Hospital Quality Measures Continue to Improve

BY MARY ELLEN SCHNEIDER

U.S. hospitals have significantly improved the care they provide for patients with myocardial infarction, heart failure, and pneumonia, according to a new report from the Joint Commission.

Hospitals accredited by the commission are adhering to quality measures for MI patients 96.7% of the time, up from 86.9% just 7 years earlier. The results are part of the Joint Commission's annual report on quality and safety, which was issued last month.

The report also highlights major improvements in heart failure and pneumonia. In 2008, hospitals provided evidence-based heart failure care 91.6% of the time, up from 59.7% in 2002. Evidence-based pneumonia care was provided 92.9% of the time in 2008, up from 72.3% in 2002. (See box.)

These national findings are based on aggregated data drawn from all Joint Commission–accredited hospitals between 2002 and 2008. Scores for care for heart failure, for example, are composite scores based on a set of specific quality measures in that area. There is no composite score for surgical care, which is measured according to several subcategories, including antibiotic use. Children's asthma care was surveyed for the first time in 2008, with both subcategories scoring over 99%.

The findings are cause for celebration, according to Jerod M. Loeb, Ph.D., executive vice president for quality measurement and research at the Joint Commission in Oakbrook Terrace, Ill. "This improvement translates into significant enhancements in terms of morbidity and mortality across the conditions that we're measuring," he said in an interview.

In addition to improvements on several measure sets over time, the report also found that hospitals are getting more consistent. For 8 of the 28 measures that the Joint Commission tracked in 2008, hospitals had consistently high performance. Approximately 90% of hospitals scored 90% or more on those eight measures in 2008.

Dr. Loeb credited hospitalists as being one of the driving forces behind this success. Although there is no literature to back up the claim at this point, Dr. Loeb said he believes that in organizations with hospitalists, fewer things fall through the cracks and there is greater attention paid to standardization.

"I think the hospitalist community has been a strong proponent of these measures over the years and of the standardization upon which this measurement strategy is based," he said.

But while the Joint Commission philosophy is that variation in care is detrimental, Dr. Loeb said the organization does not advocate "cookbook medicine." In fact, the quality measures endorsed by the Joint Commission were constructed to allow for clinical judgment, he said. And organizations' scores are not negatively affected when they deliver care that is contrary to the measures but clinically appropriate for the individual patient, Dr. Loeb said.

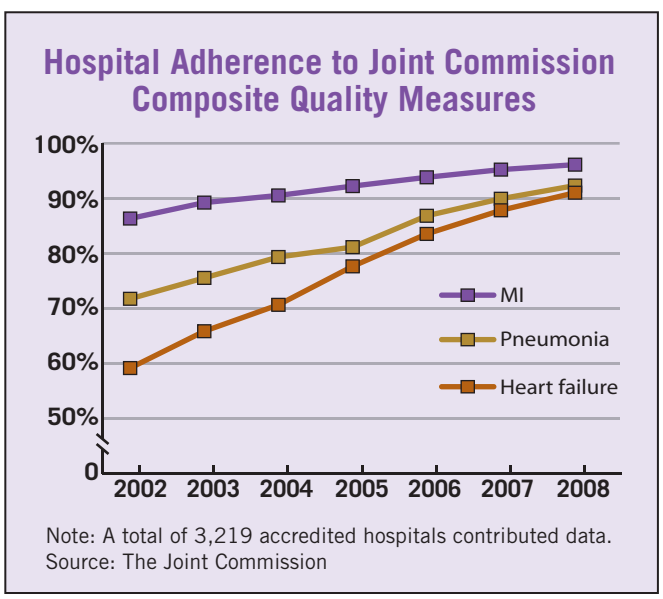
Despite the successes documented in the report, hospitals are still struggling on a few measures. For example, in 2008, hospitals scored only 52.4% on providing fibrinolytic therapy to heart attack patients within 30 minutes of arrival. Similarly, in 2008, hospitals scored only 60.3% on providing antibiotics to ICU pneumonia patients within 24 hours of arrival. Both of the measures were first introduced in 2005.

There are many reasons why hospitals could be falling behind on those measures, Dr. Loeb said. In some cases it takes a few years for hospitals to make progress on a new measure. Joint Commission officials saw this with measures calling for clinicians to provide smoking cessation advice. In 2002, hospitals scored 37.2% on providing smoking cessation advice to pneumonia patients, but that number jumped to 96% in 2008.

