Health CXO Reports: WI Hospitals Raise the Quality Bar—Across the Board

Wisconsin hospitals beat national benchmarks, set new standards for quality

WHA’s recent report highlighting Wisconsin hospitals’ impressive quality results caught the attention of a national online publication targeted at CEOs, physician leaders and insurance executives.

The article, written by Joseph Dobrian for the February 19 issue of Health CXO (www.healthcxo.com) points out that Wisconsin’s approach to quality improvement is a “testament to what collaboration among competing providers can achieve.”

“We had no trouble getting our member hospitals on board with Partners for Patients,” Kelly Court, WHA chief quality officer, says in the article. “They are all committed to quality, and they understood that if they worked together and shared, they could improve their processes faster.”

WHA Executive Vice President Eric Borgerding added, “The health care industry in Wisconsin has a long history of transparency—of exchanging information. We’ve been transmitting quality information via our CheckPoint website (WiCheckPoint.org) since 2004 and pricing information from our PricePoint website (WiPricePoint.org) since 2005. The notion of reporting on quality or price issues has been around for a while, and it’s something we’ve always embraced. We take the Wayne Gretzky approach: We want members to go where the puck is going.”

Editor Cheryl Proval notes in her column, in the same issue, “Nowhere more than in health care are the stakes higher for quality. That said, neither is there a magic bullet that will make health care providers more effective, according to Kelly Court. Whether it’s preventing readmissions and central-line infections or eliminating sepsis, it is about doing the same four or five things with every single patient, every single time.”

Read the full article at:
Read the Editor’s column at: www.healthcxo.com/topics/care-optimization/no-magic-bullet.

Survey: Drug Shortages Pose Safety, Cost Challenge for Hospitals

Drug shortages continue to threaten patient safety and increase costs for hospitals, although the prevalence of shortages and degree to which they affect patient care appear to be decreasing, according to a recent survey by Premier Inc.

The most often cited shortage drugs affecting patient safety and cost were electrolytes, intravenous fluids and parenteral nutrition solutions for patients unable to take oral fluids or food; cardiovascular agents to treat heart disease and other cardiac conditions; and surgical agents for surgery preparation/anesthesia and sedation, the survey of 124 hospital pharmacists and pharmacy experts found. When surveyed in December and January, 90 percent of respondents said at least one shortage in the past six months may have caused a potential medication safety issue. Almost all respondents reported having to purchase a more expensive generic or other therapeutic in the past six months due to a shortage. Premier estimates hospitals last year spent an additional $209 million to purchase more expensive generic substitutes alone, based on an analysis of supply chain data for its members. (from AHA News Now, February 27, 2014)
On February 21, more than 15 leaders representing a dozen hospitals and health systems met with Rep. Mark Pocan at Meriter Health Services in Madison. The meeting with Pocan was requested to express a growing frustration health care leaders have with Congressional attacks on Medicare reimbursements.

Recently Congress approved adding yet another year of sequester cuts in Medicare in order to pay for a wholly unrelated issue. Pocan told the group that he voted against doing so for several reasons, including because he did not support paying for the legislation by cutting Medicare. Attendees expressed appreciation to Pocan for his vote, but added they continue to be concerned with the penchant by Congress to quickly look to hospital payments when they need to find money.

“I think hospitals and health systems have committed to doing our part,” said Beloit Health System President Tim McKeveett. “Are we the Congressional piggybank? If so, stop it,” he told Pocan.

McKeveett’s comments came during a discussion on how Wisconsin is nationally known and ranked for its provision of high-value, high-quality, cost-effective care. The group discussed the over $4 billion in payment cuts Wisconsin hospitals and health systems are already sustaining and how this continues to squeeze hospitals and, ultimately, patients.

“Right now Medicare does not reimburse the full cost of providing care,” said Meriter Health Services President/CEO Jim Woodward. “Does Congress realize that continued cuts could mean hospitals closing or certainly hospital programs closing?”

Following up these comments, Sauk Prairie Healthcare Chief Financial Officer Carol May said, “We see the needs of our communities because we’re on the front lines, but we’re not seeing any help from Congress.”

In closing, Pocan said he appreciated meeting with and hearing regularly from hospital constituents and WHA. He complimented WHA by telling attendees that “the hospital association has been great to work with.”
The ACA....It Was Supposed to be About Coverage

Recall back in 2009 that health reform supporters touted “covering the uninsured” as the most important outcome of the Affordable Care Act (ACA). Expanded coverage was confidently pegged at benefiting 30-32 million uninsured. The gains were to come from insurance reform, expanded Medicaid eligibility and enrollment in state insurance exchanges where individuals would pay for commercial coverage with generous federal tax credits (subsidies) based on income.

