

SOW News

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Mathematica Reports on the Impact of *Hospital Compare* Web Site

In a study released in March 2006, Mathematica Policy Research, Inc., under contract with the Centers of Medicare & Medicaid Services (CMS), reported on how public reporting of quality information has influenced quality improvement efforts within hospitals. Mathematica specializes in policy research and surveys for federal and state governments. A brief summary of the study follows. The complete report can be found at: <http://www.mathematica-mpr.com/publications/PDFs/hospcompare.pdf>.

In the summer of 2005, Mathematica interviewed 664 quality improvement directors and 650 hospital senior executives for the purpose of assessing the impact of *Hospital Compare*, the Hospital Quality Alliance’s Web site for the public reporting of CMS quality measures. Although many hospitals surveyed saw their scores improve, they also acknowledged that there were still opportunities for improvement. Identified barriers reported included:

- Inaccurate documentation. Documentation fails to demonstrate that appropriate care was provided to the patient. This is reflected in the posted scores.
- Failure to involve physicians. Failure to engage physicians was viewed as a key obstacle to improvement. This was confirmed by other studies. Several reasons for the lack of physician involvement were cited.
- Insufficient resources. A general lack of financial resources was viewed as a barrier. Additionally, hospitals identified a lack of staff that was trained in how to identify, instigate, implement, or provide ongoing support for quality improvement initiatives.
- Lack of hospital leadership support. Although this was cited as a barrier, hospitals reported it less frequently than the other barriers.

The study demonstrated a difference in perception between quality

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improvement personnel and senior executives. Executives were less likely to view inadequate physician involvement as a major barrier to improvement.

The study was not designed to provide methods of overcoming identified barriers, but Mathematica did offer strategies for improvement. Some of these strategies included:

- An organizational culture that supported improvement.
- Promoting electronic systems to facilitate documentation.
- Identifying physician champions.
- Financial support for quality projects, technical assistance, and electronic systems.

The Impact of Adverse Events:

Results from Tufts-New England Medical Center Study Using Electronic Incident Reporting

Presented by Premier's Advisor Live on April 12, 2006, 2–3 p.m. (EST). This teleconference is FREE, but you must pre-register.

Premier will be interviewing Deeb Salem, MD, Physician-in-Chief, Tufts-New England Medical Center, and Sanjaya Kumar, MD, MSc, MPH, President and Chief Medical Officer, Quantros.

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

April HoW Meeting Now a Teleconference

To assist Hospital Workgroup (HoW) participants in avoiding the time and costs involved with traveling to Phoenix, the April 13 meeting will be replaced with a one-hour teleconference. The teleconference is scheduled for 10–11 a.m. During the meeting, we will share recent Congressional information that may impact hospitals. This includes information about the 2005 Budget Deficit Reduction Act, the GAO report on hospital quality data, and IoM's report to Congress on the Quality Improvement Organization (QIO) program.

During this hour-long conference call, we will be sharing recent information surrounding these issues. There will be an opportunity for questions and an-

swers. If there are others within your organization that would benefit from listening, please share this notice with them. Please arrange for all participants from one site to share the telephone line. An RSVP will not be necessary to listen, although a roll call of participants will be taken during the meeting.

The call in number is 1.888.742.8686. The conference ID is 4952878.

If you have questions about the meeting, contact Suzette Googins at sgoogins@azqio.sdps.org, or 602.745.6299.

HSAG and CMSA-AZ Present “The Case Management Connection” on May 3, 2006

Health Services Advisory Group (HSAG), in collaboration with the Case Management Society of America (CMSA)—Central Arizona Chapter, is pleased to announce the third annual seminar for case managers and discharge planners, “The Case Management Connection.”

In addition to a work session on improving hand-offs when transferring patients from one setting to another, discussions will focus on the “continuity of care” record as one potential solution to safe transfers; how case managers impact—and are impacted by—public reporting in hospitals, home health, and skilled nursing agencies; and beneficiary protection rights. A presentation about a successful collaboration across settings will be given by a team from Prescott Arizona—the Providers Coordination of Care group.

The conference will be held:

- Wednesday, May 3, 2006; 8:30 a.m. to 3:00 p.m.
- HSAG Conference Center / Carter Marshall Room, 1600 E. Northern Avenue—Suite 100, Phoenix

Lunch is included, and there is no charge. However, space is strictly limited; **pre-registration is required.**

To Register, go to <http://www.cmsaaz.com>. Then go to Calendar of Events . . . Event Registration.

