

SOW News

In This Issue

Hospital Compare Refresh	2
Influenza Public Reporting Update	2
GAO Report on Hospital Quality Data	2
JCAHO to Treat Hospital Data As a Public Utility	3
Health Care Systems Help Patients Who Use Tobacco	3
Carrying the Torch for Patient Safety	4
Premier to Present HF Discharges	4
CMS Open Door Forum to Focus on Rural Health	5
HSAG Acute Care Team Contact Information	5
Upcoming Events	5

Deficit Reduction Act of 2005: Hospital Quality Improvement

On February 8, 2006, President Bush signed the Deficit Reduction Act of 2005 into law. The Act is expected to reduce Medicare and Medicaid spending by over 10 billion dollars over 5 years. The Act makes numerous changes to Medicare payments for several provider groups. These groups include, but are not limited to, PPS and specialty hospitals, ambulatory surgery centers, home health agencies, and skilled nursing facilities. For the first time, providers other than hospitals will be required to adopt formal compliance programs. Effective dates of implementation vary upon the provision.

The Act increases the penalty for hospitals that fail to submit the quality-of-care data. Beginning in the fiscal year 2007, the reduction in market basket will be increased from 0.4 percent to 2.0 percent for hospitals that do not voluntarily report data. A 2.0 percent reduction in payment can be a significant amount of money for a moderate-sized hospital.

The Act provides for the Secretary of the Department of Health and Human Services to expand the number of quality measures submitted by hospitals beginning in federal fiscal year 2007. The Act further expands the measure set in fiscal year 2008.

The Act does not describe the quality measures. Recommendations from national quality organizations, such as the National Quality Forum and the Institute of Medicine, will be used to determine the expanded measure set.

Error Corrected in CART Topic-Specific Resource Document

The topic-specific resource documents for the CMS Abstraction & Reporting Tool (CART) were previously released by e-mail on January 27, 2006, for January 1 through March 31 discharges. The attachment, Topic-Specific Changes, contained an error for the pneumonia (PN) topic. The second bullet should read, “the data element Compromised added End-Stage Renal Disease as an inclusion.” This was inadvertently listed as “exclusion” in the original document. The updated file can be found at <http://qnetexchange.org/public/cart.do?hdcPage=cart-rltdsrsrcs>.

Hospital Compare Refresh

Hospital Compare is scheduled to be refreshed on March 16, 2006. It will present quality-of-care rates from up to four continuous quarters of data. Rates will be based on third quarter 2004 through second quarter 2005 discharge data accepted into the QIO Clinical Warehouse.

Hospitals that do not have data to report or have suppressed data will have their hospital characteristics displayed for this reporting period. This is a change from previous displays.

Influenza Public Reporting Update

Approximately 85 million doses of injectible influenza vaccine were made available to the United States for the 2005/2006 flu season. However, a delay in distribution by a few vendors created localized shortages affecting the ability of some hospitals to vaccinate inpatients during the first part of the 2005/2006 flu season. Therefore, data for the fourth quarter 2005 resulting from the CMS/Joint Commission performance measure PN 7—Influenza Vaccination—will not be used for public reporting on either the Joint Commission's Quality Check or CMS' Hospital Compare Web sites.

This same data will also not be used to determine pay-for-performance incentive payments for the third year of the Hospital Quality Incentive Demonstration with Premier Inc. This data will, however, continue to be used in QIO quality improvement activities. It should be noted that PN 7 is not one of the 10 measures that prospective payment hospitals were required to report for the fiscal year 2006 annual payment update.

The CART tool has been modified to include a statement that the vaccine was not available to hospitals due to the shortage of vaccine. Because the influenza vaccine is widely available from distributors, CMS will not allow this statement to be used for discharges from the first quarter 2006. If a hospital does not have vaccine available, the response "None of the above/Not documented/UTD" should be selected. This selection will result in the case not being captured in the measure numerator.

CMS understands that the data generated from PN 7 for the first portion of this flu season will most likely not be reflective of common practice processes. It is important to continue to provide late-season vaccination, as substantial amounts of vaccine are often left at the end of the influenza season and many persons who should or want to receive influenza vaccine remain unvaccinated. To improve vaccine coverage, influenza vaccine should continue to be offered throughout the influenza season as long as vaccine supplies are available. Although the timing of influenza activity may vary by region, vaccine administered after November is likely to be beneficial in the majority of influenza seasons.

It is anticipated that public reporting of data for PN 7 will occur for the first time in late 2006 on the CMS Hospital Compare Web site. These reported data will be from the measure information collected for the first quarter of 2006.

