

October 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).

## in this issue

- Immunization Tools & Resources Available Online
- IN NURSING HOME NEWS...
- IN HOME HEALTH NEWS...
- IN HOSPITAL NEWS...
- IN PHYSICIAN OFFICE NEWS...
- In DOQ-IT Related News...
- IN MEDICARE NEWS...

## IN NURSING HOME NEWS...



### Sign up for STAR by Nov. 1

Nursing homes across the country have until Nov. 1 to register at the STAR Web site and set their targets for four quality measures: restraints, pressure ulcers, depression and chronic care pain.

In Tennessee, more than 130 nursing homes have created STAR accounts and begun working on setting targets for improvement. Every nursing home in Tennessee is encouraged to establish an account and set at least two targets.

Registered nursing homes can view their quality measure scores, select appropriate targets, and track their progress over time. Using the nursing home STAR site, your nursing home can become a 'star' performer. Registration on this site is free and available to all Medicare and/or Medicaid certified nursing homes. If you have questions, please contact Beth Hercher via [email](mailto:) or at 800.528.2655 ext. 2640.

[Visit STAR...](#)

## Pay-for-Performance For Nursing Homes Is Coming!

Pay-for-Performance (P4P) is on the agenda for nursing homes in late 2006 or early 2007, according to an open door forum held Sept. 20.



The Centers for Disease Control and Prevention (CDC) Flu Gallery contains educational materials for use in promoting influenza vaccination.

These materials reflect CDC's vaccination recommendations and highlight the benefits of influenza vaccination. The Gallery contains print materials such as flyers, posters, and brochures, in color and black and white, English and Spanish. Many of the materials can be reproduced on an office printer. Materials can also be printed by a professional (offset) printer.

Visit the online gallery often because, as vaccine supply information changes, the CDC will upload new materials that address expanded audiences, or new recommendations about which groups

The independent contractor that helped to develop the publicly reported quality measures presented to the Centers for Medicare & Medicaid Services (CMS) an outline for a P4P pilot program set to begin in 2006.

The presentation also allowed contractors to elicit feedback from the long-term-care community regarding the P4P pilot program.

Representatives of Abt Associates, the CMS design contractor, reported that the P4P initiative would aim to improve nursing home care by offering financial incentives to facilities that deliver high quality care or demonstrate significant improvements in care quality.

Current plans call for a three-year demonstration project starting in late 2006 or early 2007 and involving 150 to 200 hospital-based or freestanding facilities in three to four states. The project would be budget neutral in that total incentive payments would be equal to the total estimated savings from quality-of-care improvements in a given year. Facility participation in the demonstration would be voluntary; no facility would experience a reduction in payment as a result of participation.

Abt Associates has not yet selected the quality measures (QMs) that will be used to reward incentive payments, but is considering several types, including QMs based on the Minimum Data Set (MDS), facility staffing levels, state survey results, and avoidable hospitalizations. Measures based on processes of care, satisfaction, quality of life, and staff interaction may also be used.

Abt Associates also reported that several questions have yet to be addressed, among them:

- How much will each QM count toward a facility's overall performance score?
- How will CMS coordinate with state Medicaid programs to administer the PFP program?
- How should the incentive pool be determined?
- How should performance be linked to incentive payments?
- How will states be selected for the demonstration project?

CMS and Abt Associates invite and welcome feedback from all long-term-care stakeholders. [Email](#) questions, comments, concerns, and suggestions to CMS.

[Read more about P4P for Nursing Home...](#)

## IN HOME HEALTH NEWS...

### Home Health Compare Updated With New CMS Publicly Reported Quality Measures

In February 2005 the National Quality Forum (NQF) announced the endorsement of a set of Home Health Performance Measures for adult users of home health care services. The primary purpose of the NQF-endorsed measures is to provide information to assist consumer's selection of home health care providers. CMS has subsequently adopted the NQF-endorsed measures in a new revision of Home Health Compare. The new quality measures include the following:

- Improvement in ambulation/locomotion
- Improvement in bathing
- Improvement in transferring
- Improvement in management of oral medications
- Improvement in pain interfering with activity
- Improvement in dyspnea
- Improvement in urinary incontinence
- Acute care hospitalization
- Discharge to community
- Emergent care

CMS also has removed the following measures from Home Health Compare as they were not endorsed:

- Improvement in upper body dressing
- Stabilization in bathing
- Improvement in toileting
- Improvement in confusion frequency

vaccine should be directed toward.

