July 29, 2004 Vol. 5, No. 16

AHQA Matters

The American Health Quality Association

Inside AHQA Matters

Top Stories

Proposed Regulations Now Online 3

Special Section: Health IT

CMS Names 3 New IT Programs 6

AHQA Language Included in IT Bill 6

eHealth Initiative, HRSA Grants 7

DOQ-IT vs. Section 649 8

CMS/HHS

SOW8 Release Delayed by IT Component 9

OMHAG Moved Back to QIG 9

CMS Adds to Preventive Services 9

USP, CMS Sign Agreement 10

Pilot Program to Fight LTC Fraud 10

QIO News

MPRO Stroke Article Published 11

VHQC Mammography Data Gets Noticed 11

AQAF to Lower Pressure Ulcer Risk 11

MO QIO to Present at Nat'l Meeting 12

Dr. Nash to Speak at MRNC Forum 12

Awards, Announcements, Grants 13

FYI

JCAHO Releases '05 Patient Safety Goals 14

AAFP: Members Eager to Adopt EHR 14

HealthGrades Study Finds 195,000

Medical Error Deaths in U.S. 14

AMA To Seek Comment for New Measures 15

AHRQ to Hold Chronic Care Conference 15

AHA Seeking 'Quest for Quality' Apps 16

Conferences/Events

Senate Passes Patient Safety Bill

QIOs Could Qualify as PSOs

A Senate bill designed to improve patient safety through collecting and reporting medical error data passed by a voice vote last week after a yearlong delay. The bill now must be reconciled with a similar bill that the House of Representatives passed in March 2003.

"Under this bill, doctors and other health care providers will be able to report their mistakes without the threat of punishment, and their patients will be much better off for it," said Sen. Jim Jeffords (I-Vt.), the primary sponsor of the bill.

Senate bill 720, the Patient Safety and Quality

Continued on page 2

Brailer Unveils IT Framework

David J. Brailer, MD, PhD, national coordinator for health information technology, released a highly anticipated report July 21 which outlines the steps needed to achieve nationwide adoption of health information technology in the next ten years.

The report, called "The Decade of Health Information Technology: Delivering Consumer-centric and Information-Rich Health Care," kicked off a three-day conference in Washington D.C. organized by the Department of Health and Human Services. American Health Quality Association

Continued on page 4

Special Section: Health IT & the QIO role pages 4-8

Improvement Act, calls for the establishment Patient Safety Organizations (PSO): private or public organizations tasked with analyzing reported patient safety data and developing strategic guidance to give back to providers on how to improve patient safety and the quality of care.

Quality Improvement Organizations could qualify as PSOs under the legislation. The American Health Quality Association was successful in getting provisions dropped from early legislative drafts that would have prohibited QIOs from being PSOs. Now QIOs are recognized as a major source of organizations that could perform PSO activities as envisioned by the legislation.

David Schulke, executive vice president of the AHQA, said that QIOs, in their experience working with providers in the hospital, nursing home, home health and physician office settings to improve the safety and quality of care, would be ideal candidates for PSOs. He pointed out that the Virginia Health Quality Center (VHQC) is already serving as a PSO for a hospital pay-for-performance initiative launched last year by Anthem Southeast in Virginia. A 2002 Virginia statute established provisions for the operations of PSOs within the state. VHQC reviews and analyzes patient safety, health outcomes and patient satisfaction data from participating hospitals to determine if the facilities meet Anthem's program performance objectives.

"This groundbreaking initiative has moved patient safety in Virginia to a higher level," says Joy Hogan Rozman, VHQC's chief executive officer and president. "We are pleased to play a leading role in the program's success, and look forward to expanding our role as a PSO in the future."

In Missouri, the governor recently formed a Commission on Patient Safety, appointing MissouriPRO Medical Director Gregg Laiben, MD, as its chairman.

Highlights of the Senate bill include:

- Creation of a system for voluntary reporting of medical errors to promote the development of interventions and solutions to ensure that such errors will not be repeated;
- Confidential reporting to PSOs: Health care providers would be given the opportunity to report medical errors, incidents of "near misses" and enhanced heath care quality practices to PSOs;
- Development of recommendations, interventions and best practices by PSO's;
- PSO's may provide information, in which the patient, provider, and reporter are not identifiable, to a National Patient Safety Database;
- PSOs and providers may disseminate information on recommended interventions and best practices to other PSO's, providers and consumers, to improve quality of care and enhance patient safety;
- Establishment of federal evidentiary privilege and confidentiality protections to promote the reporting of medical errors;
- Granting a privilege for data and reports being collected and developed by providers and data and reports sent to PSO's;
- Health care providers can report and analyze medical errors, without fear of being sued and without compromising patients' legal rights. This non-punitive environment fosters the sharing of medical error information;
- Current opportunities for discovery are preserved —ensures that information, such as medical records, exists separately from the patient safety process would remain discoverable under state or federal law;
- Promotes development of national standards to integrate health care technology information systems.

The Senate Committee on Health, Education,

Continued on page 3

Labor and Pensions (HELP) unanimously passed the patient safety bill in July 2003 but disagreements over evidentiary privileges blocked the bill for almost a year. Sen. Judd Gregg (R-N.H.), chairman of the HELP committee, said in a statement that bill passed July 22 after bipartisan negotiations.

"Fear of lawsuits silences what should be constructive, life-saving dialogue among health providers. Creating an environment where information can be shared will benefit all patients. Getting this bill over the finish line this year will literally save lives, and so I'm grateful we were able to move this through the Senate today," Gregg said.

More than 130 organizations, including the American Medical Association, the American College of Surgeons and the Joint Commission on Accreditation of Healthcare Organizations released statements supporting the bill's passage.

"The single most important thing Congress can do to enhance patient safety is to enact this legislation," JCAHO President Dennis S. O'Leary, MD, said. "The legislative language strikes the right balance between assuring patient and public access to information they are entitled to receive, and creating a safe harbor for other sensitive information that relates to individual patient care incidents."