If you have questions about registration, contact Lesley Hunt, RN, MSN, CCM, at 623.582.4483 or lesley_hunt@uhc.com.

The American College of Cardiology/American Heart Association Guidelines for Use of Perioperative Beta-Blockers

Now available at <http://www.acc.org/clinical/guidelines/perio/periobetablocker.pdf>.

HSAG Hosts IPG Kick-Off Meeting

Three hospital-based Identified Participant Group (IPG) projects (Appropriate Care Measure [ACM], Rural Organizational Safety Culture Change [ROSC], and the Surgical Care Improvement Project [SCIP]) initiated their activities at Health Services Advisory Group's (HSAG's) Carter Marshall Conference Center on March 27. Fifty-four health care professionals—representing 22 hospitals in the three IPGs—attended the meeting. The event was organized in two parts: the morning group session focused on providing participants with general background information related to health care quality improvement (QI), and the three afternoon breakout sessions were customized specifically for participants of each IPG.

The morning group session included a brief history of the Quality Improvement Organization (QIO) program and current QIO and HSAG roles. Foundational data issues were also discussed, since some participants were new to that aspect of the QI process. This was followed by a discussion of the key findings of the CMS High Performers Special Study (HPSS). The HPSS, conducted by HSAG in the Seventh Scope of Work, looked at key characteristics of, and lessons to be learned from, high-performing hospitals. The presentation focused on ideas that IPG-participating hospitals may find useful in successfully implementing their QI projects.

The morning session ended with an interactive presentation on “Transformational Teams.” In addition to

Remember to Use the Correct Version of the Specification Manual for National Hospital Quality Measures

There is a new version for discharges April 1–June 30, 2006: http://qnetexchange.org/public/hdc.do?hdcPage=hosp_quality_manual.

important tips on creating and implementing successful meetings and teams, the participants learned about their individual “styles” and how to work with others who have different working styles—a key component of successful teams.

The afternoon breakout sessions all included “next steps” for each IPG.

An Open Letter to Critical Access Hospitals

Dear Arizona Critical Access Hospital Personnel:

The Rural Health Office (RHO) is pleased to offer critical access hospitals an opportunity to learn more about the principles for applying electronic health record (EHR) procedures in your hospitals and clinics.

Members of the RHO team attended a meeting in which David Ginsberg, the HIT expert, spoke. At the time they felt his approach would be useful to Arizona's critical access hospitals. Subsequently, he agreed to come to Phoenix with his expert partners to provide a one-day training opportunity that covers the different aspects of EHR. As you know, there is a large national- and state-driven initiative to encourage medical providers to implement an electronic system for medical records and e-prescribing as a means of improving performance and reducing medical errors.

Our hope is that this workshop will be just the beginning of a strong collaboration between “Flex,” AzHHA (Arizona Hospital and Healthcare Association), HSAG (Health Services Advisory Group), and the GITA (Government Information Technology Agency) to bring you the resources to help you to move forward with your HIT plans.

The RHO will be able to offer mileage reimbursement to critical access hospital personnel attending the meeting—for one automobile per hospital. If you need to come to Phoenix the night before the event due to distance, we can also reimburse one hotel night for one person. If some hospitals choose not to attend, more reimbursement funding will be available. Contact Jim Laukes for additional information about your reimbursement requests. There is no charge for this event.

If your hospital also manages a rural health clinic, you may also want to have someone participate from

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your clinic. For additional information, contact Jim Laukes at 1.520.626.5823.

PA Data Show Infections Boost Hospital Costs Eight-Fold

During the first nine months of 2005, Pennsylvania hospitals reported 13,711 hospital-acquired infections, which were responsible for some \$2.3 billion in additional hospital charges. That compared with 11,668 infections reported for all of 2004, according to the Pennsylvania Health Care Cost Containment Council, the state agency that collects and reports the data. Officials said the increase was due to better reporting by hospitals and expanded requirements for collecting data on surgical-site infections. The average payment for a hospitalization involving a hospital-acquired infection was \$60,678, compared with \$8,078 for hospitalizations involving no such infection—a \$52,600 difference, the cost containment council said. Meanwhile, the Hospital and Health-system Association of Pennsylvania repeated its call for the council to move forward with plans to provide hospital-specific data and to make public its research methodology. The association raised concerns that the infection and financial data published by the council could mislead the public and health care purchasers.

