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LOUISIANA HEALTH CARE

Quality Insider

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Louisiana Health Care Organizations and Medicare Patients to Benefit from Two New Federal Grants

LHCR to Work with Providers to Reduce Disparities and Hospital Readmissions

Louisiana Health Care Review has been awarded two new contracts from the federal Centers for Medicare & Medicaid Services (CMS). The Medicare quality improvement projects will help address disparities in diabetes care and help older patients transition into the appropriate care setting following discharge from a hospital.

Gary Curtis, president and chief executive officer of LHCR, said the contracts were awarded because of the organization's proven expertise working with health care providers across the state as well as the needs of the state's health care delivery system.

"Both contracts are designed to make very specific improvements to the health care delivery system for Medicare patients by reducing hospital re-admissions and by improving care for African-Americans with diabetes," Curtis said. "For the next three years, we will work with Louisiana health care providers by helping them make real and measurable improvements in these important areas."

Gary Curtis, CEO

Curtis also said the two new contracts are in addition to LHCR's ongoing work with CMS to improve health care quality for all of Louisiana's Medicare beneficiaries. "We succeed only when health care providers allow us to work with them as partners to design and implement proven approaches to improve quality," he said.

(Continued on Page 5 - **Two New Grants)**

Sign up now for the EHR Demonstration Project

The Centers for Medicare & Medicaid Services' Electronic Health Records Demonstration Project may provide up to $58,000 (up to $290,000 per practice site) to Louisiana physician practices over the next five years in order to defray costs associated with electronic health records (EHR) conversion.

Louisiana has been selected as one of only twelve sites in the U.S. to be funded for the EHR Demonstration Project, which will be facilitated through the Louisiana Health Care Quality Forum. Under this demonstration, participating practices will be eligible to receive financial incentives for using EHR in their practices and for performance on 26 clinical quality measures related to the treatment of diabetes, congestive heart failure, coronary artery disease, and the provision of preventive health services. This payment is separate from and in addition to normal Medicare claims reimbursement.

Solo practitioners as well as practices with up to 20 providers are eligible to apply. The practice must serve as the main source of primary care services for at least 50 Medicare beneficiaries that are covered under Medicare's traditional fee-for-service program. Practices do not need a current EHR system in order to apply.

Additional information is available at www.lhcqf.org. Applications will be available until November 26, 2008 and can be downloaded from the Web site.

Diabetes Disparities Prevention Project Receives Media Attention

LHCR is one of only five QIOs in the country to receive funding from the Centers for Medicare & Medicaid Services for the African-American Diabetes Disparities Prevention Project. The Independent Weekly (www.theind.com) in Lafayette recently highlighted the project in a story entitled Managing Diabetes (September 3rd, 2008).

Almost 42% of African-American Louisiana residents over the age of 65 have been told by their doctors that they have diabetes.* The Independent pointed out that 2,400 African-American diabetic Medicare patients will be included in the LHCR prevention program and they will receive extensive community support from health workers and diabetes educators.

Ron Ritchey, M.D., Medical Director for Louisiana Health Care Review, was quoted in the article. "Over a period of time, we will work specifically with patients to educate them about their disease," Ritchey says. "We'll work on a community-based approach to help them have better control of their diabetes. You can think of it as an extension of the efforts of the primary care physician."

*2007 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

Making a Commitment to Culture Change In Nursing Homes

By: **Julie Kueker, MBA, MT (ASCP)**
Louisiana Health Care Review, Inc.
Quality Improvement Specialist

Megan Hannan of Action Pact, pictured addressing the Culture Change workshop held at ULM University Conference Center, June 2008

Louisiana is fortunate to have two strong supporters of culture change for our nursing homes. One of these is Louisiana's newest culture change organization, LEADER. LEADER stands for Louisiana Enhancing Aging with Dignity Through Empowerment & Respect. LEADER was born from a strong desire among its membership to spread person-directed care to all nursing home residents in our state. Its vision is to transform the nursing home community so that the lives of all its members are enriched. The second strong supporter of culture change in our state is the University of Louisiana-Monroe (ULM). In June of 2008, LEADER, ULM and Louisiana Health Care Review (LHCR) combined forces to co-sponsor one of two workshops for Louisiana nursing homes to support the culture change movement taking hold in our state.