AHQA also endorsed the bill.

"Naturally, AHQA applauds any congressional effort to improve health care delivery, and we are glad the Senate could overcome its yearlong impasse to approve this important bill," Schulke said.

AHQA also endorsed the House patient safety bill, and AHQA staff plans to analyze the provisions and communicate its preferences to the conference committee, whose members will work to reconcile the two versions.

The following senators were named to the conference committee: Gregg, Jeffords, Senate Majority Leader Bill Frist (R-Tenn.), Sen. Mike Enzi (R-WY), Sen. Lamar Alexander (R-Tenn.), Sen. Edward Kennedy (D-MA), and Sen. Christopher Dodd (D-Conn.).

Proposed Regulations for MMA Rx, Advantage Plans Now Online

The Centers for Medicare & Medicaid Services has made its proposed regulations for the new Medicare prescription drug benefit (Medicare Modernization Act Title I) and Medicare Advantage plans (MMA Title II) available at **www.cms.hhs.gov/medicare reform**.

The proposed rules will be officially published in the Federal Register on Aug. 3, with the 60-day comment period scheduled to close Oct. 4.

American Health Quality Association staff are reviewing the proposed regulations and will develop and submit comments for both proposed rules on behalf of the AHQA membership.

Highlights of the proposed regulation include:

- Prescription drug transaction data will be made available to the Quality Improvement Organizations for quality improvement purposes (pages 235-237 of Title I)
- QIOs will review beneficiary complaints related to prescription drug coverage (pages 1207-1208 of Title I)
- Medicare Advantage plans will be required to perform Quality Improvement Projects and to encourage providers to participate in CMS and HHS quality improvement initiatives. As well, plans will be encouraged to seek technical assistance from state quality improvement organization in designing and implementing quality improvement initiatives." (pages 123-124 of Title II).

For more info, Todd Ketch, **tketch@ahqa.org**.

Editor's Note:
AHQA Matters will publish just one issue next month, on Aug. 19. Deadline for submissions is Aug. 13 by close of business.

Special Section: Health IT

Brailer, ***continued from p. 1***

(AHQA) staff and members attended the conference, including Dr. Gregg Laiben, chair of the AHQA Medical Affairs Section and medical director of MissouriPRO.

"The announcement by Dr. Brailer was a breakthrough for health care—the momentum created here today will help us move into the 21st century, allowing for care that is safer, more effective and more efficient. I look forward to this exciting time in medicine and working with our fellow physicians on implementing information technology to help improve care," Laiben said.

In his opening remarks at the conference, Brailer noted the day of HHS's announcement also marked the 35th anniversary of Neil Armstrong's historic walk on the moon.

"That realized the aspiration of generations of men that had a vision for something better. They saw technology as the way to get there and, probably most importantly, had the courage to try. That achievement was begun by a president who set ambitious goals for that moonwalk, and then what followed was a decade of innovation, of experimentation, trial and failure and ultimately one of the most remarkable achievements in mankind's history," Brailer said.

The Health IT czar argued that today, the nation is embarking on "the decade of health information technology."

"This will drive challenges that I think are as big and as important as the decade that was set 45 years ago that ended with the moon walking," Brailer said. "This is important… and we are the people that are going to move that forward."

Holding up a postcard to demonstrate the electronic systems capabilities that veterinarians have established with automated pet care reminders, HHS Secretary Tommy G. Thompson asked reporters at a press conference before the meeting, "Don't you think our children deserve the same as our dogs?"

"Our doctors have worked in the dark long enough, and working together, we can turn on the light. We can make technology a thing not only of the future but the present," Thompson later told conference attendees.

Brailer said that what he unveiled is not a full-blown plan but a framework of broad concepts intended to stimulate dialogue. The report identifies four major goals, each of which has three strategies:

- **Goal 1: Inform Clinical Practice**
  - Strategy 1: Incentivize EHR adoption
  - Strategy 2: Reduce risk of EHR investment
  - Strategy 3: Promote EHR diffusion in rural and underserved areas
- **Goal 2: Interconnect clinicians**
  - Strategy 1: Foster regional collaborations
  - Strategy 2: Develop a national health information network
  - Strategy 3: Coordinate federal health information systems
- **Goal 3: Personalize Care**
  - Strategy 1: Encourage use of personal health records
  - Strategy 2: Enhance informed consumer choice
  - Strategy 3: Promote use of telehealth systems
- **Goal 4: Improve Population Health**
  - Strategy 1: Unify public health surveillance architectures
  - Strategy 2: Streamline quality and health status monitoring
  - Strategy 3: Accelerate research and dissemination of evidence.

"The framework outlined last week stresses that technology is not and should not be the goal in and of itself. Instead, we should view technology as a means to transform and greatly improve the nation's health care system," HealthInsight CEO Marc Bennett said, whose QIO in Utah is one of the Doctors' Office Quality-Information

Continued on page 5

Technology project sites. "Similarly, QIO work in health care IT is not simply about training doctors on using new tools. Rather, it is about helping physicians through a transformation in how they practice medicine to ultimately help close the quality gap."

Although Quality Improvement Organizations received a single, brief mention in an attached outline of all relevant programs for agencies under the Department of Health and Human Services, language in the framework complemented and reinforced QIO tasks that are anticipated to be part of the 8th Scope of Work.

On page 14 of the report, which addresses how to reduce the risk of EHR investment, the report argues that "Clinicians need ongoing technical assistance on how to reorganize office workflow processes to integrate and utilize EHRs to improve the quality, safety, efficiency and cost in managing care." But because many physicians practice in small office groups, the report said it is difficult for physicians to find the wide variety of support they need. The HHS health IT office plans to "encourage private sector organizations to evaluate potential vehicles to provide this support on a cost-effective and trusted basis."

