

LOUISIANA HEALTH CARE

# Quality Insider

A PUBLICATION OF LOUISIANA HEALTH CARE REVIEW, INC.

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Dear Health Care Quality Partners,

As Director of Quality Improvement for Louisiana Health Care Review, I want to extend my best holiday wishes to you and all the LHCR health care quality improvement partners across the state.

2008 has been one of the most exciting times in my career. LHCR and its provider partners celebrated the many successes achieved during the three-year 8th scope of work. The first Louisiana Health Care Quality Summit celebrated the quality improvement success of more than two hundred providers across the state, and plans are in development for another educational event that highlights our best efforts.

2008 is also the year we launched a new scope of work that will help providers as they reduce disparities in care delivered to African-American diabetic beneficiaries, improve patient safety and smooth transitions of care between health settings, which will reduce unnecessary hospital readmissions.

Allow me to wish you and yours a joyous holiday season and a New Year of health, happiness and hope for a world of peace! Thank you for being a member of the Louisiana Health Care Review quality improvement family.

Warmest regards,

A handwritten signature in black ink that reads "Scott M. Flowers".

Scott Flowers, MBA, MHA  
Director of Quality Improvement



# Putting Faith into Culture Change

By: **Julie Kueker, MBA, MT (ASCP)**  
Louisiana Health Care Review, Inc.  
Quality Improvement Specialist

Two homes in northern Louisiana are putting their faith in culture change. Each home is embarking on a unique journey to transition their facilities from an institutional to a home-like environment. Both recognize that culture change requires putting the resident first in all care decisions, and providing choice in all aspects of the residents' daily lives. These resident choices include a broad range of options from dining and bathing to recreational and faith-based activities.

## The Glen Retirement System

The first home, The Glen Retirement System, is in Shreveport. The Glen has begun their culture change journey from institution to home with a physical remodeling project.

Michelle Greer, Director of Nursing (DON), says that existing wings will be divided up into neighborhoods that will have their own living rooms, kitchens and consistently assigned staff members. This allows the resident to be the center of all activities and decisions.

According to Michelle and Chris Webb, Administrator, making a nursing home a home requires going beyond the renovation of the physical environment. They recognize that it also requires a renovation of staff members. The Glen has begun intensive training of staff so they are well prepared for working in the neighborhood concept.

The training curriculum centers around three major culture change initiatives at The Glen. The first is the renewal of spirit requiring that the staff, residents and families



New chapel now under construction at Live Oak Nursing Home in Shreveport

work together to create a purposeful daily life for their residents. The second initiative is renovating the facility into a home, creating spaces that are intimate to allow for relationships to grow. (For example, The Glen is planning for locked medicine cabinets to be installed in each room, eliminating

reminder to their residents that their faith needs are to be met, and that the residents' priorities come first in all decision making processes.

Live Oak has also completed construction of two sun porches to increase outdoor activities and has expanded residents' dining choices. Melinda Baker, Live Oak Nursing Home's Director of Nursing says they are remodeling with the neighborhood concept in mind.

They plan to construct a "Hot Bar" in each



Melinda Baker, Director of Nursing, Live Oak Nursing Home

neighborhood, where the residents can have access to hot and cold snacks, on demand, 24 hours a day.

Live Oak places an emphasis on staff stability and satisfaction, as well. Administration at the facility recognizes that a happy staff is a more stable staff, which leads to better and consistent care for their residents.

Live Oak places an emphasis on staff stability and satisfaction, as well. Administration at the facility recognizes that a happy staff is a more stable staff, which leads to better and consistent care for their residents.

Louisiana Health Care Review (LHCR) applauds the culture change efforts of both of these homes. If you would like to begin the culture change journey for yourself, contact LHCR or LEADER, Louisiana's first and premier culture change organization. Don't wait to begin your journey; culture change dramatically improves the lives of your residents and staff. The rewards of this journey are priceless.

For more information on nursing home culture change efforts in Louisiana, contact Julie Kueker at (225) 926-6353 or [jkueker@lhcr.org](mailto:jkueker@lhcr.org).



Remodeled resident room at The Glen Retirement System in Shreveport.

the medicine cart - just like at home.) The third calls for the organization to flatten in authority. Leadership decisions are moved to the neighborhoods and households where leaders can respond readily to improve the resident's daily life.

## Live Oak Nursing Home

Live Oak Nursing Home, also in Shreveport, is the second home in Louisiana well on its way through an ambitious culture change process. Live Oak is remodeling the physical environment while keeping the resident in the forefront of all construction decisions. For example, Live Oak's administration decided a chapel would be the first construction project to be finished. The chapel is a visible



New "neighborhoods" now under construction at The Glen Retirement System in Shreveport.

