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Featured Items

HQA and RHQDAPU Hospital Compare Released July 7, 2010

The recent release of Hospital Compare updates the existing quality of care data for hospitals participating in the Hospital Quality Alliance (HQA) and/or the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program.

Hospital Compare was updated to reflect:

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- Children's Asthma Care Measures - rates for CAC-1, CAC-2 and CAC-3 are based on hospital discharges from fourth quarter 2008 through third quarter 2009
- Clinical Process Measures - rates based on hospital discharges from fourth quarter 2008 through third quarter 2009 accepted into the QIO Clinical Data Warehouse. Data reported for SCIP-Card-2 includes only first, second and third quarter 2009 discharges
- 30-Day Risk-Standardized Mortality and Readmission Measures - rates based on three years of administrative data from hospitalized, fee-for-service Medicare beneficiaries discharged from third quarter 2006 through second quarter 2009. Data has been updated for the June Hospital Compare release
- HCAHPS Patient Survey Measure - rates based on hospital discharges from fourth quarter 2008 through third quarter 2009
- Medicare Payment and Volume - data based on hospital discharges from fiscal year 2008 (fourth quarter 2007 through third quarter 2008). Data is updated annually with the September Hospital Compare release
- Structural Measure - *Participation in a Systematic Database for Cardiac Surgery*, based on participation during 1Q09 and 2Q09. Data is updated annually with the December Hospital Compare release.

Hospitals enrolled in the HQA initiative that have chosen to suppress the public reporting of their Clinical Process Measures, 30-Day Risk-Standardized Mortality and 30-Day Risk-Standardized Readmission Measures and HCAHPS Measure for this reporting period will have only their name, address and other additional characteristics along with an explanatory footnote displayed in the appropriate section of the Hospital Compare website. At this time, information on the accreditation status for each hospital has been removed from the website.

Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions. Questions regarding Children's Asthma Care Measures should be directed to The Joint Commission at <http://manual.jointcommission.org/>.

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Hospital Compare Upcoming Inpatient Preview Information

CMS would like to notify all providers of the upcoming inpatient preview period for the Hospital Quality Alliance (HQA) and Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) initiatives.

The September 2010 Hospital Compare preview period is scheduled for **July 12, 2010 through August 10, 2010**. When available, preview reports can be accessed in the Reports section of My QualityNet by selecting the HQA Preview Reports category.

Important Pledge and Suppression Information

Reporting of measures is in accordance with a hospital's pledge status. Hospitals may enroll in the HQA and/or RHQDAPU initiatives at any time. However, hospital pledges must be received by the QIO on or before the last day of the preview period.

To withhold (suppress) publication of data, a hospital must contact Sue Bethel at

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sbethel@coqio.sdps.org with the request to withhold data and transmit a completed HQA Request for Withholding Data From Public Reporting form on or before the last day of the preview period. See [attached document for suppression rules](#).

Pledge status and/or measure suppression changes entered in PRS during the preview period will be reflected in the preview report after completion of an overnight process, unless the data was entered on the last day of the preview period.

The [attached overview document](#) is provided for your reference. If you have questions or concerns regarding this email, please contact Sue Bethel at sbethel@coqio.sdps.org.

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Structural Measure Requirements for RHQDAPU FY2011 - Data Entry Required from July 1, 2010 to August 15, 2010 – previously reported

The three registry measures are:

- Participation in a Systematic Database for Cardiac Surgery
- Participation in a Systematic Clinical Database Registry for Stroke Care
- Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care

These measures **do not require** the hospital to participate in a registry. Hospitals that do not currently report to a registry will **not** be required to do so, and will not be penalized for not participating in a registry. **A hospital's APU will only be affected if the hospital does not answer the required questions indicating they do or do not participate in a registry.** Annual data entry period: July 1 - August 15, 2010 covering the time period January 1, 2010 - June 30, 2010.

Data entry will be achieved through the secure side of QualityNet.org via an online tool called [Structural Measures\Data Acknowledgement](#). It is available in the Manage Measures section with a link on the MyTasks page. This application will allow hospitals or their vendors to view and answer the measure question(s). The role to access this link is the Measure Designation Update or Read role. These roles are currently in use. Once the application is released, if a user has the role, the link will be available. Measure Designation Update will allow the user to view, print or edit the question(s) and answers. Measure Designation Read will allow the user to view or print this information.

Definition for participation: Participation is defined as: submitting standardized data elements applicable to at least two NQF endorsed measures related to the topic measured by the registry and reporting on all patients eligible for the measures.