Perhaps the biggest coverage success to date has been the “adult child in the basement” mandate that private plans cover adult “children” up to the age of 26. The Obama Administration claims the mandate has added three million lives to family insurance policies. The insurance industry notes that these are the very lives that are needed to sign up in exchanges.

When it comes to Medicaid expansion, numbers released by CMS appear to be inflated, as those coverage stats include many signees who were previously covered but needed to re-enroll and or were previously eligible but never took the time to turn in necessary paperwork. We should have a better idea by July 1 on what the true story is on this front.

The most visible issue is coverage through state-level insurance exchanges. ACA supporters in 2009 said that as many as 16 million uninsured would sign up through state exchanges. Looking past the disastrous exchange rollout in October, the exchanges seem to be working now, at least on the front end.

This week, the Obama Administration said that four million people have “signed up” for exchange-based private insurance. With 30 days to go until coverage closes at the end of March, the number is relatively impressive, at least given the confusion we were seeing a month or two ago which lowered expectations.

But here’s what we don’t know: 1) How many people have actually paid their first month premium, and; 2) How many of the enrollees were previously uninsured? The real coverage number must net out those important metrics.

As of today, the 30-32 million reduction of uninsured anticipated in 2009 is at best years off. At worst, it may never come close to being realized. Skeptics, in fact, opine that ultimately the majority of exchange enrollees will be refugees from the ranks of the previously insured.

The end result of all of this educated speculation is that the nation’s hospitals are financing through Medicare cuts promised increased coverage that won’t likely happen. And Congress continues to cut Medicare.

Steve Brenton
President
WHA Supports More Thorough Review of Network Adequacy

WHA expressed support for a more stringent review by the Centers for Medicare & Medicaid Services (CMS) of provider networks in the insurance exchange marketplace, in response to a draft 2015 letter to insurers in the federally-facilitated exchange marketplace (see www.wha.org/pdf/draft-issuer-letter-2-4-2014.pdf). In their letter, CMS describes a process for evaluating provider networks and identifying those that fail to provide access “without unreasonable delay.” CMS indicates that hospitals, in particular, historically have had network adequacy concerns.

In responding to the CMS letter, WHA describes a changing insurance marketplace and notes that such changes can significantly impact the overall health care delivery system. With respect to provider networks, WHA President Steve Brenton writes, “WHA supports strong network adequacy standards to ensure the participation of a sufficient number, mix and geographic distribution of providers so that consumers may benefit from choice and access.”

WHA encourages CMS to delineate between state and federal roles so that consumers’ and providers’ concerns are addressed in an appropriate and timely manner. In addition, WHA suggests clarifications on the CMS requirement that insurers would have to offer a “good faith contract” to at least one essential community provider in each CMS listed category in each county in the insurer’s service area, in particular as to how such a standard would be reviewed and monitored. WHA also notes the importance of ensuring that consumers have accurate, complete and easily accessible information about provider networks at the point of enrollment.


Governor Walker Confirmed as Advocacy Day Luncheon Keynote

Register your hospital contingents today

Governor Scott Walker has been confirmed as the luncheon keynote speaker at WHA’s 2014 Advocacy Day on April 16 at the Monona Terrace in Madison. Make sure you are assembling and registering your hospital contingents now for 2014 Advocacy Day.

“Each year Advocacy Day attendees appreciate hearing directly from the sitting Governor regarding a vision for Wisconsin’s health care future,” said WHA President Steve Brenton. “Continuing that tradition, we are pleased to announce that Governor Scott Walker will be our luncheon keynote on April 16.”

Advocacy Day 2014 has an impressive lineup of speakers, including morning keynote and nationally-known pollster Larry Sabato, professor of politics and director of the University of Virginia’s Center for Politics (www.centerforpolitics.org) and creator of the website and weekly e-newsletter, “Sabato’s Crystal Ball.” As the nation looks to the 2014 elections, Sabato will bring to Wisconsin his years of academic study together with an equally long career as both a political practitioner and commentator. The morning sessions will be rounded out by the always informative legislator panel discussion. (continued on page 6)
Community Memorial Hospital Culture Promotes Patient Safety, Quality Improvement

The staff at Community Memorial Hospital (CMH) in Oconto Falls is taking a proactive approach to prevent hospital-associated conditions. On February 19, Travis Dollak, a quality advisor with the WHA Partners for Patients project, visited Community Memorial Hospital to learn how the hospital is consistently able to sustain top rates in the Partnership for Patients collaborative.