At the workshops, LaVerne Norton's four stages of culture change from the "institutional model" to the "household model" were discussed. The household model is the final goal for the culture change journey, where a nursing home is divided up into homes or units, that are fully functional and self-sufficient. Transformation requires a step-by-step approach which involves committing to many small changes over time. This does not necessarily require a large financial investment for renovations or new construction.

The household model is the final goal for the culture change journey...

For example, staff and resident empowerment through culture change requires minimal financial support. The reward for residents as they experience self-directed care in a household environment is priceless, and the return on investment for owners has been well documented since the onset of this movement.

"The education received at ULM is on par with the best universities in the nation."
Chris Johnson, PhD

In North Louisiana, ULM has also made the commitment to culture change through their educational programs. ULM founded their Institute of Gerontology 30 years ago, and they are now the only accredited gerontology program in Louisiana and Mississippi. According to Dr. Chris Johnson, Professor of Gerontology and Sociology at ULM, they are the only Louisiana university that offers an online Masters of Gerontology program. The Gerontology Graduate program was the first in the nation to be nationally accredited by the National Association of Boards of Examiners of Long Term Care Administrators. Dr. Johnson knows that "the education received at ULM is on par with the best universities in the nation." ULM's mission is to prepare graduates and professionals for leadership positions in geriatrics.

Chris Johnson, PhD

This program at ULM also trains candidates for the Nursing Home Administrator exam. Dr. Johnson notes that "ULM prepares their students for any licensure in any state." ULM has a diverse faculty that is interested in all aspects of gerontology. Dr. Johnson knows that his university's distinction and national recognition comes from "the excellent work performed by both students and faculty." ULM is a leader in dementia study, and both he and his wife educate at national workshops on culture change and dementia design for facilities.

(ULM's) distinction and national recognition come from "the excellent work performed by both students and faculty."
Chris Johnson, PhD

Louisiana is fortunate to have two strong leaders for culture change. These groups recognize that a nursing home must shift its focus away from surveys and focus on each person as an individual to make the transformation complete. Both recognize that nursing home residents deserve honor, respect and self-worth for a dignified way of life.

Join the campaign for culture change - it's easy! LEADER membership is open to all. To find out more, e-mail jkueker@lhcr.org. To become a part of the ULM family, view their complete curriculum descriptions at http://www.ulm.edu/gero.

Culture change requires a commitment to foster relationships that place the nursing home resident in the center of all decision making. Louisiana Health Care Review can be a resource to helping any nursing home that has made a commitment to journeying from the institutional model to the household model. LHCR will help homes make small changes that, over time, can completely transform the lives of their residents. Remember that residents who have self-directed care in the household environment retain their dignity and honor. Start your journey today with LHCR, LEADER and ULM, your committed advocates for culture change.

ADDITIONAL NURSING HOME RESOURCES:

Advancing Excellence in America's Nursing Homes - www.nhquality.org

Nursing Home Quality Improvement Information & Resources - www.QualityNet.org/medqic/nursinghome

The Quality Forum

A Forum for Discussing Health Care Quality Issues in Louisiana

POA Does NOT Mean *"Price of Admission"*

Ron Ritchey, MD
LHCR Medical Director

Ron Ritchey, MD

As of October 1, 2008, the Centers for Medicare & Medicaid Services (CMS) requires most hospitals to identify certain adverse events which, in the opinion of CMS, should not have occurred. These events will be reported on the claim form as "hospital acquired conditions" (HAC). Any diagnosis identifed in such a fashion may result in reimbursement changes that reduce payment by Medicare.

