

SOW News

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Overview: Hospital Outpatient Quality Data Reporting Program

Background and Purpose

The Outpatient Prospective Payment System (OPPS) final rule was released November 1, 2007 (go to <http://www.cms.hhs.gov/HospitalOutpatientPPS/Downloads/cms1392fc.pdf>). The final rule outlines the initial implementation of the Hospital Outpatient Quality Data Reporting Program (HOP QDRP). Under this program, hospitals will report data for 2008 services on the quality of hospital outpatient care using standardized measures of care to receive the full annual update to their OPPS payment rate, effective for payments beginning in calendar year (CY) 2009. The HOP QDRP is modeled on the current quality data reporting program for inpatient services, the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program.

The reporting of quality measures for hospital outpatient services builds on previous efforts in the inpatient arena, having the same purpose. Reporting is intended to encourage hospitals and clinicians to improve their quality of care and to empower consumers with quality-of-care information to make more informed decisions about their health care.

Provider Support

The Centers for Medicare & Medicaid Services (CMS) has selected FMQAI (the Florida QIO) as the HOP QDRP support contractor. FMQAI will support activities under the HOP QDRP, including providing technical support and feedback to assist hospitals with quality data reporting. FMQAI can be reached at hopqdrp@fmqai.com or toll-free at (866) 800-8756.

FMQAI has extensive experience in leading statewide and national health care initiatives, employing experts in provider education, quality improvement tools, medical record review, and technical assistance.

Summary of HOP QDRP Requirements

To meet HOP QDRP requirements and receive reimbursement for

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CY 2008 services under the OPPS, hospitals must submit data for seven (7) quality measures for three (3) medical conditions: acute myocardial infarction, chest pain, and surgical care improvement. For more information, see the Specifications Manual located at <http://www.qualitynet.org/dcs/ContentServer?cid=1196289981244&pagename=QnetPublic%2FPage%2FQnetTier2&c=Page>.

Participating hospitals are required to submit a Notice of Participation form by January 31, 2008. Hospitals are to submit data for appropriate services occurring from April through June 2008 by November 1, 2008, with no validation requirements for this quarter's data. This information will be used toward the CY 2009 payment update. More discussion of HOP QDRP requirements is contained in the final rule. You are urged to consult this for further information.

CMS will be providing a data collection tool for providers and an OPPS Clinical Warehouse to support collection and submission of data for discharges from April 2008 and forward. Availability of these tools will be announced on QualityNet and communicated through e-mail.

Necessary Forms and Checklists

All forms associated with the HOP QDRP will be posted on QualityNet when available.

Additional Resources

An Auto-Notification (listserv) list for the communication of important information regarding the Hospital Outpatient Quality Data Reporting Program (HOP QDRP) is now available on QualityNet (<http://www.qualitynet.org>). From the QualityNet Home page, select the Auto-Notifications link located in the bottom left corner to subscribe.

In addition, Resources from the December 12 teleconference, "Reporting Hospital Outpatient Quality Data," are available at <http://www.qualitynet.org/dcs/ContentServer?cid=1196690015199&pagename=QnetPublic%2FPage%2FQnetBasic&c=Page>. The teleconference discusses purpose and vision, requirements, notice of participation, reporting the measures, the seven measures, data transmission, sampling, and frequently asked questions.

Medicare Hospital Value-Based Purchasing Program

On November 21, CMS submitted a report to Congress detailing its *Plan to Implement a Medicare Hospital Value-based Purchasing Program*.

The Deficit Reduction Act of 2005, Section 5001(b), authorized the Secretary of Health and Human Services to develop a plan to implement value-based purchasing commencing Fiscal Year 2009 for Medicare hospital services paid under the Inpatient Prospective Payment System (IPPS). By statute, the plan must include consideration of (1) the development and selection of measures of quality and efficiency in inpatient settings; (2) reporting, collection, and validation of quality data; (3) the structure, size, and source of value-based payment adjustments; and (4) disclosure of information on hospital performance.

