

# Performance Plan Yields Improvement

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New York Bureau

Hospitals are reporting consistent quality improvements across five clinical areas as part of a Medicare pay-for-performance demonstration, officials at the Centers for Medicare and Medicaid Services have announced.

In the second year of the demonstration project, the average improvement across the more than 250 participating hospitals was 6.7%, according to the CMS. Agency officials also reported a total gain of 11.8% over the 2-year period.

"The results today provide more solid evidence that pay for performance is working to improve the quality of health care at our nation's hospitals," Herb Kuhn, CMS acting deputy administrator, said during a teleconference to announce the second-year results of the Premier Hospital Quality Improvement Demonstration.

The program was launched in October 2003 by the CMS and the Premier Inc. health care alliance to test whether providing incentives to hospitals would help to speed quality gains. Under the demonstration, the CMS provides financial incentives to the top 20% of high-scoring hospitals in each of five clinical areas—acute myocardial infarction, heart failure, coronary artery bypass graft, pneumonia, and hip and knee replacement. Performance in the five clinical areas is measured by more than 30 nationally recognized quality standards.

Hospitals in the top 10% receive a 2% incentive payment, while hospitals in the next 10% receive a 1% payment. Any hospital that ranks in the top half in each clinical area is recognized on the CMS Web site. In the third year of the program—from October 2006 to September 2007—hospitals that fail to improve over baseline could face penalties.

In the second year of the program, the CMS paid more than \$8.6 million to 115 high-performing hospitals.

Data from the second year showed that hospitals improved in acute myocardial infarction (87.5% to 94.4%); coronary artery bypass graft (84.8% to 93.8%); heart failure (64.5% to 82.4%); pneumonia (69.3% to 85.8%); and hip and knee replacement (84.6% to 93.4%).

"This demonstration is really helping us to understand what's needed to improve our health care system," Mr. Kuhn said.

As part of the Deficit Reduction Act of 2005, the CMS is required to propose a program design for a value-based purchasing system for hospitals for potential implementation in fiscal year 2009. That report to Congress is expected sometime this summer.


In the meantime, the CMS is seeking input from health care providers, consumers, and purchasers. ■

More information about the hospital demonstration program is available online at [www.cms.hhs.gov/HospitalQualityInits](http://www.cms.hhs.gov/HospitalQualityInits).

## For the treatment of Rosacea

# There's a New Wash in Town.

Introducing

**ROSAC® Wash**   
(sodium sulfacetamide 10% and sulfur 1%)  
**WITH 1% SULFUR**

The only 1% sulfur formulation  
designed to change the way you treat rosacea

### IMPORTANT SAFETY INFORMATION

ROSAC Wash is contraindicated for use by patients with hypersensitivity to sulfur or sulfonamides and patients with kidney disease. Avoid contact with eyes. Although rare, sodium sulfacetamide may cause local irritation.

Please see accompanying full Prescribing Information.

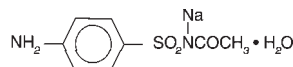
**ROSAC® Wash**  
(sodium sulfacetamide 10% and sulfur 1%)

Rx only

**DESCRIPTION:** Each gram of ROSAC® Wash contains 100 mg of sodium sulfacetamide and 10 mg of sulfur in a wash containing butylated hydroxytoluene, cetyl alcohol, edetate disodium, glyceryl stearate, PEG-100 stearate, lactic acid, magnesium aluminum silicate, methylparaben, propylparaben, purified water, sodium C14-16 olefin sulfonate, sodium hydroxide, sodium thiosulfate, stearyl alcohol, white petrolatum, and xanthan gum.

Sodium sulfacetamide is a sulfonamide with antibacterial activity while sulfur acts as a keratolytic agent. Chemically, sodium sulfacetamide is N-[4-(aminophenyl) sulfonyl]-acetamide, monosodium salt, monohydrate.

The structural formula is:



**CLINICAL PHARMACOLOGY:** The most widely accepted mechanism of action of sulfonamides is the Woods-Fildes theory which is based on the fact that sulfonamides act as competitive antagonists to para-aminobenzoic acid (PABA), an essential component for bacterial growth. While absorption through intact skin has not been determined, sodium sulfacetamide is readily absorbed from the gastrointestinal tract when taken orally and excreted in the urine, largely unchanged. The biological half-life has variously been reported as 7 to 12.8 hours.

The exact mode of action of sulfur in the treatment of acne is unknown, but it has been reported that it inhibits the growth of *Propionibacterium acnes* and the formation of free fatty acids.

**INDICATIONS AND USAGE:** ROSAC Wash is indicated in the topical control of acne vulgaris, acne rosacea and seborrheic dermatitis.

**CONTRAINDICATIONS:** ROSAC Wash is contraindicated for use by patients having known hypersensitivity to sulfonamides, sulfur or any other component of this preparation. ROSAC Wash is not to be used by patients with kidney disease.

**WARNINGS:** Although rare, sensitivity to sodium sulfacetamide may occur. Therefore, caution and careful supervision should be observed when prescribing this drug for patients who may be prone to hypersensitivity to topical sulfonamides. Systemic toxic reactions such as agranulocytosis, acute hemolytic anemia, purpura hemorrhagica, drug fever, jaundice, and contact dermatitis indicate hypersensitivity to sulfonamides. Particular caution should be employed if areas of denuded or abraded skin are involved.

**FOR EXTERNAL USE ONLY.** Keep away from eyes. Keep out of reach of children. Keep tube tightly closed.

**PRECAUTIONS: General** - If irritation develops, use of the product should be discontinued and appropriate therapy instituted. Patients should be carefully observed for possible local irritation or sensitization during long-term therapy. The object of this therapy is to achieve desquamation without irritation, but sodium sulfacetamide and sulfur can cause reddening and scaling of the epidermis. These side effects are not unusual in the treatment of acne vulgaris, but patients should be cautioned about the possibility.

**Carcinogenesis, Mutagenesis and Impairment of Fertility** - Long-term studies in animals have not been performed to evaluate carcinogenic potential.

**Pregnancy** - Category C. Animal reproduction studies have not been conducted with ROSAC Wash. It is also not known whether ROSAC Wash can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. ROSAC Wash should be given to a pregnant woman only if clearly needed.

**Nursing Mothers** - It is not known whether sodium sulfacetamide is excreted in human milk following topical use of ROSAC Wash. However, small amounts of orally administered sulfonamides have been reported to be eliminated in human milk. In view of this and because many drugs are excreted in human milk, caution should be exercised when ROSAC Wash is administered to a nursing woman.

**Pediatric Use** - Safety and effectiveness in children under the age of 12 have not been established.

**ADVERSE REACTIONS:** Although rare, sodium sulfacetamide may cause local irritation.

**DOSAGE AND ADMINISTRATION:** Wash affected areas once or twice daily, or as directed by your physician. Avoid contact with eyes or mucous membranes. Wet skin and liberally apply to areas to be treated, massage gently into skin for 10-20 seconds working into a full lather, rinse thoroughly and pat dry. If drying occurs, it may be controlled by rinsing wash off sooner or using less often.

**HOW SUPPLIED:** ROSAC® Wash is available in 170.1 g (6.0 oz) tubes, NDC 0145-2681-05.

Store at controlled room temperature, 15°-30°C (59°-86°F).

 **STIEFEL**

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Coral Gables, FL 33134

80615 Rev. 0805

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