner in Health Care with “The Med Form”

AzHHA and other Arizona health care organizations recently united to develop “The Med Form,” a new tool that will help consumers track their medications—including prescriptions, over-the-counters, herbals, and vitamins. The Med Form is part of a larger medication safety program designed to reduce medication errors by promoting improved

communication between consumers and their health care providers. A copy of the Med Form can be accessed at <http://www.themedform.com>

The Med Form will be available in Arizona hospitals and physician offices beginning in October 2005. For more information on how to locate the Med Form and questions regarding the form, contact: Barb Averyt, 602-445-4300 or baveryt@azhha.org.

For additional Med Forms, go to: www.themedform.com



THE MED FORM

Name: _____ Date Completed: _____
 Address: _____
 Phone Number: _____ Birth Date: _____
 Emergency Contact/Phone: _____

Allergies and Drugs to Avoid/Adverse Reactions:

Current Medications:
List all medications you are taking, include over-the-counter (e.g., aspirin, antacids, vitamins and herbals).

Medication: _____ Dosage: _____ Reason for Taking: _____ Directions: _____ Doctor: _____ Date Started: _____
Medication: _____ Dosage: _____ Reason for Taking: _____ Directions: _____ Doctor: _____ Date Started: _____
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Medication: _____ Dosage: _____ Reason for Taking: _____ Directions: _____ Doctor: _____ Date Started: _____
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Always keep this form with you. (over)

Partnership Provides Leadership to Help Smokers Quit

In June 2004 Health Services Advisory Group, the Arizona Department of Health Services, and the University of Arizona formed a partnership to launch an effective model of brief smoking-cessation interventions in Arizona hospitals. Since that time, a growing number of Arizona hospitals and health care systems have taken advantage of the free continuing

education Brief Tobacco Intervention Skills Certification and Basic Skills Instructor Workshops taught by The University of Arizona HealthCare Partnership faculty. The workshops are funded by the Arizona Department of Health Services Office of Tobacco Education & Prevention.

There are many opportunities for clinicians and non-clinicians to learn the methods and techniques to provide a life-saving intervention. The following tobacco-intervention resources are available:

- Basic Tobacco Intervention Skills Certification and Basic Skills Instructor Workshops will be held on Tuesday, September 13, at Yuma Regional Medical Center.
- To access more information on Arizona Department of Health Services continuing education and certification programs, visit <http://www.azteppdata.org/hcp/>
- To learn about the Arizona Department of Health Services free resources and services to help people quit tobacco, visit <http://www.azdhs.gov/phs/tepp/index.htm>.

Smoking cessation counseling and Medicare coverage

Medicare has announced codes and coverage rules for its new smoking and tobacco-use cessation counseling benefit that went in effect in March 2005. Providers may bill **G0375** for intermediate counseling (3–10 minutes) and **G0376** for intensive counseling (greater than 10 minutes). Smoking cessation counseling is covered for patients with illnesses caused or aggravated by tobacco use or who take a drug whose effectiveness is compromised by tobacco use. The national coverage determination (NCD) for the service provides guidance on the benefit (Manual Section Number NCD 210.4). Medicare will cover two cessation attempts with up to four cessation counseling sessions for each attempt annually (maximum of eight sessions per year).

Additional link on smoking cessation: <http://www.surgeongeneral.gov/tobacco/clinpack.html>

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Upcoming Events*Transforming Hospital Care in the 21st Century: Hospital Medicine—A New Way to Deliver Healthcare*

Friday, October 14, 2005, 8:00 a.m. to 4:30 p.m.

Hilton Garden Inn

3422 East Elwood Street, Phoenix

Contact information: medservices@azhha.org, or call 602.445.4356

Hospital Workgroup (HoW) Meeting

Thursday, November 10, 2005, 10:00 a.m. to 2:00 p.m.

Carter Marshall Conference Center—Health Services Advisory Group

1600 East Northern Avenue, Suite 100, Phoenix

Contact information: Suzette Googins

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