

8SOW-TN-Taskall-2005-04

December 2005

## Hello!

Welcome to Quality Source E-News, a monthly online supplement to the quarterly Quality Source magazine published by QSource. For more information about QSource or to view our printed publication online, visit [www.qsource.org](http://www.qsource.org).

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## IN NURSING HOME NEWS...



**Now that you're a STAR, how about becoming a NHIFT nursing home?**

**New FREE online resource available in January**

Now that nursing homes across the state and nation have set targets using the STAR Web site, they will have a new FREE online resource available in January to assist them with reaching their goals.

The Nursing Home Improvement and Feedback Tool (NHIFT, pronounced "nifty") is a free, computer-based, process-of-care data collection tool that assists nursing homes in collecting data and viewing process measure scores for four clinical topics: depression, pain, physical restraints, and pressure ulcers.

Developed by clinical experts, the NHIFT process measures are based on best practices. The measures focus on admission because high-quality nursing home care begins on a resident's first day.

Using NHIFT, you can track adherence to the recommended care processes, compare your performance to your peers, and guide care by identifying recommended processes.



QSource is a 501(c)(3) not-for-profit, physician-sponsored, healthcare quality improvement organization (QIO).

As the federally contracted QIO serving Tennessee, the organization is dedicated to improving the quality of healthcare provided to Tennesseans through education and advocacy.

## Physician Membership Criteria

If you are a physician holding a current and unrestricted license to practice medicine or osteopathy in Tennessee, and are actively engaged in the practice of medicine or osteopathy in Tennessee, you are eligible to become a physician member of QSource.

## Membership Benefits

- Assistance in Preparing for Pay-for-Performance
- No Membership Fees or Dues
- Free bi-monthly magazine and monthly e-news

To prepare for NHIFT, nursing homes will need to visit MedQIC to download the paper NHIFT tool and begin to think about current care processes to see if you are performing the care processes described in NHIFT.

[Click to find out more about NHIFT...](#)

## IN HOME HEALTH NEWS...

### Home Health Target Setting

Home health agencies (HHAs) are next to become STAR participants as CMS launches the Setting Targets- Achieving Results (STAR) initiative for HHAs. STAR is a national initiative that utilizes measurable data to set targets and monitor progress over time while working with QSource in the effort.



HHAs are encouraged to begin selecting targets for the initiative. QSource Home Health Program Manager Marian Boxer is requesting that agencies focus on the Improvement of Oral Meds and Acute Care Hospitalization. So far, 55 agencies in Tennessee have set targets for the initiative.

Agencies that did not attend the recent QSource Home Health Workshops may not be familiar with Target Setting, Boxer said. Those who have questions can contact her via [email](#) or at 800.528.2655 ext. 2638.

### Improving Outcomes Through Enhanced Patient Self-Care Management

Here's a recent "Tip of the Week" we thought you may find useful:

Self-Management is the collaboration between the clinician and the patient to manage his/her health status. This does not mean the patient adheres to the CLINICIAN's plan.

Instead, effective self-management results from a combined effort working towards the same goal. Many times the clinician's and the patient's goals are very different.

Staff must talk with and actually listen to their patients about the purpose of self-management. This means listening with not just your ears, but observing body language, and listening to the clinical signs and symptoms to determine what needs investigation with in-depth questions about their medication, diet compliance, etc.

Actually working with the patient and caregivers will result in positive behavioral changes that will impact the patient's health status long-term. Educate and empower patients and caregivers!

MedQIC, a free online tools and resources Web site, offers three Self Management tools that are color coded, simple and easy to use. Click on the link below to access the tools.

[Self Management Tools...](#)

### Statewide Conference Call Dec. 8: Best Practices to Reduce Acute Care Hospitalization (ACH)

QSource and the THA Homecare Alliance are delighted to present an opportunity for you to learn "Best Practices" from those homecare agencies in Tennessee who have the best outcomes for Acute Care Hospitalization.

We invite you to join us for this conference call as these agencies share what is working for them, what practices they have implemented to bring down their ACH rate, and how you can use these in your agencies.

We encourage you to invite your entire staff so that as many as possible can benefit.

**SAVE THE DATE:** December 8, 2005

- Eligible to serve on the QSource Board of Directors
- Eligible to nominate and vote for members of the QSource Board of Directors
- Eligible to become a Physician Reviewer/Advisor and/or Consultant

### How to Join

It's simple. Click on the link below to complete the online application.

