



In this issue:

Featured Items ..... 1
Release of Addendum to Specifications Manual for National Hospital Inpatient Quality measures Version 3.2a. .... 1
CMS Proposed Rule Adds Quality Measures and Cuts Hospital Payments – previously reported .... 2
Public Reporting Deadline – Saturday, May 15th, 2010 ..... 2
FY 2011 IPPS proposed rule posted, open for public comment – previously reported..... 3
Release of Addendum to Specifications Manual for National Hospital Inpatient Quality measures Version 3.2 – previously reported..... 3
Change to the Release Schedule for Future Versions of the Specifications Manual for National Hospital Inpatient Quality Measures – previously reported ..... 4
QUEST Responses Revised in March, 2010 – previously reported ..... 5
SCIP Fact Sheet for 4/1/2010 Discharges – previously reported ..... 5
Outpatient Public Reporting Preview Information – previously reported ..... 5
Upcoming CFMC Teleconference: 5/13/10 – previously reported ..... 5
Hospital Outpatient Quality Data Reporting Program (HOP QDRP) Information – previously reported ..... 6
Upcoming Regional WebEx Series for the Comprehensive Heart Failure Care: From Hospital to Home..... 6
Up Next on WIHL..... 7
IHI Passport Membership Information – previously reported ..... 8
Hospital Projects Calendar..... 8
Contact Information ..... 9

Featured Items

Release of Addendum to Specifications Manual for National Hospital Inpatient Quality measures Version 3.2a.

The CMS/Joint Commission Specifications Manual for National Hospital Inpatient Quality Measures, version 3.2a, for implementation with acute inpatient discharges beginning October 1, 2010 through March 31, 2011 has been revised. An addendum 3.2b has been released. This updated version can be found on QualityNet (http://www.qualitynet.org) by selecting Specifications Manual under the Hospital Inpatient tab and then version 3.2b in the Data Collection Time Period table. Options are

available to download the entire manual, the release notes or view specific sections. The updated version is also available through The Joint Commission website at: <http://www.jointcommission.org>.

Several changes to highlight include:

- Revision to the technical specifications for the ED Measure set. This measure set will be collected by CMS from hospitals on a voluntary basis without linkage to hospital payment under the RHQDAPU program.
- Addition of the population and sampling methodology for the ED measure set.

Please review the Release Notes 3.2b for a complete list of Specifications Manual changes.

Please notify Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have any questions.

[Return to Top of Document](#)

### **CMS Proposed Rule Adds Quality Measures and Cuts Hospital Payments – previously reported**

On April 20, a number of publications reported on CMS' proposed revisions to the Inpatient Prospective Payment System (IPPS) rule, which include the addition of 10 new quality measures hospitals would need to report to receive full Medicare reimbursement. Of the 10 new quality measures, CMS added 8 categories of hospital-acquired conditions and 2 more patient safety indicators. The proposed rule also means hospitals would take a \$142 million cut in Medicare payments, and the nation's 3,500 acute care hospitals would receive a 0.1% reduction in reimbursement rates for inpatient care. According to CMS, the changes are a step toward improving the accuracy of Medicare payments for inpatient hospital stays. At the same time, the new system will continue expanding payment incentives to improve the quality and safety of patient care. The amount of reimbursement hospitals would receive is also closely tied to quality reporting under the RHQDAPU program, and failure to report would result in hospitals getting docked two additional percentage points. Read more at: <http://www.medpagetoday.com/PublicHealthPolicy/Medicare/19646> and <http://www.modernhealthcare.com/article/20100420/NEWS/304209980#>.

[Return to Top of Document](#)

### **Public Reporting Deadline – Saturday, May 15th, 2010**

Colorado Foundation for Medical Care (CFMC) would like to take this opportunity to remind all hospitals participating in the Hospital Quality Alliance (HQA) and RHQDAPU that 4<sup>th</sup> Quarter 2009 (Oct, Nov, Dec) discharge data is due in the clinical warehouse by 11:59 p.m. EST on Saturday, May 15, 2010.

CFMC is available to answer questions during regular business hours Monday through Friday 8:00 a.m. - 4:30 p.m. Please note that CFMC is closed on weekends and will not be available to assist you on the weekend. If you have any questions or would like to know more about how to transmit data

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into My QualityNet please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org), 303-695-3300, ext. 3330 or Jean King [jking@coqio.sdps.org](mailto:jking@coqio.sdps.org), 303-695-3300, ext 3098.

[Return to Top of Document](#)

**FY 2011 IPPS proposed rule posted, open for public comment – previously reported**

The proposed rule for changes to the hospital Inpatient Prospective Payment Systems (IPPS) for acute care hospitals and Fiscal Year 2011 rates is on display and is open for public comment through **June 18, 2010**. Included in the regulation are proposed changes to the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program.