Definition for qualified database registry: Qualified is defined as: Receiving data from more than five hospitals, providing calculated measures, results, benchmarks, and quality improvement information to the participant (and to designated third parties).

Frequently Asked Questions FY 2011 Structural Measures:

Question: What is the definition of participation in a registry?

Answer: Participation is defined as submitting standardized data elements applicable to at least two NQF endorsed measures related to the topic measured by the registry and reporting on all patients eligible for the measures.

Question: What is the definition of qualified?

Answer: Qualified is defined as Receiving data from more than five hospitals, and providing calculated measures, results, benchmarks, and quality improvement information to the participant (and to designated third parties).

Question: Will I be required to participate in a registry for the fiscal year (FY) 2011 RHQDAPU program?

Answer: For the FY 2011 RHQDAPU hospitals that do not currently report to a registry will not be required to do so, and will not be penalized for not participating. A hospital's Annual payment update (APU) will only be affected if the hospital does not answer the required questions indicating they do or do not participate in the registry.

Question: When will the tool be available for the hospitals to enter data regarding structural measures registries questions and data acknowledgement?

Answer: The tool will be available from July 1, 2010 through August 15, 2010.

Question: Do I have the option to answer the structural measures questions?

Answer: A hospital and/or vendor need to be given access to the Measure Designation Update Role by your QualityNet security administrator.

Question: Can structural measures registries questions and data acknowledgement data be submitted via XML by my vendor?

Answer: Data can only be entered manually through the online tool by the hospital or vendor.

Question: Will I fail to receive my full APU if I answer, "No, I don't participate in a registry?"

Answer: Hospitals will not have a reduction in their APU for selecting "No" to the registry questions.

Question: Why do you have to enter a password?

Answer: Entering a password into the tool again is like an electronic signature.

Further information and training is available at:

[QualityNet - Structural Measures/ Data Acknowledgement](#). If you have questions regarding these structural measures, please contact Sue Bethel at sbethel@coqio.sdps.org.

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New APU Requirement - Data Accuracy and Completeness Acknowledgement (DACA) Information for FY 2011 – Data Entry Required July 1st to August 15th, 2010 – previously reported

[Data Accuracy and Completeness Acknowledgement](#) will be required to be entered by all IPPS hospitals between July 1, 2010 and August 15, 2010 for the FY2011 Annual Payment Update (APU). This is a new requirement for RHQDAPU participating hospitals to electronically acknowledge that the data they submitted for the FY2011 RHQDAPU APU is accurate and complete to the best of their knowledge. CAH hospitals can enter this, but are not required to participate.

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Data entry will be completed on *My QualityNet*, the secure side of the *QualityNet* website via an online tool. The role to access this link is the Measure Designation Update or Read role. The application will allow users to view and answer the Structural Measure questions and the Data Accuracy and Completeness Acknowledgement.

Further information and training is available at:

[QualityNet - Structural Measures/ Data Acknowledgement](#)

Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions.

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RHQDAPU Provider Participation Report – previously reported

CMS is pleased to announce the release of the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) Provider Participation Report for calendar year 2010. (Calendar year 2009 has already been available) This report can be accessed via My QualityNet by selecting "Run" in the Reports task and then selecting the Annual Payment Update Reports category. **Please note** users must have the QIO Clinical Warehouse Feedback Reports role designated in order to access the report.

The RHQDAPU Provider Participation Report summarizes Medicare and non-Medicare cases and population and sampling counts accepted into the QIO Clinical Warehouse that may be utilized for the RHQDAPU initiative. The report displays information to assist Quality Improvement Organizations (QIOs) and participating providers in the tracking of RHQDAPU requirements, but **does not** guarantee a provider would qualify for the full annual payment update. QIOs will have the ability to select multiple providers when running the report. It is recommended that QIOs requesting multiple provider reports do so outside of normal business hours to expedite report processing time.

Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions.

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APU Dashboard 1.3 Performance Issue – previously reported

Due to the high volume of use and increased complexity of the data collated, the APU dashboard is unable to meet the current demand. Therefore, the link to the APU Dashboard is being temporarily disabled.

Users may continue to monitor their status with regard to the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program through the following QualityNet reports:

- Population and Sampling Submission - Population and Sampling Summary Report
- Measure Sets / Strata Submission - RHQDAPU Provider Participation Report

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- HCAHPS Survey Data Submission - HCAHPS Warehouse Provider Survey Summary Status Report
- Validation Sample Medical Records Submission - Hospital Data Validation Case Selection Report
- Validation Results - Hospital Data Validation Case Detail Report

Please be assured CMS is looking in this issue and will notify the community once it has been addressed. We apologize for the inconvenience and appreciate your patience while we work to resolve this performance issue.