Additionally, if vaccine supply is still strong toward the end of November, the CDC will post "late season" promotion materials to the gallery which will remind people that it is not too late to get vaccinated against influenza in December and beyond.

[To the Flu Gallery](#)

## Quick Links...

[Visit QSource Online](#)

[Newsletter Archive](#)

[Contact Us](#)

[More About Us](#)

## 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!**

<input type="text"/>	<input type="button" value="Join"/>
----------------------	-------------------------------------

In addition, a measure on Improvement in the Status of Surgical Wounds is planned for inclusion in a future release.

Home Health Compare, which was first launched in October 2003, is now available in Spanish.

[Visit Home Health Compare...](#)

### **ACH audits results still needed**

More than 114 home health agencies have completed Acute Care Hospitalization (ACH) outcome audits and have a plan in place. However, if you haven't gotten to this level yet, you can still submit your ACH audit results to QSource. CMS has mandated that every home health agency across the nation work on reducing avoidable ACHs. ACH audits can be faxed to 901.761.3786.

[Need Assistance? Contact Marian Boxer](#)

### **MO780 Staff Interview Tool Due**

Tally reports for the MO780 staff interviews are due. QSource can assist you in developing your POA for the Improvement in Management of Oral Medications outcome. Agencies that complete both their POA and staff interviews will receive FREE medication reminder boxes. Fax the Staff Interview Tally Report to 901.761.3786.

### **CMS Expectations & Immunization Surveys Due**

CMS expects all home health agencies to incorporate influenza and pneumococcal immunizations into the HHA comprehensive patient assessment, as well as offer these vaccines or partner with a vaccine source such as a physician, clinic or health department and provide follow-up.

Agencies were sent in August an [Immunization Survey tool](#) to complete and return to QSource. So far, only 73 agencies have complied. It is requested that agencies submit the Immunization Survey to QSource by Nov. 1. You may fax the survey to QSource at 901.761.3786.

### **CMS Requires Computer Updates for Nursing Homes & Home Health Agencies**

Changes to the QualityNet (QNet) will soon require new minimum system requirements for users to access the QIES-to-Success Web site.

CMS is scheduled to transition to new reporting software in January 2006. In addition, much of the software that supports the submission of patient assessments and facility reporting - for example, the nursing home quality indicator, home health agency outcome (OBQI) reports and the submission and errors reports - will be upgraded to current software versions.

January 2006 is the targeted timeframe for new reporting software to be installed. Nursing homes and home health agencies need their PCs to meet the minimum requirements (as follows) by Dec. 31.

#### **Minimum PC System Requirements**

- CPU: Pentium 2 with 500 MHz
- Memory: 256 MB
- Operating System: Windows 2000 or XP
- Hard Drive: 500 MB free space
- Browser: Internet Explorer v5.5 SP2

Those providers that do not have PCs meeting the minimum system requirements will not be able to access the upgraded quality indicators, OBQI, and error and submission reports.



For additional information, please contact Lori Anderson with CMS at 410.786.6190 or via [email](#) .

### October Workshops

QSource is hosting a series of workshops focusing on the ACH Improvement Matrix, Immunization Toolkit and Improvement in Oral Meds. Dr. Stephen Winbery will present information on medication simplification.

Because of new CMS funding limitations, a minimal registration fee of \$20 is required for attendance and includes the cost of a light breakfast and lunch. The registration fee can be paid with a check or by using a credit card through [PayPal](#). If you don't have a PayPal account, you can get one for free by visiting the PayPal Web site.

Workshops are set for Oct. 11 in Knoxville, Oct. 18 in Nashville and Oct. 20 in Memphis. *Limit two attendees per Provider Number.*

[Register for the workshops](#)

### IN HOSPITAL NEWS...

#### 8SOW Participation Invitation Letter to CEOs Nearing Completion!

The ink was barely dry on the latest version of the 8SOW (received two weeks ago), when CMS informed QSource of yet another version anticipated for the near future.