The proposed rule, CMS-1498-P, was posted on April 19. It can be accessed from the [FY 2011 Proposed Rule page](#) of the Centers for Medicare & Medicaid Services (CMS) website. Details regarding the RHQDAPU program begin on page 372 of the downloadable PDF file. Comments on specific issues in the regulation may be submitted electronically at [www.Regulations.gov](http://www.Regulations.gov).

[Return to Top of Document](#)

**Release of Addendum to Specifications Manual for National Hospital Inpatient Quality measures Version 3.2 – previously reported**

The CMS/Joint Commission *Specifications Manual for National Hospital Inpatient Quality Measures*, version 3.2, for implementation with acute inpatient discharges beginning October 1, 2010 through March 31, 2011 has been revised. An addendum 3.2a has been released. This updated version can be found on QualityNet (<http://www.qualitynet.org>) by selecting Specifications Manual under the Hospital Inpatient tab and then version 3.2a in the Data Collection Time Period table. Options are available to download the entire manual, the release notes or view specific sections. The updated version is also available through The Joint Commission website at: <http://www.jointcommission.org>.

Changes are outlined in the Release Notes. Several changes to highlight include:

- Addition of a new CMS Only process measure for Acute Myocardial Infarction: AMI-10 Statin Prescribed at Discharge
- Addition of new data elements for the collection of AMI-10: *Statin Medication Prescribed at Discharge, Reason for Not Prescribing Statin Medication at Discharge, and LDL-c Less Than 100 Within 24 Hours After Arrival.*
- CMS has made the decision to change the ED Measures to Voluntary in order to allow hospitals to begin submitting data for this measure set.

**NOTE: The Measure Information Forms and related documents have not been updated for this version of the manual. CMS plans to update these documents at a later date. We recommend**

**that vendors NOT begin programming for collection of these measures until materials are updated.**

- Correction of an error in the PN-6 algorithm that was originally posted for Version 3.2. This inconsistency is only in the PN-6 flow and does not impact PN-6b.

Readers should refer to the Federal Register for the official list of measures proposed for the RHQDAPU program.

Please review the Release Notes 3.2a for a complete list of Specifications Manual changes.

Please notify Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have any questions.

[Return to Top of Document](#)

### **Change to the Release Schedule for Future Versions of the Specifications Manual for National Hospital Inpatient Quality Measures – previously reported**

CMS has announced a change to the publication schedule for future versions of the Specifications Manual for National Hospital Inpatient Quality Measures. Beginning with discharges January 1, 2012, the Inpatient Manual publication schedule will be harmonized with the Outpatient Manual release. There will continue to be separate Inpatient and Outpatient Manuals.

- October 2010: The CMS/Joint Commission *Specifications Manual for National Hospital Inpatient Quality Measures* will be effective for acute inpatient discharges occurring from April 1, 2011 through **December 31, 2011**. It will be effective for three quarters rather than the customary two quarters.
- March 2011: Proposed specifications on new measures anticipated for inclusion in the April 2011 Notice of Proposed Rulemaking (NPRM) are scheduled to be published on QMIS or another QNet site for informational purposes.
- April 2011: There is no new Inpatient Manual scheduled for release. The IPPS NPRM is scheduled to be displayed.
- July 2011: Inpatient and Outpatient Specification Manuals are scheduled to be published effective for acute inpatient discharges/encounters occurring from January 1, 2012 through June 30, 2012. The OPSS NPRM is scheduled to be displayed.
- August 2011: Publication of an addendum to update ICD-9-CM codes for implementation 10/1/2011 is scheduled. The IPPS Final Rule is scheduled to be published.
- October 2011: The OPSS Final Rule is scheduled to be published.
- January 2012: Release: Inpatient and Outpatient Specification Manuals are scheduled to be published effective for acute inpatient discharges/encounters occurring from July 1, 2012 through December 31, 2012.

Please notify Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) if you have any questions.

**[Return to Top of Document](#)**

**QUEST Responses Revised in March, 2010 – previously reported**

Please find attached to this newsletter the *QUEST [Responses Revised in March, 2010](#)* document. Abstractors are responsible for knowing these revisions when abstracting. When searching for a particular QUEST question number, we have been told that it will work best if you put the number in the search engine, but leave the “topic” area blank. Please let Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org) know if you have any questions.

**[Return to Top of Document](#)**

**SCIP Fact Sheet for 4/1/2010 Discharges – previously reported**

Attached to this newsletter is the most recent [SCIP Fact Sheet](#). It is a summary of SCIP measure changes for 4/1/10 + discharges. If you have any questions, please contact Sue Bethel at [sbethel@coqio.sdps.org](mailto:sbethel@coqio.sdps.org).