Please notify Sue Bethel at sbethel@coqio.sdps.org if you have any questions.

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New Medical Devices Transmit Health Information to Reduce Doctor Visits for Patients with Heart Disease – previously reported

On June 21, *The New York Times* reported on a new wave of smart implantable devices that could potentially transform the care of patients with heart disease. The devices, which are still in clinical trials, send signals about their functions directly to doctors and set off alarms if they are malfunctioning. The hope is that the devices will save lives, reduce medical expenses and push heart patients toward managing their symptoms much the way people with diabetes manage theirs. So far, studies show that patients whose doctors looked at the reported data survived five to 15 percent longer than patients whose doctors didn't see the data. One of the devices, Medtronic, helps patients spend less time in the hospital when they are admitted (3.3 days compared with 4.0 days), according to a study conducted by St. Thomas Heart at Baptist Hospital in Nashville. Read more: <http://tinyurl.com/2atoemf>.

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Projects Across the Nation Focus on Reducing Readmission Rates – previously reported

On June 18, *The New York Times* reported on national care transitions projects that are gaining momentum in coaching patients to manage their discharge process and post-hospitalization care. For example, Piedmont Hospital in Atlanta has reduced 30-day readmissions for patients under 70 years old to 3.97 percent, down from 13.05 percent, using a program called Project Boost. Readmissions of older patients have fallen to 11.17 percent, from 15.90 percent. Also, the Centers for Medicare & Medicaid Services leads a care transitions project across 14 states and is currently developing a program to reward hospitals for lowering readmission rates. Dr. Matthew J. Schreiber, chief medical officer at Piedmont Hospital, outlines a number of ways the project empowers patients to take a more active role in their post-hospitalization care, including checking the prescription list issued by the doctor, compiling a discharge plan by outlining a precise diagnosis and contacting the patient's primary care physician to request required future appointments. In a related story, *The Boston Globe* reported on a number of pilot projects around the country proving that patient return rates can be decreased. Among those are: Dr. Brian Jack, MD, Project RED (for ReEngineered Discharge); Dr.

Eric A. Coleman, M.D. and MPH, Care Transitions Program; and Dr. Mary D. Naylor, Ph.D. and RN, working with nurses to prevent readmissions. The Medicare Payment Advisory Commission (MedPAC) states that three-quarters of readmissions could be avoided with better care. Read more: <http://tinyurl.com/32ueoay> or: <http://tinyurl.com/2cnvn8f>.

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HCAHPS deadline July 14, 2010 – previously reported

CMS would like to remind hospitals participating in the HCAHPS hospital patient perspectives of care survey that the data submission deadline for 1Q10 (January-March) discharges is **July 14, 2010**. This is a requirement for all RHQDAPU hospitals.

CMS strongly encourages all hospitals, whether they self-administer the HCAHPS survey or use a survey vendor, to submit their data at least two days prior to the deadline in order to allow time to address any submission issues, should they occur.

Hospitals participating in the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program must collect and submit HCAHPS data.

Background

The national implementation of HCAHPS (also known as the CAHPS® Hospital Survey), a Hospital Quality Alliance (HQA)-endorsed measure, began on October 1, 2006. Beginning in July 2007, all IPPS hospitals must continuously collect and submit HCAHPS data in order to qualify to receive their full Annual Payment Update (APU).

To communicate with CMS staff about HCAHPS, please send an email to Hospitalcahps@cms.hhs.gov. For specific questions that individual hospitals may have about HCAHPS or for technical assistance, QIOs should refer hospitals to the HCAHPS Project Team, via email at hcahps@azqio.sdps.org or call (888) 884-4007. If you have additional questions regarding this SDPS memorandum, please contact the QualityNet Help Desk at qnetssupport@sdps.org.

Detailed information on the HCAHPS initiative, file specifications and data submission protocols can be found on the official HCAHPS website, HCAHPS OnLine, <http://www.hcahponline.org>.

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APU Dashboard and Hospital Data Validation Case Selection Report - 4Q09 Validation Display – previously reported

CMS has passed on the following information regarding the Hospital Inpatient Data Validation for 4Q09 in relation to the APU Dashboard display of 'Validation Sample Medical Records Received' and the Hospital Data Validation Case Selection Report for Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) hospitals.