However, we do have sufficient information for proceeding with the letter to the CEOs. The letter will contain the available information on all Identified Participant Groups (IPGs) and will describe the process by which hospitals may sign up for possible selection as a member of the groups.

An email will be sent to all QIO Liaisons when the letter is actually mailed, but we anticipate issuing the invitations within the next two weeks.

#### QNet Exchange Security Alert!

It was recently brought to QSource's attention by the CMS Chief Security Officer that several hospitals in Tennessee have continued to use the QNetExchange logins and passwords of ex-employees, or have allowed non-registered persons in their facility to "borrow" the QNetExchange logins and passwords of Registered Users.

Both of these practices, and any similar type of activity, are prohibited by law and if discovered will result in the revocation of the privilege, as well as subject the offenders to the potential for criminal prosecution.

The stipulations for use of the QNetExchange website are posted on the public page of QNetExchange as well as contained within the User Agreement provided to all Users.

If you have any questions, contact the QSource QNetExchange Security Officer, Grant Rast, at 901.273.2670, or [email](#).

#### Data Abstraction Answer Source Priorities

CMS has clarified, on a national conference call of QIOs last week, that when hospital abstractors have questions about how to enter information into their abstraction tools, the Number One Priority Source for answers is the data abstraction definitions of the CMS/JCAHO aligned specifications manual.

This manual is available for download from the public pages of [QNetExchange](#) website. The next priority source for answers to abstraction questions is the [Quest FAQs](#) on the public pages of the QNetExchange website.

If the abstraction documentation from your vendor does not correspond to the

information in the specifications manual for the pertinent discharge period, contact your vendor for clarification.

Remember that the CDAC reviewers use the data definitions from the aligned specifications manual for the pertinent discharge period when they perform the CMS validation chart audits.

As always, hospitals can contact their respective QI Specialist for assistance with abstraction questions: Lesley Hays, 901.273.2616 or [email](#) and Stacy Jowers, 901.273.2615, [email](#).

### **American Hospital Association (AHA) Quality Advisory on SCIP**

Several hospitals have contacted us with questions regarding this week's Quality Advisory from the AHA.

The national Surgical Care Improvement Project (SCIP) is being promoted and supported by several national partners - see [MedQIC](#) - all of whom are encouraging hospitals to join this groundbreaking patient safety effort.

Whose project should you join?! Everyone can sign up for the national project using the "SCIP Hospital Letter of Participation" which is posted on the national SCIP website. You'll get national recognition as an official SCIP participant, as well as other benefits such as access to tools, resources, and information about successful interventions.

In addition, your hospital can apply to be part of the 15 percent of hospitals in Tennessee that are members of the SCIP Identified Participant Group (IPG). If selected for the IPG, your hospital will be provided with intensive, onsite support and assistance by QSource Hospital QI Specialists as you work to implement the SCIP Change Package within your facility.

It's a "win-win" situation!

More importantly, our Tennessee surgical patients will benefit from the improved processes and outcomes. So, join the national project and apply for participation in the QSource IPG! See *the "CEO Letter" story above*.

## **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 our contract with CMS we are 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 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 CMEs in the process.

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

### **CMS Delivers Electronic Health Record Software to Physician Offices; Evaluation Version of Vista-Office Expected to Improve Quality of Care and Stem Cost**

The Centers for Medicare & Medicaid Services (CMS) today released an evaluation version of VistA-Office Electronic Health Record (VistA-Office), an adaptation of the Veterans Health Administration electronic health record (EHR) technology.

This version of the technology will allow for an evaluation of VistA-Office EHR and an assessment of its effectiveness in private physicians' offices.

The evaluation version will be distributed by qualified vendors and evaluated for usability, effectiveness, implementation and potential for what is known as interoperability, or the ability to communicate, exchange, and use data with other systems and software. As a result of this evaluation, software vendors will be able to further improve the software and develop a version of VistA-Office EHR that is certified in accordance with a process recognized by the Department of Health and Human Services (HHS).

