

HealthInsight



Annual Report of Medicare Case Reviews for Utah

August 1, 2012 – July 31, 2013

HealthInsight Utah

Annual Report of QIO Case Review Information

Quality Improvement Organizations (QIOs) perform a variety of activities to facilitate improved health care outcomes for Medicare beneficiaries. This report only reflects case review activities. For information on additional activities conducted by the QIO, please visit:

<http://healthinsight.org>

I. Total Number of Reviews: The table below reflects the total number and type of reviews performed by HealthInsight Utah from August 1, 2012 to July 31, 2013.

REVIEW TYPE	Number of Reviews	Percent of Reviews
Coding Validation (120 - HWDRG)	210	26.18%
Coding Validation (All Other Selection Reasons)	0	0%
Quality of Care Review (101 through 104 -Beneficiary Complaint)	18	2.24%
Quality of Care Review (All Other Selection Reasons)	2	0.24%
Utilization (158 - FI/MAC Referral for Readmission Review)	0	0%
Utilization (All Other Selection Reasons)	266	33.17%
Notice of Non-coverage (105 through 108 - Admission and Preadmission)	2	0.24%
Notice of Non-coverage (118 - BIPA)	107	13.34%
Notice of Non-coverage (117 - Grijalva)	138	17.2%
Notice of Non-coverage (121 through 124 -Weichardt)	55	6.85%
Notice of Non-coverage (111-Request for QIO Concurrence)	5	0.62%
EMTALA 5 Day	1	0.12%
EMTALA 60 Day	0	0%
TOTAL NUMBER OF REVIEWS COMPLETED	804	

HealthInsight Utah
Annual Report of QIO Case Review Information

II. Top 10 Principal Medical Diagnoses – The top 10 principal medical diagnoses for inpatient claims billed for Medicare beneficiaries.

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. 038.9 – Unspecified septicemia	2675	18.52%
2. 715.36 – Osteoarthritis, localized, not specified whether primary or secondary, lower leg	2479	17.16%
3. 486 – Pneumonia, organism unspecified	1842	12.75%
4. V57.89 – Care involving other specified rehabilitation procedure	1804	12.49%
5. 584.9 – Acute kidney failure, unspecified	1056	7.31%
6. 427.31 – Atrial fibrillation	1032	7.15%
7. 715.35 – Osteoarthritis, localized, not specified whether primary or secondary, pelvic region and thigh	1003	6.94%
8. 414.01 – Coronary atherosclerosis of native coronary artery	903	6.25%
9. 599.0 – Urinary tract infection, site not specified	840	5.82%
10. 434.91 – Cerebral artery occlusion, unspecified with cerebral infarction	809	5.60%
TOTAL NUMBER OF BENEFICIARIES	14,443	

HealthInsight Utah
Annual Report of QIO Case Review Information

III. Provider Reviews Geographics – The count and percent by geographical locations for health service providers (HSPs) associated with a completed QIO review.

Geographical Area	Number of Providers	Percent of Providers
Rural	21	22.11%
Urban	74	77.89%
Unknown	0	0.00%
TOTAL NUMBER OF PROVIDERS	95	100.00%



HealthInsight Utah
Annual Report of QIO Case Review Information

IV. Provider Reviews Settings – The count and percent by setting for health service providers (HSPs) associated with a completed QIO review.

SETTING	Number of Providers	Percent of Providers
0 - Acute Care Unit of an Inpatient Facility	24	25.26%
1 - Distinct Psychiatric Facility	2	2.11%
2 - Distinct Rehabilitation Facility	1	1.05%
3 - Distinct Skilled Nursing Facility	46	48.42%
5 - Clinic	0	0.00%
6 - Distinct Dialysis Center Facility	0	0.00%
7 - Dialysis Center Unit of Inpatient Facility	0	0.00%
8 - Independent Based RHC	0	0.00%
9 - Provider Based RHC	0	0.00%
C - Free Standing Ambulatory Surgery Center	0	0.00%
G - End Stage Renal Disease Unit	0	0.00%
H - Home Health Agency	8	8.42%
N - Critical Access Hospital	0	0.00%
O - Setting does not fit into any other existing setting code	0	0.00%
Q - Long Term Care Facility	2	2.11%
R - Hospice	12	12.63%
S - Psychiatric Unit of an Inpatient Facility	0	0.00%
T - Rehabilitation Unit of an Inpatient Facility	0	0.00%
U - Swing Bed Hospital Designation for Short-Term, Long-Term Care, and Rehabilitation Hospitals	0	0.00%
Y - Federally Qualified Health Centers	0	0.00%
Z - Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	0	0.00%
TOTAL NUMBER OF PROVIDERS	95	100.00%