The report contains the following key components:

- A potential Performance Assessment Model that incorporates measures from different quality "domains" (clinical process of care, patient perspective of care, outcomes, etc.) to calculate a hospital's Total Performance Score.
- Options to translate that score into an incentive payment that makes a portion of the base DRG payment contingent on performance.
- Options for criteria to select performance measures for the financial incentive and candidate measures for FY 2009 and beyond.
- A potential phased approach to transitioning from RHQDAPU to VBP.
- A redesign of current data transmission and validation infrastructure to support VBP program requirements.
- Potential enhancements to the *Hospital Compare* Web site to support expanded public reporting.
- An approach to monitoring VBP impacts.

The complete report is available at <http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/HospitalVBP-PlanRTCFINALSUBMITTED2007.pdf>.

An Open Letter from Barry Straube

The following letter was sent from Barry Straube, CMS' Chief Medical Officer and Director of the Office of Clinical Standards and Quality. We are including it here as it provides details and information about the upcoming 9th Scope of Work.



Looking Ahead to 2008

Barry M. Straube, MD

As you know, issues facing American health care are no stranger to national news coverage. Topics such as Medicare spending have seen increased attention—including a recent spotlight on costs associated with unnecessary hospital readmissions—as have rates of nosocomial MRSA (methicillin-resistant *Staphylococcus aureus*) infections, a patient safety issue.

As I mentioned in the September issue of *QIO News*, the QIO Program's next three-year core contract cycle, known as the 9th Scope of Work (SOW), is poised to address CMS' health care priorities within four themes: Beneficiary Protection, Care Coordination, Patient Safety, and Prevention.

For example, QIO work under the Care Coordination (or Patient Pathways) Theme will address care transitions for Medicare patients. QIOs will work to address transitions of care and to reduce unnecessary rehospitalizations that both harm patients and drain the Medicare Trust Fund.

MRSA has been factored into the 9th SOW planning since we began work on the draft themes last fall. MRSA will be one of a handful of safety issues that QIOs will focus on to reduce harm to patients using proven interventions. Add to the core work the protection of beneficiaries through expeditiously addressing complaints and helping prevent and/or slow the progression of chronic disease, and the Program is well positioned in the coming year to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries.

Looking more broadly and working with our colleagues at the Department of Health and Human Services (DHHS), the QIO Program will continue to help advance the Secretary's health care priorities. For example,

QIOs play a role in the Better Quality Information to Improve Care for Medicare Beneficiaries (BQI) Project. Delmarva Foundation, the QIO for Maryland and Washington, DC, is working with six BQI pilot sites to pool data from public and private sources about care being delivered by physicians who treat Medicare beneficiaries. Several QIOs are active in local project activities. A second round of data aggregation and measure calculation is now underway, which will lead to physician-level measurement results and meaningful and transparent information for consumers and purchasers of health care. The pilots will complete at least one more round of data aggregation and measure calculation between now and the end of the project in October 2008.

In a related effort, Chartered Value Exchanges (CVEs), multi-stakeholder organizations helping advance the Secretary's Value-Driven Health Care Initiative, are benefiting from QIO collaboration. The CVEs, expected to combine Medicare fee-for-service measurement data with measurement data from other payers, rely on business and health care leader participation in local communities. QIOs are uniquely positioned to encourage local business and health care leaders' involvement in CVEs to work together and support quality improvement. CMS has awarded Masspro, the Massachusetts QIO, a contract to provide physician quality performance measure results along with regional benchmarks to eligible CVEs.

In keeping on course regarding improvements to the QIO Program, we are continuing our effort to prepare for increasing competition for the awarding of individual contracts for the QIO Program. We recently held a special Open Door Forum on the specifics of becoming a QIO, which helped introduce the Program to other organizations that are interested in working with or becoming a QIO.

With the new calendar year nearly upon us, we at CMS are excited about the future for the Program and remain committed to helping advance the quality of American health care. As always, in doing our public service work, we appreciate our collaboration with you, our valued partners, and with the providers and beneficiaries we work with on a day-to-day basis.

I wish you a healthy and happy holiday season.