[Read More...](#)

### **In DOQ-IT Related News...**

#### **Health Care Industry Could Save \$81 Billion a Year with E-Records, Study Says**

Digitizing medical records in the U.S. could save the health care industry as much as \$81 billion a year and help medical practitioners avoid mistakes, according to a study released last week by the Rand Corp. The study found that electronic medical records systems save money by reducing redundant care, speeding patient treatment and improving safety.

[Read on...](#)

#### **Gingrich: 'Paper kills,' electronic medical records save lives**

Hurricane Katrina has been the loudest wake-up call so far for the need for electronic health records (EHRs), according to some prominent policy figures. Floods from the storm erased the medical records of many people in the central Gulf Coast because they were written on paper and stored in boxes in hospitals and physicians' offices.

[Read on...](#)

#### **Embrace Technology, Doctor Says**

Physicians are notoriously slow to adopt new technologies. But there are the early adopters like Family Medical Specialists of Texas, which is turning that stereotype on its head. The three-physician family practice in Plano has had electronic medical records for some time, but now has a complementary linked Internet system. The electronic record system is Centricity, made by GE Healthcare, a division of General Electric Co., and the Internet services vendor is Kryptiq.

[Read on...](#)

#### **Research Finds Low Electronic Health Record Adoption Rates for Physician Groups**

A comprehensive study by the Medical Group Management Association (MGMA) Center for Research and the University of Minnesota School of Public Health has captured the current state of adoption of electronic health records (EHR) by U.S. medical group practices.

More than 3,300 medical group practices participated in the Assessing Adoption of Health Information Technology project, which was funded by the federal Agency for Healthcare Research and Quality (AHRQ).

The study reports current rates of EHR adoption, which EHR features are more frequently used, barriers to adopting an EHR and how users rated the benefits of having adopted an EHR.

[Read on...](#)

## IN MEDICARE NEWS...

### Medicare Approves Plans To Offer Drug Coverage In Tennessee; Many Plans To Offer Premiums Lower Than \$20



People with Medicare in Tennessee will be able to get prescription drug coverage in January, through their choice of either a newly approved stand-alone prescription drug plan that works with traditional Medicare, or a Medicare Advantage plan that offers drug coverage and other benefits, the Centers for Medicare & Medicaid Services (CMS) announced today.

In Tennessee, 16 organizations will offer stand-alone prescription drug plans, including one with a premium of less than \$20 a month. People with Medicare in Tennessee can also get drug coverage with additional benefits and even lower total out-of-pocket costs by enrolling in Medicare Advantage plans.

The Medicare Advantage options include one new statewide PPO plan and in 2006, three Medicare Advantage organizations will provide prescription drug coverage for no additional cost.

[Read on...](#)

### 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 achieve 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...](#)

email: [imaples@tnqio.sdps.org](mailto:imaples@tnqio.sdps.org)  
 phone: 800.528.2655  
 web: <http://www.qsource.org>

### HIPAA Security & Disaster Recovery Planning

Think disaster recovery and business continuity and data protection are just for billion dollar enterprises? Not so!

When a medical practice loses its network or key business/client data, it suffers greatly. After all, unlike a large business, there's often no way to make up for the lost revenue.

# FREE Live Web Seminar

Attend a live Web seminar event to better understand the specific requirements of the HIPAA Security Final Rule, business continuity, disaster recovery and data protection planning and steps you can begin to take today to better manage risks of loss of critical data and systems.

This free live web seminar is open to practice managers, billing managers, physicians, IT staff and any others in the organization responsible for HIPAA Security Rule Compliance, business continuance/disaster prevention OR who may benefit from this information.

## Exclusive Web Seminar Invitation American Technology Group

### Web Seminar Details

**Date:** Tuesday, Oct.4

**Time:** 10:30 am Eastern/9:30 am Central/7:30 am Pacific

**Session Duration:** 60 minute event

[Sign up for the event...](#)

[Forward email](#)

✉ **SafeUnsubscribe™**

This email was sent to [Imaples@tnqio.sdps.org](mailto:Imaples@tnqio.sdps.org), by [Imaples@tnqio.sdps.org](mailto:Imaples@tnqio.sdps.org)  
[Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).

Powered by



QSource | 3175 Lenox Park Blvd, Ste. 309 | Memphis | TN | 38115