

SOW News

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Save the Date: HoW Meeting

The next Arizona Hospital Workgroup (HoW) meeting will be held at HSAG on Thursday, October 12, 10 a.m. to 2 p.m. Additional meeting information will be sent to HoW members via e-mail. If you are not a HoW member and would like to attend, please contact HSAG's Suzette Gerhart.

The National Hospital Bill: The Most Expensive Conditions, by Payer, 2004

According to a new report from the Agency for Healthcare Research and Quality (AHRQ), approximately one-third of the U.S. health care dollar is spent on inpatient hospital care, making hospitalizations the single most expensive component of the health care system. As health care costs rise and the population ages, policymakers are concerned with the growing burden of hospital-based medical care and expenses to governments, consumers, and insurers. The report, *The National Hospital Bill: The Most Expensive Conditions, by Payer, 2004*, is Statistical Brief #13 from AHRQ's Healthcare Cost and Utilization Project (H-CUP).

Report Highlights

In 2004, the national hospital bill totaled almost \$800 billion for nearly 39 million hospital stays.

Sixty percent of the national bill for hospital care was billed to two government payers, Medicare (\$363 billion) and Medicaid (\$112 billion), while \$252 billion was billed to private insurance.

One-fifth of the national hospital bill was for treatment of five conditions: coronary atherosclerosis, mothers' pregnancy and delivery, newborn infants, acute myocardial infarction, and congestive heart failure.

Hospital stays for coronary atherosclerosis incurred the highest charges (\$44 billion); mothers' pregnancy and delivery had the second highest charges (\$41 billion).

Six circulatory diseases were among the most expensive conditions billed to Medicare (\$89 billion), and osteoarthritis was the fifth most expensive (\$12.8 billion). Over 90 percent of these osteoarthritis patients were admitted for elective hip or knee joint replacement

Of diagnoses billed to Medicaid, the most expensive were related to a mother's pregnancy and delivery and the care of newborn infants; schizophrenia and affective disorders were among the top 5 most expensive.

Of diagnoses billed to private insurance, the most expensive were related to a

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mother's pregnancy and delivery and the care of newborn infants; back problems were the fifth most expensive.

Among the uninsured, acute myocardial infarction and coronary atherosclerosis were the two most expensive reasons for hospitalization; 4 of the top 20 most expensive reasons for hospitalization involved injuries.

The entire report is available at www.hcup-us.ahrq.gov/reports/statbriefs/sb13.pdf.

New Abstraction Guidelines Effective October 1, 2006

Illegible Handwriting

All documentation in the medical record must be legible, complete, and identified by name and discipline by the person who is responsible for ordering, providing, or evaluating the service provided. This clarification is in accordance with the Medicare Conditions of Participation, 42CFR482.24(3)(c)(I), that states "All entries must be legible and complete, and must be authenticated and dated promptly by the person (identified by name and discipline) who is responsible for ordering, providing, or evaluating the service furnished." When abstracting a medical record, if the CDAC is unable to verify an answer due to illegible handwriting, the documentation in question will not be used.

Undated Medication Administration Records (MARs)

If, in the course of abstraction, an undated MAR is found in the medical record, it cannot be used. Hand-written MAR's must have the "administration date" documented on the form. Hand-written MAR's that only have the start/stop dates of each medication will not be sufficient,

Clarification of Quality Measure AMI 8

The Final Rule published in August included quality measure AMI 8, Primary PCI. The time listed in the Final Rule did not correlate with the current CMS/JCAHO quality measure. Conversations with CMS have resulted in a time change to 90 minutes. The measure within the Final Rule is now "Primary PCI within 90 minutes." If you have questions about the Final Rule, please contact the HSAG Clinical Quality Specialist assigned to your hospital.

as they would not reflect the actual administration date.

Additional resources about changes can be found at <http://www.qualitynet.org/dcs/ContentServer?cid=1149703587104&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page>.

Premier P4P Webcast: October 5

The CMS/Premier Hospital Quality Incentive Demonstration (HQID) is the first national pay-for-performance demonstration of its kind, designed to determine if economic incentives are effective at improving the quality of inpatient care. It is open to all. There is a free Webcast scheduled for October 5, 2006, at 12:00 noon–1:30 p.m. (EST).

You will need to register at the following link: <http://www.premierinc.com/p4p/>.

After registering, you gain free use of many tools (with your Medicare provider number), such as: Premier P4P Calculator—where you can enter your hospital's data for 18 national quality measures. These measures examine processes of care for acute myocardial infarction (AMI), pneumonia (PN), and heart failure (HF). Use the calculator to (1) measure differences between current DRG payments and anticipated 2007 and 2008 Medicare reimbursements, (2) identify performance gaps that could put the hospital at risk in a pay-for-performance environment, and (3) receive an estimated quality score and the associated cost savings opportunity for improving quality today.

Dr. Bratzler to Present on Transformational Change at HoW Meeting

The Arizona Hospital Workgroup (HoW) chairpersons and Health Services Advisory Group (HSAG) are pleased to have Dr. Dale Bratzler present *Leading Transformational Change for Quality* at the October 12, 2006, HoW meeting. The meeting is scheduled from 10:00 a.m. to 2:00 p.m. (registration at 9:30 a.m.) in the Carter Marshall Conference Center at HSAG.

Dale Bratzler, DO, MPH, Principal Clinical Coordinator for the Centers for Medicare & Medicaid Services (CMS) Infectious Diseases Quality Improve-

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ment Organization Support Center (QIOSC), will speak on ways to achieve transformational change. He will also discuss characteristics of effective leadership in high-performing health care organizations.