April 1, 2008, Specifications Manual Released

The CMS/Joint Commission Specifications Manual for National Hospital Quality Measures, version 2.4, for implementation with acute inpatient discharges beginning April 1 through September 30, 2008, has been released. This updated version can be found on QualityNet (<http://www.qualitynet.org>) by selecting Specifications Manual under the Hospitals Inpatient tab and then version 2.4 in the Data Collection Time Period table. Options are available to download the entire manual, download the release notes, or view specific sections. The updated version is also available through The Joint Commission Web site at <http://www.jointcommission.org>.

Changes made based on ongoing alignment discussions between the Centers for Medicare & Medicaid Services and The Joint Commission are outlined in the Release Notes. Several changes to highlight include:

- Two new data elements were added: Joint Revision (SCIP) and Pre-Arrival Lipid Lowering Agent (AMI).
- Two data elements were removed or incorporated into another element: Intraoperative Death (removed) and Documented Bleeding Risk (incorporated into the Contraindications to VTE Prophylaxis).
- Key revisions were made to the following: Chest X-ray, Comfort Measures Only, Contraindications to VTE Prophylaxis, Diagnostic Uncertainty, Identified Pathogens, Initial ECG Interpretation, and the LVSD tables in Appendix H.

Please review the Release Notes for more detail on the Specifications Manual changes.

Reminder Note: Hospitals are responsible for following and understanding the written guidelines for medical record abstraction, data submission, and validation. They are critical for compliance in the Hospital Public Reporting and Reporting Hospital Quality Data Annual Payment Update (RHQDAPU) program initiatives.

Quality Roadmap Available

AHA, AAMC and FAH Provide Hospitals With 2008 Quality Reporting Roadmap

In an effort to keep hospitals informed of new quality data collection and public reporting requirements, the AHA, Association of American Medical Col-

leges, and Federation of American Hospitals have dispatched a 2008 quality reporting roadmap to all hospitals. The roadmap details upcoming measures for data collection, as well as public reporting, and includes a calendar of reporting activity deadlines. It can be found online at <http://www.aha.org/aha/advisory/2007/071219-quality-adv.pdf>.

IHI Sponsors Rural Hospital Calls

Upcoming IHI Conference Calls to Focus on Rural Hospitals

The IHI 5 Million Lives Campaign Rural Affinity Group—the node devoted to supporting small and rural hospitals—has organized three upcoming teleconferences called “Rural Hospital Primaries” for the first quarter of 2008. These hour-long conference calls will feature hospitals and content experts who will help small and rural hospitals with implementation of three 5 Million Lives Campaign interventions.

Though the calls will be free, pre-registration is required for the Rural Hospital Primaries. Registration information will be available soon. Watch the Rural Affinity Group section of the IHI Web site for further details: <http://www.ihf.org/IHI/Programs/Campaign/Campaign.htm?TabId=2#RuralHospitalsAffinityGroup>.

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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.

The dates, times and topics for the Rural Affinity Group calls are:

- Rural Hospital Primary on Delivering Reliable, Evidence-Based CHF Care; Thursday, Jan. 10, 2008; 3–4 p.m. ET
- Rural Hospital Primary on Getting Boards on Board; Thursday, Jan. 31, 2008; 3–4 p.m. ET
- Rural Hospital Primary on Preventing Pressure Ulcers; Thursday, Feb. 21, 2008; 3–4 p.m. ET

For all three calls, dial 866-450-8367 and use PIN # 4544685.

IHI Seminar Comes to Scottsdale

Engaging Physicians in a Shared Quality Agenda

Take advantage of this innovative and highly popular seminar without the added cost and time commitment required to travel. IHI is pleased to announce another offering of its Engaging with Physicians in a Shared Quality Agenda seminar, which will take place February 12–13, 2008, in Scottsdale, Arizona.

During this two-day seminar, IHI faculty members James L. Reinertsen, MD, Bill Rupp, MD, Alice Gosfield, JD, and Alva Whitehead, MD, will provide you with concrete, practical strategies for engaging physicians in the various levels of quality and safety work happening at your organization. You'll also be introduced to various tools used to assess and address common barriers to improvement.

To learn more about the program's agenda, faculty, and enrollment, please visit <http://www.ihl.org/IHI/Programs/ConferencesAndSeminars/Engagingwith-PhysiciansFebruary2008.htm>.

