



# AHQA Matters

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## TOP STORIES

### **CMS Delays Launch Of National Nursing Home Quality Initiative**

A CMS spokesman told QualityNet Conference attendees that the agency has delayed the national roll out of the federal nursing home quality initiative.

Dallas "Rob" Sweezy, chief press officer for CMS Administrator Tom Scully, blamed the delay on scheduling conflicts affecting Scully, HHS Secy. Thompson and other key players in the initiative, and added that CMS does not want the story to get lost in election news coverage. While no new date has been set for the national launch, Sweezy indicated that a date in mid-November is likely.

In the meantime, Sweezy asked QIOs to send him information on how stakeholders in each state are likely to react to the national launch of the initiative. Sweezy said CMS will use that information to determine whether the state presents opportunities for positive news stories, whether the state is taking a "wait and see" attitude, or whether stakeholders in a state are likely to speak out against publication of nursing home quality data.

Sweezy said CMS will use this information to help plan media events in targeted states and to determine where CMS officials will make appearances to support the initiative.

Despite the delay, CMS continues planning for the national launch. Currently, CMS plans to formally begin with a national press conference that will include nursing home leaders, consumer advocates, CMS

officials, and AHQA Executive Vice President David Schulke. Following the press conference, CMS Administrator Scully and other HHS officials will participate in interviews with print and broadcast media across the country.

Sweezy said that the agency has three major goals for the nursing home quality initiative: raise the quality of health care, give consumers more information on providers, and increase QIO visibility through greater public awareness of quality improvement. Sweezy stressed that a key priority of the initiative is quality improvement and the agency “will look to QIOs for that.”

Unlike the six-state pilot launch of the initiative in April, Sweezy said that information on the initiative will not be released to QIOs at the last minute. He said most of the information is already prepared and he encouraged QIOs to begin working with reporters in advance of the launch. He noted that many publications will want to run an article on the initiative the day of the press conference.

### **QIOs Receive Training For Nursing Home Initiative At QualityNet**

CMS and pilot state QIOs provided extensive Nursing Home Quality Initiative training for QIOs at the 2002 QualityNet meeting—two days, three binders and about 20 speakers worth to be exact.

Dr. William Rollow, CMS, kicked off the two-day training by sharing his thoughts on how QIOs should approach the nursing home industry and on changes in the evaluation of QIOs during the 7<sup>th</sup> Scope contracts.

Rollow said QIOs should consider nursing homes to be customers. They should not only present facilities with the QIO product (systems improvement), but also explain how this product serves the needs of facilities in language facilities can understand. He also said that the CMS regional offices will be a greater resource to QIOs in the national initiative than they were in the pilot. He suggested that regional offices can help build

stakeholder relations, noting they can be particularly helpful in relationships with State Survey Agencies.

### **Evaluation**

Rollow also announced two key changes in the evaluation of QIOs for Task 1a nursing home work—both of which should be discussed in an SDPS memo that he said should be released the week of Sept. 16.

First, the quality measures for acute and chronic pain will be counted as two measures. Second, while the identified participant group facilities need only improve on one selected measure, they may work on more than one if they wish and have their lowest score dropped in evaluation.

Peggy Parks, CMS, also discussed the evaluation, announcing that there would be a CMS Task Force on the J-7 attachment with specific attention paid to Task 1a nursing home issues including: the effects of low denominators for small homes; the timeline for baseline and remeasurement; how to account for scores on measures calculated both with and without the Facility Adjustment Profile; and how a special arrangement with CMS and large multi-facility chains might fit into the equation.

Parks also made it clear that should QIOs decide to use non-QIOSC developed materials in their quality improvement work, they must inform their project officer of what the organization is going to use and why it will be used. It is not necessary to get approval from POs for these materials. POs will provide “feedback” to the QIOs with the goal of making them available to other QIOs through the QIOSC.

### **Next Steps**

A panel of staff from pilot QIOs discussed in an open forum the lessons they learned about how communication and quality improvement teams should work together. They all said that no QIO should allow their staff to work in “silos” anymore. Staff must discuss the allocation of

limited resources and coordinate activities in order to meet the numerous contract deliverables required of both teams.

Even though the national rollout has been postponed until November, CMS staff maintained that the nursing home data preview would still be available on Oct. 14. Facilities will be able to access their own data on the QIES system (which they currently use for their MDS data transmissions). CMS confirmed to AHQA staff that the data received by homes will include patient “numerator and denominator,” which was used for calculating their rate on each measure. This information is crucial for nursing homes to determine if the information published is correct. QIOs can expect to receive resident level numerator data on or about Nov. 1.

The Colorado Foundation for Medical Care will be manning a special help line for nursing home staff, 1-888-676-0724, between Oct. 14 and the national rollout date (yet to be determined) to discuss any concerns that facilities may have with the data accuracy. CFMC will forward any additional questions about the measures or the initiative to the QIO in the particular facility’s state.