"This is exactly the type of role that we think QIOs can effectively play – using their quality improvement and systems change expertise to work collaboratively and supportively with physicians as they implement and use IT," said Christine Bechtel, director of government affairs and lead IT staffer at AHQA.

"QIOs have a tremendous leadership opportunity in establishing ourselves as the national infrastructure to assist physician offices locally with wide scale adoption of electronic health records," said Lumetra CEO Jo Ellen Ross, whose QIO is the lead for DOQ-IT. "QIO CEOs need to ACT NOW in planning, hiring and participating in the CMS sponsored training session on DOQ-IT November 4-5, 2004."

"QIOs have a tremendous leadership opportunity in establishing ourselves as the national infrastructure to assist physician offices locally with wide scale adoption of electronic health records."

— Jo Ellen Ross
Lumetra CEO

Allyson Ross Davies, PhD, MPH, MassPRO executive vice president and a member of the AHQA Board of Directors said MassPRO staff are encouraged about the plans announced by Secretary Thompson and Dr. Brailer.

"The strategies they've outlined will directly support MassPRO's current work on DOQ-IT, as well as that of an emerging statewide public-private collaboration among key stakeholders—including purchasers, insurers, hospitals, health plans, and physician groups—to speed the adoption of electronic health records across the Commonwealth, in which MassPRO has participated since it began in fall 2003," Davies said.

Dr. William E. Golden, past AHQA president and vice president for clinical quality improvement for the Arkansas Foundation for Medical Care, one of four QIOs participating in the Doctors' Office Quality-Information Technology (DOQ-IT) project, expressed similar thoughts.

"While IT can improve the health system and its clinical performance, many barriers still exist to effective implementation and adoption. Dr. Brailer's report and leadership will focus attention on these issues and bring about timely solutions facilitated in part by the QIO program," Golden said.

DOQ-IT is a two-year special study in four states to develop the best ways to encourage adoption, implementation and effective use of EHRs in the small to medium sized physician office setting. The project is underway in California, Arkansas, Massachusetts and Utah.

The full report is available at **www.hhs.gov/onchit/framework**.

CMS Names 3 New IT Programs

Mark B. McClellan, MD, PhD, administrator of the Centers for Medicare & Medicaid Services, announced three new technology initiatives in conjunction with the release of the Department of Health and Human Services framework, but the announcement stopped short of specifically naming Quality Improvement Organization work.

"We are moving aggressively to bring our health care system into the modern world of information technology," McClellan said. "We are committed to using health information technology to improve health and health care not only for Medicare's 41 million beneficiaries, but for all Americans."

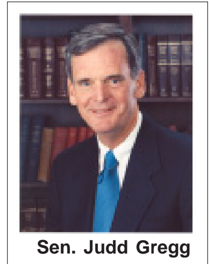
The new announcements include a pilot project for an Internet-based portal for Medicare beneficiaries to access their claims information, the acceleration of the e-prescribing timeline mandated by the Medicare Modernization Act, and encouragement to adopt electronic health records systems, particularly in physicians' offices.

- **Internet portal for a personal health record**
  A pilot project for an Internet portal that will allow beneficiaries to have a Personal Health Record, with direct web access to their Medicare claims information, including claims type, dates of service, and procedures in a way that will protect their privacy and the security of their information. By the end of the year, CMS plans to add information on preventive services. The pilot test, to be conducted in Indiana, will begin this year. Beneficiaries without access to the Internet can benefit through the 1-800-MEDICARE, McClellan said.

- **An electronic drug prescribing initiative**
  The electronic drug prescribing initiative seeks to accelerate the nationwide adoption

Continued on page 8

AHQA Language Included in Sen. Gregg's Health IT Bill


Sen. Judd Gregg

A health information technology bill introduced last week by Sen. Judd Gregg (R-N.H.) includes language proposed by the American Health Quality Association that recognizes the importance of having quality improvement organizations help promote adoption and support implementation of IT.

Gregg, who chairs the Senate Committee on Health, Education, Labor and Pensions (HELP), said his bill establishes federal leadership, promotes data standards development and implementation, funds incentives and creates standardized measures of quality care.

"The federal government needs to speak with one voice on health IT and assist the private sector to implement critically needed data standards, clear away barriers to adoption of technology and provide needed incentives to health care providers," Gregg said. "Through a public-private partnership we can transform our health care system while improving quality and efficiency."

The HELP committee chairman introduced his bill on the same day that Dr. David Brailer, national coordinator of health information technology at the Department of Health and Human Services, outlined his strategic framework for accelerating the adoption of EHRs nationwide. Gregg said his proposal is consistent with the roadmap outlined by Brailer.

Gregg's bill would establish Brailer's position as an official office within HHS—the Office of Health Information Technology. Brailer's current position was created by an executive order from President George W. Bush

If passed as introduced July 21, the Office of Health Information Technology would "utilize existing private sector quality improvement

Continued on page 7

organizations to promote the adoption of health information technology among healthcare providers; and provide technical assistance concerning the implementation of health information technology to healthcare providers."

AHQA staff worked with Gregg's staff to incorporate this language into the bill.

"We are grateful for the deep understanding that Senator Gregg has of how important it is to give physicians the support they need, and to support them in a way that incorporates quality improvement expertise," said Christine Bechtel, AHQA director of government affairs. "Senator Gregg's leadership and the hard work of his staff have been and will continue to be integral to the success of advancing the national agenda for transforming health care quality through information technology."

