



The Future of Patient Safety for Healthcare Stakeholders

In a U.S. healthcare climate in the midst of healthcare reform and the implementation of Value Based Purchasing (VBP), the importance of “publicity” about patient safety and infection control has reached new and increasing heights. In this four-part HC Topics Series: Infection Control and Patient Safety in an Era of Never Events, the evolution of patient safety and infection control as well as changes to the regulatory framework for reimbursement penalties under the guise of mandatory public reporting and “*never events*,” has been discussed. In addition, the most recent installment of this series discussed the relative strengths and limitations of patient safety metrics and reportable indicators under VBP, including the potential financial implications for providers. This final installment will examine the future of patient safety and public reporting, and what it means for healthcare enterprises; providers; and, consumers.

As mentioned in earlier installments of this series, one of the effects of mandatory reporting under healthcare reform is an increase in transparency regarding the progress achieved by healthcare providers in improving patient safety and reducing infections. Consumers can now research hospital rankings with regard to safety metrics via several different reports and websites. One of these is Hospital Safety Scores, published by the Leapfrog Group, which ranks hospitals on a scale of A to F with publicly available data on injuries, errors, and infections in hospitals.¹ Other reporting systems include the Centers for Medicare and Medicaid Service (CMS) Hospital Compare website,² and the recently released hospital safety ratings by Consumer Reports in May 2013.³ The data on these websites and reports provide consumers, facilities, and providers a stark view of specified quality metrics for individual hospitals and health systems. Of note, is that a recent Consumer Reports article regarding safety scores of U.S. teaching hospitals scored the top hospital with only a rating of 69 out of a possible 100 points, thereby resulting in the potential for concerns to be raised regarding the environments in which new physicians are being trained.⁴ As this data is relatively new, there has yet to be, to the authors’ knowledge, any associations or correlations made between hospital “scores” regarding publicly reported safety and quality measures, and the census or utilization of hospital services.

As the quantity and breadth of mandatorily reported indicators increases over the next several years, and consumers, accordingly, become more attuned to the information available to them, healthcare providers must meet the challenge of providing high quality healthcare in accordance with established quality reporting metrics. How they implement processes to achieve this goal, however, is not well defined. Despite the minimal availability of standardized guidance for providers, some healthcare enterprises have created successful quality improvement projects across health systems. One of the most recognized programs, the *Michigan Health & Hospital Association (MHA) Keystone* project, has facilitated multiple collaborations among hospitals across the state, and nationally, to reduce hospital readmissions and hospital associated infections (HAI), as well as to improve care in various hospital units, e.g., emergency room, intensive care, organ donation programs, etc.⁵ Additionally, the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ) have published benchmarks and tools for improvement to help guide providers. Despite the availability of these resources, it remains to be seen how successfully healthcare providers with varying resources will ultimately implement quality improvement activities.

In the FY 2014 *Inpatient Prospective Payment System (IPPS) Final Rule*, CMS also announced several new patient safety reporting metrics to be mandated in future years, i.e., the VBP,⁶ *Hospital Acquired Condition (HAC)* reporting and reduction programs;⁷ and, the *Hospital Inpatient Quality Reporting (IQR)* program,⁸ among others. Other upcoming developments in this arena include the transition from the ICD-9 to the ICD-10 coding system, which will affect both the assignment of some subset of MS-DRGs for patient billing, as well as certain codes identified for HAC reporting.⁹ Additionally, the continuing implementation of *electronic health records (EHR)* under *Meaningful Use* criteria, beginning in 2014, will likely supplement the aforementioned programs in an effort to “...*improve patient care through better clinical decision support, care coordination, and patient engagement.*”¹⁰

Although healthcare reform and its various initiatives impacting patient safety are still in their infancy, studies have already been undertaken to assess the early

adoption and outcomes of these programs. One such study found that only an estimated 12.2% of all eligible U.S. physicians had attested to *meaningful use* compliance with Medicare as of May 2012. While the rate of attestations has increased rapidly since 2011, most providers will be hard pressed to comply with each stage of EHR adoption by 2015 to avoid financial penalty.¹¹ More encouraging, however, are the findings of a study that estimated the effect of transitioning from ICD-9 to ICD-10 coding on Medicare inpatient hospital payments. The results indicated that, although payment will depend on the quality of coding and the case mix of a provider, less than one percent of cases reflected any change in payment caused by the transition.¹²

Hospitals and providers are already feeling the urgency to improve metrics, from the C-suite to the bedside staff.¹³ As healthcare reform initiatives that affect patient safety indicator reporting continue on a lengthy initiation process, it's difficult to gauge the ultimate effect it will have on healthcare system stakeholders. If the original goals of these reporting programs are achieved, the heightened transparency of patient safety metrics should increase patient engagement and foster mutually beneficial competitiveness among providers, thereby subsequently reducing medical complications and infections while increasing efficiency, cost transparency, and the coordination of patient care.