HealthInsight Utah
Annual Report of QIO Case Review Information

A. Quality of Care Concerns Confirmed – The number of concerns by Quality of Care Category Code and the number that were confirmed at highest level of review for completed quality of care reviews.

Quality of Care Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01 - Apparently did not obtain pertinent history and/or findings from examination	0	0	0.00%
C02 - Apparently did not make appropriate diagnoses and/or assessments	1	0	0.00%
C03 - Apparently did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care	8	0	0.00%
C04 - Apparently did not carry out an established plan in a competent and/or timely fashion	9	1	11.11%
C05 - Apparently did not appropriately assess and/or act on changes in clinical/other status results	2	0	0.00%
C06 - Apparently did not appropriately assess and/or act on laboratory tests or imaging study results	2	0	0.00%
C07- Apparently did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08 - Apparently did not perform a procedure that was indicated	0	0	0.00%
C09 - Apparently did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10 - Apparently did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	2	0	0.00%
C11 - Apparently did not demonstrate that the patient was ready for discharge	6	1	16.67%
C12 - Apparently did not provide appropriate personnel and/or resources	0	0	0.00%
C13 - Apparently did not order appropriate specialty consultation	1	0	0.00%
C14 - Apparently specialty consultation process was not completed in a timely manner	0	0	0.00%
C15 - Apparently did not effectively coordinate across disciplines	0	0	0.00%

HealthInsight Utah
Annual Report of QIO Case Review Information

<i>(continued from Page 5)</i> Quality of Care Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C16 - Apparently did not ensure a safe environment (medication errors, falls, pressure ulcers, transfusion reactions, nosocomial infection)	4	1	25.00%
C17 - Apparently did not order/follow evidence-based practices	0	0	0.00%
C18 - Apparently did not provide medical record documentation that impacts patient care	0	0	0.00%
C99 - Other quality concern not elsewhere classified	14	1	7.14%
TOTAL NUMBER OF CONCERNS	49	4	8.16%

B. Serious Reportable Events on Quality of Care Reviews - The number of quality improvement activities (QIAs) initiated for all quality of care reviews with confirmed concerns

# of QIAs Initiated	Number of QIAs Initiated for Serious Reportable Events	Percent of QIAs Initiated for Serious Reportable Events (%)
4	0	0%

HealthInsight Utah
Annual Report of QIO Case Review Information

C. Confirmed Quality of Care Concerns with Associated Interventions – The number of initial quality improvement activities initiated, by activity type, for reviews with one or more confirmed quality of care concerns.

Initial Quality Improvement Activity	Number of Interventions (QIAs) with this Initial Quality Improvement Activity	Percent of Interventions (QIAs) with this Initial Quality Improvement Activity
1 - Send educational/alternative approach letter	2	66.67%
2 - Perform intensified review	0	0%
3 - Require continuing education	0	0%
4 - Request/review policy/procedure	0	0%
5 - Request development of QIP	2	33.33%
6 - Accept provider-initiated QIP	0	0%
7 - Conduct informal meeting or teleconference	0	0%
8 - Refer to licensing board	0	0%
9 - Initiate sanction activity	0	0%
10 - Other	0	0%
TOTAL	4	100%

HealthInsight Utah
Annual Report of QIO Case Review Information

D. Discharge/Service Termination – Location of beneficiaries linked to discharge/service termination reviews

Note: Data represents discharge/service termination reviews from 8/1/2012 – 4/30/2013

