Virginia Health Quality Center
Your Resource for Quality Improvement (QI)

Spring ’2004 Medicare Part B Update” Workshops
David A. Collins, M.H.A.

THE VIRGINIA HEALTH QUALITY CENTER (VHQC)

- The VHQC has been designated by the Centers for Medicare & Medicaid Services (CMS) as the Medicare Quality Improvement Organization (QIO) for Virginia and has been so since 1984.
- Works on behalf of Medicare to monitor and help improve the care received by Medicare patients.
- VHQC offers services to a wide range of partners who are interested in improving the quality of health care and the health status of a variety of populations.

THE VIRGINIA HEALTH QUALITY CENTER (VHQC)

Business Benefits of Quality Improvement

QI: BUSINESS BENEFITS

Making the Case for Business Benefits (MCBB) demonstrated that quality can:

- Increase revenues
  - Increased patient volume (hospitals & physician offices)
  - Increased complexity of services (physician offices)
- Decrease costs
  - Improved efficiencies (hospitals & physician offices)
  - Reduction in ALOS (hospitals)

(Other indirect financial benefits reported)

BUSINESS BENEFITS OF QUALITY IMPROVEMENT IN PHYSICIAN PRACTICES

- Efficiencies in patient care and office practices
- Better patient care (leads to job satisfaction among the practice’s clinicians and staff)
- Patient satisfaction
- Optimize the number of patients seen per day and amount of time spent with each patient
- QI efforts may help your practice with managed care negotiations and medical malpractice insurers are favorable toward QI
- May increase revenue

MCBB: CASE STUDY #1

Implementation of an electronic disease management system:
- Software allows the practice to track the care that patients with diabetes receive
- Provides physician reminders for lab tests, eye exams, and immunizations
- Tracks average lab values
- Frees two hours of physician time each month, allowing six additional patients to be seen each month
- $474 in patient profits (surplus) each month
MCBB: CASE STUDY #2

Implementation of a diabetes flow sheet:
- Documentation of lab test results, track eye exams, foot exams, and immunizations
- Net profit of $30/patient due to increases in the number of tests and complexity of office visits
- $2,340/month

THE VIRGINIA HEALTH QUALITY CENTER (VHQC)

Chronic Illness,
Preventive Services,
Missed Opportunities

THE CHALLENGE
- More than 90 million Americans live with chronic illnesses.
- Chronic diseases account for 70% of all deaths in the United States.
- The medical care costs of people with chronic diseases account for more than 75% of the nation’s medical care costs.

THE SOLUTION
- Physicians and physician office practice staff implementing newer and better systems of care in their offices.
- Patients taking a proactive stance in their own care.

THE CHALLENGE

Crossing the Quality Chasm: A New Health System for the 21st Century
“Health care has safety and quality problems because it relies upon outmoded systems of work.”
-Institute of Medicine (IOM) Report: Crossing the Quality Chasm: A New Health System for the 21st Century

Read online for free:
http://books.nap.edu/catalog/10027.html

PREVENTIVE SERVICES

As reported by the United States General Accounting Office, September 2003
“Most Beneficiaries Receive Some but Not All Recommended Preventive Services”
www.gao.gov/cgi-bin/getrpt/GAO-03-958
- 91% of female Medicare beneficiaries received at least one preventive service, however--
  - Only 10% were screened for cervical, breast, and colon cancer and also immunized against influenza and pneumonia
U.S. Preventive Services Task Force recommends:

- All people age 65 and older receive an annual influenza vaccination and at least one pneumonia vaccination

CMS’s Medicare Current Beneficiary Survey of 2000 found:

- 30% of Medicare beneficiaries did not receive an influenza vaccination
- 37% had never had a pneumonia vaccination

Medicare will reimburse for outpatient diabetes education:

- Training must be ordered by a qualified provider
- The provider must prepare a care plan
- Services must be furnished to two to 20 beneficiaries
- Beneficiary must meet certain criteria

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2000_register&docid=00-32703-filed

Medicare will reimburse for outpatient diabetes education:

- Bill Medicare with one of these HCPCS codes:
  - G0108: Diabetes outpatient self-management training services, individual, per 30 minutes, or
  - G0109: Diabetes self-management training services, group session (2 or more), per 30 minutes
- Medicare’s payment for those 30 minutes:
  - 0.49 RVUs in 2003 or $18


CHRONIC CARE MODEL – CASE STUDY

Albany Medical Center, Albany, New York

- Focus: Acute medical problems, ill-equipped to deal with chronic illnesses
- Interventions:
  - Brought in a certified diabetes educator (CDE).
  - Began a registry
  - Strengthened communication between primary care physicians & specialists.
- Pilot: 200 patients with diabetes & 2 doctors at 1 practice site

Findings:

- Within 1 year, 82% of patients were getting annual foot exams & 70% received annual lipid profiles.
- Generated revenue exceeded the cost of hiring the CDE.

Next Steps:

- Expand methods to other 9 doctors in the practice.
- Spread methods throughout the 13-site network & include other chronic conditions.
The Virginia Health Quality Center’s
Physician Office Initiative

PHYSICIAN OFFICE INITIATIVE: BENEFITS OF PARTICIPATION

- CME credits
  - At no cost
- Analyzed data reports
- Recognition program
- Quality improvement resources for your practice
- Educational materials for your patients
- Information on successful programs

PHYSICIAN OFFICE INITIATIVE PARTICIPANTS

From 2003 - Present:

- ~800+ Primary Care Physicians statewide
- Large networks with a number of practices to practices with one physician
- Area Agencies on Aging, Pharmacies, Parish Nurse Programs

CME INITIATIVE

- Earn CME credits for improvement efforts during the course of normal patient workload.
- Valuable long-term rewards are captured from quality improvement system changes implemented into the practice, enhancing care and increasing productivity.

Up to 30 CME credits can be earned the first year alone by physicians, physician assistants and nurse practitioners
- CME credits are recognized as category 1 credit toward the American Medical Association’s Physician Recognition Award
- Prescribed Credit by the American Academy of Family Physicians.
- The CME credits are provided at no cost to all enrolled participants.

ENDORSEMENT FROM PARTICIPANT

"The use of VHQC-developed chart tools - visit records and flowsheets – greatly improved my efficiency and enhanced my ability to ensure I was providing the care I wanted to my patients. They also made my life easier by allowing me to track my treatment plans and the changes that were made. We improved not only our rates of recommended testing but achieved our goals for care as well.”

Kurt Elward, M.D.,
Family Medicine of Albermarle, Martha Jefferson PHO
QUESTIONS?

David Collins, M.H.A.
Physician Office Initiative Project Coordinator
dcollins@vaqio.sdps.org

Robin Weil, M.S.H.A., R.N., CPHQ
Project Director Hospital/Physician Office Quality Initiatives
rweil@vaqio.sdps.org

Phone: 804-289-5320
Fax: 804-289-5324

VHQ web site: www.VHQ.org