

## Notes from the AHQA Technical Conference – February 2003

### Round Table Discussion: What strategies can QIOs use to keep payment errors down without special projects?

We began with a discussion of barriers to keeping payment errors down/decreasing payment errors:

#### Barriers:

- QIOs only have staffed one full time employee for HPMP
- New York used Clementine to mine data - but lost analytical staff so cannot mine data any more
- Observation rules are a problem for hospitals and QIOs (Mark Boesen with AHQA – heading up Observation Task Force to attempt to address some of these issues)
  - Physician just wants patients cared for, not interested in patient level of care, not impacted financially if admission is unnecessary
  - Florida developed Case management protocol - Special study pilot - Power point – can access at their website: FMQAI.com to HPMP, Tools/Case management Protocol
    - focused on utilization
    - physician choose to use if want
    - admission to case management protocol
    - ten big hospitals, five medium sized hospitals, five small hospitals
    - Will use control group to measure success
  - Ohio FI (Administar) allows changing to observation retrospectively prior to discharge; this complicates matters, as some FI allow changing of status retrospectively, others do not

Discussion regarding HPMP Special Projects: New York received \$12,000 for continuation of 6<sup>th</sup> SOW project. Florida Case Management model (above) was also an approved special project.

The group discussed that the delay in CMS' approval of special project makes it difficult to implement project, target participants may have changed due to delay, aging of data. Also may be into remeasurement time period by time project is approved, therefore the concern is that the project will have minimal/no impact on payment error rate used for QIO evaluation. Participants were urged to consider small, focused projects which will have greater probability of success.

Missouri is conducting a Collaborative on Admission Necessity following the IHI model for improvement. Expected to last for 8 months. Invited 30 hospitals, 17 responded. Collaborative will begin Feb. 9, 2003.

- ◆ one indicator
- ◆ strategies for improvement
- ◆ monthly conference call - PDSA cycle

Several QIOs have worked with HFMA (presentations, education) to focus on the cost to hospitals of unnecessary admissions.