# The Quality Forum

A Forum for Discussing Health Care Quality Issues in Louisiana

## What Will Be the Impact of the Obama Administration on American Health Care and the Quality of Care?

**Ron Ritchey, MD, MBA**  
LHCR Medical Director



Ron Ritchey, MD

The title of this article poses a provocative question, one that has recently been on the minds of many of us involved in health care.

There was quite a bit of rhetoric about health care during the lengthy presidential campaign with both parties advocating plans that are significantly different from the status quo.

With the elections now over and with Democrats holding both houses of Congress and the Presidency, we should soon see a flurry of bills emerge from Capitol Hill. It is expected that many of these will deal with health care. My honest answer is that we can only speculate as to the impact of these bills on private practices or on the operations of clinics and hospitals. But, here are my musings on the topics as the snow falls in early December.

When it comes to American health care, which represents 16 percent of our economy, there are many disparate stakeholders, and each will want a say in any change that is proposed. Some stakeholders are quite skilled at monitoring and modifying legislation as it moves across Capitol Hill. In the face of Congress that we know will be less partisan than in the past, it will be interesting to see the effectiveness of these lobbying pressures.

### Policy Leaders

Some conclusions can be drawn from an analysis of who President-elect Obama has chosen to fill administrative posts and cabinet positions and their past comments and opinions on health care. Obama has staffed major policy positions with individuals who are highly adept at the legislative process and who are Washington insiders. One example is the selection of Rahm Emanuel as Obama's chief of staff with responsibility

for congressional relations. Another is Tom Daschle, slated to become secretary of the Department of Health and Human Services (DHHS).

### Platform Pioneers

We can search for clues as to the direction of new policy in the platform of Obama and in Daschle's book, "Critical: What We Can Do About the Health Care Crisis." The following comments derive from those sources.

Obama has proposed to reduce costs by adopting state-of-the-art health information technology (HIT). The widespread adoption of HIT has also been advocated to improve quality and reduce errors. Presently, it isn't clear if his proposal will defray some of the projected costs of HIT – as much as \$30,000-\$50,000 per provider.

**What of the impact on quality? We can only speculate...but expansion of insurance coverage to those presently uninsured should make available preventive care to those who cannot presently afford it. To (that) extent...it can be expected that overall quality will improve.**

In addition to the HIT proposal, the Obama platform contains several reform options that relate to health insurance with the aim to increase access to care.

- A small business health tax credit designed to help small businesses afford the cost of providing coverage to their employees.
- Government subsidy for a portion of the insurance premium related to catastrophic coverage. We have seen few details of this proposal as yet.
- A National Health Insurance Exchange to allow individuals and small businesses to buy affordable health

coverage and that which would offer a range of private insurance options, and a new public plan based on the same benefits available to members of Congress.

- We can reasonably assume this means the creation of a new plan that is designed along the lines of the federal employee cafeteria health plan with similar care coverage.
  - Obama has stated that some individuals will qualify for a tax credit to make the plan affordable. Large employers who do not cover their employees' health insurance will be required to make contributions to the Exchange, expanding the pool of funds available to those who were previously unable as individuals to negotiate volume discounts.
- Reforming the practice of underwriting, by requiring insurance companies to cease denials due to an existing condition.
  - Expansion of Medicaid eligibility. This particular proposal has already been incorporated into the Jindal administration's plan for reform of Louisiana Medicaid. DHH believes this proposal will reduce the number of uninsured and thus reduce the disproportionate share of funds presently going to the public hospitals.

The expansion of insurance coverage to those presently uninsured should make preventive and primary care available to those who cannot presently afford it. To the extent that preventive services are utilized, it can be expected that overall quality will improve. Some experts also believe that health care quality will improve because of the increased emphasis on transparency and the resulting increased scrutiny.

David Osborne, Ph.D. and director of The Health Care Solutions Group of Nashville, Tennessee, claims that "providers will be

(Continued on Pg. 4) **New Administration**

## Patient Safety Initiative Announces Schedule for National Call Series

LHCR is working with hospitals and nursing homes statewide to improve quality of care and patient safety. The Patient Safety Theme is designed to address areas of patient harm where there is evidence that improving health care processes and systems will improve patient safety.

To achieve the program goals, hospitals and nursing homes partnering with LHCR will receive hands-on expertise and support by our team of quality improvement specialists. Additionally, the Quality Improvement Organization Support Center (QIOSC) for Patient Safety will conduct monthly teleconferences featuring panels of experts and opportunities for interaction. Hospitals and nursing homes are encouraged to participate.

### FIRST QUARTER 2009 SCHEDULE PATIENT SAFETY CALL SERIES

**Call-in number:** (866) 939-8950  
**Participation code:** 7813475#  
**Time:** 1:30 p.m. (Central Time)

**January 21, 2009 - *Drug Safety***  
**February 18, 2009 - *Physical Restraints***  
**March 18, 2009 - *Surgical Care Improvement Project (SCIP)***

## SECURE HEALTH INFORMATION EXCHANGE

The effective adoption of electronic, secure health information exchange promises to transform health care delivery. But navigating the ever-confusing ways to safely exchange information could derail many physicians' attempts at ever getting started.