¹ "How Safe is Your Hospital?", by The Leapfrog Group, June 6, 2012, www.leapfroggroup.org/policy_leadership/leapfrog_news/4894464 (Accessed August 18, 2013); view Hospital Safety Scores at <http://www.hospitalsafetyscore.org/>

² View Hospital Compare data at: <http://www.medicare.gov/hospitalcompare/search.html>

³ "How Safe is Your Hospital?", by Consumer Reports, August 2012, www.consumerreports.org/content/cro/en/consumer-reports-magazine/z2012/August/howSafeIsYourHospital.print.html (Accessed August 18, 2013); view hospital safety ratings at: <http://www.consumerreports.org/health/doctors-hospitals/hospital-ratings.htm>

⁴ "Safety Still Lags in U.S. Hospitals", by Consumer Reports, May 2013, www.consumerreports.org/content/cro/en/consumer-reports-magazine/z2013/May/usHospitalsStillNotSafeEnough.print.html (Accessed May 21, 2013)

⁵ "MHA Keystone Collaboratives", by Michigan Health & Hospital Association, 2013, <http://mhakeystonecenter.org/collaboratives.htm> (Accessed August 18, 2013)

⁶ "Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation; Payment Policies Related to Patient Status; Final Rule", by Centers for Medicare and Medicaid Services, 42 CFR Parts 412-414, 4119, 424, 482, 485, and 489, August 19, 2013, p. 712-761

⁷ *Ibid*, Centers for Medicaid and Medicare Services, August 19, 2013, p. 135-150, 831-918

⁸ *Ibid*, Centers for Medicaid and Medicare Services, August 19, 2013, p. 1116-1362

⁹ "Appendix I Hospital Acquired Conditions (HACS) List", by Centers for Medicare and Medicaid Services, available via <http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html> (Accessed August 18, 2013)

¹⁰ "Medicare & Medicaid EHR Incentive Programs", by Centers for Medicare and Medicaid Services, January 16, 2013, p. 4

¹¹ "Early Results of the Meaningful Use Program for Electronic Health Records", by Wright et al., *New England Journal of Medicine*, February 21, 2013, Vol. 368, No. 8, p. 779-780

¹² "Estimating the Impact of the Transition to ICD-10 on Medicare Inpatient Hospital Payments", by Mills et al., March 5, 2013, p. 5-7

¹³ "How Value-Based Purchasing is Changing Nursing", by Rebecca Hendren, *HealthLeaders Media*, June 14, 2011, www.healthleadersmedia.com/print/NRS-267360/How-ValueBased-Purchasing-is-Changing-Nursing (Accessed August 18, 2013)



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Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA, serves as Chief Executive Officer of **HEALTH CAPITAL CONSULTANTS (HCC)**, a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: *“Accountable Care Organizations: Value Metrics and Capital Formation”* [2013 - Taylor & Francis, a division of CRC Press], *“The Adviser’s Guide to Healthcare”* – Vols. I, II & III [2010 – AICPA], and *“The U.S. Healthcare Certificate of Need Sourcebook”* [2005 - Beard Books]. His most recent book, entitled *“Healthcare Valuation: The Financial Appraisal of Enterprises, Assets, and Services”* will be published by John Wiley & Sons in the Fall of 2013.

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious *“Shannon Pratt Award in Business Valuation”* conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows. In 2011, he was named a Fellow of the Royal Institution of Chartered Surveyors (RICS).



Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialties; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives, and serves as President of the St. Louis Chapter of the American Society of Appraisers (ASA). He has co-authored *“Research and Financial Benchmarking in the Healthcare Industry”* (STP Financial Management) and *“Healthcare Industry Research and its Application in Financial Consulting”* (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser’s Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.



Anne P. Sharamitaro, Esq., is the Executive Vice President & General Counsel of **HEALTH CAPITAL CONSULTANTS (HCC)**, where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the Journal of Health Law, published by the American Health Lawyers Association. Ms. Sharamitaro has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in *“Healthcare Organizations: Financial Management Strategies,”* published in 2008.