

Preview



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September 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.

in this issue

- QSource Unveils New Web Site
- 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...



Register To Be A STAR

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.

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](#) or at 800.528.2655 ext. 2640.

[Visit STAR...](#)

CMS may require nursing homes to vaccinate residents for flu

Nursing homes serving Medicare and Medicaid patients would have to provide immunizations against influenza and pneumococcal disease to all residents if they want to continue in the programs, according to a proposed rule to be released by CMS in the Aug. 15 Federal Register.

Unless refused by the patient or patient's family or for medical reasons, nursing homes would be required to ensure that each resident received the immunizations as a condition



Surfing the Web just became easier with the revamp of the QSource Web site.

The site offers a user-friendly home page with links to individual program areas where healthcare providers can find updated information and links to tools and resources.

Three major function changes to the site include how you register for events, viewing the Quality Source publication online, and how you obtain materials and tools.

The "Events & Registration" page features a PayPal option for some events sponsored by QSource that will require a minimal fee to cover the cost of lunch.

The publications Web page features the current issue of Quality Source with the option of downloading a particular story for easy sharing with coworkers. It also has an archive area for copies of a PDF

of participation in the two programs.

[To read more about this click on this link:](#)

Person-centered care and culture change focus of ABC News story

Quality Source recently featured a 4-part story on Culture Change with one story focusing on the Green House in Tupelo, MS. Now the Green House is making national headlines as ABC World News Tonight ran a feature story about person-centered care in nursing homes.

[To read the ABC World News Story...](#)

IN HOME HEALTH NEWS...

ACH audits results & immunization surveys needed

More than 114 home health agencies have completed Acute Care Hospitalization outcome audits and have a plan in place. But 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.

Immunization Surveys are needed by Sept. 15. You may fax them to the QSource Home Health team at 901.761.3786.

Also, as of Sept. 1, CMS has updated Home Health Compare with new measures. Home health agencies should have received via email a conversion tool. If you haven't please contact Marian Boxer.

The new measures can be found online at [Home Health Compare](#).

[Need Assistance? Contact Marian Boxer.](#)

Resources and tools available online

To assist home health agencies in oral medication and immunization, a variety of toolkits, change packages and resources are available online at MedQIC.

[Visit MedQIC](#)

MO780 staff interview tool due Sept. 15

Just a simple reminder, reports for the MO780 staff interviews are due to QSource by Sept. 15. QSource can also 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.

Finance Committee Pay-for-Performance Bill gains MedPAC backing

Congress' Medicare advisory panel has offered general backing for the legislative time frame proposed by Senate Finance Committee leaders to tie Medicare payments to quality reporting and performance, giving the lawmakers a helping hand to counter industry gripes over the proposed deadlines.

"My sense is that most of that is achievable," Mark Miller, executive director for the Medicare Payment Advisory Commission (MedPAC), told Finance Committee leaders yesterday (July 27). "I think our greatest reservation is how fast a full range of process measures can come on line for physicians," he said.

Finance chair Chuck Grassley (R-IA) and ranking Democrat Max Baucus (MT) have crafted legislation to link a portion of Medicare payments to hospitals, dialysis facilities, managed care plans, home health agencies, physicians and to some extent nursing homes to their reporting of quality data and later to their performance on quality

of past issues.

The major change is that the Tools & Resources page for each task area has been removed and in its place links to MedQIC are provided.

MedQIC acts as an online resource for FREE tools and resources that healthcare providers from across the country share as part of best practices. Materials will no longer be available through QSource.

The MedQIC site also features WebEx programs for various clinical topics for healthcare providers with tools and Power Point presentations for viewing the programs.

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Nursing Home STAR Site
Setting Targets - Achieving Results

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measures. The shift to reporting- and performance-based payments would be staggered for each industry, with all having reimbursement tied to performance by 2009. The bill is based on MedPAC recommendations to tie Medicare payments to quality for these sectors.

At a Finance Committee hearing on the bill, Baucus said some groups feel the time-lines are too tight and questioned Miller on whether the deadlines are feasible. Miller said for managed care, dialysis facilities and home health agencies Medicare is already collecting robust enough data to link payments to quality. Moreover, there is a set of 20 already agreed-upon hospital measures that could be used, he said.

According to a recent statement made by a CMS official, pay-for-performance (P4P) will be a reality for the home health industry within 18 months and "ACH will be a huge factor" in P4P.

[READ MORE...](#)

Identified Participant Group deadline nears

Home health is in the process of developing an Identified Participant Group (IPG) list of agencies in the state that will partner with QSource for free assistance during the next three years as mentioned during the 8SoW Rollout meetings conducted in July and August.