"Never Events"

The history behind this new coding mandate goes back to the Deficit Reduction Act of 2005. In that legislation, Congress instructed CMS to identify and target a group of conditions that, in the opinion of CMS, were unplanned and were adverse consequences of hospitalization. CMS has compiled an initial list of these conditions (more will likely be introduced in 2009 and 2010). These codes will result in a decrease in the payment level that would ordinarily be associated with the morbidity of the adverse event.

For example, if a patient in ICU for an Acute Myocardial Infarction has a catheter, develops a urinary tract infection, and then becomes septic as a result, the DRG payment would be down-coded to reflect that the UTI and sepsis are hospital-acquired and will not increase total payment. The initial list of conditions/events for 2008 is reproduced below:

- Pressure ulcer stages III and IV
- Falls and trauma resulting in injury
- UTI associated with urinary catheter
- Surgical site infection after
  - Bariatric surgery
  - Certain orthopedic procedures
  - Mediastinitis post CAB
- Vascular-catheter associated infections
- Administration of incompatible blood
- Air embolism
- Foreign object unintentionally retained after surgery
- DVT and PE in patients with hip replacement and total knee replacement
- Manifestations of poor glycemic control (including ketoacidosis, osmolor coma, hypoglycemic coma, etc.)

It can be seen from a review of this list that all are unfortunate and adverse outcomes resulting from the inpatient stay. Some are more common; some, like the retained foreign body, are quite rare. Some are unfortunate but not devastating; others are dire and often fatal (air embolisms).

POA Indicator

In order to distinguish one of these conditions as NOT being hospital acquired, CMS has devised the Present on Admission (POA) Indicator which denotes whether or not a condition was present at the time of the order for inpatient admission. For example, if a patient is admitted with aspiration pneumonia and had a stage III pressure ulcer at admission which did not progress during the hospital stay, then the pressure ulcer is designated a "POA" Indicator of "Y." This POA condition then acts to increase the MS-DRG payment for the primary diagnosis of aspiration and will not trigger a reduction in payment. It therefore behooves providers to accurately document whether a condition was POA and not hospital acquired and to bill the POA Indicator accordingly. This will of course require a careful examination on admission, particularly searching for evidence of pressure ulcers, signs of early DVT and urinary infection, then document accurately.

> **A companion theme (for CMS) to "quality purchaser rather than simple payer" is that of "transparency in health care."**

Hospital Acquired Conditions

The underlying theory for "HAC" is related to CMS's drive for greater patient safety in the hospital environment and their interest in becoming a selective purchaser of high quality health care. In the past, CMS has seen itself as being a straight forward payer of health care services. The service was rendered, a bill was submitted to CMS (actually the fiscal intermediary) and then Medicare routinely paid for the service without question as to the quality of the outcome. Recently HHS Secretary Michael Leavitt has affirmed CMS's intent to move to a position as a selective purchaser of quality health care.

Toward Transparency

A companion theme to become a "quality purchaser rather than simple payer" is that of "transparency in health care." By transparency, Secretary Leavitt means a system of care that is patient-driven in the sense that a patient/beneficiary can compare the cost and quality of two care options (or two providers), and then choose appropriately. He believes that open reporting of care outcomes leads to better results and greater competition, especially when the outcomes report card is keyed to a specific provider of care. The HAC and POA initiative are early steps in that direction.

Read how Present on Admission can affect a hospital's reimbursement in *"A Tale of Two Falls with Very Different Outcomes"* on Page 4.

WELCOME ABOARD!

Special recognition goes to these physicians who signed up before September 30th to become the first group of LHCR quality partners on the 9th Scope of Work Core Prevention and Prevention Disparities projects. Welcome aboard!

