

## Waging war on medical errors

### Quality Improvement in Perspective

**E**LEVEN YEARS AGO, THE *Institute of Medicine* released *To Err is Human*, its original eye-opening report on patient safety. Healthcare sat up and paid attention. For every American that died of illegal drug use, two or more died of preventable medical errors. The U.S. had a War on Drugs. Where was our War on Medical Errors?

That war existed, but it was largely silent. It took place in hospitals, nursing homes, pharmacies and even in patients' homes. Healthcare providers worked independently or with academia. Projects were isolated. Progress was underground.

*To Err is Human* brought the fight to the surface. Communication opened and we started sharing best practices. National and statewide quality improvement campaigns blossomed – not the least of these was the replacement of the old Peer Review Organization (PRO) system to Quality Improvement Organizations (QIOs). As Missouri's QIO, Primaris is made up of physicians, nurses, analysts, executives, social marketers and more. As you work on the front lines of care, we are your support system.

Last year, Missouri worked harder than ever to provide the best healthcare. Much of this work was outlined in a four-part documentary series developed by KETC/Channel 9, the St. Louis PBS affiliate, in partnership with Primaris. *Remaking Missouri Medicine* aired on all four Missouri PBS affiliates, echoing the calls of a national documentary, *Remaking American Medicine*.

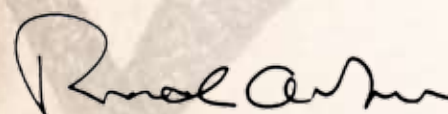
Another example is the collaboration of the Missouri Hospital Association (MHA), Missouri State Medical Association (MSMA) and Primaris which resulted in the creation of the Missouri Center for Patient Safety ([www.mocps.org](http://www.mocps.org)). As a private, not-for-profit corporation, MOCPS is dedicated to improving healthcare quality and patient safety in collaboration with healthcare providers, physicians, purchasers, consumers and government.

The group's first major project was announced this spring, Banding Together for Patient Safety. This effort provides voluntary standardization to hospital wristbands and is an excellent example of the non-regulatory, collaborative approach that can lead to reducing medical errors and improving patient safety.

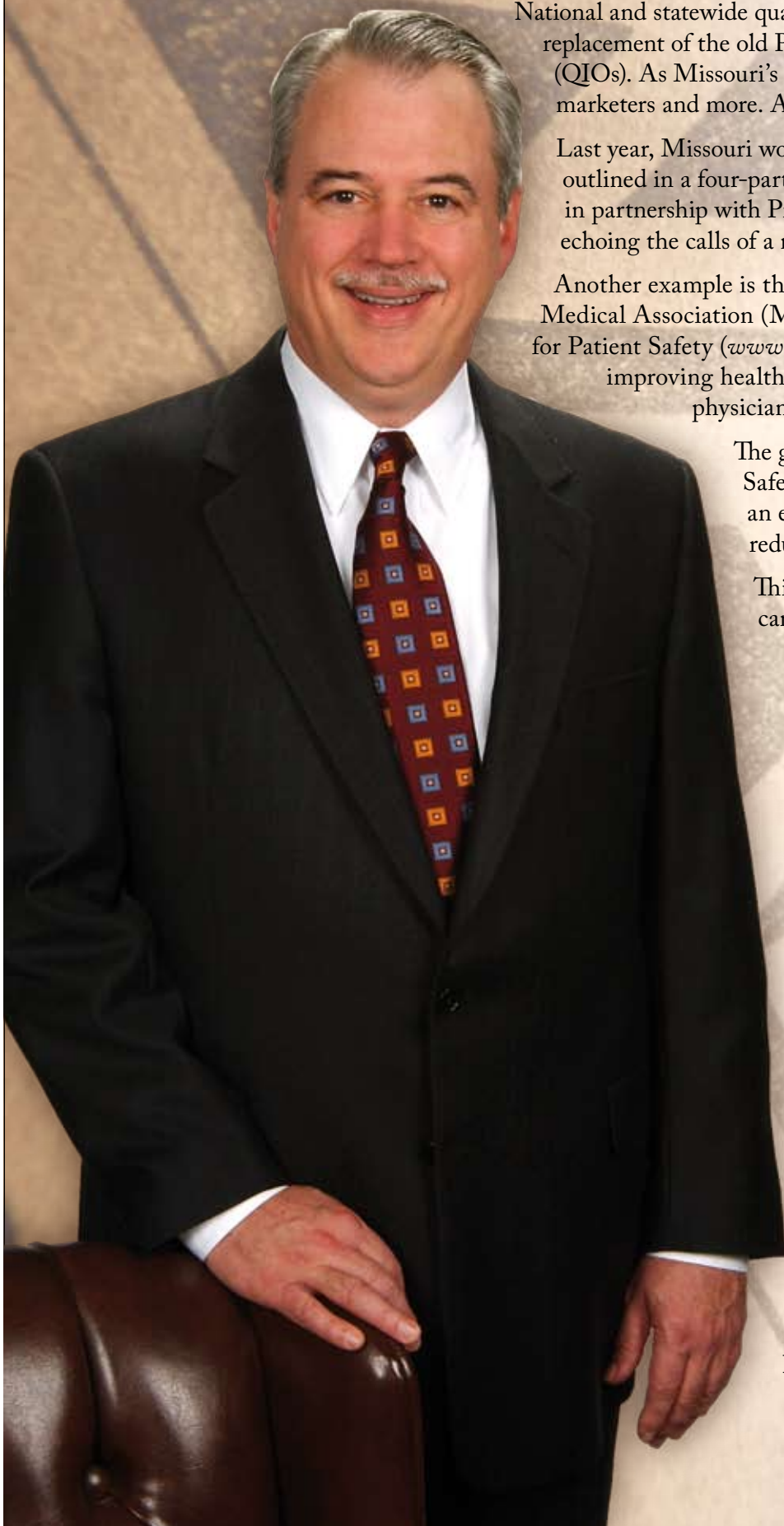
This year, Missouri's healthcare industry and Primaris are taking the lead in national campaigns, focusing them to improve care locally.

