

SoW News

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CMS Patient Safety Projects in the 9th SoW

On August 1 the Centers for Medicare & Medicaid Services (CMS) launches its next three-year cycle (the 9th Scope of Work [SoW]) of health care quality improvement initiatives for Medicare providers. These initiatives, to be implemented by CMS' national network of quality improvement organizations (QIOs—HSAG is the QIO for the state of Arizona), address CMS' health care priorities within four themes: Beneficiary Protection, Care Transitions, Patient Safety, and Prevention.

The 9th SoW will address quality improvement activities in a manner that is a unique departure from the way they have been practiced in the previous scopes. Instead of focusing on individual care settings or provider groups such as hospitals, nursing homes, or physician offices, CMS has taken a broader and more global approach by utilizing cross-cutting themes that encompass quality performance throughout the continuum of care.

The Patient Safety Theme

The requirements of the Patient Safety Theme, also known as the CMS National Patient Safety Initiative (NPSI), are designed to address areas of patient harm by utilizing established evidence-based research that improves patient safety by improving health care processes and systems. The Theme brings forward several components of the previous 8th SoW (surgical care, heart failure, pressure ulcers and restraints in nursing homes, and drug safety), allowing QIOs to build on the progress they have made with providers over the past three years.

With the 9th SoW, however, the safety focus expands into new areas (methicillin-resistant *Staphylococcus aureus* [MRSA], pressure-ulcer prevention in hospitals, and QIO technical assistance for nursing homes in need), giving providers and QIOs the chance to broaden the scope of their patient-safety-related improvement activities.

QIO activities under the Patient Safety Theme will focus on six primary topics:

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1. Reducing rates of healthcare-associated MRSA infections
2. Reducing rates of pressure ulcers in nursing homes and hospitals
3. Reducing rates of use of physical restraints in nursing homes
4. Improving inpatient surgical safety and heart failure treatment in hospitals
5. Improving drug safety
6. Providing quality improvement technical assistance to nursing homes in need

Resources

9th SoW Overview: www.cms.hhs.gov/QualityImprovementOrgs (Click on “Statement of Work.”)

MedQIC: www.medqic.org (Click on “hospital” or “nursing home” tabs for resources.)

AHRQ: www.ahrq.gov (Resources are available on clinical topics and drug therapy)

Hospital Compare: www.medicare.gov

Nursing Home Compare: www.medicare.gov

FY 2009 Changes to the Hospital Inpatient Prospective Payment System (IPPS)

CMS has published a proposed Inpatient Prospective Payment System rule for hospitals that would expand the list of conditions that are reasonably preventable through proper care, and for which Medicare will no longer pay at a higher rate if the patient acquires them during a hospital stay. In addition, CMS is adding 43 new quality measures for which hospitals will have to report data in order to receive the full annual payment update for their services. The proposed rule would apply to services provided to patients who are discharged from the hospital during fiscal year (FY) 2009, which begins on October 1, 2008. The rule proposed by CMS expands two key initiatives that begin to link payments for health care services to quality of care—the Hospital-Acquired Conditions (HAC) and the Hospital Quality Measure Reporting initiatives.

The HAC provisions in Medicare regulations required

hospitals to begin reporting on their Medicare claims on October 1, 2007, whether certain specified diagnoses were present when the patient was admitted. CMS’ first eight conditions were selected last year because they greatly complicate the treatment of the illness or injury that caused the hospitalization, resulting in higher payments to the hospital for the patient’s

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Personnel Changes Within Your Organization

Per the CMS contract agreement between Medicare providers and QIOs, hospitals must keep their contact information up-to-date with HSAG. The Hospital-QIO Liaisons have a pivotal role and it is their responsibility to inform HSAG of any changes in contact information (i.e., names, titles, and e-mail addresses) for the following CMS-designated points of contact:

- Administrator or CEO
- Hospital-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 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 critical and time-sensitive information reaches the appropriate person for a given subject, as designated by the hospital Administrator or CEO.

If you have any questions about the CMS-designated points of contact within your organization, want to know who is on file as the points of contact at your facility, or have changes to report, please contact [Suzette Gerhart](mailto:Suzette.Gerhart@hsag.gov) at HSAG.

care by both Medicare and the patient.