The nursing home QIOSC, Rhode Island Quality Partners, has divided all of the country’s QIOs into six “Lessons Learned Groups” and will set up a schedule of weekly conference calls for each group. The pilot QIOs found that sharing information in weekly calls was useful, as well as holding workshops and selecting identified participants. These groups also will produce reports to be shared among all groups so all QIOs benefit from each others’ experiences. One pilot QIO will facilitate each group and will give itself a name, but, for the moment, each group was assigned an identifying color:

- Blue—Rhode Island Quality Partners: CT, DE, ME, NH, PR, VT, VI, DC
- Yellow—Florida Medical Quality Assurance: AL, AR, GA, LA, MS, SC, TN

- Orange—Ohio KePRO (large state group): CA, FL, IL, MA, MI, NJ, NY, TX
- Purple—Delmarva: IN, KY, MO, NC, OK, PA, VA, WV
- Green—Colorado Foundation for Medical Care: AZ, IA, KS, NE, NV, NM, UT, WI
- Red—Qualis: AK, HI, ID, MN, MT, ND, OR, SD, WY

These new “Lessons Learned Group” calls will be in addition to the regular schedule of nursing home calls that QIOs already join. While the groups have not yet decided on their call schedule, the list of scheduled nursing home calls will be posted in the “Members Only” section of the AHQA website ([www.ahqa.org](http://www.ahqa.org)).

A large portion of the Hunt Valley nursing home training was devoted to discussing the quality measures—what they mean, what data is used to determine a facility’s score on each of measure, and how QIOs might explain measures to providers and consumers.

Yael Harris, CMS, and Mary Manning, Colorado Foundation for Medical Care, presented “Understanding Quality Measures Part I and Part II.” Further detail regarding the calculation of each measure is available in the technical users manual that is available at [cms.hhs.gov/providers/nursinghomes/nhi](http://cms.hhs.gov/providers/nursinghomes/nhi).

CFMC will make available (on approximately Sept. 20—through the nursing home Community of Practice list serve) a detailed Powerpoint presentation on the quality measures that will be appropriate for QIOs to use in their workshops with nursing homes.

### **Working With Large NH Chains**

There also was an unscheduled meeting one evening regarding CMS’s plan to create a separate contracting agreement with one or two QIOs (called “Lead QIOs”) to work with the corporate offices of the nation’s largest multi-state nursing home chains to get quality improvement methods implemented throughout the chain.

The centralized corporate structures of these chains require special arrangements so that chain

facilities across the country can work in a uniform with the QIOs in each state (called “state QIOs”) on what may be different measures using different systems change approaches.

CMS has talked about this plan with the national associations representing these chains including The American Health Care Association (AHCA), the American Association of Homes and Services for the Aging (AAHSA), and The Alliance, as well as representatives from the pilot states and AHQA. The plan would require additional funding from CMS for the lead QIO contracts as well as commitment from the chains to promote QIO-generated quality improvement strategies to improve their scores on selected quality improvement measures.

Dr. Paul McGann, CMS, facilitated the meeting and presented a chart of possible options for the plan. Each option contained some level of involvement for the lead QIO to either provide materials to the chain, help customize the materials, or help implement changes. However, in these options the involvement of the state QIOs ranged from none, to involvement in a hybrid-type collaborative, to continuing to provide individual assistance (the status quo).

Several QIOs raised the concern—which has been raised with CMS previously—that if a lead QIO is solely responsible for providing materials and assistance to these chain facilities, it may be unreasonable for those facilities to be included in the evaluation of the state QIOs, which had no control over their improvement rates. Similarly, the degree to which a state QIO can work with a particular facility should be reflected in the rules governing which facilities can be part of a QIOs identified participant group.

McGann acknowledged the importance of this concern but stated that he did not want to discuss evaluation methods at the time. Nonetheless, the issue loomed over the group. Additionally, some QIO staff stated that they believe they can work with facilities in their state that belong to these

large national chains and will not require this special arrangement.

CMS plans to talk more with the national associations during the week of Sept. 16 and will provide a more defined proposal to the QIO community as soon as possible.

## **LA QIO Receives CMS Contract To Generate NHQI Media Coverage**

Louisiana Health Care Review will help improve QIOs’ chances of getting media coverage of the federal nursing home quality initiative thanks to a new contract with CMS announced during the 2002 QualityNet Conference last week.

QIOs were able to generate a number of media articles during the pilot nursing home quality launch, particularly in Washington, Colorado, and Florida. LHCR communications director Glen Duncan, who will lead the new media effort, says the goal is to build upon those earlier efforts and “carry the story after the launch.”

The one-year special study contract is separate and will not divert funds from an anticipated support contract being developed by CMS for a Communications QIOSC, according to CMS’ Annette Lang. CMS hopes the media project will reduce burden on QIO communications staff, streamline media planning efforts, tap into the knowledge developed by pilot state QIOs, and find the best news angles for the quality initiative.

Duncan told QIO communications directors that he’s hired a number of media strategy experts with experience working for news wires and other media outlets. He said these experts will be assigned to assist QIOs by geographic region.

Duncan said the team will develop video and written materials for the initiative, as well as help identify reporters who might be interested in writing about the initiative.

## **Delmarva, Pilot States Help QIOs Prepare For Home Health Project**

At the QualityNet conference staff from Delmarva Foundation and other home health pilot QIOs presented an overview of the pilot and plans to prepare the rest of the QIO community for the national rollout of the home health public reporting initiative in 2003.

Pilot QIOs reported that recruiting home health agencies went generally smoothly. However, the effort revealed some barriers, including lack of knowledge of the QIOs, lack of familiarity with new requirements for agencies to collect OASIS data, and the simultaneous implementation of an entirely new prospective payment system (PPS) for Medicare reimbursement.

