



Health Watch USA Newsletter

www.healthwatchusa.org Oct. 18, 2009

Hospital Quality Incentive Demonstration (HQID)

Premier, Inc (an alliance of 1,500 non-profit hospitals) and a founding partner of HQID along with CMS, reports that since the inception of HQID in 2003, the composite quality score for hospitals has improved by 18.6%, Value Based Purchasing works !!!

<http://www.premierinc.com/about/advocacy/issues/09/p4p/VBP-2009PolicyPaper.pdf>

Premier, Inc. 2009 Healthcare Policy Position Statements:

"HQID recommends that financial incentives coupled with transparency should be used to improve quality."

(Page7) <http://www.premierinc.com/about/advocacy/issues/2009PolicyPapers.pdf>

Medicare Utilization:

Data from the Dartmouth Atlas Projects reported that Kentucky has above average utilization of Medicare spending.

Lexington Region had 8003 enrollees costing \$8622 per enrollee

Louisville Region had 8874 enrollees costing \$8145 per enrollee

Owensboro Region had 882 enrollees costing \$7228 per enrollee

Paducah Region had 2667 enrollees costing \$7861 per enrollee

Compared to Eugene, OR Region which had 3273 enrollees costing \$5,815 per enrollee

<http://www.npr.org/templates/story/story.php?storyId=113573710> Dr. Elliott Fisher suggested that these differences in procedure rates are not because of differences in the patient population but due to differences in "how physicians make decisions". He postulates that as many as 20 to 40% of angioplasties and certain back surgeries would not be performed if patients were informed of risks and benefits.

Medicaid Access:

Several studies are showing reduced access to medical care for children with Government Insurance compared to Private Insurance. Wang, et al. (Pediatrics, 2004) studied access to tonsillectomies for children with Medicaid versus Private Insurance. 97 of 100 otolaryngologists surveyed would accept a private insurance referral for a tonsillectomy but only 27 of 100 otolaryngologists would accept a child with Medicaid. High paper work and low reimbursements for the surgery and office visit were cited as the reasons. <http://pediatrics.aappublications.org/cgi/content/full/114/5/e584?eaf>

Similar results have been reported in the field of orthopedics in a nationwide sample where they found that children with Medicaid had limited access to orthopedic care and their access to care correlated to Medicaid reimbursements.

<http://www.ncbi.nlm.nih.gov/pubmed/16670556>

High Costs in US Fueling Medical Tourism:

JAMA reports that according to Dr. Josef E. Fischer of Harvard Medical School between 60,000 to 150,000 US patients are leaving the country to obtain medical care because of the high cost of medical care in the US. This exodus is being driven by the lack of health insurance and by cost savings by some small businesses and third-party payers. <http://jama.ama-assn.org/cgi/content/extract/302/14/1519>

Health Care Reform – Infections and Never Events

Below are sections for public reporting of healthcare acquired infections in the three major healthcare reform bills before congress. The Congressional Budget Office estimates savings from healthcare acquired conditions (HAC) provisions in the Senate bill at \$1.5 billion over 10 years. Major national medical associations now support public reporting of healthcare acquired infections.

http://www.healthwatchusa.org/mrsa/pdf_downloads/20090722-Experts_Pubic-Reporting-HAIs.pdf

Senate Finance Committee Bill (Baucus Bill): Chapter III, Subtitle A, Pt I, p. 106 Applies a new payment adjustment to hospitals ranked in the top quartile of national, risk-adjusted hospital acquired condition (HAC) rates. It also requires CMS to calculate national and hospital-specific data on the HAC rates of hospitals. In addition, starting in 2013, the Bill requires the Secretary to share the data with hospitals, and public report the data on the Hospital Compare website.

(Title I, Subtitle G, Part VIII, p 74) Prohibits FMAP (Federal Medical Assistant Percentages) to states for HAC (Healthcare Acquired Conditions) – This is a down adjustment or penalty. Bill requires HACs to be defined consistently with Medicare conditions (Never Events), but would not be limited to conditions acquired in hospitals. The section would ‘consider’ differences between Medicare & Medicaid patients in defining conditions.

http://finance.senate.gov/sitepages/leg/LEG%202009/100209_Americas_Healthy_Future_Act_A_MENDED.pdf

HR 3200 (Section 1138A) requires as a condition of participation, hospital and ambulatory surgery centers must publicly report HAIs. (Effective, 2 yrs after enactment). The secretary shall establish procedures to ensure valid, comparable info. The Bill provides for public website posting to allow hospital and ambulatory surgery center comparison and demographic comparisons.

HR 3200 (Section 1751) also mandates Medicaid to adopt Medicare regs on non-payment of never events.

The American College of Surgeons has given HR 3200 “Qualified Support”.

http://energycommerce.house.gov/Press_111/20090714/aahca.pdf

The Senate’s Health, Education, Labor and Pensions (HELP) Committee. Has provisions for AHRQ to address healthcare acquired infections and focuses on preventing readmissions. Infections would be expected to be a readmission category (p298, line 15) and after two years be publicly reported (Page 296, lines 12-19). http://help.senate.gov/BAI09A84_xml.pdf

2009 Conference on Health care Transparency and Patient Advocacy

The Nov. 13th 2009 health care conference has a preliminary agenda posted on www.healthconference.org. A large array of nationally renowned speakers will present at the conference whose main theme is health care reform.

A few of the speakers for this year's event:

Keynote: [Dr Regina Herzlinger](#): Professor and Chairwoman of the Harvard School for Business. Best selling author of " Who Killed Health Care in America ? "

[Lt Gov. Daniel Mongiardo, MD](#): Lieutenant Governor State of Kentucky

[Dr. Joycelyn Elders](#): Past U.S. Surgeon General. Presenting on the need for health care reform.

[Dr. L.D. Britt](#): Chairman of the Board of Regents, the American College of Surgeons. presenting on the physician shortage.

[Nadeem Esmail](#): Director of Health System Performance Studies and Manager of the Alberta Policy Research Centre at the Fraser Institute. Presenting on the Canadian Health Care System.

[Dr Garret Adams](#): Kentucky State Coordinator of Physicians for a National Health Care Program. Presenting on the single-payer system.

For more information download the conference's brochure at:

http://www.healthconference.org/2009conference_downloads/HCTPA_Brochure.pdf

The importance of this topic is exemplified by the new AHRQ report which found that fewer families who are not covered by group policies can afford health insurance.

<http://www.ahrq.gov/news/press/pr2009/faminspr.htm>

Register now for the Nov. 13th, 2009 Conference at

www.healthconference.org

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