Now CMS is proposing to expand the list of conditions that need to be reported if present when a patient is first admitted and is seeking public comment on whether they should be added to the list in the final rule to be published later this year. The list in the proposed rule includes:

- Surgical site infections following certain elective procedures.
- Legionnaires' disease.
- Extreme blood sugar derangement.
- Iatrogenic pneumothorax.
- Delirium.
- Ventilator-associated pneumonia.
- Deep vein thrombosis/pulmonary embolism.
- *Staphylococcus aureus* septicemia.
- *Clostridium difficile* associated disease.

Beginning October 1, 2008, Medicare will no longer pay the hospital at a higher rate for the original eight conditions, or any conditions listed above, if they were acquired during the hospital stay.

The second initiative CMS is proposing is the expansion of the hospital quality measure reporting program, which reduces the amount a hospital is paid if it does not participate in the voluntary reporting of standardized quality measures. These are measures that are publicly reported on *Hospital Compare*. Hospitals are currently required to report 30 quality measures on their claims for Medicare inpatient services to qualify for a full update to their FY 2009 payment rates. CMS is proposing to add 43 quality measures to the list in order to get the full inflation update for FY 2010, bringing the total number of measures in FY 2009 to 73. The proposed additions include measures of the following types:

- Surgical Care Improvement Project—1 new measure
- Hospital readmissions—3 new measures
- Nursing care—4 new measures
- Patient Safety Indicators developed by the Agency for Healthcare Research and Quality (AHRQ)—5 new measures
- Inpatient Quality Indicators developed by AHRQ—4 new measures
- Venous thromboembolism—6 new measures

- Stroke—5 new measures
- Cardiac surgery—15 new measures

The proposed rule would apply to more than 3,500 acute care hospitals paid under the IPPS. Comments on the proposed rule will be accepted through June 13. CMS will respond to comments in a final rule to be issued on or before August 1, 2008. For more information, please see the CMS [Web site](#).

AHRQ 2007 State Snapshots

The [State Snapshots](#) provides state-specific health care quality information—including strengths, weaknesses, and opportunities for improvement. The goal is to help state officials and their public- and private-sector partners better understand health care quality and disparities in their state.

The data in this year's State Snapshots are drawn from the 2007 *National Healthcare Quality Report (NHQR)*, which was released March 3, 2008. The report provides a national portrait of health care quality. The *NHQR* shows that the quality of health care improved by an average 2.3 percent a year between 1994 and 2005, a rate that reflects some important advances but points to an overall slowing in quality. An analysis of selected core measures, which cover data from 2000 to 2005, shows that quality improvement has slowed to an annual rate of only 1.5 percent.

Highlights of the 2007 State Snapshots include:

- State dashboard—offers a quick, one-stop view of each state's performance on various measures of health care quality.
- State rankings—rankings on 15 important quality measures.
- Focus on Healthy People 2010—shows each state's performance on many of the Healthy People 2010 goals established by HHS.
- Focus on clinical preventive services—indicates each state's performance on services recommended by the U.S. Preventive Services Task Force and the CDC's Advisory Committee on Immunization Practices.
- Focus on diabetes—with several evaluations of diabetes care and estimates of how much money

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each state might save by lowering average blood sugar levels.

- Contextual factors—13 graphic dials represent various aspects of each state’s environment in the areas of demographic characteristics, population health status, and health care resources.

The Joint Commission’s National Performance Measurement Strategy

The Joint Commission’s newest public policy white paper, *Development of a National Performance Measurement Data Strategy*, proposes a framework for creating a data infrastructure to support performance measurement activities that improve the quality of American health care. The detailed solutions, proposed by a special Joint Commission expert roundtable, focus on creating a data infrastructure that addresses consumer expectations for data privacy, supporting a data highway that allows for data sharing and linkages, and operating under an agreed-upon set of rules and governance structure.

The Joint Commission expert roundtable offers 22 principles for the development of a national performance measurement data strategy and identifies the following three broad strategies to guide national performance measurement efforts:

- Create the framework for a national performance measurement system that meets the needs of all of the various users of, and stakeholders in, performance data by standardizing measure definitions and data collection processes to produce comparable information.
- Build a data highway to support the exchange of health information whose interoperability permits data exchange and aggregation, when warranted. Information technology systems, such as electronic medical records, must be designed to support performance measurement activities and relieve registered nurses and other clinicians from the burden of manually paging through patient records to obtain needed data.
- Engage stakeholders and engender trust by addressing concern over the privacy of personal health information.

6 Arizona Hospitals Achieve Perfect Validation Scores

Since HSAG began publishing the names of hospitals that have achieved this recognition each quarter, we have seen more hospitals reach the 100 percent goal. Moreover, we have our first repeat recipient (Banner Estrella Medical Center). Accurate and valid medical record abstraction is paramount to fulfilling CMS and Joint Commission expectations. Medicare reimbursement has been tied to reporting valid data for several years.

