

FOCUS - Q1 2017

Newsletter of the American College of Medical Quality



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ACMQ's e-newsletter

— AMERICAN COLLEGE OF —
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[An Invitation to Medical Quality 2017 from the Scientific Program Chair](#)

Cindy Lee, MD

MQ 2017 Scientific Program Chair

Assistant Professor in Residence in the Breast Imaging and Ultrasound, University of California, San Francisco



I invite you to join me for MQ 2017 in Washington, DC at the historic Mayflower Hotel, March 29-April 1, 2017. MQ 2017 explores creative and effective strategies to achieve more rapid and widespread implementation of patient-centered care in both inpatient and ambulatory health care setting. Previous MQ meetings were approved for 22.5 AMA PRA Category 1 Credit(s)™...

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[Call for ACMQ Fellowship Applications Due Jan. 31st!](#)

College members for more than three years might be eligible for induction as a Fellow at the MQ 2017 Annual Meeting, March 29 - April 1. Applications are due January 31, 2017. [Learn more and apply today!](#)

[From the Editor's Desk: Election Aftermath](#)

Gregory R. Wise, MD

Editor, *FOCUS*

Kettering Medical Center System



It is difficult to talk about anything else than the consequences of the national election.

Network and cable news have made millions sponsoring talking heads and speculating on the future. Arguably this election will be the most impactful on our society than any in recent history, but we must be careful in using the term 'mandate' when almost 50% of the potential electorate actually did not vote and the winner of the Electoral College lost the popular vote by nearly 3 million. Politicians make promises-that's what they do. Now we are going to create jobs, build a wall, reduce taxes, reform immigration, and repeal Obamacare.

For those of us involved in clinical quality, it's difficult to think of a process more key to actually achieving quality than being able to access healthcare in the first place...

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Performance Principles for the Trump Era

Thomas H. Lee, MD
Chief Medical Officer, Press Ganey
Internist and Cardiologist, Brigham and Women's Hospital
Professor of Medicine, Harvard Medical School and Professor of Health Policy and Management at the Harvard School of Public Health



The 2016 Presidential election is behind us and a new administration has begun, and much is uncertain about the future of how finances will flow in U.S. healthcare, but what has not changed is the imperative to meet patients' needs, and to do so efficiently. Health care providers must understand their patients' needs and organize to address them if they are to retain their market share of patients and good personnel. Regardless of what happens with the Affordable Care Act, the following are likely to be important focuses for clinicians and managers...

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Post-Election Changes in Health Care?

Evan M. Benjamin, MD, MS, FACP
Professor of Medicine, Tufts University School of Medicine
Senior Vice President for Quality and Population Health and Chief Quality Officer, Baystate Health



With the surprising election of Donald Trump as the 45th U.S. President, there are many questions and much uncertainty for health care providers. While it is not possible to predict how U.S. health policy might change, it is possible to identify some of the key issues that will affect all of us. During his presidential campaign, Trump spoke of repealing and replacing the 2010 Affordable Care Act (ACA). A simple campaign promise however is sometimes harder to accomplish in reality. Is a complete ACA repeal possible...

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When the Internet Interferes with Health Care Quality

Juniper J. Lee-Park
Medical Student; Class of 2017
Virginia Tech Carilion School of Medicine



As a fourth-year medical student and an aspiring pediatrician, I have been privileged to provide medical care to children in need. I love being able to meet families and to use my training to help guide parents through the often scary experience of raising a child. However, I have also witnessed that parents sometimes do not want to follow medical advice, most notably in the case of childhood vaccinations...

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UPCOMING EVENTS



— AMERICAN COLLEGE OF —
Medical Quality
Achieving Safe, Effective,
Cost-Efficient Patient-Centered Care
Through Innovation and Change

The Mayflower
Washington DC
March 29 - April 1, 2017

Medical Quality 2017: Achieving Safe, Effective, Cost-Efficient Patient-Centered Care Through Innovation and Change

The Mayflower Hotel, Washington, DC, March 29-April 1, 2017

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QUALITY LINKS

Patient safety efforts saved \$28 billion over five years

Modern Healthcare (12/16/16, Elizabeth Whitman)

Efforts to make hospitals safer for patients are paying off, preventing 3.1 million harmful hospital-acquired conditions and the deaths of some 125,000 people, according to an HHS report released Monday. Those improvements saved close to \$28 billion in healthcare costs from 2010 through 2015.

Health care leaders touted this progress as a direct result of policies laid out in the Affordable Care Act, public-private partnerships such as the Partnership for Patients, which launched in

2011, and other quality improvement initiatives to target hospital-acquired conditions. These conditions include infections, falls, pressure ulcers and other adverse outcomes.

"These achievements demonstrate the commitment across many public and private organizations and frontline clinicians to improve the quality of care received by patients across the county," said Dr. Patrick Conway, the CMS's deputy administrator for innovation and quality and its chief medical officer.

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52 million at risk of losing coverage because of pre-existing conditions

Modern Healthcare (12/16/16, Shannon Muchmore)

More than 1 in 4 adult Americans have a pre-existing condition that could once again make it difficult for them to find health coverage if Republicans follow through with their pledge to dismantle provisions of the Affordable Care Act.

The Kaiser Family Foundation released a report Monday that shows about 27% of Americans younger than 65-or 52 million people-have one or more health conditions that would make them uninsurable in the individual market if underwriting practices revert to pre-ACA norms.

