

## FOCUS - Q4 2017

Newsletter of the American College of Medical Quality



**FOCUS**  
ACMQ's e-newsletter

— AMERICAN COLLEGE OF —  
Medical Quality

### From the Editor's Desk: Perspectives

Gregory R. Wise, MD  
Editor, *FOCUS*  
Kettering Medical Center System



*"There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things. Because the innovator has for enemies all those who have done well under the old conditions, and lukewarm defenders in those who may do well under the new." -- Niccolo Machiavelli*

With all the tragedies and drama this past summer, it is difficult to put things into perspective. North Korea, Hurricanes Harvey, Irma, and Maria, the wildfires in California, the Las Vegas shooter massacre, the failure of health care reform, Russian interference in our political process, and our withdrawal from the Paris Climate Accord can have enormous consequences--personally, nationally, and internationally. Or, will they?

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### **Invitation to Authors**

*Focus* welcomes submissions by College members. Submissions should be 400-600 words in length and devoted to a topic of interest in the field of quality. Include a .jpg photograph and short biography. Please submit to Greg Wise, MD, Editor, at [gregwisemd@gmail.com](mailto:gregwisemd@gmail.com).

## [Humbling Excitement: What We Have Not Thought About in Quality](#)

**John W. Peabody, MD, PhD**  
**President**  
**QURE Healthcare, LLC**



There are many aspects of clinical care variation that can be measured: beta blocker use in MI's; referrals to the ophthalmologist in a diabetic; blood cultures, lactate, fluids, and antibiotics in sepsis. Research has shown that when we measure these and report individual performance back to providers, they get better. Each one of these metrics, however, depends upon making the right diagnosis.

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## [Designing and Delivering Whole-Person Transitional Care](#)

**Amy E. Boutwell, MD, MPP**  
**President**  
**Collaborative Healthcare Strategies**



As a leader of local, state, and national efforts to reduce readmissions, I am in the field on a daily basis, working with teams and interacting with clinicians on the front lines of readmission reduction work. As a result of my exposure to hundreds of readmission reduction teams, I have been able to learn from the school of hard knocks as well as from teams who have gone from good to great and keep improving. The following are a few of the practices that appear to separate successful teams from not-yet successful teams.

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**Improving Population Health Through Health Equity and Patient Advocacy**

The Mayflower | Washington DC | April 12-14, 2018

**Registration is now open for ACMQ's 2018 Annual Meeting.** Our plenary keynote line-up includes the U.S. Department of Veterans Affairs' Interim Undersecretary for Health Carolyn Clancy, MD, and our 2018 ACMQ [Founder's Award](#) winner, Benjamin K. Chu, MD, MPH, MACP, current Chair of the Commonwealth Fund. View the [new two-day format](#) for the conference, which translates to less time away from the office while earning the same number of CMEs as previous years. Last year's meeting was approved for 22.25 AMA PRA Category 1 Credit(s)<sup>™</sup>.

We invite you to be part of the program: [submit an abstract](#) for an oral paper and/or poster presentation. Trainees are also welcome to [apply for a travel grant](#) to attend the conference. Submission deadlines for both abstracts and the trainee scholarship awards are Monday, December 4.

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## [Your ACMQ Membership for 2018](#)

**Robert Hay Jr., MA, CAE**  
**Executive Director**  
**American College of Medical Quality**



Since our inception in 1972, ACMQ has influenced those on Capitol Hill and our partner organizations to focus on how the United States can combat medical quality issues and improve health care for every American. We've delivered key benefits to our membership body, through a variety of resources like a complimentary annual subscription to the *American Journal of Medical Quality*--our nationally recognized peer-reviewed journal, beneficial pricing to our education and networking events such as the [annual meeting](#), access to timely webinars on top topics, such as this summer's presentation on the opioid crisis led by Pennsylvania Acting's Secretary and Physician General in the Department of Health (view the [webinar recording](#)), and more.