The threshold for passing CMS validation is an agreement rate of 80 percent. The vast majority of Arizona hospital abstraction results meet this standard. Indeed, many hospital scores are above 90 percent agreement each quarter. However, it is still rare for a hospital to achieve 100 percent agreement with CMS in its re-abstraction process.

Six Arizona hospitals achieved this apex of validation for the two most recent validated quarters, discharges that occurred January through March 2007 and April through June 2007. This is an indication of dedicated

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Medicare Provider Information

To view HSAG’s new Medicare Provider Web page that contains information about fee-for-service and Medicare Advantage benefits, visit <http://www.hsag.com/providers>.

The page contains information on:

- The beneficiary notices initiative (BNI).
- Managed care appeals and grievances.
- Sample notice forms (downloadable).
- The *Federal Register* BIPA regulation.

Medicare Beneficiary Rights

All Medicare beneficiaries have the right to appeal their discharge from a hospital, skilled nursing facility, home health agency, or comprehensive outpatient rehabilitation facility. For more information, go to <http://www.hsag.com/azmedicare> or call 1.800.359.9909.

abstractors that are well trained, knowledgeable of the criteria and the changes in criteria, and who routinely use the CMS/Joint Commission specifications manual. As a tribute to the abstractors—and the administration that places a priority on their work, HSAG is honored to congratulate the following hospitals for achieving 100 percent validation scores by CMS.

Validation Valedictorians—100 Percent Agreement

1st Quarter 2007

- Banner Desert Medical Center
- Banner Estrella Medical Center
- Banner Mesa Medical Center
- Havasu Regional Medical Center

2nd Quarter 2007

- Arizona Orthopedic Surgical Hospital
- Yavapai Regional Medical Center—East

Quest Top 10

If you abstract data for your hospital, how knowledgeable are you about these data variables?

1. Comfort Measures Only
2. Point of Origin
3. Initial ECG Interpretation
4. PN DX: ED/Direct Admit
5. Discharge Instructions Address Medications
6. Infection Prior to Anesthesia
7. Contraindication to Beta Blocker on Arrival
8. Chest X-ray
9. Antibiotic Received
10. Contraindication to Both ACEI and ARB at Discharge

These variables represent the most frequently asked questions to Quest during March 2008. If you are not familiar with the nuances of these variables, you may want to take a few moments to review them. Click [here](#) to access Quest on QualityNet.

IHI Update

Applying Queuing Theory to Health Care: Managing Random Demand in a Fixed Capacity Environment

Queuing theory is a powerful tool that helps industries from banking to airports to the Internet figure out the relationship between random customer demand and fixed capacity. Now hospitals are beginning to use it to uncork chronic bottlenecks in the flow of patients in the ED, the OR, and elsewhere. And the results are often dramatic: saving time, increasing revenue, and increasing staff and patient satisfaction. But queuing theory is not monolithic. There are different models designed to solve different types of problems. The key to success is applying the right model in the right setting.

IHI has announced a two-day seminar, *Applying Queuing Theory to Health Care: Managing Random Demand in a Fixed Capacity Environment*, taught by Dr. Eugene Litvak. This seminar will introduce several different queuing theory models, and you will learn how to apply the various models to the right settings.

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CMS Notifications for Data Collection: Have You Subscribed?

To receive CMS e-mail notifications on important and timely information related to public reporting, data collection, validation, quality improvement, and CMS requirements, go to <http://www.quality-net.org/> and click on “Auto-Notification” in the left navigation pane. There are four separate notification lists (including one for the Hospital Outpatient Quality Data Reporting Program) that cover:

- Information on enhancements and new releases.
- Notification of timeline or process/policy modifications.
- Important alerts about applications and initiatives.

HSAG recommends subscribing to all four CMS notification lists. The number of messages you receive will be small, but the information is often vital. Even the CART list pertains to non-CART hospitals. Remember: The CDAC validates your medical records with CART. Don't be in the dark—subscribe now!

During this participation-based seminar, you'll complete multiple exercises on applying these models to real health care problems. The practice exercises you complete during this two-day seminar will better equip you to solve your organization's unique challenges.

The seminar will be held June 18–19, 2008, in Boston, Mass. For additional information or to register, click [here](#).