- Doctor's Office Quality-Information Technology (DOQ-IT) is helping a number of physicians advance care through the adoption of electronic health records.
- More than a third of Missouri nursing homes are taking part in the national Advancing Excellence Campaign, working on clinical and organizational goals.
- More than half of Missouri hospitals are part of the 5 Million Lives Campaign, an effort to prevent avoidable medical injuries.
- Seventy percent of Missouri home health agencies are participating in the Home Health Quality Improvement National Campaign, working to reduce avoidable hospitalizations while improving clinical outcomes and patient satisfaction.

These are some of the battles for quality improvement and, once these campaigns are completed, we'll have a whole new round of improvements to tackle. Turn the page to learn about strategies currently being used on our home front. Our war ends with the right care for every patient, every time and it is within our grasp. As you stretch to achieve better care, Primaris is here to extend your reach.



Richard A. Royer  
Primaris CEO



# QUALITY on the horizon

**I**NEFFECTIVE CARE AND MEDICAL errors beware. Healthcare is coming for you.

The healthcare industry is serious about improving care. Even as we wage today's battles to improve care, plans are being drawn for tomorrow's missions.

How does Primaris fit into these plans? We are scouts, scanning the healthcare horizon and bringing that knowledge back to your barracks. Our Web site is an armory, delivering the latest tools and resources to aid the fight. Our staff serves as your courier, keeping communication open across the front lines.

Who is Primaris? We are health experts. We are business experts. We are physicians, analysts, social marketers, nurses and more. Most importantly, we are your ally. What are we doing in your camp?



## HOSPITALS

Primaris' hospital team knows their way around Missouri hospitals. Our regional managers travel the state giving hands-on assistance to participants in Primaris quality improvement projects. Primaris provides hospitals with technical support, mentoring and education on redesigning delivery of care for better results.

### Our work includes:

- Assisting with collection and public reporting of data on quality performance
- Customizing progress reports to meet the needs of individual hospitals
- Providing one-on-one technical support, mentoring and education on clinical areas such as congestive heart failure or surgical infection prevention
- Developing over 100 free tools designed for hospitals available for download or order at [www.primaris.org](http://www.primaris.org)
- Offering focused conference calls on topics such as data abstraction or sharing hospital best practices
- Sponsoring collaborative learning sessions with your peers on common problems
- Sharing *The Leadership Series* – a series of Primaris presentations on topics such as “Making Data Meaningful,” “Maximizing Team Performance” and more
- Co-hosting *Show Us Your Best* – a St. Louis best-practices conference where attendees share success stories and attend presentations by hospitals and keynote speakers
- Bringing Surgical Care Improvement Project (SCIP) national expert Dr. Dale Bratzler to Missouri, presenting at regional meetings in Kansas City and St. Louis

Primaris' support on surgical care, patient safety and other topics has given hospitals extra assistance to evaluate their care processes and make necessary changes to improve care. Go to [www.primaris.org/professionals/qi\\_hospital.asp](http://www.primaris.org/professionals/qi_hospital.asp) to learn more about Primaris' work in the hospital setting.

