

SOW News

Also In This Issue

★ Hospital Workgroup (HoW) Meeting: November 13, 2007	2
Hospital Outpatient Quality Data Reporting Program	2
Pending Legislation Relating to Quality Measures	3
New on MedQIC	3
CMS Clarifies Reporting of PN-5c Measure	4
Health Care & Innovation Survey	4
IHI Presents: Author in the Room	4
Patient Safety in the Current Literature	4
Medicare Provider Information	4
Medicare Beneficiary Rights	4
NPI Implementation Timelines	5
Statewide Videoconference Highlights Systems Change for Tobacco Control	5
Special Journal Issue on Effects of Hospital Working Conditions on Quality of Health Care	6
HSAG Acute Care Team Contact Information	6

3 Arizona Hospitals Achieve Perfect Validation Scores

Medicare reimbursement is tied to public reporting in the form of the Annual Payment Update (APU), and CMS is mandated to begin pay-for-performance or value-based purchasing in the coming years. At the foundation of these various payment incentives is the requirement for accurate and valid data collection.

Currently, 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. To do so is an indication of dedicated abstractors who are well trained, knowledgeable of the criteria, and who routinely use the CMS/Joint Commission specifications manual.

Three Arizona hospitals achieved this apex of validation for the most recently validated quarter: hospital discharges that occurred October through December 2006. As a tribute to the abstractors—and the administrations that place a priority on their work, HSAG is honored to congratulate the following hospitals for achieving 100 percent CMS validation scores:

- Banner Estrella Medical Center
- Banner Heart Hospital
- St. Luke’s Medical Center

The Conundrum of Admission Status for Chest-Pain Patients

In the United States, more than 4.4 million patients present to emergency departments (EDs) with chest pain (DRG 143) each year. Many of these admissions do not have documented justification to support an acute inpatient admission. New CMS initiatives, such as Recovery Audit Contractors (RACs), are examining and correcting hospital underpayments and overpayments; one problematic DRG is for chest pain. (Go to <http://www.cms.hhs.gov/RAC/> for CMS information on RACs.)

(Continued on page 2)

HSAG, along with 11 Arizona hospitals, has just finished a special project designed to reduce the incidence of inappropriate hospital admissions for chest-pain patients. In Arizona, the rate of inappropriate one-day admissions for DRG 143 was reduced 42 percent from baseline to remeasurement for the participating hospitals; the absolute number of DRG 143 one-day admissions was reduced by 90 percent. One key intervention in the project was use of the Case Management Protocol (CMP). Although not mandated, 10 of the 11 hospitals adopted the CMP or a variation of it. Of the 10 hospitals that used the CMP, 8 met or exceeded the project goals. The lessons learned and guidelines from this project can be used to help hospitals correctly assign patient status and DRG classification.

Although outpatient-observation admission status has been around for many years, there remains confusion and resistance to its use. The definitions of clinical status, level of care, and patient status are not well defined, and choosing the correct pathway for each patient can be complex. But there are resources to help. The tools, tips, PowerPoint tutorial, guides, flowcharts, processes, and other important information gleaned from this study are on the HSAG Web site at www.hsag.com/hpmp/admission_status.asp. HSAG thanks the following hospitals for their hard work, insights, and sharing of processes and tools during this special project:

- Casa Grande Regional Medical Center
- Del Webb Memorial Hospital
- John C Lincoln–N. Mountain
- Maricopa Medical Center
- Northwest Medical Center
- Payson Regional Medical Center
- Scottsdale Healthcare–Osborn
- Scottsdale Healthcare–Shea
- Tucson Medical Center
- University Medical Center
- Yuma Regional Medical Center

Please Note: Effective with discharges October

1, 2007, and forward, the Centers for Medicare & Medicaid Services (CMS) MS-DRG for chest pain is DRG 313 in fee-for-service Medicare patients (other insurance plans have the option of switching to the MS-DRG system in the future).

Hospital Workgroup (HoW) Meeting: November 13, 2007

The upcoming Hospital Workgroup Meeting is scheduled for Tuesday, November 13, 2007, 10 a.m. to 2 p.m., in the Carter Marshall Conference Center at HSAG. During the meeting, Health Services Advisory Group (HSAG) will not only share the success stories of the Appropriate Care Measure participant group, we will also share the latest information from CMS about the 9th Scope of Work (SoW). Although the 9th SoW is not scheduled to begin until August 2008, it will directly affect the Quality Improvement departments within your organization. We hope that you or your representative can attend this meeting.