If you would like to attend this meeting, please contact Suzette Gerhart before October 9, 2006.

Changes Within Your Organization

Per the CMS contract agreement, hospitals must provide Health Services Advisory Group with the names, titles, and e-mail addresses of the following personnel designated as points of contact:

- Administrator or CEO
- QIO Liaison
- Physician Chairperson of the Quality Assurance-Committee
- Medical Director/Chief Medical Officer/Chief of Staff
- Chief Financial Officer
- Grievance or Beneficiary Complaint Coordinator

Hospitals are responsible for coordinating and communicating Quality Improvement Organization (QIO) issues between departments and must supply HSAG (the Medicare-contracted QIO for Arizona) with any changes to the above names and titles within 30 days of the change. This is important so that both HSAG and the hospital are assured that information is reaching the appropriate contact for a given subject area, as designated by the hospital Administrator or CEO. If you have any questions or concerns about the designated points of contact within your organization, contact Suzette Gerhart at HSAG.

Shortage of Influenza Vaccine?

Some hospitals within Arizona have notified HSAG that their shipment of flu vaccine will be delayed. When queried, other states also report that they too have hospitals that have received notice of delays in shipment. Most often these are smaller or rural hospitals. HSAG has informed Dr. Bratzler, Principal Clinical Coordinator for the Centers for Medicare & Medicaid Services (CMS) Infectious Diseases Quality Improvement Organization Support Center (QIOSC),

about our concerns. Other states have also informed him of their issues with delays. Dr. Bratzler has notified the QIOs that the issue of delays will be discussed as more is learned about the distribution problems. He noted that, once again, this reflects the need for communities to develop redistribution plans. He also stated that in the absence of a specific memo from CMS/JCAHO, hospitals should not use option 6 (vaccine not available) in the data collection tools. This value may only be used when CMS and JCAHO issue a joint memo reflecting a NATIONAL shortage of vaccine.

Arizona Propositions 201 and 206

*The following article expresses the opinions of **Keith Kaback, MD**, who practices emergency medicine in Tucson and is the Chairman of the Board of Directors of the Arizona Lung Association—Tucson. HSAG does not endorse one proposition over another.*

Second-hand or environmental tobacco smoke (ETS) kills 53,000 Americans each year, and sickens hundreds of thousands more. Why? Because it contains some 250 chemicals that are toxic or carcinogenic. Over the past 20 years, scores and scores of rigorous studies have appeared in peer-reviewed journals proving the harmful effects of ETS. ETS has been shown to kill over 30,000 annually from increased heart attacks. This occurs because of increased inflammation and stickiness of blood platelets, which causes blood clots that stop the blood flow to the heart. The CDC has warned that even 30 minutes of exposure to ETS can cause serious or even lethal cardiac effects. ETS kills thousands more by causing lung cancer (remember Dana Reeves?). Others die from increased rates of breast cancer, cervical cancer, strokes, or sudden infant death syndrome. Countless other Americans are made ill by ETS, with increased rates of asthma, pneumonia, ear infections, osteoporosis, and low birth weight.

Public health organizations agree that there is no risk-free level of exposure to ETS. And the major engineering society has concluded that ventilation systems do not succeed in eliminating ETS exposure. As a result of this accumulated evidence, some 15 states and 12 for-

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eight countries have passed legislation to make virtually all indoor workplaces smoke free. Arizona voters have the opportunity to do the same this November.

Proposition 201 (Smoke-Free Arizona) is sponsored by the American Cancer Society, the American Heart Association, the American Lung Association, the Arizona Hospital Association, and the Campaign for Tobacco-Free Kids. It would end smoking in all restaurants, bars, bowling centers, and offices throughout the state. Enforcement would be the responsibility of the Department of Health Services, and a two-cent per pack tax on cigarettes would provide funds for enforcement.

In contrast, Prop 206 (the so-called Arizona Non-smoker Protection Act) is sponsored by the Tobacco Industry (RJ Reynolds). It prohibits smoking in restaurants but allows smoking in bars and bars attached to restaurants (if the bars have physical separation and ventilation systems). But the ventilation will not rid the bar areas of smoke, and the bar employees and patrons will not be protected. In addition, the smoke will certainly enter the restaurants as workers and patrons repeatedly move between the restaurant and bar areas. Prop 206 also does not provide any funding for enforcement, and its enforcement provisions are weak and convoluted. Finally, Prop 206 would rescind

strong, smokefree laws already in place in Tempe, Flagstaff, Prescott, and Sedona.

Prop 201 will protect the health of Arizonans, while Prop 206 would just protect the tobacco industry's profits.

Remaking American Medicine Subject of PBS Series

Remaking American Medicine . . . Health Care for the 21st Century explores the quality crisis and the innovative solutions being undertaken by providers, patients, and their families to transform the care provided by the institutions we all depend on. The four one-hour programs are scheduled to air on PBS on October 5, 12, 19, and 26 at 10 p.m. (check local listings).

The series will tell stories of change, focus on the breathtaking advances being made in improving the quality of patient care, and feature compelling profiles of providers and patients who are working together to fundamentally change the way health care is delivered in this country. The goal of *Remaking American Medicine* is to inspire and empower viewers—both members of the general public and health care professionals—to join in efforts to transform American health care.

More information can be found at www.hsag.com/ram.

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