Joining the Core Prevention project from Shreveport are Wen Liu, MD, and Cheryl A. Smith, MD; from Minden are Joseph E. Bolger, MD, (Bolger Family Practice Medicine, Inc.) and Gerald M. Stell, MD, (Stell Family Practice); from Natchitoches is Marguerite Picou, MD, (Family Medical Clinic); from Monroe is J.D. Patterson, MD; from West Monroe is Michael McCormick, MD, (West Monroe Family Clinic, AMC); from Winnsboro is Charles E. Reed, MD, (Winnsboro Medical Clinic); from Lake Charles is Carl Nabours, MD; from DeRidder are Edwin R. Bonilla, MD, and Chris Granger, MD, (Family Health Clinic); and from Sulphur are Jason Ramm, MD, and Ken Thomas, MD, (Cypress Family Medical Clinic).

Joining the Prevention Disparities project from Baton Rouge are Rani G. Whitfield, MD, James E. Hines, III, MD, (Eastbank Medical Clinic), and Akwasi Sefa, MD, (Physicians Care Center); and from New Orleans is Shelton Barnes, MD.

A Tale of Two Falls with Very Different Outcomes

The following is a hypothetical situation that illustrates the value of a Present on Admission assessment process.

Mrs. Smith and Mrs. Jones are very similar in many ways. Both are 83 years old, in declining health with heart disease and reside in nursing homes, in fact they are roommates at Shady Manor Rest Home. On Monday night, October 1, 2008, they both experienced falls at the nursing home and had to be hospitalized. But here the similarity stops.

Mrs. Smith was brought to St. Eustice Hospital where a careful exam and work-up in the ED revealed she had a broken hip, AND urinary tract infection, sepsis and confusion, most likely the cause of her fall. She was placed in ICU; the infection was treated and responded rapidly. Later the hip was surgically repaired, she recuperated and was discharged. Her illness was complex with several co-morbidities. The resulting charge was rather hefty but was honored by Medicare because the co-morbid conditions were classified as "Present On Admission" (POA).

Mrs. Jones, the roommate of Mrs. Smith, also unfortunately fell the same night. She sustained a compression fracture of the spine and was hospitalized for bed rest and for control of her considerable pain. A routine U/A was done on admission and was noted to be normal. There was no mention of skin breakdown on her admit note. The severe pain and immobility caused her to require a foley catheter. Within a few days she became febrile then rapidly became more confused and hypotensive. Evaluation revealed UTI and sepsis due to the foley catheter. She was transferred to ICU for intensive management with pressors and antibiotics. An exam in ICU revealed a stage III sacral pressure sore. Over the next several weeks she slowly responded, recovering at last enough to return to her nursing home where she had repeated visits from the skin care specialist.

When Mrs. Jones' admission was coded, the UTI due to foley catheter, sepsis and pressure ulcer were all classified as "Hospital Acquired Conditions" (HAC) and did not increase the MS-DRG value, so did not increase reimbursement to the hospital.

Influenza Shots are No Cost to Medicare Beneficiaries
Don't Get the Flu, Don't Spread the Flu!

Baton Rouge, October 1, 2008 - Resources are now available to help Louisiana senior citizens fight the influenza virus during the upcoming 2008-2009 season.

- The U.S. Food and Drug Administration (FDA) announced in September that it has approved this year's seasonal influenza vaccines that include new strains of the virus likely to cause flu in the United States during the 2008-2009 season. http://www.lungusa.org

- Drugstores across the state are posting information about their flu clinics beginning the first week in October. Physician offices are reporting that they should have flu vaccines in place as well.

- Medicare covers the cost of pneumococcal and influenza vaccines and their administration by recognized providers for Medicare beneficiaries. No beneficiary co-insurance or co-payment applies, and a beneficiary does not have to meet his or her deductible to receive an influenza or pneumococcal immunization.

The Centers for Disease Control (CDC) estimates that influenza causes more than 200,000 hospitalizations and an average 36,000 deaths each year in the U.S. Although the 2007-2008 flu vaccine only protected approximately 44% of the immunized population from contracting influenza, the CDC says that some protection is better than none. The flu vaccine contains three virus strains, so even when the match between vaccine and virus circulating isn't perfect, the vaccine still may protect against the other two viruses. For this reason, the CDC continues to recommend influenza vaccinations, particularly for people at high risk for serious complications.