For more info, **www.senate.gov/~gregg**.

eHealth Initiative, HRSA Grant 9 'Communities for Better Health'

More Than $2M in Grants Distributed

The Foundation for eHealth Initiative announced the selection of nine communities nationwide that received funding—collectively totaling more than $2 million—through the Connecting Communities for Better Health (CCBH) program to pursue local projects in electronic health information exchange:

- Connecting Colorado (Denver, CO)
- Indiana Health Information Exchange (Central Indiana Healthcare Collaboration) (Indianapolis, IN)
- MA-SHARE MedsInfo e-Prescribing Initiative (Waltham, MA)
- MD/DC Collaborative for Healthcare Information Technology (Baltimore-Washington, D.C. Metropolitan Area)
- Santa Barbara County Care Data Exchange (Santa Barbara, CA)
- Taconic Health Information Network and Community (Fishkill, NY)
- Tri-Cities TN-VA Care Data Exchange (Kingsport, TN)
- Whatcom County e-Prescribing Project (Bellingham, WA)
- Wisconsin Health Information Exchange (National Institute for Medical Informatics – Midwest) (Milwaukee, WI)

Details on each of the communities can be found at: **http://ccbh.ehealthinitiative.org/communities/funded.mspx**.

The program is funded through a cooperative agreement with the Health Resources and Services Administration Office for the Advancement of Telehealth.

The goal of CCBH is to implement activities on a national, regional and local basis that will lay the foundation for an interoperable, electronic, standards-based health information infrastructure to support patients, clinicians and those responsible for population health.

"The CCBH awards are historic because they represent a first in collaboration between the public and private sectors to support electronic health information exchange at the community level," Janet M. Marchibroda, CEO of the eHealth Initiative and executive director of the Foundation for eHealth Initiative, said.

AHQA is encouraging Quality Improvement Organizations where eHealth has awarded grants to contact those organizations for a potential partnership and participation.

"Groundbreaking, collaborative effort is an essential ingredient for making these data exchange programs successful, and something at which the QIOs excel," said David Schulke, executive vice president of AHQA. "QIOs and the Connecting Communities for Better Health grantees would both benefit from a joint effort."

For more info, Christine Bechtel, **cbechtel@ahqa.org**.

Special Section: Health IT

What is the Difference Between DOQ-IT and Section 649?

Both the Doctors' Office Quality-Information Technology (DOQ-IT) project and Section 649 of the Medicare Modernization Act address the Quality Improvement Organization role in federal health IT programs. Although they are two distinct efforts, their components have sometimes been confused. *AHQA Matters* hopes to clarify some of the distinctions between the two projects.

1. DOQ-IT is a two-year special study to figure out the best ways for QIOs to support small to medium-sized physician offices as they transform their practices from a paper-based system to one that uses electronic health records. Part of the DOQ-IT study includes developing a model to help QIOs be successful in the kind of information technology work that is expected to be part of the 8th Scope of Work.

2. Section 649 of the MMA — the Medicare Care Management Performance Demonstration — would be a three-year demonstration project where physicians can receive additional reimbursement for adopting and effectively using health information technology and evidence-based outcome measures to promote continuity of care, stabilize medical conditions, prevent or minimize acute exacerbations of chronic conditions, and reduce adverse health outcomes. Payment to physicians can vary based on performance, however total payments must be budget neutral. QIOs could be charged with helping enroll physicians, evaluating their performance, and providing technical assistance. CMS will publish information in the Federal Register later this year to outline the details of how Section 649 will be implemented.

3. DOQ-IT is currently underway in four states: California, Arkansas, Utah and Massachusetts, with Lumetra working as the lead QIO. Section 649 only exists as language in the MMA.

4. While a key part of Section 649 is pay-for-performance, there is no P4P component in DOQ-IT.

CMS, *continued from p. 6*

of e-prescribing in Medicare. CMS is also reviewing existing programs for e-prescribing nationwide, to identify the most promising features that can be adopted more widely. Participation by physicians in e-prescribing will be optional, but established standards and steps to encourage effective programs will make e-prescribing more attractive.

- **Electronic health records**
  CMS also is taking steps to encourage the adoption and use of reliable, confidential electronic health records, McClellan said. CMS has joined a national alliance of purchasers and payers to create a common agenda for the promotion of HIT adoption and also announced plans to conduct demonstration programs to determine how financial incentives may encourage EHR adoption in physician offices, and the consequences for the quality and cost of health care.

For more info, **www.cms.hhs.gov/media/press/release.asp?Counter=1117**.

SOW8 Release Delayed by IT Component

The release of the draft 8th Scope of Work could be delayed another few weeks because of concerns within the Department of Health and Human Services about issues related to the QIO role in fostering the adoption and supporting the implementation of health information technology in physician offices, CMS officials said during the July 15 AHQA-CMS leadership call.

"It's gotten entangled in the Department," a CMS official said, adding that CMS is hoping to move forward "fairly expeditiously," but that the delay may last a few weeks.

"Questions about the QIO role are one side of the coin, on the other side are some concerns about the radical expansion of personal identification data held by the government," the CMS official said. "If DOQ-IT is a first step toward a national ambulatory clinical database, then there are big brother implications."

Once the draft is released, CMS staff said they may have to re-examine the timeline for soliciting feedback, but they hope to retain at least a 30-day comment period.

OMHAG Moved Back to QIG

The Centers for Medicare & Medicaid Services has moved the Office of Quality Measurement and Health Assessment Group (OMHAG) back under the Quality Improvement Group.

"It is true and I'm happy," confirmed Stephen F. Jencks, MD, director of Quality Improvement Group Office of Clinical Standards and Quality.

QMHAG used to be housed under the Office of Clinical Standards and Quality (OCSQ), but former Administrator Tom Scully moved it to the Center for Beneficiary Choices in 2001. CMS announced the decision to move QMHAG back to OCSQ July 15.

Trent Haywood, MD, JD, is the acting director of QMHAG.

"Quality of care and health are two top priorities for the Agency and for the Department. Each of these activities relies heavily on well-articulated quality performance measures and health assessment protocols. The QMHAG integration into OCSQ focuses the Agency's capacity to realize these two important priorities," CMS stated in announcing the transfer.

The announcement further indicated that CBC will continue to play a role representing the beneficiary and plan perspectives on the CMS Quality Council.