To listen to the November 2006 call on Engaging with Physicians in a Shared Quality Agenda with James Reinertsen, MD, and John Whittington, MD, visit the Web site listed above.

New at AHRQ PSNet

The AHRQ Patient Safety Network features links to the latest tools, literature, and news in patient safety, as well as an annotated collection of patient safety resources and advanced customizability. To see all new content for this week, go to <http://psnet.ahrq.gov/whatsnew.aspx>.

New information includes:

- Nonpayment for harms resulting from medical care: catheter-associated urinary tract infections. Wald HL, Kramer AM. *JAMA*, 2007;298:2782–2784. <http://psnet.ahrq.gov/resource.aspx?resourceID=6585&sourceID=1&emailID=17836>
- Identification of inpatient DNR status: A safety hazard begging for standardization. Sehgal NL, Wachter RM. *J Hosp Med*, 2007;2:366–371. <http://psnet.ahrq.gov/resource.aspx?resourceID=6595&sourceID=1&emailID=17836>
- Effects of rapid response systems on clinical outcomes: systematic review and meta-analysis. Ranji SR, Auerbach AD, Hurd CJ, O'Rourke K, Shojania KG. *J Hosp Med*, 2007;2:422–432. <http://psnet.ahrq.gov/resource.aspx?resourceID=6594&sourceID=1&emailID=17836>

Leadership Competencies for Change

To improve patient safety, nurse leaders need to master a core set of competencies to maximize effectiveness. This Webinar will review these competencies and provide practical advice for how nurse leaders can use shared governance models to drive change. To address the fact that nurse leaders often do not have time to learn these competencies in a classroom, the Webinar will also discuss mechanisms for learning while performing on the job.

At the conclusion of this Webinar, participants will be able to:

- Define three key nurse leadership competencies needed to effectively create change.
- Identify the value of using shared governance models to drive change.
- Define how nurse leaders can increase leadership competencies while on the job.

Who should attend: Senior nurse leaders and their team members

When: Friday, January 25, 2008, 1:00–2:00 p.m. EDT

To register for this FREE seminar, go to <http://nursingleadershipcongress.com/webreg.asp?eventid=35>.

To read about the 2008 Nursing Leadership Congress, go to <http://www.nursingleadershipcongress.com/>.

HSAG Newsletter Survey Results

In November and December, HSAG sent all *SoW News* (and other HSAG newsletter) subscribers an e-mail asking that you take a satisfaction survey. With about 15 percent of readers (81 of 524) responding, here are the 2007 *SoW News* readership survey results:

- 86.4 percent were Completely or Very Satisfied with the usefulness of the newsletter content.
- The type of information readers found most useful:
 - 40.7 percent—Updates on Quality Initiatives
 - 25.9 percent—Help With CMS and Other Regulatory Agency Issues
 - 24.7 percent—News from CMS
- 87.6 percent were Very or Completely Satisfied with the timeliness of the *SoW News* information.
- 80.2 percent of subscribers read 75 percent to 100 percent of each issue.
- Readers were pretty evenly split on their content preferences, with 51.9 percent indicating that they would like to receive news relevant to all provider settings (including nursing homes, home health, and physician offices) and 48.1 percent indicating that

they would like to receive only information that is relevant to their specific practice settings (hospitals).

- For newsletter delivery:
 - 49.4 percent preferred receiving a printable PDF attachment in e-mail. (NOTE: This is the way the *SoW News* used to be sent; however, a change became necessary when too many hospital IT-system spam filters began rejecting this type of e-mail attachment.)
 - 25.9 percent preferred an e-mail link to a PDF download from a Web site (the current manner of delivery).
 - 19.8 percent preferred receiving an HTML newsletter (the newsletter is embedded in the actual e-mail). 88.5 percent of readers indicate that they are able to receive HTML e-mail.
- 67.5 percent forward electronic copies of the newsletter to others.
- 35 percent print the newsletter and distribute copies to others.
- 77.6 percent either preferred the current monthly delivery schedule or had no preference, as long as the information was timely.

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