Delmarva also announced the establishment of the home health clearinghouse ([www.obqi.org](http://www.obqi.org)) which offers more than just clinical literature. The site is interactive, Delmarva staff said. It allows an agency to submit a plan of action for QIO review and guidance and offers tutorials on the OBQI process.

The pilots have been working to lay the groundwork for the efforts of the rest of the QIO community in the national initiative. The pilots have prepared and tested standardized 2 1/2 day "train the trainer" programs. Thus far, 25 QIOs have received this training and the tentative schedule for the next round of training sessions for Round 2 QIOs includes:

- Nov. 5, in California, for QIOs from AK, AZ, ID, NM, WA.
- Nov. 19, in Annapolis, MD, for QIOs from CT, DC, MN, NJ.
- Dec. 3 in Atlanta, for QIOs from AL, FL, GA, LA.

The training also includes information to familiarize QIOs with the home health industry. After QIOs receive training, the organizations become part of a group that holds weekly conference calls and learns strategies and events as the training gets underway in their states. QIOs that are already participating in these calls report that they are quite valuable.

One potential problem with the public reporting of OASIS measures next year was raised during the Q&A session. Home health agencies receive reports that reflect care on many measures, each of which is compared to a national risk-adjusted mean. This adjustment is acceptable for OBQI purposes, but makes it impossible for a consumer to compare agencies since they all have different scores that are compared to different means.

AHQA staff has discussed this issue with CMS staff, and CMS acknowledged the problem and said they will determine how the publicly reported measures should be presented.

Also at QualityNet, Armen Thouamian of CMS discussed the evaluation process for the SOW7 home health task. QIO contracts require that 30% of home health agencies achieve statistically significant improvement in a targeted outcome and that 80% of participating agencies express satisfaction with their work with the QIO. He encouraged QIOs to think beyond the SOW7 and aim for 100% participation of home health agencies in their state, which increases the chances of getting 30% to improve and puts the QIO ahead of the game for future contracts.

Thouamian said that pilot QIO staff stressed that OBQI is not a project—it is a program. It requires a shift in perspective from process-based quality improvement to outcome based care. The pilot work has shown that few if any home health agencies experience beyond quality assurance activities and agencies generally welcome the opportunity to work with QIOs.

In related news, AHQA learned that CMS calculated the funding for Task 1b based on QIO outreach to 60% of the home health agencies in each state. CMS previously had indicated that the funding was based on the 100% of home health agencies in each state.

### **Doctor's Office Quality Project Pilot To Begin Next Spring**

CMS plans to kick-off the two-year pilot of the Doctor's Office Quality Project (DOQP) in May 2003.

Dr. Barbara Fleming presented the CMS timeline for the pilot during a session at the QualityNet Conference.

- September 2002 – Three pilot states selected
- February 2002 – Measures selected, alpha testing completed
- May 2003 – Pilot starts in physician offices
- May 2005 – Pilot completed
- July 2005 – Evaluation of project completed

The goals of the project are to: define quality of care for chronic disease and preventive services using measures that clinicians believe are reasonable and will facilitate better care; develop strategies for quality improvement for chronic disease and preventive services in physician offices; and test incentives for physicians.

Three QIOs will be selected to undertake the pilots as special studies in the SOW7. CMS officials said they are close to making the final selection of the pilot states and have been extremely pleased with some of the proposals submitted by QIOs to participate in the DOQP.

The pilot QIOs will work with approximately 100 physician offices in each of the three states. The QIOs will collect clinical, systems, and patient experience measures and offer strategies for quality improvement.

CMS sent an invitation to the AMA-sponsored Physician Consortium for Performance Improvement to suggest core measures for 6-10 chronic conditions. The systems measures will be developed by NCQA from the chronic care model. Patient experience measures are under development.

The DOQP also will test incentives for physician involvement in the quality improvement efforts. Some incentives under consideration include CME credit, malpractice risk reduction, and public recognition. CMS also will use the project to test the feasibility of public reporting of physician office quality measures. Dr. Fleming is

interested in other ideas for possible incentives for physician participation.

CMS wants AHQA's assistance in supporting the DOQP in much the same way as the association has supported the Nursing Home Quality Initiative. AHQA will be participating in the Stakeholders Council on Medical Office Quality and is pursuing other opportunities to support the DOQP and contribute to its efforts.

### **CMS Asks QIOSCs To Calculate Baseline Rates for the SOW7**

The QIOSCs have been directed by CMS to develop a methodology for calculating baseline rates for SOW7 quality indicators.

Remeasurement rates obtained in the SOW6 are not adequate for use in the SOW7 baseline because measurement collection methods have evolved since the start of the SOW6.

The Infectious Diseases QIOSC (Oklahoma QIO) presented new science for measuring best practices required for the treatment of community-acquired pneumonia. For instance, single therapy treatment with beta-lactam antibiotics is no longer considered adequate therapy. Because of the significant change to the science of treating community-acquired pneumonia, baseline rates for the 7SOW will be lower than remeasurement rates in the SOW6.

The Heart Care QIOSC (Colorado QIO) presented a methodology for calculating baseline rates associated with AMI and Heart Failure. The cardiac quality indicators have changed in response to new measurement techniques that will make it easier to analyze institutional self-reported data.