## HOME HEALTH AGENCIES

Missouri's home health agencies have been tenacious in their pursuit of quality improvement. As they strive for better care, Primaris serves as their guide. With activities geared toward reducing avoidable hospitalizations and improving medication management, the Primaris home health team strives to keep agencies supplied with the tools and resources that speed progress in our state.

### Our work includes:

- Providing one-on-one support, mentoring and education on agency-specific quality efforts
- Offering easy-to-read, customized analysis of performance data, including regional and state rankings for individual agencies
- Hosting quarterly regional meetings spread across the entire state where all Missouri home health agencies are invited to learn, network and gather the latest news and tools
- Providing free teleconferences on OASIS assessments for all publicly-reported quality measures
- Developing over 120 free tools designed for home health agencies available for download or order at [www.primaris.org](http://www.primaris.org)

Primaris continues work on improvements in immunization, surgical wound care, falls and more. The Web page [www.primaris.org/professionals/qi\\_home\\_health.asp](http://www.primaris.org/professionals/qi_home_health.asp) has more information about Primaris home health quality improvement projects.

PROTECTING

**5 Million**  
*lives* FROM HARM  
IHI.org

On March 29, Missouri held the statewide launch of a national hospital initiative to severely reduce injuries incurred during medical care, the 5 Million Lives Campaign. Led by the Institute for Healthcare Improvement (IHI), it was preceded by the 100,000 Lives Campaign, a hugely successful endeavor in which

## Has your hospital signed up?

3,100 hospitals across the nation worked to halt preventable deaths.

Currently, more than 70 Missouri hospitals are participating in the campaign, but the Missouri co-leads – Primaris, the Missouri Center for Patient Safety and the Missouri Hospital Association – are strongly encouraging other Missouri hospitals to get involved.

Participation is free and simple. Because most 5 Million Lives interventions are aligned with national and state initiatives, most hospitals

are already working toward these goals. To participate, hospitals are only required to fill out a one-page enrollment form, adopt one intervention and submit mortality data quarterly.

All hospitals, acute and critical access, are encouraged to take part in the campaign. By signing up to participate, hospitals can take advantage of free tools and resources. To learn more about the campaign or to download a hospital enrollment form, go to [www.primaris.org/professionals/qi\\_hs\\_5millionlives.asp](http://www.primaris.org/professionals/qi_hs_5millionlives.asp).

2



## PHYSICIAN OFFICES

Electronic is the word in doctors' offices. Currently, Primaris is transitioning 86 Missouri physician offices to electronic records as part of a national project known as Doctor's Office Quality-Information Technology (DOQ-IT). We also continue to work toward reducing health disparities, improving immunization rates, and providing mammography and diabetes education.

### Our work includes:

- Helping physician offices move from just thinking about electronic medical records (EMR) to purchasing the system that's right for them
- Providing individualized consultation and support to DOQ-IT participants, guiding them through the stages of EMR implementation
- Educating physicians on how they can get the most for their newly invested EMR bucks
- Providing online educational presentations featuring state and national electronic record experts viewable at [www.primaris.org/doq-it/webex.asp](http://www.primaris.org/doq-it/webex.asp)
- Sending timely information and articles regarding healthcare information technology via weekly listserv messages
- Compiling statewide Medicare data into county reports to show areas of disease concentration
- Posting over 100 free tools designed for physicians available for download or order at [www.primaris.org](http://www.primaris.org)

More information on Primaris' DOQ-IT program, including tools and articles about electronic health records, is available at no cost at [www.primaris.org/doq-it/](http://www.primaris.org/doq-it/).

For information and tools from other Primaris physician office projects, visit [www.primaris.org/professionals/qi\\_physician\\_offices.asp](http://www.primaris.org/professionals/qi_physician_offices.asp).