GAO Report on Hospital Quality Data

The Government Accountability Office (GAO), in a report released at the end of January, said that the Centers for Medicare & Medicaid Services (CMS) should "take steps to improve its processes for ensuring the accuracy and completeness of hospital quality data" that is linked to Medicare payments.

The GAO study, *Hospital Quality Data: CMS Needs More Rigorous Methods to Ensure Reliability of Publicly Released Data*, was undertaken at the request of Senator Charles Grassley (R-IA), Chairman of the Senate Finance Committee with jurisdiction over the Medicare program. Grassley asked GAO to assess the reliability of data on hospital quality obtained through CMS' Annual Payment Update program. The program includes hospital reporting of data on 10 quality measures covering heart attack, heart failure, and pneumonia. The data is used by Medicare to calculate payment updates and is used on Hospital Compare, a public reporting Web site launched by CMS in April of 2005.

In its response to Senator Grassley, GAO said "In order for publicly released information on the hos-

(Continued on page 3)

pital quality measures to be useful to patients, payers, health professionals, health care organizations, regulators, and other users, the quality data used to calculate a hospital's performance on the measures need to be reliable, that is, both accurate and complete." Unreliable data, the GAO said, "may present a risk to people making decisions based on the data, such as a patient choosing a hospital for treatment." While the GAO found that the "median accuracy score exceeded 90 percent, which was well above the 80 percent accuracy threshold set by CMS," it also suggested that CMS take steps to maintain the accuracy and ensure the completeness of data submitted to the program by:

- Increasing the number of patient records reabstracted from hospitals with statistically uncertain results to ensure accuracy.
- Requiring hospitals to certify that they took steps to ensure that they submitted data on all eligible patients, or a representative sample.
- Assessing the level of incomplete data submitted by hospitals to determine the magnitude of underreporting, if any, in order to refine how completeness assessments may be done in future reporting efforts.

CMS Administrator Mark McClellan, MD, PhD, defended the agency's current process but said it would take steps to improve the data process. CMS will:

- Combine several quarters of accuracy estimates to provide a more reliable estimate of accuracy.
- Require hospitals to "formally attest to the completeness of their quarterly submission of quality data."
- Require hospitals to submit an aggregate count of all eligible Medicare and non-Medicare patients.
- Analyze completeness of hospital patient data submission by comparing submission counts with counts of claims submissions and eligible individuals who are Medicare patients—and require hospitals to explain discrepancies.
- Continue to provide quarterly feedback to hospitals about submission accuracy and completeness,

and require them to explain discrepancies among counts.

Read the GAO report at <http://www.gao.gov/new.items/d0654.pdf>.

JCAHO to Treat Hospital Data As a Public Utility

According to a March 6 *Modern Healthcare Alert*, the Joint Commission on Accreditation of Healthcare Organizations' president, Dennis O'Leary, said that JCAHO's recent forays into "commercialization of data" won't be continued. Instead, O'Leary said, JCAHO would treat its database of hospital performance information as a public utility, free to any organization or individual wanting access. In the meantime, JCAHO will convene within the next two months a meeting of various stakeholders to discuss exactly how to make the data available. O'Leary said the JCAHO board recently voted to launch the industry-wide discussion about the data.

JCAHO dropped a plan to sell performance data to third-party payers in November 2005 after the hospital industry complained about possible privacy violations and other issues. JCAHO had also planned to provide hospital-specific performance reports to the Blue Cross and Blue Shield Association—another point of contention with JCAHO's hospital clientele. But in December 2005, JCAHO notified hospitals that the Blues association had terminated the contract.

Health Care Systems Help Patients Who Use Tobacco

Given the negative health effects of tobacco use, clinicians are well aware of the importance of helping patients to quit. Health professionals can easily learn to provide routine interventions and referrals that will support patients' efforts to quit. As most tobacco users require multiple quit attempts before they quit for good, by delivering a personal, relevant, brief tobacco cessation message, clinicians can help move a patient closer to a successful cessation attempt.

(Continued on page 4)

Multiple interventions by multiple health professionals are even more effective than one clinician alone. To provide this life-saving intervention, it should be as easy for clinicians to obtain education and training to treat tobacco dependence as it is to obtain cardiopulmonary resuscitation (CPR) certification.

Free Continuing Education Brief Tobacco Intervention Skills Certification and Basic Skills Instructor Workshops taught by The University of Arizona HealthCare Partnership faculty are available at several locations throughout Arizona. The workshops offer free CEU/CME and are funded by the Arizona Department of Health Services Office of Tobacco Education & Prevention.

The University of Arizona HealthCare Partnership (HCP) has been working with many hospitals and health care systems around the state to support their efforts to teach staff to provide effective tobacco dependence treatment and to strengthen policies to establish tobacco-free facilities.