5-Million Lives Campaign "Office Hours" Calls

Office-Hour calls feature brief presentations at the beginning of the call and reserve the majority of the hour for answering questions and offering advice. All Office-Hour calls are free, do not require pre-registration, and will be recorded and posted within a week of the call. Upcoming calls/WebExs include:

- *Getting Boards on Board*: Thursday, May 22, 2008; 1–2 p.m. Eastern Time
- *Preventing Adverse Drug Events (Medication Reconciliation)*: Tuesday, May 27, 2008; 1–2 p.m. Eastern Time
- *Preventing Pressure Ulcers*: Thursday, May 29, 2008; 1–2 p.m. Eastern Time
- *Reducing Surgical Complications*: Tuesday, June 10, 2008; 1–2 p.m. Eastern Time
- *Preventing Ventilator-Associated Pneumonia*: Tuesday, June 17, 2008; 1–2 p.m. Eastern Time
- *Reducing MRSA*: Tuesday, June 24, 2008; 1–2 p.m. Eastern Time
- *Preventing Central Line Infections*: Thursday, June 26, 2008; 1–2 p.m. Eastern Time
- *Delivering Reliable, Evidence-Based CHF Care*: Tuesday, July 1, 2008; 1–2 p.m. Eastern Time
- *Improving Care for Acute Myocardial Infarction*: Thursday, July 3, 2008; 1–2 p.m. Eastern Time

For a complete list of upcoming calls/WebExs and access information, click [here](#).

Smoking Cessation: The Life You Save May Be Your Own

As the midpoint of the year approaches, bringing vacation season and summer heat, Arizonans will be

taking stock of what they hoped to accomplish during 2008. May 1, 2008, marks Arizona's first full year as a smoke-free state, so quitting tobacco is sure to be on the radar. But what about health care professionals who struggle with tobacco dependence? Where can they go to jump-start their own commitments to be tobacco free?

The following Web sites are good places to start. They offer real-life examples, scientific evidence, and powerful support.

Arizona Department of Health Services Bureau of Tobacco Education and Prevention

- www.betobaccofree.org
- Medications to Help You Stay Tobacco Free! Beginning on March 1, 2008, Arizona's redesigned tobacco treatment medication benefit provides nicotine replacement therapy (patch, gum, or lozenge) and delivers it by mail to Arizona residents participating in state-funded cessation counseling.

American Cancer Society

- www.cancer.org
- The American Cancer Society's *Guide to Quitting Smoking* provides tobacco use and cancer statistics, a nationwide directory of cessation resources, and methods to stay tobacco free.

American Lung Association

- www.lungusa.org
- The official site of the American Lung Association offers fact sheets, quit plans, step programs, and community-tailored information.

Become an EX (American Legacy Foundation and Mayo Clinic)

- www.becomeanex.com
- Become an EX provides an online quit plan, including 10 sessions that prepare smokers to quit and follow-up activities to keep users smoke-free.

Bob Quits & Mary Quits (American Legacy Foundation)

- www.bobquits.com & www.maryquits.com
- These two tutorials offer interactive video narra-

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tives and online journal excerpts that profile real individuals (Bob, from New York, and Mary, from Washington, DC) through their quit attempts.

National Spit Tobacco Education Program

- www.nstep.org
- NSTEP offers information and educational materials on spit tobacco use, prevention, and cessation. Through its Web site, you can also order videos/DVDs, posters, and brochures for clinical settings.

Smokefree.gov (National Cancer Institute)

- www.smokefree.gov
- This site provides free, accurate, evidence-based information and professional assistance to help support the immediate and long-term needs of people trying to quit smoking. Online quit guides and resources are tailored to specific audiences including adults over 50, pregnant women, and African-Americans.

Smoking Cessation Health Center (WebMD)

- <http://www.webmd.com/smoking-cessation/default.htm>
- This site provides interactive tools, an online mes-

sage center, and links to additional online support sources.

Stop Tabac (University of Geneva Institute of Social and Preventive Medicine)

- www.stoptabac.ch/en/welcome.html
- Stop Tabac offers a personalized evaluation report with cessation tips for current tobacco users and ex-users. The reports are intended for tobacco users who are not yet ready to quit as well as those who are.

Quit Wizard (Massachusetts Department of Public Health)

- www.trytostop.org
- The Quit Wizard program creates a personalized quit plan and monitors progress made toward non-smoking status.

Tobacco kills over 1,000 people in the United States every day. Let's stop this trend—the life you save may be your own.

Researched by Nicole Harwell, The University of Arizona Health-Care Partnership

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