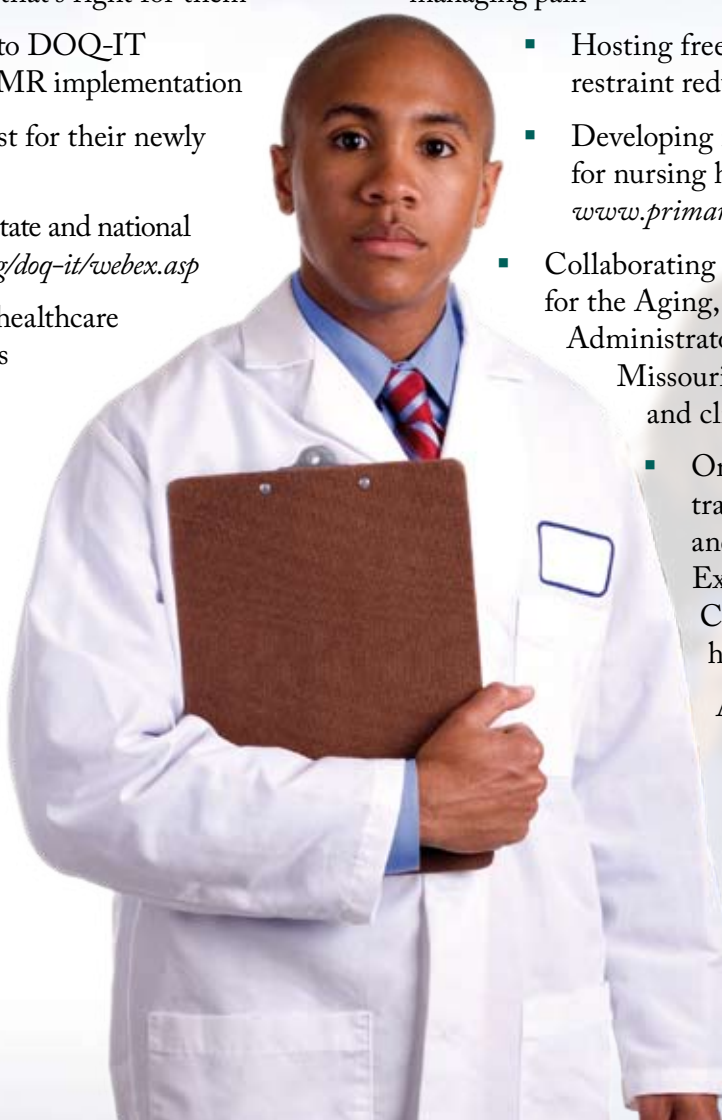
## NURSING HOMES

Missouri nursing homes are numerous and diverse, ranging from rural county homes to large urban corporate facilities and everything in between. Primaris works in all settings, helping facilities maximize residents' quality of life and quality of care.

### Our work includes:

- Providing one-on-one support, mentoring and education to improve clinical areas such as reducing restraint usage, preventing pressure ulcers and managing pain
- Hosting free teleconferences covering MDS coding and restraint reduction
- Developing more than 140 free tools/resources designed for nursing homes available for download or order at [www.primaris.org](http://www.primaris.org)
- Collaborating with Missouri Association of Homes for the Aging, Missouri Association of Nursing Home Administrators, Missouri Health Care Association and Missouri League for Nursing to provide workshops and clinical training
- Organizing Missouri stakeholders, including trade associations, the state, ombudsman and consumers, to promote the Advancing Excellence in America's Nursing Homes Campaign. Over 180 Missouri nursing homes have joined

As Missourians age, the role of nursing homes and senior care becomes increasingly important. Visit [www.primaris.org/professionals/products.asp](http://www.primaris.org/professionals/products.asp) to find resources you can use to improve care in your nursing home.



## It's time:

## CMS testing pay-for-performance

**T**hrough demonstrative and evaluation projects, the Centers for Medicare & Medicaid Services (CMS) are currently testing Pay-for-Performance or incentive programs as a means to improve quality. If Medicare or Medicaid dollars flow into your practice or facility, this will likely affect you in the near future.

In early March 2007, HHS Secretary Mike Leavitt met with Gov. Matt Blunt and Missouri business and healthcare leaders in St. Louis. There they committed to a Value-Driven Health Care initiative. That commitment included a pledge to support incentive-driven payments such as Pay-for-Performance.

Also called quality-based purchasing, this payment method offers incentives, typically cash, for performance on specific quality improvement measures. Simply put, it means hospitals with lower infection rates or nursing homes that reduce pressure ulcers could see extra cash in their pockets.

The Value-Driven Health Care initiative links Pay-for-Performance to transparency programs, such as Medicare's comparison Web sites.

"Consumers deserve to know the quality and cost of their healthcare," said HHS Secretary Mike Leavitt. "Improvements will come as providers can see how their practice compares to others."

