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Featured Items

Medicare Doctor Pay “Fix” Deadline Looming – Again

On May 6, *Kaiser Health News* reported, via partner *NPR*, on a scheduled 21 percent pay cut for doctors who treat seniors and others on the Medicare program. While just about everyone agrees a cut of that magnitude would be devastating for Medicare and the patients it serves, no one seems to be able to figure out how to solve the problem in anything except a stopgap way. The trouble actually dates to 1997, when Congress passed a balanced budget law that put the current formula in place determining how doctors will be paid. The idea was that if doctors as a group cost Medicare too much, their pay would be docked to make up the difference in future years. If cuts get big enough, however, people worry that over time there will be more patients who are unable to find doctors accepting Medicare. Read more at: <http://tinyurl.com/2c8lteq>

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Hospitals Falling Short on Heart Patients’ Follow-Up Care

On May 4, *HealthDay* and *USA Today* reported on a new study from the Journal of the American Medical Association (JAMA) indicating a quick follow-up visit to a physician by a heart failure patient discharged from the hospital reduces the chance the patient will end up back in the hospital, but the preventive measure is more often ignored than observed. The study of more than 30,000 hospital patients covered by Medicare found that fewer than 40 percent of those with heart failure saw a healthcare provider within seven days of discharge. The readmission rate was 15 percent lower for those who did have such a visit. Read more at: <http://tinyurl.com/2c2u7o3> or <http://tinyurl.com/277tntf>

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U.S. to Hospitals: Clean Up Your Act

On April 29, *CNNMoney* reported on components of the new healthcare reform law requiring hospitals to improve safety and quality of care for patients. The legislation contains dozens of provisions, including fining hospitals, to reduce medical errors, hospital-borne infections and costly preventable readmissions. Those three issues alone drain billions of dollars annually from the health care system. Industry watchers and consumer advocates say the measures were sorely needed and will go a long way to protect patients and enhance efficiency in the system. For hospitals, however, the new law could present a tough challenge. Read more at: <http://tinyurl.com/2ao47uj>

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Hospitals Not Implementing Changes to Prevent Central-Line Bloodstream Infections

On April 26, *American Medical News* reported on some hospitals eliminating deadly catheter-related bloodstream infections by implementing a checklist of simple preventive measures. “On the CUSP: Stop BSI,” a project funded by the Agency for Healthcare Research and Quality (AHRQ), is seeking to spread this success nationwide, and has at least 400 hospitals participating in 27 states. However, not enough hospitals are measuring performance and implementing changes needed to prevent bloodstream infections. In most states, only 15 percent of hospitals are signing up for this initiative, said Peter J. Pronovost, M.D., Ph.D. Also, hospitals nationwide have not improved on the rate of catheter-related bloodstream infections, according to an April AHRQ Report. Read more at: <http://tinyurl.com/2batmly>

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Researchers Test Anti-Microbial Copper to Reduce Hospital-Acquired Infections

On April 23, *The San Diego News Network* reported on hospital-acquired infections (HAIs) being the fourth largest killer in the U.S., making them responsible for more deaths than AIDS, breast cancer and car accidents combined, according to the Committee to Reduce Infection Deaths (RID). HAIs affect two million people in the U.S. each year, with more than 10 percent occurring in California. The Medical University of South Carolina, the Ralph H. Johnson VA Medical Center in South Carolina and New York City’s Memorial Sloan-Kettering Cancer Center are testing copper’s ability to reduce HAIs. Anti-microbial copper has been proven to kill antibiotic-resistant bacteria such as *E. coli*, Vancomycin Resistant Enterococci (VRE) and *methicillin-resistant Staphylococcus aureus* (MRSA). Read more at: <http://tinyurl.com/2bo5hrq>

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Study Finds One in Five Long-Term Elder Care Patients Carried MRSA in Their Nose

On April 23, *Bloomberg Businessweek* reported that while 1 percent of people in the United States carry *methicillin-resistant Staphylococcus aureus* (MRSA) in their noses, the potentially lethal germ is present in the noses of 20 percent of long-term elder care patients, 16 percent of HIV-infected patients and 14 percent and 15 percent of inpatient and outpatient kidney dialysis patients, respectively. This information is based on a new study from the Department of Epidemiology and Infection Control at Rhode Island Hospital. The study’s author, Medical Director Leonard Mermel, recommends hospitals consider these groups for screening cultures. Mermel said further research is needed to learn why people have different strains and quantities of MRSA in their noses. Read more at: <http://tinyurl.com/25qsqpw>

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

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 if you have any questions.