RHQDAPU hospitals will not have records requested from the CDAC for validation of 4Q09. However, the 4Q09 APU Dashboard display for the APU Element 'Validation Sample Medical Records Received' is red, 'Not Satisfied'. This is in error. The display of this APU Element will not be corrected until an early summer release of the APU Dashboard. Following the next release the status will display as 'Not Applicable'.

In addition, the Hospital Data Validation Case Selection Report, when run by hospitals that did not have cases requested for 4Q09 validation, including RHQDAPU hospitals, is displaying a message indicating that "No medical records were selected for validation due to less than (<) 6 cases being accepted into the QIO Clinical Warehouse for the quarter." This message is inaccurately displaying due to hospitals not selected for 4Q09 Validation. This will be corrected in an upcoming release of the Case Selection report.

Please notify Sue Bethel at sbethel@coqio.sdps.org if you have questions.

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Improving the Quality of Health Care for Medicare Beneficiaries – previously reported

Mary was admitted to ICU today following a massive stroke. You remember her and recall that last week she was admitted for a scheduled procedure. You also recall that she was very much looking forward to attending her granddaughter's wedding this week.

Prior to the procedure, Mary was on multiple medications for blood pressure control. It was necessary for Mary's maintenance medications to be held during the brief inpatient stay following her procedure. Her family reported that Mary did not restart her blood pressure medications when she was discharged following her procedure last week because the medication instructions given to her at discharge did not include resuming the medications she was taking prior to the scheduled procedure.

The patient described here is factitious, nonetheless, a failure or breakdown of the medication reconciliation process is often identified as one of the underlying or root causes for a patient's failure to resume prior home medications following discharge. **See the [attached article](#) to learn more about how one health care facility worked to improve quality of patient care by improving the medication reconciliation process.**

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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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Comprehensive Heart Failure Care: From Hospital to Home WebEx Series

We are pleased to announce that the recordings from the Comprehensive Heart Failure Care: From Hospital to Home WebEx series that were presented March – June are now posted on our website. The series covered 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.

To access the recordings, please go to: http://www.cfmc.org/hospital/hospital_hf.htm and scroll down to “WebExes.”

For the remainder of the summer, the Heart Failure WebExes will be suspended. Please monitor this newsletter to receive updates on when they resume.

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

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Up Next on WIHI

Against All Odds: Maternal Survival in Ghana and the US

Thursday, July 15, 2010

11:00 AM - 12:00 PM Eastern Time

Featuring:

Nana Twum-Danso, MD, MPH, FACPM, Director, *Project Fives Alive!*

Jo Ivey Boufford, MD, President, New York Academy of Medicine

Sue Gullo, RN, MS, Managing Director, Institute for Healthcare Improvement

It’s difficult to assess just how much progress is being made in the decades-long battle to prevent women from dying during pregnancy and childbirth. In April, *The Lancet* reported that worldwide maternal death rates dropped significantly from 1980 to 2008. The good news wasn’t uniformly shared across the 181 countries studied, but some global health experts felt there was reason for optimism. In May, the Kaiser Family Foundation presented a more sobering picture, suggesting that efforts to

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fulfill the United Nations Millennium Development Goal (MDG) of reducing maternal mortality by 75 percent by 2015 were not on track.

At the same time, new initiatives in some of the poorest parts of the globe are successfully targeting maternal health and delivering healthy prognoses for women and newborns alike. The work draws upon existing resources, takes into account geography and available transportation, respects local traditions, and utilizes the tools of quality improvement. In mostly rural northern Ghana, for instance, greater numbers of pregnant women are for the first time gaining access to skilled deliveries in clinics and hospitals – especially crucial when mother and baby may be in distress and most at risk.

WIHI host Madge Kaplan is pleased to welcome Dr. Nana Twum-Danso (Director of the Ghana project), Dr. Jo Ivey Boufford, and Sue Gullo to the program to share their frontline experiences on behalf of improved maternal health in Africa, New York City, and across the US. The trio will help connect the global dots about best practices in challenging settings. They'll also discuss striking similarities between efforts to reduce maternal mortality in Africa and new approaches springing up in underserved and poor communities in the US.

And what of the differences? How can a country such as the US, with skyrocketing numbers of C-sections, frequent use of powerful medications to induce labor, and technology to address just about every imaginable situation work its way back to something closer to community and support, helping more women feel empowered before, during, and after childbirth? How can we prevent highly medicalized, high-tech births from becoming the “gold standard” for countries that have suffered from resource disadvantages for so long?

One key is understanding the alternative approaches and making sure these become more widely known. Come and participate 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>

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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.

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