“It was evident that CMH’s commitment to preventing patient harm started with creating a culture around safety and improvement that resonated throughout the organization,” according to Dollak. “In the brief time I was there, front-line staff on up to the CNO all were in alignment on the importance of preventing hospital-associated conditions.”

One of the focus areas is falls prevention. When asked what the key is to addressing falls, Carol Winegarden, director of quality, pointed to a falls bundle and keeping the issue top of mind.

“We’ve developed a falls bundle so each month we do an audit to make sure all recommended interventions occurred and then we share that data with the staff,” Winegarden said. In addition to best-practice interventions, CMH also aims to keep the message fresh. Posters in the staff lounge, hourly rounding and even small competitions help keep staff engaged and focused on preventing patients from experiencing a fall.

CMH has made great improvement over the last year in reducing readmissions. Through the use of their EMR, they call patients within 24 hours of discharge to prevent readmissions.

“The key is to not let patients hold on to their issues. We want to help them with their medications, home health, or other assistance they may need once they leave the hospital. We don’t want to wait for something to happen and then for our patients to have to go see their doctor several weeks later,” said Angie Coppens, RN, team lead.

Electronic prompts in the EMR help remind staff when to call patients. So far, two nurses are making the calls, but to improve consistency and sustainability, plans for training more are in the works.

“Community Memorial Hospital is a small hospital in the northeastern part of the state with a lot to share with the rest of the state,” according to Dollak. “Their culture is focused on patient safety and their commitment to rapid-cycle improvement has lead to great results for their patients.”
ForwardHealth and CMS Provide Updates on ICD-10

In their February 2014 ForwardHealth Update (2014-11), titled “ForwardHealth’s Transition to International Classification of Diseases, 10th Revision, Clinical Modification and International Classification of Diseases, 10th Revision, Procedure Coding System Code Sets,” ForwardHealth communicated some key information to the provider community. The update notes ForwardHealth will require: 1) ICD-10 diagnosis codes, when required, and procedure codes, when applicable, on inpatient hospital and nursing home claim submissions for dates of discharge on and after October 1, 2014; 2) ICD-10 diagnosis codes, when required, on all other claims submissions for dates of service on and after October 1, 2014; and 3) ICD-10 diagnosis coded on prior authorization (PA) submissions with requested start date on and after October 1, 2014.

The Update is posted on the ICD-10 Code Set Transition page on the ForwardHealth Portal that also contains other information related to ICD-10. (See https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/html/ICD10/ICD10Home.htm.spage#.)

On February 27, Marilyn Tavenner, CMS administrator, reaffirmed the October 1, 2014 implementation date at the Health Information Management Systems Society (HIMSS) meeting in Orlando, FL.

“It’s time to move on,” Tavenner told attendees at the annual conference. “We have delayed this many times—most recently last year.” She announced that CMS has completed internal ICD-10 testing of its payment systems and will conduct limited external testing March 3-7. In addition, CMS will begin accepting volunteers in March for end-to-end testing to occur in July, according to Tavenner.


WHA Health Law Manuals Now Available

WHA is pleased to announce that the 2013 Health Law Manuals are now available electronically to WHA members. The manuals, of which nine are currently available and two more will be available in the near future, cover the gamut of topics and issues that constitute the intricate world of health law—from consent and signs/postings to record retention and health information, with much else in-between.

Special thanks to the law firms that partnered with WHA in producing the manuals: Hall, Render, Killian, Heath & Lyman; Quarles & Brady; Reinhart Boerner Van Deuren; von Briesen & Roper; and Whyte Hirschboeck Dudek. Their assistance was invaluable in making this important resource available to WHA members.

The manuals are available for WHA’s hospital members to view and download, with proper sign-in credentials, within WHA’s webpage at www.wha.org/healthLawManual.aspx. If you are a hospital member that would like to access the 2013 Health Law Manuals, please contact webmaster@wha.org to request a username and password.

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The highlight of Advocacy Day is the hundreds of attendees who take what they’ve learned during the day and meet with their legislators in the State Capitol in the afternoon. Over 500 visits were made in 2013. WHA schedules all meetings, provides transportation to the Capitol and prepares attendees for their visits. In addition to an issue briefing at Advocacy Day, WHA offers an optional webinar on legislative visits prior to Advocacy Day.