Although up to one in five Americans will get influenza each year, many do not get vaccinated. The CDC recommends an annual influenza vaccination for anyone who wishes to reduce their risk for this severe respiratory illness. Individuals with chronic medical conditions such as diabetes, asthma or heart disease are particularly at risk of influenza related complications, as are people in nursing, convalescent, or other institutional settings. People 50 years of age or older are also urged to get the influenza vaccine annually.

In addition, anyone who is in close contact with someone at high risk of influenza infection should be immunized to help prevent spreading the virus. This includes parents, grandparents, babysitters, health care workers and caregivers. Vaccination should continue throughout the influenza season, which can begin as early as October and last as late as May.

DON'T GET THE FLU.
DON'T SPREAD THE FLU.

See your doctor, and get vaccinated.

Louisiana Health Care Review
The Medicare Quality Improvement Organization
www.lhcr.org
MEDICARE COVERS THE COST
LA9SoW5E108-P1821

LHCR ad running in newspapers statewide during the 2008 flu season

More information about flu shots, clinic locations and Medicare Part B coverage are available at the online resources below.

Resources

FDA news about the flu vaccines for 2008-2009 at http://www.fda.gov/bbs/topics/NEWS/2008/NEW01872.html

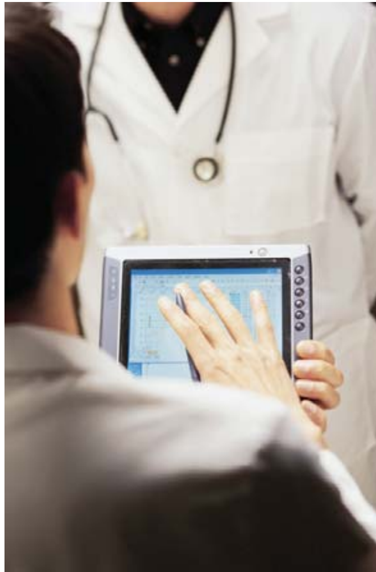
Flu Clinic Locator for the American Lung Association http://www.lungusa.org/site/pp.aspx?c=aqKGLXOAIlH&b=1015035

From the Centers for Medicare & Medicaid Services Web site http://www.cms.hhs.gov/MLNProducts/downloads/Adult_Immunization.pdf

LHCR wins $160,000 grant to Develop Electronic Health Information Exchange Provider Education Toolkit

Louisiana Health Care Review has been awarded a $160,000 grant from RTI International and the U.S. Department of Health and Human Services (HHS) to work with professional medical associations, societies and educational organizations that represent or serve providers; develop materials, tools and techniques to better engage providers; raise their interest in electronic health information exchange; and address their privacy and security concerns.

Established in June 2006 by RTI International through a contract with the HHS, the Health Information Security and Privacy Collaboration (HISPC) originally comprised 34 states and territories. HISPC now comprises 42 states and territories, and is addressing the privacy and security challenges presented by electronic health information exchange through multistate collaboration.



Louisiana is partnered with Florida, Kentucky, Mississippi, Missouri, Michigan, Tennessee and Wyoming on the HISPC-Provider Education Toolkit (PET) project.

Provider Education

The primary goals of the PET collaborative are to create a toolkit to introduce electronic health information exchange benefits to providers; and increase their awareness of the privacy and security best practices for electronic health information exchange. The toolkit for Louisiana providers will be distributed in early 2009.

For more information about the HISPC project, please contact Lisa Stansbury, Project Director and Director of Communications at Louisiana Health Care Review: lstansbury@lhcr.org or (225) 926-6353.