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## [ACMQ Students, Residents, & Fellows Update](#)

**Sydney Ramsey, ACMQ SRF Section Chair**  
**Sean Smirnov, SRF Chair-Elect**  
**Diana Huang, Immediate-Past SRF Section Chair**



Dear Student, Resident, and Fellow Members:

To follow is a brief update on ACMQ happenings and opportunities for SRF members. Several new trainees have joined the SRF leadership team, including:

- Sean Smirnov as Chair-Elect
- Juniper Lee-Park as VP for Membership
- Scott Sexton and Tyson Schwab as Delegates to the AMA
- Sun Young Kim as SRF Publications Chair, and

- Diana Huang as ABMQ Representative (in addition to her role as Immediate Past Chair).

We are thrilled to have such an accomplished group on board and look forward to a productive year!

The call for [National Quality Scholar applications](#) is open, and we will be accepting applications until December 4, 2017.

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## [ACMQ's November Webinar: Safe Healthcare for All Patients - Pennsylvania's Roadmap, Nov. 14th](#)

The ACMQ Education Committee invites you to register join us on Tuesday, November 14, 2017, at 12:00 pm EST, for our next complimentary speaker series presentation with Regina M. Hoffman, MBA, BSN, RN, CPPS, Executive Director of the Pennsylvania Patient Safety Authority. Ms. Hoffman will discuss the Pennsylvania Patient Safety Authority's multifaceted approach to patient safety and describe the legislative foundation and infrastructure necessary for her organization's work in the state of Pennsylvania. Ms. Hoffman will also help us identify opportunities for patient safety improvement at the organizational, state, and national levels.



[Register Now](#)

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## QUALITY LINKS

### [Calls Grow for CDC to Resume Gun Violence Research--But Little Expectation of Repealing Dickey Amendment](#)

*MedPage Today* (10/3/2017, Joyce Frieden)

WASHINGTON -- In the wake of Sunday night's deadly gun violence in Las Vegas, calls are growing for dropping the law that effectively stopped gun violence research by the CDC, but there is little expectation the Congress would support such a move.

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### [What Personalized Medicine Means for Hospitals](#)

*Becker's Hospital Review* (12/26/2012, Anuja Vaidya)

Personalized medicine is a game changer, says Robert Arceci, MD, co-director of the Ronald A. Matricaria Institute of Molecular Medicine at Phoenix Children's Hospital. It should not be dismissed as simply a popular fad.

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## [CMS Expects Few Hospitals to Participate in Readmissions Experiment](#)

*Modern Healthcare* (9/5/2017, Virgil Dickson)

The CMS expects few providers to volunteer for an experiment to help track unplanned readmissions and their causes, even though the pilot is a precursor for a mandatory change in how hospitals are penalized.

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## [More than Half of Rural Counties Lack a Hospital with Obstetrics Services, Study Shows](#)

The [Washington Post](#) (9/5/2017, Carolyn Y. Johnson) reports in its "Wonkblog" that 54 percent of rural communities "lacked a hospital with obstetrics services" in 2014, according to a new [study](#) published in the journal *Health Affairs*. As a result, "2.4 million women of child-bearing age" reside "in counties without hospitals that deliver babies," the Post says.

[ProPublica](#) (9/5/2017, Martin Gallardo) reports that researcher Katy B. Kozhimannil said Medicaid is an "incredibly important... factor in hospitals' decisions around whether to keep obstetric services." She and her team found that "rural counties in states with more generous Medicaid programs...were less likely to lose hospital-based obstetric services."

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## [Experimental Blood Test May Accurately Diagnose Alzheimer's, Researchers Say](#)

*Modern Healthcare* (5/11/2017, Virgil Dickson)

[CNN](#) (9/5/17, SusanScutti) reports, "An experimental blood test can accurately diagnose Alzheimer's disease" according to [research](#) published in the journal *Proceedings of the National Academy of Sciences*.

