

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.

Providers That Work Closely With QIOs Show More Improvement in Care, Study Says

Health care providers receiving assistance from Medicare quality improvement organizations (QIOs) generally show greater improvements in clinical quality measures than other providers, according to a study released August 15 in the online edition of the *Annals of Internal Medicine*.

The study, “Assessment of the Medicare Quality Improvement Organization Program,” examined the impact of the QIO program on the quality of health care in nursing homes, home health agencies, physician offices, and hospitals in the United States, Puerto Rico, and the U.S. Virgin Islands. The study compared performance data for 41 quality measures collected from August 2002 to July 2005.

In the hospital setting, overall performance improved on 19 out of 21 quality measures, according to the report. While significant differential improvement was found for other provider types, the study could not make direct comparisons between hospitals that received QIO assistance and those that did not because QIOs were responsible for working with all hospitals in their state, the report said.

“This study strongly suggests that the assistance QIOs give to providers is improving care for patients across the country,” said David Schulke, the executive vice president of the American Health Quality Association, which represents the national network of QIOs. Full text of the report is available at <http://www.annals.org/cgi/content/full/0000605-200609050-00134v1>.

RHQDAPU Final Rule Impacting 2008

The August 1, 2006, *Federal Register* Notice contains the Centers for Medicare & Medicaid Services (CMS) final decision for the new requirements for Reporting Hospital Quality Data for the Annual Payment Update (RHQDAPU). Issues beyond fiscal year 2007 include the requirement that the Secretary of Health and Human Services identify at least two conditions that reasonably could have been prevented through the application of evidence-based guidelines. Hospitals submit-

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ting a request for reimbursement based on the identified clinical condition would receive a reduction in payment. Pages 684–690 of the Final Rule contain the discussion points and additional information about this change. The entire document can be accessed at the [CMS Web site](#) (click on the link).

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.

CRUSADE Promotes Evidence-Based Practice

The CRUSADE National Quality Improvement Initiative works to promote evidence-based care for patients with non-ST segment elevation acute coronary syndromes (NSTEMI/ACS). The project focuses on the use and promotion of nationally supported clinical practice guidelines. The Web site, <http://www.crusadeqi.com>, offers a quality improvement toolbox developed by members of the CRUSADE Steering Committee. The toolbox consists of quality improvement interventions designed to improve adherence to the ACC/AHA practice guidelines for the management of NSTEMI/ACS. First quarter 2006 data results are available as a PowerPoint download.

New Influenza Prevention Materials from CDC

The CDC has new educational materials about influenza and the flu vaccine on its new CDC Flu Gallery. The Web pages contain educational materials for use during the upcoming influenza immunization season. They include CDC’s new vaccination recommendations and highlight the benefits of influenza vaccination. The Gallery contains flyers, posters, and brochures—in color and black and white, English and Spanish. Most of the materials can be reproduced on an office printer. For more information, go to <http://www.cdc.gov/flu/professionals/patiented.htm>.

Patient Safety WebEx Presentation

On August 23, 2006, Health Services Advisory Group (HSAG) presented a live, 90-minute WebEx titled, “Sense of Urgency: Patient Safety.” The presentation by Suzanne Anders, Patient Safety Improvement Corps (PSIC) participant and HSAG Clinical Quality Specialist, was given to Arizona’s hospitals participating in the Rural Organizational Safety Culture Change (ROSC) Identified Participant Group. The WebEx was recorded and will be posted on the e-Learning Center (<https://ifmcevents.webex.com>). It will also be accessible on the HSAG Web site (<http://acute.hsag.com>), under “What’s New.”

SCIP Validation Concerns

All measures submitted to the Clinical Data Warehouse are subject to validation, but not all are included within the scoring aspect. Refer to the Data Validation tab on QualityNet for the most recent Data Validation Inclusion List. Only the elements listed within the listed discharge time periods will be scored. SIP measures continue as usual through June 30, 2006, discharges; scoring for SCIP measures will begin with July 1, 2006, discharges.

If your vendor is submitting your data to the Clinical Data Warehouse and does not have these “non-APU” questions tagged, it will not adversely affect validation. If the elements are tagged, this tells the warehouse to “expect” these elements and that your vendor will be submitting them, but if this information is missing or blank, these will be counted as mismatches. Contact HSAG’s Charlie Chapin if you have questions.

CMS Issues Proposed Changes to Policies and Payment for Outpatient Services

The Centers for Medicare & Medicaid Services (CMS) has issued a proposed rule for Medicare payment for hospital outpatient services in calendar year 2007 that would implement new steps to make payments more accurate and promote higher quality and value in outpatient care. CMS also proposed a major revision of payments for ambulatory surgical centers (ASCs) that would better align payments for surgical procedures provided in ASCs and hospital outpatient

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departments. The proposed reforms are intended to address rapid and accelerating growth in hospital outpatient services.

More about the proposed changes can be found at <http://www.surgicenteronline.com/hotnews/68h814294397076.html>.

NPI: Get It. Share It. Use It.