Discharge Status	Number of Beneficiaries	Percent of Beneficiaries
01 - Discharged to home or self-care (routine discharge)	5	23.81%
02 - Discharged/transferred to another short-term general hospital for inpatient care	0	0.00%
03 - Discharged/transferred to skilled nursing facility (SNF)	11	52.38%
04 - Discharged/transferred to intermediate care facility (ICF)	0	0.00%
05 - Discharged/transferred to another type of institution (including distinct parts)	0	0.00%
06 - Discharged/transferred to home under care of organized home health service organization	4	19.05%
07 - Left against medical advice or discontinued care	0	0.00%
09 – Admitted as an inpatient to this hospital	0	0.00%
20 – Expired (or did not recover – Christian Science patient)	0	0.00%
21 – Discharged/transferred to court/law enforcement	0	0.00%
30 – Still a patient	0	0.00%
40 - Expired at home (Hospice claims only)	0	0.00%
41 - Expired in a medical facility (e.g. hospital, SNF, ICF or free standing Hospice)	0	0.00%
42 - Expired – place unknown (Hospice claims only)	0	0.00%
43 - Discharged/transferred to a Federal hospital	0	0.00%
50 - Hospice - home	0	0.00%
51 - Hospice - medical facility	0	0.00%
61 - Discharged/transferred within this institution to a hospital-based Medicare approved swing bed	0	0.00%
62 - Discharged/transferred to an inpatient rehabilitation facility including distinct part units of a hospital	0	0.00%



HealthInsight Utah
Annual Report of QIO Case Review Information

<i>(continued from page 8)</i> Discharge Status	Number of Beneficiaries	Percent of Beneficiaries
63 - Discharged/transferred to a long term care hospital	1	4.76%
64 - Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare	0	0.00%
65 - Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	0	0.00%
66 - Discharged/transferred to a Critical Access Hospital	0	0.00%
70 - Discharged/transferred to another type of health care institution not defined elsewhere in code list	0	0.00%
Other	0	0.00%
TOTAL NUMBER OF MEDICARE BENEFICIARIES	21	100.00%



HealthInsight Utah
Annual Report of QIO Case Review Information

E. Beneficiary Demographics – Number of beneficiaries for whom a case review activity was started between August 1, 2012 and July 31, 2013, by demographic category, and the percent of beneficiaries each category represents; beneficiaries who had multiple instances of reviews were counted only once.

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	281	57.70%
Male	205	42.09%
Unknown	1	0.21%
TOTAL	487	100.00%
Race		
Asian	5	1.03%
Black	4	0.82%
Hispanic	7	1.44%
North American Native	3	0.62%
Other	2	0.41%
Unknown	1	0.21%
White	465	95.48%
TOTAL	487	100.00%

F. Quality of Care Reviews and Concerns by Intervention Type

Quality of Care Concern	Provider Quality Improvement Activities
Failure to provide diagnostic results to the patient in a timely manner	<p>The provider recognized there was an opportunity for improvement to ensure that patients received their diagnostic results in a timely manner.</p> <ol style="list-style-type: none"> 1. The Nurse Manager confirmed that all current staff had proper training and access to the provider’s internal electronic messaging system. 2. Their new employee orientation process incorporated granting access to all electronic systems on the first day of employment. 3. The nurse manager will perform routine periodic audits of receiving in-boxes to ensure that all patients’ results have been collected and notification has been completed in a timely matter. 4. The staff, including the physicians, now instructs every patient to call the office if their diagnostic results have not been received within 14 day time period.
Failure to provide clear medical record documentation	<p>The provider agreed that medical record documentation could have been better to reflect the patient’s condition and history of respiratory treatment and outcome.</p> <ol style="list-style-type: none"> 1. Staff education and discussion opportunities were provided to the staff regarding oxygen weaning, respiratory treatment, physical assessment and proper documentation which includes recording clear baseline levels and saturation rates accordingly.
Failure to prevent surgical infection	<p>Peer review and physician education regarding the patient’s clinical presentation and the use of standards of care including pre-surgical antibiotics was provided to the surgeon.</p>

How Interventions Determined/Best Practices

The failure to prevent post-surgical infection	<p>In this case the review process provided an educational opportunity between physician peers. It allowed for a review of the patient’s clinical presentation and a discussion regarding nationally recognized standards of care and the systematic approach to the use of antibiotics prior to an invasive procedure to prevent surgical infection.</p>
---	---