For most AMI and CHF measures, the SOW7 numerator and denominator criteria is different than in the SOW6. For example, the SOW6 rate of ACEI use in patients with LVSD excluded patients who were taking ACEIs on admission. The 7SOW rate calculation for ACEI use in LVSD will include the population of patients already on ACEIs at admission.

As the QIOs begin their work in the SOW7, organizations will be faced with explaining and defending frequently smaller baseline rates in the SOW7 when compared to SOW6 rates. Thus, QIOs must explain that physician practice habits do not change as rapidly as the academic literature is published. Significant changes have been written into best practice protocols over the SOW6, and QIOs will help bring state of the art medicine to providers during the SOW7.

### **Jencks: Info Sharing Will Help QIOs Build On SOW6 Success**

Quality Improvement Group Director Dr. Steve Jencks opened the CMS 2002 QualityNet Conference in Hunt Valley, MD, last week by noting impressive QIO accomplishments in the Sixth Scope of Work and presenting a road map for navigating the challenging SOW7.

Dr. Jencks told approximately 900 QualityNet attendees that across all states, the median performance on all 6SOW clinical measures improved from 69% in 1998-1999 to 73.4% in 2000-2001.

In addition, QIOs reduced failure rates in 20 out of 22 measures, and the median failure rate decreased by 14.2% during the SOW6—a drop from 31% to 26.6%. The final measures of QIO performance in the SOW6, which Dr. Jencks called “quite impressive,” currently are under review for publication in the *Journal of the American Medical Association*.

Dr. Jencks noted that reduced funding under the SOW7 has meant many QIOs have been forced to lay off valuable staff, and that this has been a “painful, brutal experience”.

Dr. Jencks explained that resources for the SOW7 total \$1.068 billion for the three-year contract, including \$32 million in unspent SOW6 funds. Dr. Jencks said that \$824 million will be used for contracts with QIOs, including \$90 million available for special studies. The rest of

the funds will be set aside for QIO support contracts.

“The budget is tough, and the work is tougher,” Dr. Jencks said.

Much of Dr. Jencks’ vision for the SOW7 revolves around the sharing of information among QIOs, which he said will help create greater efficiency in program operations during lean budget years. Partnership and collaborations, Dr. Jencks said, will be particularly important for QIOs to continue meeting high standards and to support new CMS initiatives designed to provide the public with information on health providers.

Dr. Jencks explained that promoting collaborations, giving consumers information to make choices, and providing health plans, doctors, and providers with technical assistance are areas where QIOs will play pivotal roles.

Dr. Jencks pledged that CMS would be a reliable partner for QIOs in the Seventh Scope of Work. He said CMS will support and promote the success of QIOs, which would require a “fundamental rethinking” in the QIO-CMS relationship. In particular, Dr. Jencks said CMS would support knowledge sharing among QIOs through technology and the documenting of lessons learned.

But for these strategies to work, Dr. Jencks said, QIOs must understand that information on efficiency is not proprietary and should be shared.

“The goal is not to tell QIOs how they must do business but to give them information on how to be efficient,” Dr. Jencks said.

Dr. Jencks has asked each QIO to submit examples of what the organization has learned that could help others in the QIO community. The best ideas will be recognized at the 2003 AHQA Technical Conference in Orlando, FL, through presentation of Common Knowledge awards.

### **Bratzler, Petrillo Honored For Quality Improvement At Cannon Dinner**

Marcia Petrillo, CEO of Qualidigm and Rhode Island Quality Partners, Dr. Dale Bratzler of Oklahoma Foundation for Medical Quality, and former Sen. David Durenberger were recognized for their leadership in health care quality improvement by the James Q. Cannon Educational Endowment at an awards dinner during the 2002 QualityNet Conference.

The endowment, an organization dedicated to health care quality improvement, hosted a “Starlight Celebration” to feature presentation of the awards. The endowment was created in the memory of Cannon, a leader in the field of health care quality improvement.

CMS Administrator Tom Scully attended the event and presented Durenberger with the endowment’s Lifetime Achievement award. Durenberger, one of the founding fathers of the PRO (now QIO) program, said QIOs can be a key force for change in the health care system, adding that “quality is not a fad.”

“We are delighted to have this opportunity to honor the efforts and achievements of Senator Durenberger’s leadership in the area of healthcare quality improvement,” said Endowment Chair Fred Ferree.

Ferree added that Senator Durenberger—who served as U.S. Senator from Minnesota from 1978 to 1995—had enormous influence in furthering the work of the nationwide network of quality improvement organizations serving Medicare and Medicaid beneficiaries.

Senator Durenberger was the principal author of federal legislation that created quality oversight groups for Medicare and produced key changes, including the development of 278 state-based oversight organizations. The Senator also oversaw implementation and played a key role in the oversight, evaluation, and expansion of the Medicare program.

Senator Durenberger is the President of Policy Insight, LLC, a Senior Health Policy Fellow at the University of St. Thomas, and Chairman and CEO of the National Institute of Health Policy.

Durenberger also is a member of the Medicare Payment Advisory Commission.

The endowment also presented its 2002 Distinguished Executive Leadership Award to Petrillo.

At RIQP, Petrillo recently played an active role in developing a support center for the Center for Medicare and Medicaid Services’ Nursing Home Quality Initiative.

“She continually inspires her staff and the healthcare community to challenge the status quo,” said Ferree.

At Qualidigm, Ms. Petrillo is known for fostering an environment that encourages contributions to quality improvement research literature. As a result, Qualidigm staff have published over 80 articles in peer-reviewed literature.