"The learning curve in health care is lengthy," Dr. Loeb said. "For those things that we've been measuring for a longer period of time, organizations are doing better."

For measures related to antibiotic administration, the numbers have been slower to climb because of ongoing controversy about when antibiotics are appropriate, Dr. Loeb said. ■

Improving America's Hospitals: The Joint Commission's Annual Report on Quality and Safety 2009 is available online at www.jointcommission.org.



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FDA Warns Lilly on Adcirca Promos

The Food and Drug Administration has issued a warning to Eli Lilly & Co. and United Therapeutics that a Web page and two patient videos were in violation of the agency's promotional rules. Adcirca (tadalafil) is indicated for pulmonary arterial hypertension to improve exercise ability. The FDA cited the Web page for failing to include any contraindications, warnings, or precautions for the drug, which "misleadingly suggests that Adcirca is safer than has been demonstrated," said the warning letter. The two patient videos "seriously misrepresent what is known about the efficacy of Adcirca," said the FDA. The agency directed the drug makers to immediately cease dissemination of the offending materials.

ICD Study Collaboration

The Agency for Healthcare Research and Quality (AHRQ) and the American College of Cardiology are joining on a $3.5-million project to study the long-term benefits and risks of implantable cardioverter defibrillators in patients at risk of death from ventricular fibrillation. The three-and-a-half-year study will be carried out by a network of 15 health care delivery systems and is being led by Dr. Frederick Masoudi of Kaiser Permanente Colorado and Dr. Robert Greenlee of the Marshfield (Wisc.) Clinic Research Foundation. The network is supported by the AHRQ. Over the first 2 years, 3,500 patients will be followed to determine how often shocks are delivered and if they are appropriate, and to determine who is most likely to require defibrillation. In the final year, the data will be analyzed.

No FDA Conflict on Heparin

The FDA revealed in early February that a federal investigation had cleared Dr. Janet Woodcock of any conflict-of-interest allegations over her involvement with Momenta Pharmaceuticals, a company that was seeking approval for a generic version of Lovenox, a low-molecular-weight heparin. In an ethics complaint filed in mid-2009, Amphastar Pharmaceuticals claimed that Dr. Woodcock, director of the FDA's Center for Drug Evaluation and Research, was biased in favor of Momenta because she had worked with the company in investigating the tainting of Chinese heparin. Now, the Inspector General of the Department of Health and Human Services has ruled that there was no conflict. The controversy aside, Wall Street analysts at Rodman & Renshaw say they predict that Momenta's generic will win approval in this quarter.

PQRI Reminder

In 2010, the Physician Quality Reporting Initiative (PQRI) will include several new measures on coronary artery disease and heart failure. To qualify for the 2% bonus, physicians have to report on only 30 patients. In the past, they had to report on 80% of eligible patients, according to the American College of Cardiology. In addition, there are five individual measures that can be reported through a registry. Cardiologists can use the ACC's Pinnacle Registry (formerly the IC3 Program) for PQRI reporting.

New York Limits Its Salt

The New York City Health Department said it will ask restaurants and producers of packaged food to voluntarily reduce sodium in their meals and products by 25% over 5 years in an effort to curb high blood pressure and heart disease. The department acted as leader of the National Salt Reduction Initiative, a partnership of cities, states, and health organizations. The New York agency said that nearly 80% of the sodium in Americans' diets is added to foods before they are sold. After a year of consultation with food industry leaders, the coalition has developed targets for salt reductions in various foods. In a statement following the New York announcement, Dr. Thomas Frieden, director of the Centers for Disease Control and Prevention, endorsed such efforts: "The majority of Americans are consuming about twice the recommended limit of sodium each day, and not by choice. Achieving substantial reductions in sodium levels by incremental decreases in sodium content across the food supply can save many lives while maintaining good taste."

No Smoke, No Device Authority

The U.S. District Court for the District of Columbia ruled that the Food and Drug Administration does not have the authority to regulate so-called e-cigarettes (electronic cigarettes) as a drug-device combination. E-cigarettes are battery-powered devices that deliver vaporized doses of nicotine to be inhaled. The FDA had detained multiple shipments of e-cigarettes imported by one company, Smoking Everywhere, saying that they were unapproved drug-devices. Judge Richard J. Leon disagreed with the FDA's justification for its action. However, he did not address whether the agency has authority to regulate e-cigarettes under the Family Smoking Prevention and Tobacco Control Act, which President Obama signed into law last June, after the e-cigarette shipments in this case had been halted.

—Alicia Ault