The deadline for selecting IPG participants is December. If you are interested in being a part of the home health IPG, contact Marian Boxer.

[Contact Marian Boxer](#)

October Workshops

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

Because of new CMS funding limitations, a minimal registration fee will be required for attendance and includes the cost for a light breakfast and lunch.

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...

Comparison of CMS, JCAHO, HQA and APU Measures

Confused about how all the measures add up and compare? Check out this crosswalk tool that outlines how each of the measures compare and compliment each other.



[Check out the crosswalk tool](#)

Change in the National Hospital Quality Measure SIP-3

Earlier this year, The Society of Thoracic Surgeons (STS) Workforce on Evidence Based Surgery published a new guideline on Antibiotic Prophylaxis in Cardiac Surgery: Duration of prophylaxis¹.

The guideline provides a detailed review of the published literature on antibiotic prophylaxis for cardiac surgery and provided the following recommendations:

- The duration of antibiotic prophylaxis should not be dependent on indwelling catheters of any type.
- Single dose antibiotic prophylaxis may be effective in cardiac surgery, but there are

inconclusive data to confirm this effectiveness. There is insufficient evidence to recommend routine use of single-dose prophylaxis in cardiac surgery.

- Antibiotic prophylaxis of up to 48 hours duration is unlikely to produce antibiotic resistance.
- Antibiotic prophylaxis of 48 hours duration is clinically effective in minimizing infectious complications in cardiac surgery.
- Antibiotic prophylaxis of 48 hours duration may be as effective as prophylaxis administered for longer than 48 hours.

The guideline authors conclude that: "There is evidence indicating that antibiotic prophylaxis of 48 hours duration is effective. There is some evidence that single-dose prophylaxis or 24-hour prophylaxis may be as effective as 48-hour prophylaxis, but additional studies are necessary before confirming the effectiveness of prophylaxis lasting less than 48 hours. There is no evidence that prophylaxis administered for longer than 48 hours is more effective than a 48-hour regimen."

The Centers for Medicare & Medicaid Services (CMS) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are aware of this guideline and recognize that the conclusion conflicts with the current National Surgical Infection Prevention Project performance measure on duration of antimicrobial prophylaxis for cardiac surgery (Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time).

CMS and JCAHO have agreed to change this performance measure for patients undergoing cardiac surgery (Prophylactic Antibiotics Discontinued Within 48 Hours After Cardiac Surgery End Time). However, because of the timing of publication of the STS guideline the change in the performance measure will not go into effect until the January 2006 updates to the Release Notes and performance measure algorithms.

Nationally, one-third of Medicare patients undergoing cardiac surgery have their antimicrobials discontinued within 24 hours after surgery end time

[Read more about this change...](#)

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 proving 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.

[Learn more about this course...](#)

Uniform physician performance measurements garner support

The American Medical Association Physician Consortium for Performance Improvement and the National Committee for Quality Assurance have received endorsement of a set of respective physician performance measures by the National Quality Forum. The measures also were developed in collaboration with the Centers for Medicare & Medicaid Services. This effort addresses the need for a standard and uniform set of physician-level clinical quality measures.

The measures are designed to provide information on the quality of care for such conditions as asthma, depression, osteoarthritis, diabetes, heart disease and prenatal care.

[Read more...](#)

In DOQ-IT Related News...

Physicians and hospitals will likely soon be paid by insurers based on the quality of care they provide, rather than a flat negotiated fee.

[Read on...](#)

New report, "Assessing Legal Implications of Using Health Data to Improve Health Care Quality and Eliminate Health Care Disparities," lays out a laundry list of legal questions associated with information exchanges and how aggregated clinical data is used. Here is a sampling of the questions George Washington University researchers raise.

[Read on...](#)

The Centers for Medicare & Medicaid Services (CMS) plans to offer open source electronic health record (EHR) software designed for use in physician offices this week, but vendors consultants and health care industry leaders warn that just as there no are no a free lunches there is no free software.

[Read on...](#)

Healthcare disparities between whites and blacks persist, according to three large federally funded studies released this week. In one study that focused on Medicare managed care, however, disparities narrowed for most but not all measures studied.

[Read on...](#)

IN MEDICARE NEWS...

CMS ending contingency for non-HIPAA compliant Medicare claims

Mark B. McClellan, M.D., Ph.D., Centers for Medicare & Medicaid Services (CMS) administrator, today announced that CMS would not process incoming non-HIPAA-compliant electronic Medicare claims submitted for payment beginning October 1, 2005.



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