Petrillo also was instrumental in founding the Kerr L. White Institute of Health Services Research in which five QIOs collaborated on state-based quality improvement projects.

Dr. Bratzler received the award for Excellence in Physician Leadership for his work as Oklahoma Foundation for Medical Quality’s HCQIP Director.

Dr. Bratzler is also the Principal Clinical Coordinator for the Infectious Disease Quality Improvement Organization Support Center, and an adjunct associate professor in the Department of Health Administration and Policy in the College of Public Health at Oklahoma University’s Health Sciences Center.

“Dr. Bratzler is a stellar example of physician leadership and a true champion for quality improvement,” Ferree said. “He has dedicated his career to health care quality improvement and many have benefited from his expertise in the areas of administration, education, medicine, and community outreach.”

Dr. Bratzler is the Immediate Past Chair of the Medical Affairs section of the American Health Quality Association and the current Chair of the

Healthcare Information Advisory Committee for the Oklahoma State Department of Health.

Also at the event, Amy Boutwell, a third-year medical student at Brown University, and Greg Nettune, working on a Masters program in quality improvement at Dartmouth University, both received the endowment's quality improvement scholarship.

For more info, Lisa Weiss, [weisslk@attbi.com](mailto:weisslk@attbi.com).

### Partner v1.0 Ready For Release

PARTner—the Program Activity Reporting Tool—was unveiled at this year's 2002 Quality Net Meeting.

After years of debate and discussion over the issues concerning the development and implementation of TQIP, it appears that CMS may be on the right track with PARTner, according to QIO staff.

Maggie Blackhurst, Centers for Quality Healthcare (TN QIO), said, "I'm really excited about what I've seen here, it looks like they've taken their time and sought out really good input from the community to make sure that the system is done right."

Participants at the QualityNet meeting received an extensive overview and demonstration of the system, set to be released in October. According to Will Matos, CMS, PARTner will serve several purposes with the goal of collecting information that will inform CMS staff about what is happening on a particular activity anywhere in the country at any time. Other PARTner goals include providing CMS with an evaluation mechanism for nursing home quality improvement and other new programmatic activities.

According to Matos, every attempt has been made to link with other systems, such as the data warehouse, to allow for the sharing of information and eliminate data entry redundancies. Matos indicated that the volume of data entry should be greatly reduced and result in richer content, all with an enhanced, user-friendly interface.

While QIOs are optimistic about PARTner, there remain concerns related to burdensome reporting requirements.

### CONGRESSIONAL UPDATE

#### W&M Panel Okays Medical Errors Bill; Thompson Highlights QIOs

The House Ways and Means Subcommittee on Health approved a revised version of the medical errors bill (H.R. 4889), following a hearing during which HHS Secy. Thompson noted the accomplishments of the QIO program.

The subcommittee passed the GOP-authored legislation on a voice vote without objections, but there are several outstanding issues Democrats want addressed before the bill heads to the full committee.

The medical errors legislation—the Patient Safety Improvement Act of 2002—seeks to establish a system to collect information that is voluntarily reported for the purposes of quality improvement and patient safety activities. Legal protection would be provided for data reported for this purpose.

Safety information would be reported to new Patient Safety Organizations (PSOs) that would analyze the information and provide feedback to providers. QIOs would be eligible to receive PSO certification.

It is uncertain whether this bill will be acted on before this session of Congress adjourns. The Bush administration, however, has indicated that it would support the bill if approved.

In testimony to the subcommittee, HHS Secy. Thompson discussed—in two full pages of written comments—QIO activities as part of the department's ongoing efforts in the area of patient safety.

The prominence of QIO patient safety work in Thompson's remarks partly reflect the efforts of AHQA staff, who alerted CMS public affairs officials to the significance of the hearing and the

advantage of discussing QIO efforts, which are highly consistent with the goals of the legislation and concerns of the committee.

The bill would create statutory authority for the existing Center for Quality Improvement and Patient Safety within HHS to certify PSOs and collect and disseminate information regarding safety data.

Despite the adjustments made to the bill presented for markup, Rep. Fortney (Pete) Stark (D-CA), the subcommittee's ranking member, said he wants to see more changes by the time the bill reaches the full committee. Stark said the additional changes are needed to attract Democrat support in the full committee. The full committee is expected to mark up the bill this week.

For more info on the bill, <http://thomas.loc.gov>.

### **LCAO Calls For Strong QIO Role In Medicare Giveback Bill**

In a Sept. 5 letter to senators, the Leadership Council of Aging Organizations (LCAO) said it is concerned that another Medicare provider "giveback" package will be approved by Congress without addressing beneficiary protections and improvements.

In addition, the LCAO recommended that CMS use QIOs to perform initial determinations for new expedited appeals in non-hospital settings as prescribed by the Benefits Improvement and Protection Act (BIPA). The letter also said CMS should use QIOs and Medicare Trust Fund money to ensure providers are reducing medical errors.

The Senate Finance Committee is working on a provider package with a minimum price tag estimated at \$30 billion, committee Chairman Max Baucus (D-MT) has said.

In the letter, the groups suggested a number of areas in which the Senate could help beneficiaries. The letter does not indicate how much the provisions would cost, however. The areas include protections for low-income beneficiaries, coverage

for new self-injectable therapies, and increased coverage for preventive and chronic care.