CMS Adds to Preventive Services

Medicare will add payments for preventative services, including an initial physical exam and screening tests for diabetes and cardiovascular disease, administration officials announced this week.

The new payments are part of the agency's Physician Fee Schedule rule for 2005 and part of an initiative to make Medicare a more prevention-focused program.

"When it comes to modern health care, Medicare had it backwards, spending 99% of its resources treating seniors after they got sick and only 1 percent on preventing illness and promoting wellness," said Health and Human Services Secretary Tommy G. Thompson. "With this new law, we are reversing this trend and focusing Medicare more on disease prevention and management."

The new programs build upon preventive services introduced into the Medicare program as part of the Balanced Budget Act of 1997 (BBA) and the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), such as mammography screening, self-management

Continued on page 10

training for beneficiaries with diabetes and vaccines outreach extension. The new benefits include:

- **Welcome to Medicare Physical** The initial physical will consist of a comprehensive examination that will allow the physician to diagnose problems early when treatment is more effective. Physicians and office staff will provide education, counseling and referral to other preventive services covered by Medicare.
- **Cardiovascular Screening Tests** MMA will provide Medicare coverage of cardiovascular screening blood tests, including tests for total cholesterol, high-density lipoprotein, and triglycerides. Beneficiaries will be offered free screening every five years in keeping with recommendations from the Unites States Preventive Services Task Force. There will be no deductible or co-pay for these tests.
- **Diabetes Screening Tests** These include a fasting plasma glucose test and post-glucose challenges. Beneficiaries eligible for this screen will not have to meet a deductible or co-pay for the test. MMA allows for diabetes screening tests up to twice year.

For more info, **www.cms.hhs.gov/media/press/release.asp?Counter=1135**.

USP, CMS Sign Agreement

In response to a request from the Secretary of the Department of Health and Human Services, United States Pharmacopeia (USP) has signed a cooperative agreement with the Centers for Medicare & Medicaid Services (CMS) to develop "Model Guidelines" for the new Medicare drug benefit program.

These guidelines are being created as a result of the recently enacted Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. Under the agreement, USP will: develop model guidelines; conduct public outreach to solicit comments about the guidelines; provide a comprehensive listing of all drugs in each category; and provide a proposed plan for revision of the guidelines as needed.

The classes and categories that USP creates may be used by pharmaceutical benefit managers (PBMs) and prescription drug plan sponsors (PDPs) as a framework for designing their formularies under the Medicare prescription drug benefit plan.

CMS will use the guidelines to help evaluate the plans submitted by the insurers. The model guidelines submitted to CMS by USP, and the assignment of drugs to any class or category, is only for the purpose of plan design evaluation under Part D of MMA and will not affect any other activity or activities related to the legislation.

USP will hold a public meeting on August 27 in Baltimore to receive input on the draft Model Guidelines.

For more info, **www.usp.org**.

Pilot Program to Fight LTC Fraud

CMS Administrator Mark B. McClellan, MD, PhD, announced July 23 a pilot program to evaluate comprehensive background check programs for new workers in long term care facilities as a way to combat abuse and neglect in such facilities.

The program, mandated by the Medicare Modernization Act, designates $25 million to fund the pilots and evaluate the results. The pilot programs will operate in up to 10 states and will run until the end of fiscal 2007.

The pilot programs will help identify best practices for long term care providers to determine whether a job seeker has any kind of criminal history or other disqualifying background that could make them unsuitable to work directly with patients.

CMS hopes to announce the pilot participants in the fall of 2004.

States can download the application forms at **www.cms.hhs.gov/medicaid/survey-cert/bcp.asp**. Applications are due by September 30.

Questions on the program, can be e-mailed to **backgroundchecks@cms.hhs.gov**.

MPRO Stroke Article Published

MPRO, the Michigan QIO, has published a study in the June issue of *Neurology* that examines the relationships between sex and race and antithrombotics prescribed at discharge in the Michigan Medicare population.

The article, "Do gender and race impact the use of antithrombotic therapy in patients with stroke/TIA?," is based on a project from the 6th Scope of Work. Researchers used retrospective medical record abstraction for a six-month period in 2001, sampling almost 5,000 beneficiaries.

"The study found that there were no differences in the use of antithrombotics at discharge by race or sex and no differences in the prescribing of aspirin, warfarin, aspirin/extended release dipyridamole, or clopidogrel by race or sex after adjustment for confounders," said Canopy Roychoudhury, PhD, senior statistical analyst at MPRO. "A strength of the study was the use of CMS's Clinical Data Abstraction Center, to insure standardized data collection and high accuracy (95.5%).

The stroke article was a collaborative between MPRO, the University of Michigan Health System, and the Mt. Sinai School of Medicine.

For more info, **www.neurology.org**.

VHQC Mammography Data Gets Noticed, AP Coverage

38,000 Beneficiaries Went Unexamined

More than 40% of Medicare eligible women in Virginia, or more than 38,000 women, did not receive a screening mammogram in the past two years, according to data released by the Virginia Health Quality Center.

The *Associated Press* picked up VHQC's data, and the AP article, "Many Virginians Eligible for Medicare Don't Receive Mammogram," ran on 10 print and broadcast media websites, including *The Washington Post*.

"By releasing the data, we hope to help Medicare beneficiaries understand why they should not hesitate to speak with their health care providers about getting referrals for screening mammography," said Dr. Sallie S. Cook, VHQC chief medical officer. "We also encourage physicians and other health care providers to discuss the need for mammography with their patients."

VHQC derived statistics from Medicare claims and represent the most recent data available, from July 2001 to June 2003. The mammography rate is the number of eligible female Medicare beneficiaries aged 52 to 69 years who received an annual mammogram during the measured time period.

Seventy-one Virginia counties and cities fail to even meet Virginia's remarkably low statewide average. Prince William County accounts for the lowest mammography rate in Virginia at 47.6 percent and James City County has the highest mammography rate at 72.1%. The national average for mammography screening is 59.4%.