To ensure that we are prepared with materials and refreshments, please let us know of your intention to attend. Seating is limited. If you have questions about the meeting, contact Suzette Gerhart (sgerhart@azqio.sdps.org) or Suzanne Anders (sanders@azqio.sdps.org).

Hospital Outpatient Quality Data Reporting Program

The [Outpatient Prospective Payment System \(OPPS\) final rule](#) (PDF) released November 1, 2007, 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 Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program.

Summary of HOP QDRP Requirements

To meet HOP QDRP requirements and receive reimbursement for CY 2008 services under the OPPS, hospi-

(Continued on page 3)

tals must submit data for seven quality measures for two medical conditions: acute myocardial infarction and for surgical care improvement. Specifications for the HOP QDRP measures can be found on the [Quality Initiatives](#) page of the CMS Web site under Downloads.

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 that quarter's data. This information will be used toward the CY 2009 payment update.

CMS will be providing a data collection tool for providers and an OPDS 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.

Additional information is available on [QualityNet](#).

Pending Legislation Relating to Quality Measures

The following information was obtained from *Thomas*, the Library of Congress Web site.

Hospital Quality Report Card

Hospital Quality Report Card Act of 2007 [S. 1824] (Introduced in Senate)

This bill would amend Title XVIII of the Social Security Act to establish a Hospital Quality Report Card Initiative under the Medicare program to assess and report on health care quality in hospitals (introduced 7/19/2007). The purpose of this Act is to expand hospital quality reporting by establishing the Hospital Quality Report Card Initiative under the Medicare program to ensure that hospital quality of care data—including staffing, infection rates, and volume of procedures—are readily available and accessible.

Interoperable Health Information Technology

Wired for Health Care Quality Act [S.1693] (Latest Major Action: 8/1/2007—Placed on Senate Legislative Calendar under General Orders. Calendar No. 318)

The purpose of this bill is to enhance the adoption of a

nationwide interoperable health information technology system and to improve the quality and reduce the costs of health care in the United States. One aim of this bill is to ensure the use of quality measures and to foster uniformity between health care quality measures utilized by private entities. The HHS Secretary is instructed to (1) select quality measures for adoption and use from quality measures recommended by multi-stakeholder groups and endorsed by the designated organization, and (2) ensure that standards adopted under section 3005 integrate the quality measures endorsed, adopted, and utilized under this section.

New on MedQIC

For your convenience, here is a partial list of items that have been posted recently to MedQIC by the Hospital Interventions QIOSC.

High Performer Webinars

Leaders from CMS, Joint Commission, The Leapfrog Group, the Institute for Healthcare Improvement, the Agency for Healthcare Research and Quality, and subject matter experts will help you understand how to accelerate adoption in this free monthly Webinar series. Throughout 2007–2008, monthly Webinars and quarterly workshops will be held to help health care organizations accelerate adoption and performance improvement through the Safe Practices.

<http://staging.medqic.org/dcs/ContentServer?cid=1188590911090&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&c=OtherResource>

"Hospital e-Record Systems Pay for Themselves"
(news feature)

<http://staging.medqic.org/dcs/ContentServer?cid=1189437922399&pagename=Medqic%2FMQNews%2FNewsFeatureTemplate&c=MQNews>

SCIP Slides Update, July 2007

This slide show is an update made in July 2007 on the Surgical Infection Prevention and Surgical Care Improvement Project, prepared by Dr. Dale Bratzler, Hospital Interventions QIOSC.

<http://staging.medqic.org/dcs/ContentServer?cid=1189437903104&pagename=Medqic%2FOtherResource>

(Continued on page 4)

[%2FOtherResourcesTemplate&c=OtherResource](#)

CMS Clarifies Reporting of PN-5c Measure

The Centers for Medicare & Medicaid Services (CMS) has clarified upcoming public reporting procedures for two pneumonia measures. CMS has decided to suppress “Initial Antibiotic Received Within Four Hours of Hospital Arrival” (PN-5b) and to report “Initial Antibiotic Received Within Six Hours of Hospital Arrival” (PN-5c) on the *Hospital Compare* Web site beginning in March 2008.

To read more about the CMS clarification, go to <http://www.qualitynet.org/dcs/ContentServer?cid=1192804445252&pagename=QnetPublic%2FPage%2FQnetBasic&c=Page>.