The Effect of Population Aging on Future Hospital Demand

A simulation of future spending finds that aging will not be the strongest influence on inpatient hospital use.

By Bradley C. Strunk, Paul B. Ginsburg, and Michelle I. Banker

ABSTRACT: This analysis examines how shifts in the age distribution of the U.S. population, reflecting both the aging of the baby-boom generation and increased longevity, will affect demand for hospital inpatient services during the next 10 years. Over that period, aging will drive about 0.74 percent annual growth in use of services. Aging's effect on inpatient demand varies by medical condition, with the highest rates of growth in services most used by elderly patients. Even for those services, however, aging is

a much less important factor than local population trends and changing practice patterns attributable to advancing medical technology.

[*Health Affairs* 25 (2006): w141–w149 (published online 28 March 2006; 10.1377/hlthaff.25.w141)]

Useful Resources

Getting the Board on Board: Engaging Hospital Boards in Quality and Patient Safety.

Joshi MS, Hines SC. *Jt Comm J Qual Patient Saf.* 2006;32:179–187.

<http://psnet.ahrq.gov/resource.aspx?resourceID=3506>

Apologies for Medical Errors.

American College of Physician Executives.

<http://psnet.ahrq.gov/resource.aspx?resourceID=3501>

Under Proposed Rule: Hospitals Would Be Required To Give One-Day Discharge Notice to Patients

A proposed rule was published April 5: As part of a two-step discharge process, hospitals would be required to give all Medicare beneficiaries a one-day notice before discharge. Under the proposed rule, hospitals would have to issue a standardized, generic notice of non-coverage to all Medicare beneficiary inpatients the day before discharge (see below for Standardized Notice). The proposed rule would cover hospital discharges in fee-for-service Medicare and the Medicare Advantage (managed care) program, according to the rule.

Under current regulations, patients are given discharge notices only when they are dissatisfied with a discharge decision. If a beneficiary appealed the hospital discharge, a more detailed notice would have to be given to the beneficiary, following initiation of a review of the discharge decision by a Medicare Quality Improvement Organization (QIO), such as HSAG.

This is a good opportunity for hospitals to look at the proposed rule, consider strengths and weaknesses, and make comments. CMS estimated it would take

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hospital staff an average of five minutes to deliver a discharge notice. There were about 10.9 million fee-for-service inpatient hospital discharge notices in 2002 and 1.6 million Medicare Advantage discharges, according to the agency. The agency estimates that about 2 percent of patients will request a second level of action, in which a QIO becomes involved and a second notice is required. The proposal is expected to cost each provider about \$7,000 annually.

The link to the proposed rule in the *Federal Register*, Vol. 71, No. 65, Wednesday, April 5, 2006, is <http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/06-3264.pdf>.

Comments on the proposed rule are due June 5. They can be sent to the Department of Health and Human Services, CMS, Attn.: CMS-4105-P, P.O. Box 8010, Baltimore, Md. 21244-1850.

Comments also can be submitted via the Internet at <http://www.cms.hhs.gov/erulemaking>. Click on the link titled “Submit electronic comments on CMS regulations with an open comment period.”

Standardized Notice

“By requiring the standardized notice to be delivered on the day before discharge, a beneficiary would have at least one night to think about the discharge decision and decide whether to pursue an expedited review,” the proposed rule said.

The notice must contain three beneficiary-specific elements: the beneficiary’s name, the date covered services would end, and the date a patient’s financial liability would begin, CMS said. All other information, including beneficiary appeal rights, can be standardized.

HSAG Acute Care Team Contact Information

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Charlie A. Chapin, MS, CHCA Director, Decision Support Data Collection and Validation cchapin@azqio.sdps.org 602.665.6107	Susan Sumwalt, RN, MA, CPHQ Clinical Quality Specialist IPG Lead for ACM and SIOC ssumwalt@azqio.sdps.org 602.665.6176	Hospital Quality Improvement Web Site http://acute.hsag.com

Upcoming Events

April 13, 2006 10 to 11 a.m.	Hospital Workgroup Teleconference For information, contact Suzette Googins (sgoogins@azqio.sdps.org).
May 3, 2006 8:30 a.m. to 3:00 p.m.	Case Management Connection (Pre registration is required.) For Information, contact Lesley Hunt, RN, MSN, CCM, at 623.582.4483 or lesley_hunt@uhc.com .

This material was prepared by Health Services Advisory Group, Inc. (HSAG), the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.