Carondelet Health Network is moving toward its Tobacco-Free Campus Initiative, which will be instituted on March 20, 2006. This initiative will impact three major hospitals and over 25 outpatient facilities in Pima and Santa Cruz counties.

HCP staff has been working with Carondelet leaders to support system-wide staff certification using the AZ model and implementation of tobacco-free policies. Carondelet is also providing referrals to cessation services and reimbursement for nicotine replacement products to employees who use tobacco to assist their efforts to quit. We congratulate Carondelet in joining several other health care systems in Arizona who have established tobacco-free campuses!

For more information on continuing education and certification programs, visit HCP Program Information at <http://www.healthcarepartnership.org>.

For the HealthCare Partnership calendar of events, visit <http://research.sbs.arizona.edu/hcpcalendar/month.php>.

For the On-Line Learning Center/Tobacco Treatment Specialist, go to <http://www.aztreattobacco.org>.

Contact the HealthCare Partnership at hcpinfo@u.arizona.edu or 520.318.7253.

To learn about the Arizona Department of Health Services free resources and service to help people quit tobacco, visit <http://www.azdhs.gov/phs/tepp/index.htm>.

Carrying the Torch for Patient Safety

The Arizona Hospital and Healthcare Association will present, on April 6 and 7, Carrying the Torch for Patient Safety, a two-day educational conference that will feature national safety expert Jim Bagian, MD, Director, VA National Center for Patient Safety. The conference will be held at the Phoenix Marriott Mesa and will also feature IHI's 100,000 Lives campaign leader, Joe McCannon.

Hospital executives will want to be sure to attend Dr. Bagian's special Executive Session that will occur on April 6, beginning at 7 a.m. The majority of this conference, however, is targeted to the critical front-line managers who are taking the safety hand-off from staff responsible for orchestrating the organization's safety initiatives. Are your front line professionals ready for this hand-off? The conference will focus on areas that may be well known to hospital leaders and safety professionals but may not be common knowledge for these clinical and ancillary professionals.

The conference will feature best practice presentations on high-leverage areas, such as utilizing rapid response teams, preventing surgical site infections, building a safety culture, developing effective hand-offs and communication, and knowing the business case for safety. Registration materials were sent to Arizona hospitals in February 2006. Please call 602.445.4356, or send an e-mail to edservices@azhha.org, if you have a question or require additional information.

Premier to Present HF Discharges

Premier will present Heart Failure Discharges: Lessons from Pay for Performance on March 15, 2006, from 2–3 p.m. (EST). The program will include interviews with Pam Pringle and Linda Walker, nurse

(Continued on page 5)

clinicians at Fairview Northland Medical Center, Minneapolis, Minn., and Christine Van Dusen, quality specialist at Premier.

Premier's speakers will discuss best practices for 100 percent completion of heart failure discharge instructions, as outlined in the CMS/Premier Hospital Quality Incentive Demonstration (HQID) measure—Heart Failure Patients With Documentation That They or Their Caregivers Were Given Written Instructions or Other Educational Material Addressing All of the Following:

- Activity level
- Diet
- Discharge medications
- Follow-up appointment

- Weight monitoring
- What to do if symptoms worsen

You will also learn about Premier's Clinical Advisor database and Rapid Improvement Portal.

To register for this free program, go to <http://www.premierinc.com/advisorlive>.

CMS Open Door Forum to Focus on Rural Health

March 9, 2006, 2:00 p.m. Eastern Standard Time (EST)

Conference Leader(s): Terry Kay/Dr. Randy Farris/Dr. Bill Rogers

To participate by phone, dial 1.800.837.1935 and reference Conference ID 3102862.

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Upcoming Events

March 27, 2006 9:30 a.m. to 3:00 p.m.	IPG Kick-Off Meeting for ACM, ROSC, and SCIP Participating Hospitals For information, contact Suzette Googins (sgoogins@azqio.sdps.org).
April 6–7, 2006	Carrying the Torch for Patient Safety For information, contact the Arizona Hospital and Healthcare Association (edservices@azhha.org)
April 13, 2006 10:00 a.m. to 2:00 p.m.	Arizona Hospital Workgroup (HoW) For information, contact Suzanne Anders (sanders@azqio.sdps.org).
April 20, 2006 9:30 a.m. to 3:00 p.m.	Surgical Care Improvement Project (SCIP) Learning Session 1 For information, contact Suzanne Anders (sanders@azqio.sdps.org).
April 26, 2006 11:00 a.m. to 12:00 p.m.	Arizona Rural Quality Network Group (ARQNG) For information, contact Judith Richard (jrichard@azqio.sdps.org).

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