Health Care & Innovation Survey

Two ASU graduate students are conducting a very brief survey to learn more about your opinions of health care innovation. The information will remain confidential and will be used for a class project. The purpose of the survey is to identify opportunities that will make the biggest difference in the health care industry. Please take a few minutes to complete the survey: http://www.surveymonkey.com/s.aspx?sm=T5GtWH0_2bH4PqxITmIrX_2b_2bA_3d_3d.

We invite you to forward this link to any other health-care colleagues that might be willing to participate. If you have any questions, please contact Caryn Unterschuetz (caryn.unterschuetz@asu.edu) or Dan Nienhauser (dan.nienhauser@asu.edu).

IHI Presents: Author in the Room

On Wednesday, November 21, 2007, from 2 to 3 p.m. Eastern Time, the Institute for Healthcare Improvement will present the Author in the Room teleconference featuring Monina Klevens, DDS, MPH, author of “Invasive Methicillin-Resistant Staphylococcus aureus Infections in the United States.” The article can be found at: <http://jama.ama-assn.org/cgi/content/short/298/15/1763>.

To enroll for the teleconference, go to <http://www.ihf.org/events/SelectAttendee.aspx?New=1&EventID=1624>

Patient Safety in the Current Literature

“The impact of safety organizing, trusted leadership, and care pathways on reported medication errors in hospital nursing units.”

- Vogus TJ, Sutcliffe KM. *Med Care*, 2007;45:997–1002. <http://psnet.ahrq.gov/resource.aspx?resourceID=5997>

“Creating a fair and just culture: One institution’s path toward organizational change.”

- Connor M, Duncombe D, Barclay E, et al. *Jt Comm J Qual Patient Saf*, 2007;33:617–624. <http://psnet.ahrq.gov/resource.aspx?resourceID=6011>

“Failure-to-rescue: Comparing definitions to measure quality of care.”

- Silber JH, Romano PS, Rosen AK, Wang Y, Even-Shoshan O, Volpp KG. *Med Care*, 2007;45:918–925. <http://psnet.ahrq.gov/resource.aspx?resourceID=5998>

“Is hospital patient care becoming safer? A conversation with Lucian Leape.”

(Continued on page 5)

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.

- Buerhaus, PI. 2007; *Health Aff* (Millwood), 2007 Oct 9. <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.26.6.w687>
- Lucian Leape, an adjunct professor of health policy at Harvard School of Public Health, says that recent advances in patient safety show that vast improvements are possible.

NPI Implementation Timelines

Summary of Key Medicare Dates

October 29, 2007—By this date, all carriers, A/B MACs, and DME MACs will be rejecting claims in which the NPI/legacy identifier combination cannot be validated against the NPI crosswalk. Informational edits will no longer be issued once this happens but will be replaced by reject reports that will assist providers in determining why the claim is being rejected.

January 1, 2008—As of this date, 837I electronic claims and UB04 paper claims without an NPI in fields identifying the primary provider (billing and pay-to) will be rejected. Legacy identifiers paired with NPIs in the primary provider fields on the claim will still be acceptable, as will legacy-only numbers in secondary provider fields (see clarification below).

CMS has not yet announced the date by which an NPI will be required for primary provider fields on 837 professional electronic claims and 1500 paper claims processed by carriers, A/B MACs, and DME MACs. This will occur prior to May 23, 2008; a specific date will be announced once it is available.

May 23, 2008—In keeping with the Contingency Guidance issued on April 3, 2007, CMS will lift its NPI contingency plan, meaning that only the NPI will be accepted on all HIPAA electronic transactions (837I, 837P, NCPDP, 276/277, 270/271, and 835), paper claims, and SPR remittance advice. This also includes all secondary provider fields on the 837P and 837I. The reporting of legacy identifiers will result in the rejection of the transaction. CMS will also stop sending legacy identifiers on COB crossover claims at this time.

For more information, please refer to *MLN Matters* article SE0744 at the CMS Web site: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0744.pdf>.

Statewide Videoconference Highlights Systems Change for Tobacco Control

What: Statewide Hospital Systems Tobacco Control Initiative Videoconference—Collaborate, Create, Succeed: Implementing the U.S. Public Health Service Guideline at the Systems Level

When: Wednesday, December 5, 9:30–11:30 a.m.

How: Videoconferencing sites are available in Tucson, Phoenix, Yuma, and Kingman.

Topic: Tobacco-free policy, practice, and resources

To Register: Contact Renee Sayre at (520) 318-7253 ext. 170 or sayrer@email.arizona.edu.

