



Health Watch USA Newsletter

www.healthwatchusa.org Nov. 7, 2011

Member of the National Quality Forum and a designated "Community Leader" for Value-Driven Healthcare by the U.S. Dept. of Health and Human Services

Don't forget to register for HW USA 2011 Conference on Patient Safety and Medical Overutilization on 11/11/11 - Lexington, KY.

www.healthconference.org

The Leapfrog Group Expresses Concerns About The Accountable Care Organizations (ACO) Rule.

The leapfrog group has released a statement expressing concern:

"...the final regulations issued by CMS do not require the level of transparency and accountability employers and other purchasers need to have confidence that ACOs will indeed improve patient care."

In addition, the group had concerns regarding the governance structure of ACOs.

http://www.leapfroggroup.org/news/leapfrog_news/4806160

These concerns, echo the concerns which were submitted by HW USA and 20 other consumer advocates/advocate organizations during the regulation comment period.

<http://www.healthwatchusa.org/HWUSA-Initiatives/PDF-Downloads/ACO-Berwick-11b.pdf>

Commonwealth Fund Gives the US Healthcare System Low Marks.

- US only achieves a score of 64 out of 100.
- 96 preventable healthcare deaths per 100,000.
- Twice the Healthcare Administration Cost.
- Only 51% of adults receive recommended preventative care and screening.
- Medicare could save 4.2 billion per year by



reducing readmission.

<http://www.commonwealthfund.org/Publications/Fund-Reports/2011/Oct/Why-Not-the-Best-2011.aspx>

Centers for Medicare & Medicaid Services' Update on Measures Finalized for the Inpatient Quality Reporting (IQR) Program.

New measures for collection in 2012 for use in payment determination in 2014 include:

- Catheter Associated Urinary Tract Infections (NHSN Submission)
- Medicare Spending per Beneficiary (Claims Based)

New measures for collection in 2013 for use in payment determination in 2015 include:

- MRSA Bacteremia (NHSN Submission)
- Clostridium Difficile (NHSN Submission)
- Healthcare Personnel Influenza Vaccination (NHSN Submission)

http://www.healthwatchusa.org/publications/201111-Documents/20110928-CMS-%20HAI-reports_HQA.pdf

Seventy Percent of Hospitals Plan to Hire More Physicians

<http://www.californiahealthline.org/articles/2011/10/13/report-70-of-hospitals-health-systems-plan-to-hire-more-physicians.aspx?p=1>

New Proposals May No Longer Require Hospitals Keep Detailed Logs of Infection Control Problems.

http://www.nytimes.com/2011/10/19/health/policy/19health.html?_r=2

Medicare Releases Patient Safety Ratings For Hospitals -- Kaiser News

and MSNBC

Hospital Acquired Conditions are now online.

<http://www.kaiserhealthnews.org/Stories/2011/October/17/Medicare-Releases-Patient-Safety-Ratings-For-Hospitals.aspx>

The Business Case for Quality: Economic Analysis of the Michigan Keystone Patient Safety Program in ICUs

Michigan Keystone Project found that the average cost of prevention of Central Line Associated Bloodstream Infections and Ventilator Associated Pneumonia was \$3375. The average cost of infections was between \$12, 208 and \$56,167.

<http://www.ncbi.nlm.nih.gov/pubmed/21856956>

CDC Answers Question if Patients Colonized with MRSA on Admission can Develop an MRSA HAI. YES

"Patient Colonization Does Not Preclude the Development of Healthcare-Associated Infections"

"As more and more facilities utilize NHSN's MDRO/CDI module, we have received questions about the accuracy of identifying subsequent healthcare-associated infections (HAIs). Specifically, if a patient is identified through surveillance cultures as being colonized with an MDRO, can that patient then meet criteria for an HAI with the same organism? The answer to this question is YES! All patients are colonized with bacteria and surveillance culturing simply identifies this condition. Colonization does not mean a patient is destined to develop an HAI. Routine, and sometimes special, prevention efforts can be used to avoid such infection. It is important for us to identify the failure of these prevention activities, or our failure to use these prevention measures for patient safety purposes. Therefore, patients should not be discounted from meeting criteria for an HAI simply because of prior colonization."

<http://www.cdc.gov/nhsn/PDFs/Newsletters/newsletter-Sept-2011.pdf>

Stanford Lowers Malpractice Premiums With Full Disclosure and Prompt Compensation

Stanford's programs have seen new claims drop by 36% and has saved \$3.2 million dollars in premiums since establishing the program.

The University of Michigan has also seen new claims have dropped 40% and litigation costs have fallen by 2 million dollars a year.

<http://www.ama-assn.org/amednews/2011/10/31/prsb1031.htm>

AHRQ Awards \$34 Million To Expand Fight Against Healthcare-Associated Infections

<http://www.ahrq.gov/news/press/pr2011/haify11pr.htm>

Fecal Transplants Show Promise for Treatment of C. Difficile.