HealthInsight Utah
Annual Report of QIO Case Review Information

G. Evidence Used in Decision-Making

Review Type	Diagnostic Categories	Evidence/ Standards of Care Used*	Rationale for Evidence/Standard of Care Selected
Quality of Care	Pneumonia	AAFP	U.S. DHHS Agency
	Heart Failure	ACCF/AFA	National Medical Professional Association
	Acute Myocardial Infarction	ACCF/AHA	National Medical Professional Association
	Pressure Ulcers	AHRQ	U.S. DHHS Agency
	Urinary Tract Infection	AHRQ/AUA	U.S. DHHS Agency; National Medical Professional Association
	Sepsis	AHRQ	U.S. DHHS Agency
	Adverse Drug Events	AHRQ	U.S. DHHS Agency
	Falls	AHRQ/AGS	U.S. DHHS Agency; National Medical Professional Association
	Patient Trauma	AHRQ	U.S. DHHS Agency
	Surgical complications	AHRQ	U.S. DHHS Agency
	Medical Necessity/Utilization Review		InterQual
Appeals		InterQual	Commercial evidence-based clinical decision support criteria

Below are three examples where case review was linked to another Aim of the QIO contract, the evidence based criteria used to support review decisions on those cases, and what influenced the selection of that criteria.

Post-Surgical Infection: Reduce Healthcare Associated Infections

A Medicare beneficiary underwent surgery for a right shoulder rotator cuff repair. However, within less than a month after the surgery, he developed a severe staph infection at the surgery site which required another hospitalization and a repair procedure.

The physician reviewer noted that pre-operative antibiotics were not administered to the patient 30 minutes before the procedure and advised the physician of evidence-based practices found in the U.S. Department of Health and Human Services, Agency for Health Care Research & Quality, Post-surgical infection.

Falls: Reduce Healthcare Acquired Conditions

A beneficiary identified as a high risk for falls was provided a sitter to monitor the beneficiary. However, the 1:1 care was discontinued and the beneficiary had another fall.

Citing the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Prevention of Falls Guidelines, the physician reviewer confirmed that the facility did not maximize all fall preventive measures to prevent another fall from occurring.

Notification of Test Results: Reduce Healthcare Acquired Conditions

A clinic performed a biopsy on a beneficiary who had a history of lesions on his left torso. The beneficiary reported that three months after the biopsy was done, he had not received a call from the clinic with his results, and he had to contact them for the outcome. During the case review process, the physician reviewer and provider received reference material from the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Screening for Skin Cancer.

The physician reviewer for this case noted that while the biopsy results were negative and no harm had come from the delay in notification, three months is unacceptable to wait for results, positive or negative.

H. Effectiveness of QIAs

The Quality Improvement Organization (QIO) 10th Scope of Work program emphasizes Beneficiary and Family Centered Care and focuses on the following three Aims; better patient care, better individual and population health, and lower health care costs through improvement.

HealthInsight's Quality Assurance Division provides case review activities that are designed to empower Medicare beneficiaries and their families by expanding dialogue opportunities and allow their quality of health care services to be reviewed. Additionally, the division is responsible to conduct many other types of health care related review that are referred from other private and public agency entities.

All confirmed health care quality problems that jeopardizes the Medicare federal program or Medicare beneficiaries requires improvement action. HealthInsight works with the provider to identify the underlying reasons of the problem(s) in terms of the nature, the magnitude, the location, and the timing of the harmful outcome. Consequently, the provider is then able to modify their processes to deliver better quality of care. The provider's improvement activities are referred to as Quality Improvement Activities (QIA). The intent of a QIA is to promote action that will change and solve problems before they occur or escalate.

Section C and F of this report provide examples of QIA activities. All proposed action plans may entail a single or a system-wide improvement change. These plans are reviewed by HealthInsight's QIA committee members and subject to committee approval and continuous monitoring efforts to ensure successful change.

Based on the 10th SOW Aims, this unique combination of the quality of care case review process and quality improvement activities provides a positive impact by encouraging collaboration through the patient's experience and perspective, performing an analysis of the health care delivery system, and aligning patient care with current nationally recognized evidence-based standards.