**[Return to Top of Document](#)**

**Outpatient Public Reporting Preview Information – previously reported**

The preview of data for the Hospital Outpatient Quality Data Reporting Program (HOP QDRP) will be occurring at the same time as the Inpatient Hospital Compare Preview. Hospitals should submit **all questions** regarding the Hospital Outpatient Quality Data Reporting Program (HOP QDRP) to the Question and Answer site, [Hospital Outpatient-Outpatient Questions/Answers](#), or by calling the HOP QDRP support contractor toll-free, **(866) 800-8756** weekdays from 7 a.m. to 6 p.m. Eastern Time.

**[Return to Top of Document](#)**

**Upcoming CFMC Teleconference: 5/13/10 – previously reported**

CFMC is pleased to invite you to the next Great 8+ Group teleconferences. This free teleconference is co-hosted by the Great 8+ group of QIOs (AK, CO, HI, KS, MT, MN, NM, NV, SD, UT, and WY).

The teleconference will feature Peggy Prinz Luebbert on “The Multi-Resistant MRSA.” This teleconference will take place on Thursday, 05/13/10 from 2:30 – 3:30 PM MT. [Additional information including the registration form](#) is attached. If you are interested, please register by May 10<sup>th</sup>.

[Return to Top of Document](#)

**Hospital Outpatient Quality Data Reporting Program (HOP QDRP) Information – previously reported**

It is suggested that if you want to continue to receive information regarding the Hospital Outpatient Quality Data Reporting Program (HOP QDRP), interested parties are encouraged to sign up for the HOP QDRP ListServe. By signing up for this ListServe, you will receive e-mails pertaining to the Outpatient Program.

To sign up to get these e-mails, go to [www.qualitynet.org](http://www.qualitynet.org). You do not need to sign in. On the lower left side, there is a box titled “Join List Serves”. Select the link that says “Sign up for Notifications and Discussions”. This will take you to a screen to sign up for the ListServe. There is also a box on this screen called “Resources” which can direct you if you have further questions regarding signing up for ListServes.

Other questions regarding Outpatient Data Reporting should be directed to the Hospital Outpatient Quality Data Reporting Program (HOP QDRP) at [hopqdrp@fmqai.com](mailto:hopqdrp@fmqai.com).

[Return to Top of Document](#)

**Upcoming Regional WebEx Series for the Comprehensive Heart Failure Care: From Hospital to Home**

We are pleased to announce that we are adapting the Comprehensive Heart Failure Care: From Hospital to Home workshop series that was presented last year into a WebEx series. The new series will be regularly held the second Tuesday of each month from 11:00 a.m. – 12:00 p.m. and will cover topics on pathophysiology and assessment, management of chronic heart failure, management of the patient with acutely decompensated heart failure, and helping the heart failure patient develop self care skills.

**May 11, 2010**

11 a.m. - 12 p.m. MT

“Management of the Patient with Acutely Decompensated Heart Failure”

Missy Jensen, FNP, North Colorado Medical Center

Please follow these instructions to join the event:

- 1) Click on or go to <https://ifmcevents.webex.com>
- 2) Locate your event “**Comprehensive Heart Failure Care: From Hospital to Home**”
- 3) Click on the **Join Now** link to the right of the event or click on the name of the event
- 4) Enter your name and email address
- 5) Enter the Event Password: **HEART**
- 6) Click on **Join**

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7) Call in to the teleconference number for the audio portion. The teleconference number will be sent out prior to the WebEx.

If you have questions about series, please contact Marcy Cameron, [mcameron@coqio.sdps.org](mailto:mcameron@coqio.sdps.org), or at 303.695.3300, x3040.

[Return to Top of Document](#)

## Up Next on WIHI

Success at the Right Speed: Learning from Toyota

Thursday, May 6, 2010

4:00 PM - 5:00 PM Eastern Time

Featuring:

**Steven J. Spear**, Senior Lecturer, Massachusetts Institute of Technology; Senior Fellow, IHI

**John Toussaint**, Founder and President, ThedaCare Center for Healthcare Value

**Gary Kaplan**, MD, Chairman and CEO, Virginia Mason Health System

When Toyota began to stumble in the late summer and fall of 2009 because of serious safety problems, the world gasped. And understandably so. Faulty gas pedals and brake systems were the last things anyone expected from the world's number one car maker. Indeed, the high standards for quality and safety that revolutionized auto manufacturing and that inspired many other industries, health care included, to learn from Toyota, were viewed as indelible. Not any more. That's probably a good thing in the long run, say those who've followed the company over the years; it's an unfortunate turn of events, but an important wake-up call that anyone committed to sustaining gains over the long run can and must learn from.