For more info, Brian Lindberg, LCAO, (202) 789-3606

### **HHS/CMS UPDATE**

#### **CMS Planning New Disease Management Demonstration Projects**

The Centers for Medicare and Medicaid Services is developing proposals for new Medicare disease management demonstration projects for certain populations, and the agency plans to invite applications for two competitions within the next couple of months.

Jennifer Boulanger, deputy director for health plans, CMS' Center for Beneficiary Choice, told a recent American Association of Health Plans Medicare and Medicaid Conference that there will be two capitated payment disease management demonstrations, one of which will be for beneficiaries with end-stage renal disease.

Medicare+Choice plans will be among those eligible to apply to enroll fee-for-service beneficiaries, she said. Payment will be based on CMS' new risk adjustment model, she said.

CMS recently announced a number of three-year demonstration projects that will offer M+C enrollees in parts or all of 23 states the choice of a preferred provider organization.

David Kreiss, special assistant to the administrator, told another session that HHS Secy. Thompson and top officials at CMS are interested in using the agency's demonstration authority to experiment with innovative approaches to service delivery, Kreiss said.

Ruben King-Shaw, CMS' deputy administrator, told a House subcommittee this spring that a small number of Medicare beneficiaries constitute a disproportionate share of program expenditures and receive fragmented health care from providers at multiple sites, leading to unnecessary hospitalizations. Disease management

demonstrations could save the program money through the efficient delivery of care, he said.

Under the project, CMS will be “paying for financial and clinical outcomes,” Kreiss said. More details will be revealed in the next couple of months, Kreiss said, adding that the project will require a “sea change” in the way CMS acts as an insurer.

For more info, [www.cms.gov](http://www.cms.gov).

## **CMS Readies New Way To Track Home Health Care Patient Outcomes**

The Centers for Medicare and Medicaid Services will implement a new method to track home health care patient outcomes developed by researchers at the University of Colorado Health Sciences Center, the school announced.

The method, developed over the last 15 years, measures patient outcomes, such as reduced pain interfering with activity, surgical wound healing, and improved ability to walk. Home health clinicians collect the information, and compare it with data from previous years and from other home health agencies, the university said.

This approach enables home health care providers to readily determine agency-wide strengths and weaknesses in terms of the true bottom line in health care—the health and well-being of patients, according to Peter Shaughnessy, director of the Center for Health Services Research at the University of Colorado.

Information about the initiative was published in the August 7 *Journal of the American Geriatrics Society*.

The outcomes measurement instrument was developed by studying 150,000 elderly patients receiving care from 54 home health agencies in 27 states as part of a pilot project and a 19-agency, 100,000 patient demonstration in New York state.

Hospitalizations declined 22% and 26% in the demonstrations, respectively, the report added. Health outcomes in 40 other targeted areas

improved from 5% to 7%. The research was funded in part by CMS.

Shaughnessy said the information will be useful not only to HHAs, but also to physicians, hospital discharge planners, and community care coordinators making patient referral decisions. Some of the data will be made public by CMS as part of its HHA quality-of-care initiative.

For more info, [www.uchsc.edu/news/newsrelease/2002/0808-homehealth.htm](http://www.uchsc.edu/news/newsrelease/2002/0808-homehealth.htm).

## **HHS Report Shows Improvements In Americans' Health Over 50 Years**

HHS Secy. Thompson issued a new report showing how Americans' health has changed dramatically for the better over the past 50 years. Men and women are both living longer, fewer babies are dying in infancy and the gap between white and black life expectancy has narrowed in the past decade.

The 430-page report takes an extended look at trends in fighting illness, chronic diseases, and mortality going back to 1950. The publication examines where Americans get their health care and how much it costs. It also describes disparities in health care access and outcomes by race, ethnicity, and income.

The report noted that the country has gained significant ground in fighting heart disease, stroke, and injuries.

For more info, [www.hhs.gov/news](http://www.hhs.gov/news).

## **QIOS IN THE NEWS**

### **Mississippi QIO Launches Medication Monitoring System**

A pilot program for a comprehensive medication monitoring system for Medicare beneficiaries has begun in Mississippi under a contract between Information and Quality Healthcare (IQH), the Mississippi QIO, and the Centers for Medicare and Medicaid Services.

The University of Mississippi School of Pharmacy is also a major participant in the development of this system, called the Prescription Continuity of Care System (PCCS). Proposed by CMS, it will be the first comprehensive medication monitoring system ever established in the country specifically for Medicare beneficiaries.

This system will monitor medication use following hospital discharge to time of hospital readmission. The benefits of such a monitoring system may include an increase in patient safety, improvement in quality of care, prevention of unnecessary expense, and lower mortality and morbidity for beneficiaries.

IQH will manage project operations among the University of Mississippi School of Pharmacy, expert technical panels, and CMS. It is envisioned that this pilot project will lead to the establishment of a national monitoring system, according to Dr. James S. McIlwain, IQH president.

For more info, Joyce Shearry, (601) 957-1575, ext. 238.

### **MPQHF Nets National ‘Telly’ Award**

The Mountain-Pacific Quality Health Foundation received national recognition for outstanding television advertising at the 23<sup>rd</sup> Annual Telly Awards.

The QIO for MT, WY, and HA created an ad that focused on early detection and treatment of diabetes and won two first place awards in competition with more than 10,000 entries from advertising agencies and production companies throughout the country. The awards were given for best use of humor in the public service and health care category and the best in category for health care and use of humor.