August 23 marks 9 months remaining until the National Provider Identifier (NPI) compliance date. Over 1 million NPIs have been issued so far—do you have your NPI yet? At this 9-month mark, CMS offers the following resource to providers.

CMS NPI Roundtable—September 26, 2006

CMS will host a national NPI Roundtable, open to all health care professionals, on Tuesday, September 26, from 2:00–3:30 p.m., (EST). To participate, you may call 1.877.203.0044, pass code 4795739.

CMS will address common questions related to Medicare's guidance on Subparts. While CMS will only address questions from a Medicare perspective, this information may be helpful to all providers. Medicare providers who have questions should select the appropriate e-mail address below and send in questions by Friday, September 8. Questions received after that date will not be considered.

- Medicare providers who bill a Fiscal Intermediary should send questions to CMSNPIQuestionsfromFIBillers@cms.hhs.gov.
- Medicare providers who bill a Carrier should send questions to CMSNPIQuestionsfromCarrierBillers@cms.hhs.gov.
- Medicare providers who bill a Durable Medical Equipment Regional Carrier (DMERC) should send questions to CMSNPIQuestionsfromDMERCBillers@cms.hhs.gov.

Use of NPI on Medicare Claims on October 1st

Beginning October 1, Medicare can accept claims that only have an NPI on them; however, to facilitate further testing, Medicare strongly encourages its providers to submit both legacy identifiers and their NPI on claims.

More information and education regarding the NPI

can be found at the CMS NPI page, <http://www.cms.hhs.gov/NationalProvIdentStand>, on the CMS Web site. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov>, or they can call the NPI enumerator to request a paper application at 1.800.465.3203.

A Look Beyond Secondhand Smoke A Health Warning for Thirdhand Smoke!

We know the dangers of smoking and now, with the Surgeon General's findings, it is clear that secondhand smoke is a major health threat. *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, the report released in June 2006, confirmed that there is no risk-free level of exposure to secondhand smoke.

“The health effects of secondhand smoke exposure are more pervasive than we previously thought,” said former Surgeon General Carmona. “The scientific evidence is now indisputable: secondhand smoke is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults . . . Nonsmokers exposed to secondhand smoke at home or work increase their risk of developing heart disease by 25 to 30 percent and lung cancer by 20 to 30 percent; the only way to protect nonsmokers from the dangerous chemicals in secondhand smoke is to eliminate smoking indoors.”

There is preliminary research on the health effects of “thirdhand smoke”—particles and gases given off by cigarettes, cigars, and pipes that cling to walls, carpets, clothes, and even hair and skin. According to Georg Matt, a professor at San Diego State University, nearly 90 percent of the nicotine in cigarette smoke can stick to nearby surfaces.

Studies completed by Matt and other researchers suggest the same chemicals that leave a stale cigarette odor on clothes and upholstery also can be swallowed, inhaled, or absorbed through the skin of non-smokers. This smoke residue may linger for hours, days, or even months—depending on the level of contamination and the ventilation.

Adults and children can be exposed to significant thirdhand smoke residue if they live or work with smokers, even those who smoke outside; we can also be exposed in rental cars, hotel rooms, or apartments

that have soaked up years of smoke. Further research is needed to determine the full impact of thirdhand smoke on health.

What Can We Do?

Helping patients/clients who are dependent on tobacco has significant health benefits for smokers and for non-smokers. Clinicians can be introduced to and learn how to deliver brief tobacco dependence treatment interventions based on the 5A model. Free continuing education programs, Brief Tobacco Intervention Skills Certification and Basic Skills Instructor Workshops—instructed by The University of Arizona HealthCare Partnership faculty—are available at various locations throughout Arizona. You can schedule a workshop at your facility by phoning 520.318.7253 ext. 126. The workshops offer CEU/CME and are funded by the Arizona Department of Health Services Office of Tobacco Education & Prevention.

If one-half of the nurses currently practicing in the United States provided a smoking cessation intervention with even ONE PATIENT A WEEK, this could lead to over 50 million more quit attempts a year.

For more information on continuing education and certification programs and a calendar of events, visit <http://www.healthcarepartnership.org>, or contact the

HealthCare Partnership at hcpinfo@u.arizona.edu or 520.318.7253 ext. 126.

The Burden of Venous Thromboembolism: Prevention and Quality of Care in the Inpatient Setting

Presented by Premier’s Advisor Live on Sept. 13, 2006, 2–3 p.m. (EST), this teleconference is FREE, but you must preregister.

The featured speaker for this teleconference will be Alpesh Amin, MD, MBA, Executive Director of the Hospitalist Program, Medical Director of Anticoagulation Services, and Vice Chair for Clinical Affairs and Quality, Department of Medicine, University of California, Irvine.

Considering that JCAHO is introducing VTE as a core measure category in the near future, the speaker will discuss:

- The prevalence of preventable VTE.
- AHRQ top ten safety practices
- Understanding the risks.
- Thromboprophylaxis in U.S. hospitals: Study results using Premier Perspective data.

Register at <http://www.premierinc.com/advisorlive>.

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