Study shows that it helps to restore bacterial flora and fight infections.

A report from the US Dept of Health and Human Services

<http://www.healthfinder.gov/news/newsstory.aspx?Docid=658418&source=govdelivery>

State of Maine MRSA Surveillance – MRSA Positive on Admission to hospitals if spent one night in the last six months in a nursing homes. Total of 36 Hospitals. (“*” < 10 Patients Tested)

Number of Hospitals -- Rate of MRSA on Admission from Nursing Homes

| | |
|----------------------|--------------|
| 2(2 [*]) | 0% |
| 2 | 1% to < 10% |
| 12 | 10% to < 20% |
| 13 (1 [*]) | 20% to < 30% |
| 6 | 30% to < 40% |
| 1 | > 40% |

Reference: http://mainequalityforum.gov/2011_Final_HAI.pdf

Clarification:

The notation on variations of procedures in California should have referred to variations in Utilization. Thus, the citation should have read.

Surgery Utilization Varies Widely in California

Elective Angioplasty utilization can vary as much as 538% between Hospital

Service Areas in California.

<http://www.chcf.org/publications/2011/09/medical-variation-rates-california#region=hsa&procedure=epci&c=6/37.41928/-123.39017>

Time Running Out to Register

Nov. 11, 2011 HW USA's 5th Annual Conference on Healthcare Transparency and Patient Safety & Advocacy.

The conference will be held on Nov. 11th, 2011 at the Embassy Suites. It is now time to register. This year's conference has a number of exciting speakers.

One change and addition in speakers. Patty Skolnik has a schedule conflict (she is going to Germany to present to the US Armed Forces) and cannot attend. Rosemary Gibson, award winning author of the "Treatment Trap" is able to attend and will present at the conference.

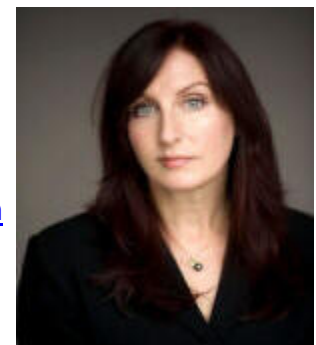


Frances Griffin, Senior Manager of Clinical Programs, BD Medical, and Faculty at the Institute for Healthcare Improvement (IHI) will present on the IHI Global Trigger Tool. A report that she co-authored found "Overall, adverse events occurred in one-third of hospital admissions."

<http://s3.documentcloud.org/documents/87779/health-affairs-april-2011-report-using-global.pdf>

Dr. Keith Sinclair, Medical Director of Bluegrass Oakwood in Somerset will present on how transparency has virtually eliminated pressure sores at his institution.

Award-winning author Maryn McKenna (picture right) will present the history of MRSA and Dr. John Santa from Consumers Union will discuss the principles of transparency.



Download Presentation Objectives:

http://www.healthconference.org/2011conference_downloads/ContinuingEducationDocument.pdf

Download Conference Brochure:

http://www.healthconference.org/2011conference_downloads/2011-Brochure.pdf

Speakers Include:

a. John Santa, MD, Director of the Health Ratings Center for Consumer Reports.

- b. Maryn McKenna bestselling author of SUPERBUG: The Fatal Menace of MRSA.
- c. Frances A. Griffin, Senior Manager of Clinical Programs, BD Medical and Faculty at the Institute for Healthcare Improvement (IHI).
- d. Dr. Joycelyn Elders, Past US Surgeon General on Transformational Leadership.
- e. Dr. Marvin Feit, Editor of the Journal of Social Work in Public Health.
- f. Rosemary Gibson, Award winning author of "The Treatment Trap"
- g. Helen Gulgun Bukulmez, Juris Doctor, Presentation on Full Disclosure of Medical Errors by Healthcare Providers and the Legal Consequences of Such Disclosure.
- h. Keith Sinclair, MD, Bluegrass Oakwood Community Center, Somerset, KY, presenting how Oakwood in Somerset Kentucky used transparency to virtually eliminate pressure ulcers.
- I. Ben Yandell, PhD, Norton Healthcare Systems, Louisville, KY, will present on Healthcare Transparency.
- J. Representative Tom Burch, Chairman of the Kentucky House Health and Welfare Cmt.
- K. Kevin Kavanagh, MD, The spinning of Medical Literature as it relates to MRSA surveillance.

COST: \$50 per person including a box lunch and CME Credits.

To register go to: <http://www.healthconference.org/payment-fax-check.htm>

The conference's website can be viewed at www.healthconference.org.

As with previous years' conferences, CME credits are available for Nurses (ARNP, RN & LPN), MDs, PT, and Human Resource Managers (PHR, SPHR and GPHR). Application has been made for Occupational therapists, social workers and attorneys (CLEs).