For more info, Peg Donahue, (406) 443-4020.

### **Missouri QIO Wins Media Award**

Missouri Patient Care Review Foundation recently received a Bronze Award at the National Mature Media Awards competition.

The Missouri QIO won the award in the Total Marketing/Advertising Program category for its “Don’t wait too late—stop the flu before the flu stops you!” disparity project materials.

For more info, [www.mpcrf.org](http://www.mpcrf.org).

### **FYI**

### **Study Says Hospitals, SNFs Experience More Than 40 Drug Errors Daily**

Researchers studying 36 hospitals and nursing homes in Georgia and Colorado said that medication errors occur more than 40 times per day in a typical 300-bed facility, however only about 7% of the errors were considered potentially serious adverse drug events.

The study, published in the Sept. 9 edition of the *Archives of Internal Medicine*, found that 19% of medication doses were made in error. Also, the most frequent errors by category were: wrong time, omission, wrong dose, and unauthorized drug.

The study said that defects in medication administration systems are widespread, and that the typical patient was subject to about two errors every day.

For more info, <http://archinte.ama-assn.org>.

### **NQF, JCAHO Announce First Eisenberg Patient Safety Winners**

The National Quality Forum and the Joint Commission on Accreditation of Healthcare Organizations announced the first recipients of the annual John M. Eisenberg Patient Safety Awards. For 2002, winners were selected in each of the Award categories:

- Individual Lifetime Achievement: Julianne Morath, R.N., M.S., Children's Hospitals and Clinics, Minneapolis, Minnesota.
- System Innovation (co-winners): Concord Hospital, Concord, New Hampshire.

- Advocacy: Veterans Affairs Medical Center, Lexington, Kentucky.
- Research: David W. Bates, M.D., M.Sc., Brigham and Women's Hospital, Boston, MA.

The initial awards will be presented at the NQF's Third Annual Meeting in Washington, D.C., on Oct. 1.

"We applaud each of the winners for their sustained achievements in improving patient safety," said Dennis O'Leary, M.D., JCAHO's president. "John Eisenberg would have been proud to be associated with their accomplishments."

The new patient safety awards program honors John M. Eisenberg, M.D, who was administrator of the Agency for Healthcare Research and Quality at the time of his death in March of 2002. Eisenberg also was among the founding leaders of the National Quality Forum and sat on its Board of Directors.

The categories established for the initial Eisenberg Awards were for:

- Individual Lifetime Achievement—Individuals who have demonstrated exceptional leadership and scholarship in patient safety over their careers.
- Advocacy—Projects or initiatives involving safety-related interventions on behalf of patients. These efforts may be in areas such as legislation, media reporting, or patient advocacy, among others.
- System Innovation—Projects or initiatives involving successful system changes or interventions that make the environment of care safer. These efforts may involve technology, protocols/procedures, education, or organization culture, among others.
- Research—Projects that involve the scholarly exploration of patient safety-related issues. These efforts may involve systems theory, technology, or data analyses, among others.

Awards may be given in each category in any year. Eighty-eight nominations were received for the 2002 inaugural awards.

For more info, [www.jcaho.org](http://www.jcaho.org).

## Report: Elderly Experience Increasing Difficulty Accessing Care

A growing proportion of Medicare beneficiaries and older privately insured people are struggling to access care and experiencing long waits for physician appointments, according to the Center for Studying Health System Change.

The fact that older Americans are having more trouble seeing a doctor, and reduced access to physician services, is not just a Medicare problem—it's a system-wide problem, said Paul B. Ginsburg, president of HSC, a policy research organization funded exclusively by The Robert Wood Johnson Foundation.

The study found that the extent and type of access problems experienced by both Medicare seniors and privately insured Americans aged 50 to 64 varies across communities. These problems may be due to such non-Medicare factors as patients' demand for services, changes in private insurance, the number and type of available physicians, and other local market conditions.

Delays in getting appointments with surgical and medical specialists were particularly difficult for seniors in 2001, with roughly half waiting more than three weeks for a checkup with a specialist and almost three in four waiting more than a week when ill to see a specialist.

For more info, [www.hschange.com](http://www.hschange.com).

## CONFERENCES/EVENTS

### CMS To Host Webcast And Satellite Conference On Quality Of Life

On Sept. 27, 1:00-3:30 p.m. EDT, the Centers for Medicare and Medicaid Services will broadcast "Innovations in the Quality of Life," a live two and ½ hour presentation via satellite and Internet that will introduce innovations developed by the Pioneer Network of nursing homes.

The broadcast will increase surveyors' knowledge of the practices of Pioneer homes that improve quality of life and will describe the

relationship of culture change to long term care regulations.

The broadcast will focus on the principles and projects of some of the Pioneer Network members. Karen Schoeneman, Division of Nursing Homes, CMS, will guide discussion on specific segments that will include:

- Introduction to the Pioneer Network – Rose Marie Fagan, Executive Director, Pioneer Network.
- Example of culture change in a small facility chain – Sue Misiorski, President of the Pioneer Network.
- Developing Neighborhoods in a Nursing Home – Steve Shields, CEO, Meadowlark Manor.
- Quality of Life Alternatives in Bathing – Joanne Rader, Ph.D, Oregon Health Sciences University.
- Collage of Culture Change - Video Clips of the Eden Alternative and Other Culture Change Projects.
- Survey and Regulatory Issues – Carmen Bowman, Surveyor, Colorado State Survey Agency.