John Toussaint, Gary Kaplan, and Steven Spear are some of this country's top students, teachers, and implementers of Toyota methods as they apply to health care. They're assembling on the next WIHI to share their analysis and wisdom about why it's critical to "keep your eyes on the road" of improvement and not succumb to a lot of distractions and the latest shiny idea or ambition. The trio is confident that Toyota will work its way out of the current situation and restore its trust with consumers. But where in your own health care organization are there early warning signs of arrogance and loss of respect and humility towards patients and staff in hopes of workarounds and easy gains?

WIHI host Madge Kaplan welcomes you to a crucial discussion at a crucial time for quality improvement and patient safety. Your questions and comments will add to the rich discussion on the next WIHI!

**There is no fee for participating in a WIHI program, but enrollment is required.**

<http://www.ihl.org/IHI/Programs/AudioAndWebPrograms/WIHI.htm?player=wmp>

[Return to Top of Document](#)

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Hospital Projects Newsletter 05/5/2010 Page 7 of 9

## IHI Passport Membership Information – previously reported

Passport is IHI's new easy-access membership program, designed to help hospitals make the most of the Improvement Map. As a Passport member, your hospital and its entire staff, have access to an unparalleled depth of resources and programming that support your improvement work. Once the Improvement Map has helped you chart a course that aligns with your organization's priorities, your Passport membership helps support your frontline teams as they improve.

**What's included?** Passport provides access to all of the remote learning IHI has to offer in support of the Improvement Map, including:

- *Expeditions.* Expeditions are topic-specific improvement programs designed to help frontline teams make rapid change in a key component of the Improvement Map with extensive virtual support from IHI faculty. As a Passport member, your organization can join as many Expeditions during your membership as you choose. To see a list of upcoming Expeditions, please go to:  
<http://www.ihl.org/IHI/Programs/ImprovementMap/Passport.htm?TabId=3>
- *Exclusive on-demand tools and resources.* Available only to Passport members, these tools and resources include podcasts, videos, and presentation materials that can be used at any time at your convenience.
- *Member-only activities.* Passport members can participate in quarterly support and troubleshooting calls, join affinity groups and work groups, and get direct access to faculty support.

**Cost Information:** The fee for Passport membership is \$5,000 per year. Enrollment is open at any time during the calendar year. The following discounts are available:

- Hospitals with **fewer than 50 beds** and members of the National Association of Public Hospitals are eligible to receive a discounted rate of \$2,500 per year.
- Hospital systems that enroll **five or more** hospitals are eligible to receive a 15% discounted rate of \$4,250 for each membership.
- Members of IHI's IMPACT Leadership Community are eligible to receive a 15% discounted rate of \$4,250 for each membership.

For more information on the Passport Membership, please visit:

<http://www.ihl.org/IHI/Programs/ImprovementMap/Passport.htm?TabId=0>

[Return to Top of Document](#)

## Hospital Projects Calendar

In an effort to keep everyone informed of conference calls, webexes, and meetings, we have created a [color-coded calendar](#) and attached it to the newsletter email. This calendar will be included in each week's newsletter with a revised date so you will know when it has been updated.

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Hospital Projects Newsletter 05/5/2010 Page 8 of 9

## Contact Information

Deanna Curry, Patient Safety Interventionist  
303.847.1727 or [dcurry@coqio.sdps.org](mailto:dcurry@coqio.sdps.org)

Shari Ward, Patient Safety Interventionist  
303.669.9581 or [sward@coqio.sdps.org](mailto:sward@coqio.sdps.org)

Karen McGee, Patient Safety Interventionist  
[kmcgee@coqio.sdps.org](mailto:kmcgee@coqio.sdps.org)

Jean King, Manager of Review Services  
303.784.5727 or [jking@coqio.sdps.org](mailto:jking@coqio.sdps.org)

Marcy Cameron, Patient Safety Project Coordinator  
303-695-3300 x 3040 or [mcameron@coqio.sdps.org](mailto:mcameron@coqio.sdps.org)

Sue Bethel, RN Review Coordinator  
303-695-3300 x 3330 or [Sbethel@coqio.sdps.org](mailto:Sbethel@coqio.sdps.org)

Lori McNeilley, Health Data Analyst  
303.695.3300, ex. 3019, [lmcneilley@coqio.sdps.org](mailto:lmcneilley@coqio.sdps.org)

[Return to Top of Document](#)

Medicare Appeals Helpline Phone Numbers:

Please list both of CFMC's appeal phone numbers:  
**800-727-7086** and **303-695-3333** on the "Important Message"  
given to Medicare Beneficiaries