AQAF Partners to Improve Care of Pressure Ulcers, Lower Risk

The Alabama Quality Assurance Foundation, the QIO for Alabama, met on July 12 with health care professionals from different settings in Cullman County, AL to develop improved communication and care for persons at risk for pressure ulcers or who have pressure ulcers.

The initiative started as a result of Woodland Village Health Care's participation in the National Nursing Home Collaborative. As part of this collaborative, Woodland Village has been challenged to spread information regarding pressure ulcers in its community.

Representatives from Cullman Health Care,

Continued on page 12

Cullman Long Term Care, Woodland Village Health Care Center, Falkville Healthcare, Hanceville Nursing Home, Cullman Regional Medical Center, Hospice of Cullman County, North Alabama Regional Council of Aging and USA Healthcare also attended the meeting. The two areas of concern initially identified were: education for hospital staff regarding pressure ulcers and the need for a patient transfer form for nursing homes to use that contains more information regarding risk for pressure ulcers and actual pressure ulcers.

Sue Boldin, RN, MSN, CPHQ of AQAF has been working with Cullman Regional Medical Center, Woodland Hospital and five nursing homes in the Cullman area for the past few months to improve their care of residents with pressure ulcers. As a result of their work, a patient transfer form is in the final development stages and Cullman Regional is now in the planning stages of an in-service for both the hospital and nursing home staff.

MissouriPRO to Present at National Diabetes Meeting

MissouriPRO will showcase its Community Care Connection diabetes collaborative at a national meeting in September.

The National Public Health Initiative on Diabetes and Women's Health conference is scheduled for Sept. 20-21, and is sponsored by the American Diabetes Association, the Centers for Disease Control & Prevention, the American Public Health Association and the Association of State and Territorial Health Officials. For more information on the national conference, visit **www.cdc.gov/diabetes/conferences/index.htm**.

"We are pleased that our hospital-physician office collaborative was chosen to be highlighted at this national meeting," MissouriPRO CEO Richard A. Royer said. "We look forward to providing information to other health care professionals on this model to improve the quality of health care for Americans with diabetes."

The Community Care Connection brings together professionals who will use proven, evidence-based practices to improve care for Missourians with diabetes. In partnership with the Missouri Department of Health and Senior Services, its approach incorporates major aspects of the Chronic Care Model, including proactive and evidence-based care.

Speaking at a state conference on chronic disease care, Missouri Gov. Bob Holden said the Community Care Connection "is about making our health care system smarter and more efficient. It will give doctors the tools to provide the best care possible, and will empower patients to play an active role in their own care management."

For more info, **www.mpcrf.org/professionals/te_collaborative.asp.**

Dr. David Nash to Speak at MRNC Leadership Forum

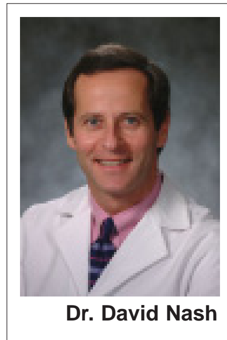
Dr. David Nash, a board certified internist and professor of health policy and medicine at Jefferson Medical College of Thomas Jefferson University Hospital in Philadelphia, will be the keynote speaker at the fourth annual Ralph E Snyder, MD Healthcare Leadership Forum.

The forum, with the theme "Leading Beyond the Boundaries," is sponsored by Medical Review of North Carolina, Inc. (MRNC) and is scheduled for Oct. 1 in Greensboro, NC. Health care leaders from hospitals, physician offices, nursing homes, and home health agencies in the Carolinas are invited to attend to examine ways to improve the quality of care across the healthcare continuum.

"We are hoping this year's conference will allow opportunities for experts from different health care

Continued on page 13

settings to provide their unique perspectives and strategize about creating a health care system that readily spans the continuum," said Robert Weiser, director of health care assessment at MRNC. "We hope that, by bringing together health care leaders, we can build partnerships which will help tackle the challenges and barriers in creating a seamless continuum of care."


Dr. David Nash

For more info, Jill Blalock, 800-682-2650, ext. 2004, or **www.mrnc.org**.

Awards, Announcements, Grants

- **Delmarva Foundation**, the QIO for Maryland and the District of Columbia, has named Dr. Christian E. Jensen as the new Chief Operating Officer to conduct overall daily administration and operations of Delmarva Foundation including the strategic business units and support functions. Dr. Jensen had been the medical director of the Western Integrity Center, the Program Safeguard Contractor for CMS since 2000.
- **Health Services Advisory Group, Inc**. the Arizona QIO, has named Richard G. Potter, CPA, to the position of Vice President of Operations effective July 7. Potter is responsible for the company's Federal and State & Corporate divisions. Potter joined HSAG as Vice President, State Services, in December 2003 and previously served as a principal with William M. Mercer, Inc and deputy director of the Arizona Health Care Cost Containment System (AHCCCS-Arizona's Medicaid program) from 1996 to 1998. For more info, Richard Potter, **rpotter@hsag.com**.
- **West Virginia Medical Institute** received three awards from the West Virginia Chapter of the Public Relations Society of America: a first-place for its 2003 flu immunization campaign, a consumer newsletter, and its online employee newsletter.
- **MissouriPRO**'s website won two awards and **OhioKePRO** earned a merit award in the Spring 2004 World Wide Web Health Awards national competition, sponsored by the Health Information Resource Center, a national clearinghouse for consumer health information programs and materials. For more info, **www.healthawards.com/wwwha/index.htm.**
- Jon Mitchell, president and CEO of **OMPRO**, the Oregon QIO, presented six hospitals with the first annual Oregon Hospital Quality Awards at the Oregon Association of Hospitals and Health Systems annual conference. The awards recognize performance improvement in one of four clinical areas: acute myocardial infarction, surgical-site infection prevention, heart failure, or pneumonia.
- **Ohio KePRO** has won two 2004 Apex Awards for Publication Excellence, one for its Physician Office Toolkit and the other for its Pneumonia Vaccine Poster produced by the Acute Care Services Team. The Apex Awards are based on excellence in graphic design, editorial content, and the ability to achieve overall communications excellence. For more info, **rfeigenbaum@ohqio.sdps.org**.
- The Tennessee QIO, **QSource**, received two Gold Vox awards from the Memphis chapter of the Public Relations Society of America.