The broadcast will also include live questions and answer segments. The target audience includes nursing homes with Medicare or Medicaid certified units, nursing home provider associations, State Survey Agencies, and the CMS Regional Offices.

For more info, <http://cms.internet.streaming.com>.

***HighTech/High Touch: Making the Connections to Improve Medicine Use for Older Adults, National Council on Patient Information and Education, Oct. 17, Bethesda, MD.*** This conference will feature sessions on how technology like the Internet and the widespread adoption of electronic order entry systems will meet their potential only if integrated with useful and effective means of communicating medication information to consumers. For more info, [www.talkaboutrx.org](http://www.talkaboutrx.org).

***American Health Information Management Association National Convention, Sept. 21-26, San Francisco, CA.*** Three QIOs will be represented at the conference including: Kimberly

Hrehor, MHA, RHIA, CHE, of Texas Medical Foundation; Carol Osterberg, RN, MS, of CMRI; and Joyce Shearry, RHIA, CCS, of Information and Quality Healthcare. The association participants are offered the opportunity to discover how to acquire the knowledge and expertise needed to assist facilities with the identification and prevention of payment errors.



## AHQA Matters

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**Inquiries on article submissions should be directed to Richard Deutsch, AHQA Director of Communications.**

**To join AHQA and receive AHQA Matters, see our website or call Amanda Scott in our membership department.**

UPCOMING CONFERENCE CALLS

(All Eastern Time Unless Noted)

<u>9/23/2002</u>	<u>Monday</u>	<u>2:00 PM</u>	<u>IT Steering Committee</u>	<u>David Dale</u>
<u>9/24/2002</u>	<u>Tuesday</u>	<u>1:00 PM</u>	<u>SDPS Data Workgroup</u>	<u>Mike Sacca</u>
<u>9/24/2002</u>	<u>Tuesday</u>	<u>2:00 PM</u>	<u>QualityNet Users Group</u>	<u>Bill Reagan</u>
<u>9/24/2002</u>	<u>Tuesday</u>	<u>4:00 PM</u>	<u>Executive Committee</u>	<u>David Schulke</u>
<u>9/25/2002</u>	<u>Wednesday</u>	<u>3:00 PM</u>	<u>MASX</u>	<u>Randolph Peto</u>
<u>10/1/2002</u>	<u>Tuesday</u>	<u>2:00 PM</u>	<u>Analytic Steering Committee</u>	<u>Mike McInerney</u>
<u>10/1/2002</u>	<u>Tuesday</u>	<u>2:00 PM</u>	<u>QualityNet Users Group</u>	<u>Bill Reagan</u>
<u>10/1/2002</u>	<u>Tuesday</u>	<u>3:00 PM</u>	<u>FishNet Executive Comm.</u>	<u>Becky Roberson</u>
<u>10/3/2002</u>	<u>Thursday</u>	<u>3:30 PM</u>	<u>SDPS PEPP Workgroup</u>	<u>Richard Alfieri</u>
<u>10/3/2002</u>	<u>Thursday</u>	<u>4:00 PM</u>	<u>AHQA/CMS Liaison</u>	<u>David Schulke</u>
<u>10/7/2002</u>	<u>Monday</u>	<u>3:00 PM</u>	<u>IT Network</u>	<u>Kevin Kellogg</u>
<u>10/8/2002</u>	<u>Tuesday</u>	<u>12:00 PM</u>	<u>SDPS Case Review</u>	<u>Kim West</u>
<u>10/8/2002</u>	<u>Tuesday</u>	<u>2:00 PM</u>	<u>QualityNet Users Group</u>	<u>Bill Reagan</u>
<u>10/8/2002</u>	<u>Tuesday</u>	<u>6:00 PM</u>	<u>Executive Committee</u>	<u>David L. Thomas</u>
<u>10/9/2002</u>	<u>Wednesday</u>	<u>12:00 PM</u>	<u>CEOX</u>	<u>Joy Rozman</u>
<u>10/9/2002</u>	<u>Wednesday</u>	<u>2:00 PM</u>	<u>SDPS Systems Workgroup</u>	<u>Steve Lind</u>
<u>10/9/2002</u>	<u>Wednesday</u>	<u>3:00 PM</u>	<u>SDPS CommWeb Workgroup</u>	<u>Michele Clark</u>
<u>10/10/2002</u>	<u>Thursday</u>	<u>1:00 PM</u>	<u>HCQIP</u>	<u>Michael Blake</u>
<u>10/10/2002</u>	<u>Thursday</u>	<u>3:00 PM</u>	<u>PEPP/Case Review Network</u>	<u>Larry Ramunno</u>
<u>10/10/2002</u>	<u>Thursday</u>	<u>3:00 PM</u>	<u>Beneficiary Communications Workgroup</u>	<u>Mitzi Daffron</u>
<u>10/15/2002</u>	<u>Tuesday</u>	<u>2:00 PM</u>	<u>Analytic Network</u>	<u>Jane Cordingley-Klein</u>
<u>10/15/2002</u>	<u>Tuesday</u>	<u>2:00 PM</u>	<u>QualityNet Users Group</u>	<u>Mike McInerney</u>
				<u>Bill Reagan</u>