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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#>.

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Public Reporting Deadline – Saturday, May 15th, 2010

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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 4th 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 into My QualityNet please contact Sue Bethel at sbethel@coqio.sdps.org, 303-695-3300, ext. 3330 or Jean King jking@coqio.sdps.org, 303-695-3300, ext 3098.

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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.

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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 if you have any questions.

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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 OPPS 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 if you have any questions.

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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 10th.

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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. 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.

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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.

June 8, 2010

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

“Helping the Heart Failure Patient Develop Self-Care Skills”

Sally Cudrik, RN, BSN, Memorial Health System

Please follow these instructions to join the event:

- 1) Click on or go to <https://ifmcevents.webex.com>
- 2) Locate your event
- 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
- 7) Dial the teleconference number. The number is **1-877-203-1003**. The access code is **53844780**.

If you have questions about series, please contact Marcy Cameron, mcameron@coqio.sdps.org, or at 303.695.3300, x3040.

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5M Lives Campaign WebEx Sessions Have Concluded

CFMC recognizes the outstanding work by Colorado hospitals through the continued commitment to strengthen patient safety and quality improvement using best practice sharing, quality measure improvement, and culture change.

We hope your participation in the 5M Lives Campaign WebEx sessions have helped improve patient safety in your hospital. A special thank you to the Colorado Trust for providing funding for the WebEx sessions that ended May 5, 2010. All of the 5M Lives WebEx recordings can be viewed at <http://www.colorado5millionlives.org/>.

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CFMC appreciates your continued support to quality improvement. We look forward to building on our partnerships with opportunities in the future. If you have any questions please do not hesitate to contact Marcy Cameron, Project Coordinator, at 303-784-5795 or mcameron@coqio.sdps.org.

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Up Next on WIHI

Coaching's the Thing for Primary Care Practice

Thursday, May 20, 2010

2:00 PM - 3:00 PM Eastern Time

Featuring:

Ann Lefebvre, MSW, CPHQ, Associate Director, North Carolina Area Health Education Centers Program

Neil Baker, MD, IHI Faculty and Improvement Advisor; Improvement Consultant

Cory B. Sevin, RN, MSN, NP, Director, Institute for Healthcare Improvement

Roger Chaufournier, CEO, CSI Solutions

Primary care practice in the US is undergoing a transformation. In many instances the offices still look cramped and, unlike hospitals, the changes don't take the form of major new construction. But look closely: those sagging shelves of patient files are giving way to electronic health records; practitioners are tapping into online expertise to help with diagnoses and apply evidence-based medicine; patients have their own web portals; and people with similar chronic conditions sometimes meet as a group with a single provider for shared learning and greater efficiency. And, in case you haven't heard, health care reformers are looking to primary care like never before to pave a better path to prevention, continuity of care, and cost containment for the country as a whole. Could the expectations be any higher?

Maybe so -- don't forget the Medical Home -- which is why the newest kid on the block is something called the Primary Care Coach: someone specially trained to help office practices make sense of all these ambitions AND the successful and meaningful use of health information technology.

On May 20 WIHI is pleased to host a panel of experts, each of whom is now engaged in one way or another with leading the redesign of primary care. In addition to learning more about coaches for primary care, we'll hear about the innovative Health Information Technology Regional Extension Centers (RECs) now popping up across the US to help office practices adopt electronic health records. One key goal of all the current efforts is to make sure technology is used in service of healthy outcomes and quality improvement, and not the other way around.

WIHI host Madge Kaplan can't think of any reason NOT to attend this next WIHI, so please join her and her guests for a promising, productive, and timely discussion about primary care. Could all the changes afoot help turn the tide on the shortage of primary care physicians? Let's talk about it on WIHI!

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

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

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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>

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Hospital Projects Calendar

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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.

Contact Information

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Marcy Cameron, Patient Safety Project Coordinator
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Sue Bethel, RN Review Coordinator
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Lori McNeilley, Health Data Analyst
303.695.3300, ex. 3019, lmcneilley@coqio.sdps.org

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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