The [New York Daily News](#) (9/5/17, Joe Dziemianowicz) reported that for the study, investigators "followed 347 participants with neurodegenerative diseases and 202 healthy people, who ranged in age from 23 to 90." Next, "researchers analyzed subjects' blood samples with infrared spectroscopy." The study authors "identified subjects with early Alzheimer's with 80% sensitivity and 74% specificity" and "participants with later stages of the disease with up to 86% sensitivity and specificity."

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## [Sepsis Costs Medicare \\$6 Billion in 2015, More than Any Other Discharge](#)

*Modern Healthcare* (9/1/2017, Maria Castellucci)

Sepsis was the most common inpatient discharge in 2015, costing Medicare more than any other condition or procedure for the first time since the CMS started to release the payment information to the public four years ago.

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## [2018 Quality Payment Program: 3 Things to Like, 3 That Need Fixes](#)

*AMA Wire* (9/1/2017, Andis Robeznieks)

Three key elements physicians are seeking with the Centers for Medicare and Medicaid Services' (CMS) Medicare Quality Payment Program (QPP) are simplicity, flexibility and stability. And, within the [proposed rule](#) for the second year of the program, there are at least three elements physicians should feel positive about and three where the AMA has serious concerns.

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## [Data Collection, Analytics May Support Recovery in Behavioral Health Disorders](#)

*MedPage Today* (9/2/2017, Lola Koktysh)

Behavioral health is rather specific, and technology-powered distant care is only cautiously developing in this realm. While providers recognize the need to employ technology for treating patients with anxiety, chronic stress, eating disorders, substance abuse, and other conditions, it is challenging to create a solution capable of effective intervention in human behavior that brings measurable and positive outcomes.

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## [FDA Approves Gene Therapy for Treatment of Childhood Leukemia](#)

The [Washington Post](#) (8/30/2017, Laurie McGinley and Carolyn Y. Johnson) reports in "To Your Health" that yesterday, the FDA "approved a groundbreaking cancer treatment for childhood leukemia that uses patients' own genetically altered immune cells to fight the disease."

The [New York Times](#) (8/30/2017, Denise Grady) reports that this "therapy, marketed as Kymriah [tisagenlecleucel] and made by Novartis, was approved for children and young adults for an aggressive type of leukemia - B-cell acute lymphoblastic leukemia - that has resisted standard treatment or relapsed." According to the Times, "Novartis and other companies have been racing to develop gene therapies for other types of cancers, and experts expect more approvals in the near future."

According to the [AP](#) (8/30/2017, Lauran Neergaard), "the CAR-T cell treatment...is the first type of gene therapy to hit the US market - and one in a powerful but expensive wave of custom-made 'living drugs' being tested against blood cancers and some other tumors, too."

[TIME](#) (8/30/2017, Alice Park) reports that "the treatment isn't actually a drug in the traditional sense, but a collection of the patient's own cells that have been removed from the body and genetically engineered to recognize and destroy cancer cells circulating in the blood." According to Time, "each treatment is a living drug, a bespoke therapy designed specifically for individual patients."

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## [High Carbohydrate Consumption May Be Harmful, Research Suggests](#)

[Reuters](#) (8/29/2017, Andrew M. Seaman) reports that research suggests "global dietary guidelines should possibly be changed to allow people to consume somewhat more fats, to cut back on carbohydrates and in some cases to slightly scale back on fruits and vegetables."

[TIME](#) (8/29/2017, Alice Park) reports that investigators found that "people eating high quantities of carbohydrates...had a nearly 30% higher risk of dying during the study than people eating a low-carb diet." Meanwhile, individuals "eating high-fat diets had a 23% lower chance of dying during the study's seven years of follow-up compared to people who ate less fat."

[MedPage Today](#) (8/29/2017, Larry Husten) reports that the study "also found that the benefits of fruits, vegetables, and legumes top out at just three to four total servings per day."