In fact, Medicare's most visible movement toward Pay-for-Performance is essentially beginning as a pay-for-reporting plan. The Physician Quality Reporting Initiative (PQRI) gives a financial incentive for eligible professionals who participate in the voluntary quality reporting program. Eligible professionals who successfully report a designated set of quality measures on claims for dates of service from July 1 to December 31, 2007, may earn a bonus payment for covered Medicare physician fee schedule services.

Currently there are 74 measures included in the 2007 PQRI. Measures for 2008 are expected to be announced this fall. As details surface, CMS is posting updates online at [www.cms.hhs.gov/PQRI/](http://www.cms.hhs.gov/PQRI/).

In many ways, Medicaid is further along with Pay-for-Performance than Medicare. Nationally, at least twelve states have developed Pay-for-Performance initiatives for Medicaid. Missouri HealthNet, the replacement of Missouri's old Medicaid, includes components that have Missouri joining that group.

Combined, Medicare and Medicaid account for roughly one third of American healthcare expenditures. As both experiment with a variety of Pay-for-Performance methods, change is not far behind. Once Medicare and the state develop their independent formulas that they feel work, the healthcare industry should expect to see even more of it.



# CMS CHANGES HOSPITAL DISCHARGE APPEAL PROCESS

*Primaris to offer free training sessions*

**T**HE CENTERS FOR MEDICARE & Medicaid (CMS) have always required hospitals to advise Medicare beneficiaries of their right to appeal their hospital discharge. New regulations are about to go into effect that require hospitals to repeat that message, depending on the patient's length of stay.

Beginning July 1, 2007, hospitals will be required to give Medicare beneficiaries a second notice of their right to appeal. At QualityTODAY press time, final details for the new process were unavailable, although the following points were clear. Under the new process, the hospital must provide the Medicare beneficiary or his/her representative with:

- 1) An Important message from Medicare (IM) notice within two calendar days of admission. The IM has been revised and now informs Medicare beneficiaries of their rights, including discharge appeal rights. The beneficiary or his/her representative must sign and date the notice indicating that he/she has received it and understands its content. Hospitals must retain a copy of the signed IM. Paper files or scanned electronic files are permissible.
- 2) A copy of the signed IM as far in advance of discharge as possible, but no more than two calendar days before discharge. When the hospital can anticipate a discharge, it should provide the IM copy one to two days before discharge. When the hospital cannot anticipate a discharge, it should deliver the IM copy as soon as the discharge can be anticipated. The follow-up IM is not required if the first notice was given within two calendar days of discharge.

Why the added step in the appeal process? The purpose is to ensure that beneficiaries are aware of their discharge appeal rights when it is most relevant – before discharge. If the beneficiary or his/her representative appeal the discharge decision to Primaris, the hospital must then deliver a detailed notice to the beneficiary or his/her representative that explains:

- Why services are no longer medically necessary
- Why services are no longer covered according to applicable Medicare coverage rules
- Specific facts to support applicability of the coverage rules
- Other information as required by CMS

The new regulation applies to all Medicare beneficiaries, including enrollees in Medicare Advantage (MA) plans and other Medicare health plans subject

to MA regulations. Hospitals required to comply are defined in the regulation as any facility providing care at the inpatient hospital level, whether that care is short term or long term, acute or non acute, paid through a prospective payment system or other reimbursement basis, limited to specialty care or providing a broader spectrum of services. This definition includes critical access hospitals.

The most current information on the new appeal process is available at [www.cms.hhs.gov/BNI/12\\_HospitalDischargeAppealNotices.asp](http://www.cms.hhs.gov/BNI/12_HospitalDischargeAppealNotices.asp). When final details are announced, Primaris will schedule presentations and/or teleconference training sessions. They will be posted in the news on [www.primaris.org](http://www.primaris.org) when available.



QualityTODAY is published by Primaris  
200 N. Keene Street  
Columbia, MO 65201  
Phone: (800) 735-6776 or (573) 817-8300  
Fax: (573) 817-8330  
Website: [www.primaris.org](http://www.primaris.org)

**PRIMARIS**  
Healthcare Business Solutions

QualityTODAY is not copyrighted. You may copy and distribute this newsletter in whole or in part. If an entire article or substantial piece thereof is reproduced, please add "Reprinted with permission of Primaris."

MO-07-12-PR May 2007

This material was prepared by Primaris, a Medicare Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.



Richard A. Royer, Chief Executive Officer  
Editor: Matt Heger  
Layout/Design: Robin Nuttall

**QualityTODAY**

Primaris  
200 North Keene Street  
Columbia, Missouri 65201