JCAHO Releases 2005 Patient Safety Goals

The Joint Commission on Accreditation of Healthcare Organizations has released its 2005 National Patient Safety Goals for each of its accreditation programs and its disease-specific care certification program. The goals and associated requirements, approved at the July 9-10 meeting of the Joint Commission's Board of Commissioners, apply to the nearly 16,000 Joint Commission-accredited and certified health care organizations and programs.

The 2005 National Patient Safety Goals are specific to the various types of health care settings accredited and certified by the Joint Commission. These include ambulatory care and surgery centers, office-based surgery, assisted living facilities, behavioral health care settings, critical access hospitals, disease-specific care programs, home health care, hospitals, nursing homes, and laboratories.

"The 2005 National Patient Safety Goals extend our expectations of accredited organizations in providing safe, high quality care," JCAHO President Dennis S. O'Leary, MD, said.

The goals establish succinct, evidence-based requirements related to critical aspects of care, addressing, for example, the accuracy of patient identification, effectiveness of communication among caregivers, safety in the use of infusion pumps, reduction of the risk of health care-associated infections, reconciliation of medications across the continuum of care, reduction of the risk of patients falls, and protection against pneumonia in older adults.

The National Patient Safety Goals are reviewed and revised annually by the Sentinel Event Advisory Group. The goals are largely, but not exclusively, based on information from the Joint Commission's Sentinel Event Database.

For more info, **www.jcaho.org**.

Family Physicians Eager to Adopt EHR, AAFP Survey Says

A member survey conducted by the American Academy of Family Physicians found that nearly 40% of the respondents have either completely converted to electronic health record systems or are in the process of making the transition in their practices.

The survey polled 788 AAFP members in 21 constituent chapters. Of the 310 respondents that have EHRs, 73% indicated that their EHR systems improved the health of their patients in part by reducing prescribing errors and enhancing patient communication. The survey also found that 49% of AAFP members wanted to purchase an EHR—15% of those within one year, 16% within two years and 18% after two years—with only 7% of the respondents indicating they had no plans to purchase an EHR.

AAFP hopes to have 50% of its active members using EHRs by the end of next year.

For more info, **www.aafp.org**.

HealthGrades Study Finds 195,000 Medical Error Deaths in U.S.

IOM Author Questions Numbers

An average of 195,000 people in the U.S. died due to potentially preventable, in-hospital medical errors in each of the years 2000, 2001 and 2002, according to a study of 37 million patient records that was released July 27 by HealthGrades.

The HealthGrades study applied the mortality and economic impact models developed by Dr. Chunliu Zhan and Dr. Marlene R. Miller in a research study published in the *Journal of the American Medical Association* in October of 2003. The Zhan and Miller study supported the Institute of Medicine's (IOM) 1999 report conclusion, which found that medical errors caused up to 98,000

Continued on page 15

deaths annually and should be considered a national epidemic.

The HealthGrades study finds nearly double the number of deaths from medical errors found by the 1999 IOM report "To Err is Human," with an associated cost of more than $6 billion per year.

The IOM study extrapolated national findings based on data from three states; the Zhan and Miller study looked at 7.5 million patient records from 28 states over one year; and HealthGrades looked at three years of Medicare data in all 50 states and D.C. This Medicare population represented approximately 45% of all hospital admissions (excluding obstetric patients) in the U.S. from 2000 to 2002.

"The HealthGrades study shows that the IOM report may have underestimated the number of deaths due to medical errors, and, moreover, that there is little evidence that patient safety has improved in the last five years," said Dr. Samantha Collier, HealthGrades' vice president of medical affairs. "The equivalent of 390 jumbo jets full of people are dying each year due to likely preventable, in-hospital medical errors, making this one of the leading killers in the U.S."

HealthGrades examined 16 of the 20 patient-safety indicators defined by the Agency for Healthcare Research and Quality—from bedsores to post-operative sepsis—omitting four obstetrics-related incidents not represented in the Medicare data used in the study. Of these sixteen, the mortality associated with two, failure to rescue and death in low risk hospital admissions, accounted for the majority of deaths that were associated with these patient safety incidents. These two categories of patients were not evaluated in the IOM or JAMA analyses, accounting for the variation in the number of annual deaths attributable to medical errors. However, the magnitude of the problem is evident in all three studies.

But *Forbes* magazine's website reported that Dr. Lucian Leape, adjunct professor of health policy at the Harvard School of Public Health and one of the authors of the 1999 IOM report, questioned the numbers. He argued that failure to rescue is not an accepted standard in calculating deaths in Medical errors, and that the nature of Medicare patients would increase the mortality rate.

"Medicare patients have a higher adverse event rate because they have a lot more treatments, they're sicker, they have multiple diseases, so the mortality rate, the error rate, all these things are higher," Leape said in the *Forbes* article.

For more info, **www.healthgrades.com**.

AMA To Seek Comment for New Physician Performance Measures

The American Medical Association-convened Physician Consortium for Performance Improvement is beginning a 30-day public comment period for the recently developed physician clinical performance measures for community-acquired pneumonia. Both the measures and the comment response form are available at **www.ama-assn.org/go/quality**.

The public comment period extends from Aug. 2 – Sept. 3.

AHRQ to Hold Chronic Care Conference Sept. 10-11

The Agency for Healthcare Research and Quality is co-sponsoring a two-day multidisciplinary research dissemination conference with the University of Missouri-Columbia Nursing Outreach and Distance Education program on Sept. 10-11 in Columbia, MO.