For Questions: Contact Rosalyn dePalo at (520) 318-7253 ext. 163 or visit www.healthcarepartnership.org.

On Wednesday, December 5, representatives from Arizona's hospitals will join the Statewide Hospital Systems Tobacco Control Initiative Videoconference to promote systems change for tobacco control. The statewide videoconference will feature speakers Steve Arthur, RN, head of Cardiovascular Rehabilitation Education at Carondelet St. Mary's Hospital, and Melynn Wakeman, RRT, RPFT, RPSGT, Principal, Medical Office Development & Design, LLC, and former director of Respiratory Care for Mayo Clinic Scottsdale.

The Statewide Hospital Systems Tobacco Control Initiative began in 2002 with the objective of creating social networks to promote tobacco-free campuses and increase awareness of tobacco cessation resources within health and human service systems. Chaired by Mary Gilles, MD, Assistant Professor of Clinical Medicine at The University of Arizona and Medical Director of The University of Arizona Healthcare Partnership, the Initiative has expanded to include representatives from hospitals statewide, as well as tobacco cessation and prevention programs sponsored by the Arizona Department of Health Services Tobacco Education and Prevention Program.

Participants will be introduced to a roadmap for systems change through the examples of Carondelet and Mayo hospitals' tobacco control activities. Steve Arthur will address health care provider education and implementa-

(Continued on page 6)

tion of tobacco-free campus policies, drawing on the successful experience of the Carondelet Health Network Tobacco-Free Initiative. Melynn Wakeman will provide information on tobacco intervention coding and reimbursement in the hospital setting. Information on the free cessation resources available to hospitals through the Arizona Department of Health Services Tobacco Education and Prevention Program will also be highlighted, along with a review of CMS and Joint Commission quality measures for tobacco cessation.

The videoconference will be of particular interest to upper management; clinical staff in nursing, respiratory, and cardiac rehabilitation; and nursing education, quality control, and billing personnel. All are invited to join the videoconference with the goal of improving the health of Arizona communities.

Don't forget to also mark your calendars for another upcoming tobacco-free event: The Great American Smokeout takes place on Thursday, November 15!

Special Journal Issue on Effects of Hospital Working Conditions on Quality of Health Care

An AHRQ-sponsored supplement to the *Joint Com-*

mission Journal on Quality and Patient Safety reviews evidence on the effects of health care working conditions on the quality of health care. The papers cite persistent threats to patient safety in hospital work environments and present improvement options. Six papers, five of them written by AHRQ-funded researchers or staff members, synthesize the evidence on key elements in the hospital work environment. Among the topics are the potential for harm in conditions prevailing in many hospital inpatient settings, such as excessive work hours, inadequate nurse staffing, and crowding. Other papers examine the effects on safety and quality of the environmental and organizational climate. The issue also includes recommendations covering the breadth and depth of future research, additional features of the work environment deserving attention, practices for implementing and sustaining improvements in work environments, and the need for syntheses of practical implementation experience. The special issue follows AHRQ's funding of more than 22 studies, beginning in 2002, to identify gaps in knowledge about the effects of health care working conditions on care quality. Single copies of the journal are available by sending an e-mail to ahrqpubs@ahrq.hhs.gov.

HSAG Acute Care Team Contact Information

Howard C. Pitluk, MD, MPH, FACS Vice President/Chief Medical Officer hpitluk@hsag.com 602.665.6143	Suzanne Anders, RN, BSBA, CPHQ Clinical Quality Specialist sanders@azqio.sdps.org 602.665.6171 or 520.661.9370	Suzette Gerhart, BA Administrative Assistant II sgerhart@azqio.sdps.org 602.745.6299
Suzanne K. Powell, RN, BSN, MBA, CPHQ, CCM Director, Acute Care/QI Program spowell@azqio.sdps.org 602.665.6109	Susan Sumwalt, RN, MA, CPHQ Clinical Quality Specialist ssumwalt@azqio.sdps.org 602.665.6176	Health Services Advisory Group, Inc. 1600 East Northern Avenue, Suite 100 Phoenix, Arizona 85020-3983 Phone: 602.264.6382 Fax: 602.241.0757 www.hsag.com
Charlie A. Chapin, MS, CHCA Director, Decision Support Lead for Data Collection and Validation cchapin@azqio.sdps.org 602.665.6107	Larry Cooper, MA Director, Health Education & Publications lcooper@hsag.com 602.745.6309	Hospital Quality Improvement Web Site http://acute.hsag.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.