

# QI News & Trends

## Issue 4: Industry News - December 2016

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### CMS Launches New Online Tool to Make Quality Payment Program Easier for Clinicians *Centers for Medicare & Medicaid Services (11/17/16)*

A new application programming interface (API) has been released by the Centers for Medicare & Medicaid Services (CMS) to facilitate the sharing of electronic data for the Medicare Quality Payment Program. The API makes it easier for other organizations to retrieve and maintain the Quality Payment Program's measures and enable them to build applications for clinicians and their practices. The new tool will also allow developers to write software using the information described on the Explore Measures section of QPP.cms.gov. Based on interviews with clinicians, via the Explores Measures tool, CMS enables clinicians and practice managers to select measures that likely fit their practice, assemble them into a group, and print or save them for reference. Tens of thousands of people are already using this tool. "An important part of the Quality Payment Program is to make it easier and less expensive to participate, so clinicians may focus on seeing patients," says Andy Slavitt, acting administrator of CMS. "This first release is a step in that process, both for physicians and the technologists who support them." As the Quality Payment Program and its supporting website mature, CMS will continue to release data and APIs to spur innovation and keep participants up-to-date.

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### CMS Announces Additional Opportunities for Clinicians to Join Innovative Care Approaches *Centers for Medicare & Medicaid Services (10/26/16)*

Clinicians now have more opportunities to join Advanced Alternative Payment Models (APMs) developed by

the Centers for Medicare & Medicaid Services' (CMS) Innovation Center. Clinicians can enhance care and potentially earn an incentive payment under the Quality Payment Program created through the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). CMS expects to re-open applications for new practices and payers in the Comprehensive Primary Care Plus (CPC+) model and new participants in the Next Generation Accountable Care Organization (ACO) model for the 2018 performance year. In addition, CMS says the Innovation Center's Oncology Care Model with two-sided risk will now be available in 2017, which will qualify the model as an Advanced APM beginning in the 2017 performance year. Clinicians may earn a 5 percent incentive payment in 2017 under the Quality Payment Program through adequate participation in Advanced APMs, including Comprehensive ESRD Care Model (Large Dialysis Organization (LDO) arrangement) and Medicare Shared Savings Program ACOs - Tracks 2 and 3. CMS also anticipates that in 2018, clinicians may earn the incentive payment through sufficient participation in additional models, including ACO Track 1+ and the new voluntary bundled payment model. These lists will continue to be updated as more models are proposed and developed in partnership with the clinician community and the Physician-Focused Payment Model Technical Advisory Committee.

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## National Quality Improvement Program for Weight Loss Surgery Reduces Readmissions by More Than 30 Percent for Some Hospitals

*Science Daily (11/02/2016)*

Researchers say many bariatric surgery readmissions are linked to preventable causes such as nausea, vomiting, electrolyte depletion and nutritional depletion. A study presented at ObesityWeek 2016 reported that the Decreasing Readmissions through Opportunities Provided (DROP) program was implemented by 128 Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) Comprehensive Centers between March 2015 and March 2016 for patients undergoing primary laparoscopic adjustable gastric banding, laparoscopic sleeve gastrectomy or laparoscopic Roux-en-Y gastric bypass. In the year prior to the program, centers had a 30-day readmission rate of 4.79 percent with 1,446 readmissions from 30,204 cases. Six months after launching the DROP program, the readmission rate declined by an average of 14 percent. The reduction in readmissions was more than three times that (32 percent) for hospitals in the top quartile of readmissions before the start of the program. DROP components included preoperative to postoperative services, such as educational videos, inpatient nutritional consults, prescription medication management, postop surgeon, nutritionist visits and discharge checklists. Of the eight interventions, the postoperative visit with the nutritionist was associated with the most impact. MBSAQIP, which was established in 2014, accredits inpatient and outpatient bariatric surgery centers in the United States and Canada that have undergone an independent, voluntary and rigorous peer evaluation in accordance with nationally recognized bariatric surgical standards.

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## 4 Steps to Sustaining Improvement in Healthcare

*Harvard Business Review (11/16) Mate, Kedar S.; Rakover, Jeffrey*

The Institute for Healthcare Improvement recently studied several healthcare organizations in an effort to identify which healthcare improvement initiatives last. They found that it is important to choose a pilot unit within the organization in which to experiment, learn and model new methods for the rest of the system. Selecting this pilot unit should be based on such factors as stability, alignment around goals, management "hygiene" and engagement. In addition, standardized work processes may initially be easier to introduce in service units with more-easily definable and predictable clinical processes, such as surgical units or endoscopy suites. Another key step is starting with frontline clinical leaders, such as the charge nurse who supervises the nursing care given to patients in the unit and others in similar roles. During shifts, charge nurses instruct frontline staffers and ensure they follow standard processes, monitor care, change course when needed and solve problems. They also escalate to the next layer of management any issues encountered during the shift

that are beyond their control to resolve. To build momentum once the pilot unit is established, organizations can take such steps as a daily huddle to monitor processes introduced through improvement initiatives and creating visual management boards with simple metrics for easier tracking. Finally, it is important to motivate frontline clinical managers by tackling what frustrates them and making them aware that their participation in standardized work is one way to earn good performance reviews and promotions.

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## How to Prevent 440,000 Yearly Deaths Due to Medical Errors

*Northwestern Now (11/16/16) Paul, Maria*

Northwestern University's Feinberg School of Medicine offers the nation's first Ph.D. program in healthcare quality and patient safety. The curriculum is geared toward preventing deaths stemming from medical errors, which number 440,000 annually in the United States and represent the third leading cause of death after heart disease and cancer. In the program, senior and mid-career clinicians — including physicians, nurses and pharmacists — are trained by engineers, cognitive psychologists, and risk assessment and change management specialists. The goal is to bring a critical, fresh eye to the medical world in order to spot vulnerabilities in the system, conduct research and determine how to fix them based on scientific evidence. For instance, physical and cognitive ergonomics comprise the study of predictable errors a person's mind can make and how to consider these in healthcare design. Students learn that one of the riskiest moves for a patient is from an intensive care unit to the regular-care hospital floor. Additionally, the curriculum focuses on how to improve teamwork and communication in healthcare and making electronic health records more reliable. The first Ph.D. student who graduated in September, Cindy Barnard, is vice president of quality for Northwestern Memorial Healthcare. Part of her research involved asking patients how they define quality healthcare. "As surprising as it may seem, nobody has asked them," Barnard says. "We discovered patients have thoughtful and distinctive views of what healthcare quality should be, and what they want us to improve."

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