President-elect Donald Trump and Republican leaders who will soon control both chambers of Congress have said their promised repeal of the ACA will happen immediately in the new year, likely before a solid plan for replacement is put forward.

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Most frequent health care users don't get the care they need

Modern Healthcare (12/9/16, Maria Castellucci)

Just 10% of patients account for 65% of the nation's health care spending. These patients often have multiple chronic conditions and frequently use healthcare services as a result. Yet, many of these patients aren't getting the care they need, according to a new survey.

The findings, published by the Commonwealth Fund, found that patients who frequently use healthcare services have greater unmet behavioral health and social needs compared to other adults. In addition, these patients face more barriers to access.

The report surveyed 3,009 U.S. adults, 1,805 of whom had two or more major chronic conditions.

The survey found that high-need patients reported higher levels of social isolation compared to others. About 37% of them lack companionship or feel lonely compared to 15% of other adults. Moreover, almost 62% of high-need respondents said they were stressed about essentials like paying for housing, utilities and food. Only about 32% of other adults expressed the same stress.

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[Ohio Indoor Smoking Ban Had Small Effect On Adult Smoking Rate](#)

Associated Press (12/4/16, Julie Carr Smith)

The AP (12/4, Carr Smyth) reports that nearly ten years following Ohio's passage of an indoor smoking ban, Ohio has experienced a number of associated benefits, including "dramatically [improved] air quality and [reduced] emergency visits for asthma and emphysema and hospitalizations for chronic obstructive pulmonary disease," but the state's adult smoking rate has only declined from 23.1 percent in 2007 to 21.6 percent in 2015. The American Lung Association believes this marginal change in smoking rates is due in part to the state's low tobacco taxes and poor funding for smoking cessation programs.

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[Physician Price pushed physician control over quality measures](#)

Modern Healthcare (12/1/16, Elizabeth Whitman)

Rep. Tom Price, an orthopedic surgeon from Georgia and President-elect Donald Trump's pick for HHS secretary, proposed legislation in 2015 to repeal the Affordable Care Act. His replacement would have granted physician groups considerable control in key areas of healthcare quality.

Those provisions are raising conflict-of-interest concerns among some critics, who are pointing to ties between Price and the healthcare industry. "These physician groups are advocacy organizations that exist to serve the interests of their members, which are physicians, and those interests are often financial in nature," said Eric Campbell, a sociologist and professor of medicine at Harvard Medical School whose research includes physician conflicts of interest.

Title VII of the Empowering Patients First Act that Price introduced in May 2015 covers quality, including comparative-effectiveness and patient-centered outcomes research and performance-based quality measures.

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[Prediabetes' CV Risk Seen Even at Lowest Thresholds](#)

Medpage Today (11/30/2016, Kate Kneisel)

Prediabetes defined by impaired glucose tolerance or impaired fasting glucose with low thresholds identified more individuals at increased risk for cardiovascular disease and all-cause mortality than other definitions of prediabetes, a meta-analysis showed.

While prediabetes has been traditionally defined as impaired glucose tolerance at 140-200 mg/dL, researchers noted an increased risk of composite cardiovascular disease and coronary heart disease at the lower cut points espoused by the American Diabetes Association of 100 mg/dL for impaired fasting glucose, and 5.7% for hemoglobin A1c (HbA1c) espoused by the American Diabetes Association.

The large meta-analysis of 53 prospective cohort studies involving over 1.6 million participants was reported by Yuli Huang, MD, of the affiliated Hospital at Shunde, Southern Medical University in China, and colleagues online in The BMJ.

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[CMS' star ratings for hospitals linked to social, economic factors](#)

Modern Healthcare (11/28/2016, Maria Castellucci)

The CMS' hospital quality star ratings have been strongly criticized by industry stakeholders and Congress as unfairly tarnishing the reputations of hospitals in low-income communities.

A new study reinforces the concerns, concluding that a hospital's rating is heavily influenced by its location's socio-economic conditions.

Hospitals with relatively low star ratings from the CMS were located in cities with high "stress" levels, according to the study, published Monday in JAMA. The stress levels of cities were determined using a 2016 analysis from WalletHub, a finance website that measured socio-economic conditions like unemployment and poverty rates in 150 cities across the country.

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[AMA joins call for action to stem tide of gun violence](#)

AMA News (11/16/16, Kevin B. O'Reilly)

The AMA has joined an advocacy effort, started by leading organizations representing physicians, public health professionals and attorneys, aimed at reducing gun-related deaths and injuries. The document seeks universal background checks on gun purchases, restrictions on the sale of military-style weapons and large-capacity magazines to civilians and more research on how to cut morbidity and mortality involving firearms.

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[Should Medicare pull the plug on value-based purchasing?](#)

Modern Healthcare (11/4/16, Elizabeth Whitman)


The latest results of Medicare's Hospital Value-Based Purchasing program were dismal but unsurprising. The program's use of financial sticks and carrots to motivate 3,000 U.S. hospitals to provide better care resulted in more hospitals getting dinged for poor performance in 2017, not fewer.

Now some policy experts are beginning to wonder if the program should be shelved.

Weigh all the evidence on the Hospital Value-Based Purchasing program, and "you almost wonder, is it time to retire it?" said Francois de Brantes, executive director of the Health Care Incentives Improvement Institute.

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