(Two New Grants - Continued from Page 1)

The Care Transitions Project is a three-year effort to be conducted in partnership with the Baton Rouge General Medical Center, Lane Regional Medical Center, Ochsner Medical Center-Baton Rouge, Our Lady of the Lake Hospital, St. Elizabeth Hospital in Gonzales and other care providers and stakeholder groups. The project will focus on identifying and implementing a variety of interventions in the hospitals and the community that will improve the discharge process and avoid unnecessary readmission of patients with Acute Myocardial Infarction (heart attack), Congestive Heart Failure and Community-Acquired Pneumonia. Louisiana ranks at or near the top in cost of care per Medicare beneficiary and hospital readmission rates. LHCR presented the information about the target community at the annual QualityNet conference at the end of August. CMS leaders were impressed by the spirit of the Baton Rouge community and the support of its providers to this project.

One of the recommended interventions in the Care Transitions project is the Care Tool. (See more information about the Care Tool at right.) Evidence shows health care costs can be reduced and patient satisfaction and quality of life can be improved if patients get the follow-up support and after-care they need to avoid another hospital stay.

Reducing Disparities in Care for African-American seniors suffering from diabetes is the focus of the second three-year grant to LHCR. LHCR will work to help senior African-Americans with diabetes stay healthy by improving provider and patient diabetes disease management. A pilot project will first be implemented in five southern Louisiana parishes including East Baton Rouge, St. Landry, Lafayette, Iberville and Orleans. Forty physician offices from these parishes will be involved in the study. Results from the pilot will then be analyzed before the program is expanded to the entire state.

The CARE *Tool*

Participants in the Care Transitions Theme will be offered the use of a new internet-based patient assessment instrument referred to as CARE (Continuity Assessment Record & Evaluation).

The CARE tool is an Internet-based Uniform Patient Assessment Instrument developed as a standardized patient assessment tool for use at acute hospital discharge and post-acute-care admission and discharge. The Care Transitions Theme will build upon research showing the importance of clear medication orders, advance care planning and training of family caregivers. This documentation tool will standardize patient information across care settings, and ease patient transfers from acute hospitals to post-acute providers.

The CARE tool is designed to:

1. **Measure and compare the health and functional status** of Medicare beneficiaries at acute-care discharge and measure changes in severity and other outcomes for these post-acute-care patients across care settings.

2. **Serve as a Continuity of Care record** to support clinical excellence.

3. **Optimize efficiencies** available through advances in information technology.

4. **Give Medicare participating providers better information** on the acuity of Medicare beneficiaries using their services.

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Congratulations!

Our Lady of the Lake Announces New Positions

Baton Rouge, LA - Our Lady of the Lake announced appointments for leadership positions within the organization.

Richard Vath, MD, was recently named the Vice President of Medical Affairs for OLOL. Previously, Dr. Vath held the position of Medical Director of Patient Safety for OLOL. Dr. Vath earned his medical degree from LSU School of Medicine in New Orleans and completed his residency in internal medicine at the University of Alabama located in Birmingham where he also completed his fellowship in pulmonary and critical care medicine. Dr. Vath is Board Certified in internal, pulmonary and critical care medicine.

Paul Murphree, MD, was recently named the Medical Director of Patient Safety and Quality. Previously, Dr. Murphree held the position of Chief Medical Information Officer at OLOL. Dr. Murphree earned his medical degree from University of North Texas Health Science Center at Ft. Worth and completed a residency in internal and family medicine at the Ochsner Medical Foundation in New Orleans.

Our Lady of the Lake is one of the largest private medical centers in Louisiana, with over 700 licensed beds. In a given year the facility treats approximately 35,000 patients in the hospital and serves over 350,000 persons through outpatient locations.

LHCR Quality Improvement Specialist Receives National Recognition

Rebecca E. Hightower, MS, RN, CPUM, CPHQ, authored an article for the national publication *Professional Case Management Journal.* Her article, "Prevention of Hospital Payment Errors and Implications for Case Management" appears in the September/October 2008 issue. Our heartiest congratulations go out to Rebecca for her professional journal publication.