The conference, "A National Conference on Transferring Geriatric Research into Practice: Improving Chronic Care Quality," will focus on improving chronic care quality in long-term, home, and community care settings.

Continued on page 16

FYI

Featured speakers include Rosaly Correa-de-Araujo MD, PhD, AHRQ senior advisor for women's health and Arlene Bierman MD, chair of the Ontario Women's Health Council Chair at the University of Toronto's St. Michael's Hospital.

For more info, **www.muhealth.org/~nursing/node/conference/chroniccare04.html.**

AHA Seeking 'Quest for Quality' Applicants by Oct. 15

Applications are now available for the 2005 American Hospital Association McKesson Quest for Quality Prize[SM]: Honoring Leadership and Innovation in Patient Care Quality, Safety, and Commitment.

The AHA McKesson Quest for Quality Prize seeks to raise awareness of the need for an organizational commitment to highly reliable, exceptional quality, patient-centered care; reward successful efforts to create and improve systems that improve quality of care; inspire organizations to broaden their framework for quality improvement efforts through systematic integration and alignment throughout the organization; and communicate successful programs and strategies to the hospital field.

The award is supported by grants from McKesson and the McKesson Foundation.

The award winner will receive $75,000 and two finalists will receive $12,500 each. Other hospitals may be recognized with Citations of Merit.

Applications and information on the prize are available at **www.aha.org/questforquality**, by calling 312-422-2700, or by writing the Office of the Secretary, American Hospital Association, One North Franklin, Chicago, IL 60606.

Applications are due Oct. 15.

Conferences/Events

2nd Annual Disease Management Conference
August 2-4
Boston, MA
www.srinstitute.com

AHRQ Rocky Mountain Workshop, "How to Practice Evidence-based Health Care"
August 8-12
Keystone, CO
www.uchsc.edu/ebhc

National Initiative for Children's Healthcare Quality Jump-Start: A Course for Leaders in Children's Health Care
August 9-11
San Francisco, CA
www.nichq.org/events/jumpstart

National Initiative for Children's Healthcare Quality improvement collaborative informational calls
August 11, September 8
12:00-1 PM ET
www.nichq.org/events/greatbeginnings

The Quality Colloquium at Harvard University
August 22 - 25
Cambridge, MA
www.QualityColloquium.com

Second Annual Medicaid Drug Rebate Congress 2004
August 24-25
Washington, DC
www.iqpc.com/cgi-bin/templates/fivecell.html?topic=483&newTop=482

A National Conference on Transferring Geriatric Research into Practice: Improving Chronic Care Quality
September 10-11
Columbia, MO
www.muhealth.org/~nursing/node/conference/chroniccare04.html

Ninth National HIPAA Summit
September 12-14
Baltimore, MD
www.HIPAASummit.com

WEDI Security Forum
September 14 - 15
Baltimore, MD
www.HIPAASummit.com

Conferences/Events

National Public Health Initiative on Diabetes and Women's Health Partners' Update Conference
September 20-21
Savannah, GA
www.cdc.gov/diabetes/conferences/index.htm

Ix Programs and Everyday Practice
September 26-28
Park City, UT
www.informationtherapy.org

Updating, Redesigning & Reengineering the ICU: Best Practices for Streamlining System Processes for Reduced Patient Stay and Enhanced Care
September 28-29
Washington, DC
www.iqpc.com/cgi-bin/templates/fivecell.html?topic=483&newTop=482

Pay for Quality and Provider Scorecards for Employers: Best Practices in Rewarding Physicians to Achieve Value and Accountability
September 30-October 1
Boston, MA
www.iqpc.com/cgi-bin/templates/fivecell.html?topic=483&newTop=482

National Quality Forum 5th Annual Meeting
October 6-7
Washington, DC
For more info, info@qualityforum.org

National Citizens' Coalition for Nursing Home Reform's 29th Annual Meeting
October 17-20
Arlington, VA
www.nccnhr.org

ISQua pre-conference on Indicators
October 18-19
Amsterdam, Netherlands
www.isqua.org

Beyond Boundaries of Care: 2004 Quality Leadership Conference
October 21 - 22
St. Louis, MO
www.mpcrf.org/documents/news/Quality%20Conference.pdf

Health Information Technology Summit
October 21-23,
www.HITSummit.com

Electronic Health Records Congress
October 21 – 23
Washington, D.C.
www.EHRCongress.com

Building Palliative Care Programs in Hospitals
October 25-27
New York, NY
www.capc.org or barbara.mastroddi@mssm.edu

2nd Pay for Performance & Physician Incentives: Practical and Effective Methods to Ensure Quality Performance Initiative Plans
November 16-17
San Francisco, CA
www.iqpc.com/cgi-bin/templates/fivecell.html?topic=483&newTop=482

Emerging Technologies & Healthcare Innovations Congress
November 29- December 1
Washington, DC
www.tethic.com

National Quality Forum Board of Directors Meeting
December 2
Washington, DC
For more info, info@qualityforum.org

American College of Health Care Administrators 11th Annual Winter Marketplace 2004
December 4-6
Las Vegas, NV
www.achca.org

Institute for Health Improvement's 16th Annual National Forum on Quality Improvement in Health Care
December 12-15
Orlando, FL
www.ihi.org/conferences/natforum

American College of Health Care Administrators 2005 Annual Conference & Exposition
April 16-19, 2005
Providence RI
www.achca.org

About AHQA Matters

Published every 25 times a year by
The American Health Quality Association
1155 21st Street, N.W., Suite 202
Washington, D.C. 20036
202-331-5790 Fax: 202-331-9334
www.ahqa.org

AHQA Matters is for the exclusive use of AHQA members and may not be distributed in any form to non-members without written permission from AHQA.

Inquiries on article submissions should be directed to Jeannie Baumann, AHQA Communications Associate.
To join AHQA and receive AHQA Matters, see our website or call Amanda Scott in our membership department.