[Click here to join!](#)

### Quick Links...

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### For More Information...



[Find out more about DOQ-IT](#)

**Nursing Home STAR Site**  
Setting Targets - Achieving Results

[Be A STAR!](#)



[MedQIC](#)

**Join our mailing list!**

**Time:** 11AM- 12:30PM (CST)

**Phone number:** 1.800.369.1540

**Participant code:** 80989#

Please give your name and provider number (447\_\_\_\_) to the operator.

[Questions? Email Marian Boxer...](#)

### Three Agencies Recognized for ACH

Three home health agencies were recently presented certificates of recognition for their efforts in improving their Acute Care Hospital (ACH) outcomes.

Marian Boxer, QSource home health program manager, presented CareAll Home Care Services of Knoxville, NHC Home Care Springfield and Premier Support Services/Interim Healthcare of East Tennessee with certificates during November's Tennessee Association for Home Care meeting in Gatlinburg.



### IN HOSPITAL NEWS...

#### CMS Aware of Flu Vaccine Delays

The Centers for Medicare & Medicaid Services (CMS) released a memorandum stating that they are aware of the sporadic shipment delays of the influenza vaccine to many providers throughout the United States.



For those who are experiencing these delays, CMS acknowledges that immunization rates for the National Hospital Quality Measure Influenza Vaccination (PN7), may be impacted. CMS and the Joint Commission (JCAHO) are currently exploring options for handling the measure data related to Influenza Vaccination while shipment delays exist.

In the interim, for the purposes of case abstraction, CMS advises the following: *Hospitals should continue to abstract data for the Influenza Vaccination measure (PN 7). If a patient is a candidate for the influenza vaccine, but cannot receive it prior to discharge due to a shipment delay, the case should be abstracted by selecting allowable value 5 (None of the above...) for the data element Influenza Vaccination Status.*

As a result of the national shortage of the influenza vaccine experienced last year, CMS and JCAHO have already added another option to the data element Influenza Vaccine Status stating "Vaccine not available to hospital". However, this option cannot be implemented until Jan. 1, 2006. CMS and JCAHO will continue to monitor the situation and will issue further advisories as the situation evolves.

#### Application Period Closed for ACM, SCIP and ROSC IPGs

We appreciate the serious consideration hospitals gave to our invitation to apply for participation in the QSource 8th Scope of Work Identified Participant Groups (IPGs). The application period for ACM, SCIP, and ROSC is now closed.

Applications are still being accepted for the SIOC IPG (support with getting ready for, or making progress in implementing, CPOE or bar-coding or telehealth/telemedicine). Additional recruitment activities are taking place. Contact me if you would like to discuss participation in this group.

Sixty-one CEOs submitted application forms that represent 91 participation requests. We have 70 participation positions available.

Each IPG has a specific set of CMS and QSource selection criteria. QSource will now be applying those criteria to every application.

After we have made our selections, we must present them and our justification to our CMS Project Officer for approval. If we have any questions during this period, we will contact you directly. We hope to have this process completed by mid-December. Each hospital that submitted a participation request will be contacted at the completion of this process. It is our hope that we will be able to offer each hospital at least one of their participation requests.

Remember, if your hospital did not apply for participation in one of the four groups, you will still be included in the statewide initiatives, such as increasing the validity of your abstracted data. Watch for future emails.

## IN PHYSICIAN OFFICE NEWS...

### Sign-Up for DOQ-IT

The Doctor's Office Quality Information Technology (DOQ-IT) project has been a tremendous success and QSource is currently providing free electronic health record (EHR) assistance to more than 100 practices across Tennessee.



Under the contract with CMS, QSource is to work with 5 percent of the adult primary care physicians in Tennessee -- approximately 150 practices. QSource is currently accepting applications for support.

[Click here to register for free EHR assistance and consulting from QSource](#)

### EHR Resources & Tools Available Online

In the process of looking for an EHR? Don't know where to begin? QSource offers a variety of online resources and FAQs for physician offices wanting to understand an EHR.

[You can find it here!](#)

### Cultural Competency Module Training

CMS is recommending that physician offices across the nation become more culturally competent in the care they provide to patients with diverse backgrounds, ethnicities, religions, language and culture.