[Medscape](#) (8/29/2017, Sue Hughes) reports that the research was presented at the European Society of Cardiology 2017 Congress and was "published as two separate papers in The Lancet - [one](#) on the fat and carbohydrate outcome data and [one](#) on fruit/vegetables/legumes outcome data." An additional "[paper](#) in Lancet Diabetes and Endocrinology focuses on effects of the different dietary patterns on lipid levels and blood pressure."

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## [Higher Coffee Consumption May Be Associated with Lower Risk of Death, Study Suggests](#)

[USA Today](#) (8/2/2017, Brett Molina) reports that research presented at the European Society of Cardiology Congress suggests higher coffee consumption may be linked "to a lower risk of death." The study included approximately 20,000 participants who were followed for about 10 years. The investigators "found participants who drank at least four cups of coffee a day had a 64% lower risk of death than those who never or almost never drank

coffee." The study also indicated that "for participants who were 45 or older, drinking two additional cups of coffee was linked to a 30% lower risk of death."

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## [Health Officials Call for "All Hands on Deck" for Opioid Crisis](#)

[USA Today](#) (10/5/2017, Michael Collins) reports Francis Collins, MD, the director of the National Institutes of Health, said at a Senate hearing on the opioid crisis, "We need all hands on deck." Collins "said more emphasis must be placed on alternative treatments, such as acupuncture, which might be effective in treating pain and would keep people from getting addicted to drugs." Debra Houry, MD, the director of the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control, testified at a Senate hearing that the opioid crisis "is one of the few public health problems that is getting worse instead of better."

The [Washington Times](#) (10/5/2017, Tom Howell, Jr.) reports FDA Commissioner Scott Gottlieb, MD, also testified at the hearing and "said his agency will promote medical devices that attack pain without the need for addictive pills, while making sure doctors don't prescribe more opioids than they need to."

*For more information about how to help reverse the nation's opioid epidemic, visit the AMA's microsite, [End the Opioid Epidemic](#).*

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## [More People Are Making Mistakes with Medicines at Home](#)

NPR (7/12/2017, Courtney Columbus)

When people take medicine at home, mistakes happen. Some people end up taking the wrong dose of a medication or the wrong pill. Sometimes, they don't wait long enough before taking a second dose. Other times, it's a health professional who's at fault. A pharmacist might have dispensed a medication at the wrong concentration, for example.

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## [Patients of Female Surgeons May Have Lower Death Rates, Fewer Complications, Research Suggests](#)

[TIME](#) (10/10/2017, Alice Park) reports that research indicates "the patients of female surgeons tend to have lower death rates, fewer complications and lower readmissions to the hospital a month after their procedure, compared to the patients of male surgeons."

The [findings](#) were published in the *BMJ*.

[HealthDay](#) (10/10/2017, Mary Elizabeth Dallas) reports that investigators "analyzed the link between surgeons' gender and the results of 25 common surgical procedures."



[MedPage Today](#) (10/10/2017, Nicole Lou) reports, "The combined death, readmission, and complication rates within 30 days of surgery were lower with female surgeons." According to [MedPage Today](#), "Driving this finding was a difference in mortality at 30 days" stated the researchers. Meanwhile, "patients stayed the same median 2 days in the hospital in both groups, but female surgeons were still associated with a small statistical advantage."

## [Puerto Rico's Health System Is in Critical Condition Three Weeks Following Maria](#)

In a front-page story, the [New York Times](#) (10/10/2017, Frances Robles) reports that numerous sick people in Puerto Rico are in "mortal peril" almost three weeks after Hurricane Maria's destruction. The story states, "Robert P. Kadlec, the assistant secretary of Health and Human Services for preparedness and response, said the Veterans Health Administration had also opened its hospitals to nonveterans to help meet urgent needs." Dr. Kadlec is also quoted as saying, "The devastation I saw, I thought was equivalent to a nuclear detonation. Whatever you do, will be almost insufficient to the demand and need that is out there for these 3.5 million Americans in Puerto Rico. We are doing everything we can with what we have, and we have a lot."

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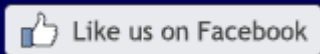
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