To do this, physicians are encouraged to complete an online Cultural Competency course and receive up to nine CMEs in the process.

[If interested click here...](#)

### Message Board Available to Physicians

Many healthcare providers have asked for a way of sharing information, asking questions and having discussions with other Tennessee healthcare providers on various medical topics. User of the QSource Web site now have the opportunity to do just that with new message board capabilities.

Physicians interested in implementing an EHR are the first to have access to the message board. You will need to register to use the board and you may post messages and comments as frequently as you like.

If interested in joining the Physician Office/DOQ- IT message board, click [here](#).

[Click Here for the Message Board...](#)

## In DOQ-IT Related News...

### Four Contracts Totaling \$18.6 million Awarded to Develop Prototypes for NHIN

HHS Secretary Mike Leavitt announced the award of contracts totaling \$18.6 million to four groups of health care and health information technology organizations to develop prototypes for a Nationwide Health Information Network (NHIN) architecture.

The contracts awarded to these four consortia will move the nation toward the President's goal of personal electronic health records by creating a uniform architecture for health care information that can follow consumers throughout their lives.

The four consortia are led respectively by Accenture, Computer Sciences Corporation (CSC), International Business Machines (IBM), and Northrop Grumman.

Each consortium is a partnership between technology developers and health care providers in three local health care markets. Each group will develop an architecture and a prototype network for secure information sharing among hospitals, laboratories, pharmacies and physicians in the three participating markets.

Once created, the architecture design for each of the networks will be placed in the public domain to stimulate others to develop further innovative approaches to implementing health information technology.

Each of the four consortia will design and implement a standards-based network prototype during the coming year. The prototypes will test information locator services, patient authentication, security protections and specialized network functions, as well as test the feasibility of large-scale deployment.

The work of the consortia will inform deliberations of the American Health Information Community (the Community), a new federal advisory committee chaired by Secretary Leavitt, which is charged with providing input to HHS and the industry on how to make health records digital and interoperable.

These contracts complete the foundation for an interoperable, standards-based network for the secure exchange of health care information. HHS previously has awarded contracts to create processes to harmonize health information standards, develop criteria to certify and evaluate health IT products, and develop solutions to address variations in business policies and state laws that affect privacy and security practices that may pose challenges to the secure communication of health information.

For more details regarding the announcement of the NHIN prototype awards, please see the Office of the National Coordinator for Health Information Technology's web site.

[Office of the National Coordinator for Health Information Technology](#)

## IN MEDICARE NEWS...

### New Guide to the Medicare Drug Benefit helps Health Plans, Pharma Companies and Others Track Medicare Part D



The new \$400 billion Medicare drug benefit is very complicated and highly competitive. In order to assess the business implications for your organization, you'd have to weave together thousands of pages of CMS regulations, preambles, statutory language and CMS guidance.

The new Guide to the Medicare Drug Benefit is the perfect way to keep track of new regulations and guidance as they're issued...along with clarifications, explanations and future changes that are sure to follow in these and other areas:

- Voluntary Prescription Drug Benefit Program (Part D)
- Medicare Advantage plans (Part C)
- PDP and Medicare Advantage (MA) regions
- Medicare formulary guidelines
- E-prescribing standards
- Retiree prescription drug coverage

[For more information...](#)

### **QSource to Provide Electronic Reports Training to Hospitals**

QSource now has free training available for acute-care Prospective Payment System (PPS) hospitals in Tennessee on the CMS "PEPPER" (Program for Evaluating Payment Patterns Electronic Report) electronic reporting tool.

PEPPER provides summary statistics of administrative claims data on CMS target areas (areas likely to have payment errors due to billing, DRG/coding and/or admission necessity issues). Hospitals can use PEPPER to review their data for the current quarters and the previous three fiscal years for each of the areas targeted for improvement by CMS and compare their performance to that of the other acute-care PPS hospitals within their state.

They can also use the tool to compare their own data across years to identify significant changes in billing practices; pinpoint areas in need of auditing; identify potential DRG under- or over-coding problems; and identify target areas where length-of-stay is increasing. PEPPER can help hospitals meet CMS's goal of achieving transformational change for the reduction of payment errors.

For the complete story, visit QSource's [newsroom](#).

[More information about PEPPER...](#)

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