That's why the Health Information Security and Privacy Collaborative in Louisiana is launching a new Web site January 15th. [www.secure4healthla.org](http://www.secure4healthla.org) is a portal to help providers begin electronic exchange simply, securely and one step at a time. From answers to privacy questions to best practices on secure transactions, [www.secure4healthla.org](http://www.secure4healthla.org) will enable family practitioners and medical group managers to more effectively manage their patients' health.



### New Administration (Continued from Pg. 3)

increasingly required to collect and publicly report measures on costs and quality, including data on preventable medical errors, nurse staffing ratios, hospital-acquired infections, and disparities in care and costs." The steps that providers can take to prepare for increased scrutiny can be found online in the article "Are You Ready for Health Care Reform?" [www.healthleadersmedia.com](http://www.healthleadersmedia.com).)

Many questions remain to be answered and these answers will unfold over the ensuing months. We take this opportunity to invite comments from readers on health care policy changes at both the state and federal health levels as they evolve. It should be an interesting discussion.

**Editors Note:** Comments to Dr. Ritchey about this Quality Insider Forum should be addressed to [ritchey@lhcr.org](mailto:ritchey@lhcr.org)

## LHCR Partners with Southern University Ag Center and National Entities

The magazine ad at right highlights the unique *Every Diabetic Counts* project partnership.

LHCR is joined by Southern University Agricultural Research & Extension Center, the National Partnership for Action to End Health Disparities, and the Centers for Medicare & Medicaid Services to help reduce disparities in health care outcomes in the African-American Medicare diabetic population.

Read more about the project on page 5 of this issue of *Quality Insider*.

### Partnering to Reduce Disparities in Care. Improving Lives.



Addressing the critical health care needs of African-American diabetics requires strong partners and an involved community.

As providers and patients learn to better manage the disease, care improves; lives improve.

For more information about the program or community outreach and volunteer opportunities, please call the "Every Diabetic Counts" phone line: (888) 321-3555.



every diabetic counts

This material was produced by Louisiana Health Care Review, Inc. (LHCR), the Medicare Quality Improvement Organization for Louisiana, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. LAY50W4D108-P1880

# Top CMS Official Cheers Louisiana's Prevention-Disparities Group at Capitol Kick-Off

In October, Terris King, Deputy Director of the Office of Clinical Standards and Quality for the Centers for Medicare & Medicaid Services (CMS), joined Louisiana Health Care Review (LHCR) at the Louisiana State Capitol to launch its diabetes disparities reduction project.

The project, *Every Diabetic Counts*, is designed to reduce disparities in diabetes treatment outcomes for African-American Medicare beneficiaries in Louisiana. At the kick-off event, King praised and encouraged representatives of more than 20 health care organizations who are working together on the project.

**“Hundreds of lives will be saved because of your work. I know the devastation that can occur when diabetes is not treated as it should be. I have seen and felt its effects on my own family.”**

**Terris King**  
Deputy Director, CMS

“Hundreds of lives will be saved because of your work,” Mr. King said. “I know the devastation that can occur when diabetes is not treated as it should be. I have seen and felt its effects on my own family.”

King is leading the charge for CMS to reduce health disparities and is the co-chair of the Health Disparity Forum at CMS. In Louisiana, African-Americans

make up a disproportionately large share of the Medicare fee-for-service diabetic population and they are more than twice as likely than Caucasian Louisiana diabetics to die as a result of the disease.

After analyzing the beneficiary population needs based on data from an LHCR proposal, and receiving numerous letters of support from the health care community, CMS granted the three-year disparities prevention grant to Louisiana. The grant was one of only five awards made in the country.



Pictured in the Governor's Press Room at the State Capitol kick-off are (l to r): Ron Ritchey, MD, LHCR Medical Director, Terris King, Deputy Director with CMS, and LHCR's CEO, Gary Curtis.

Forty physician practices will participate in the *Every Diabetic Counts* project, which will provide a concentrated program of Diabetes Self-Management Education (DSME) to their Medicare patients with diabetes. The work of the physician practices

will be supported by trained community health workers. The self-management educational component was developed by the University of Illinois at Chicago. Education will be provided at no charge.



Joining Terris King (second from right) at the State Capitol kick-off and press briefing are (l to r): Scott Flowers, LHCR's Director of Quality Improvement, Ron Ritchey, MD, LHCR Medical Director and Gary Curtis, LHCR CEO.

Stakeholder organizations represented at the kick-off held in the Governor's Press Room at the Capitol included the Louisiana Hospital Association, the Southern Agricultural Research and Extension Center, the Louisiana Primary Care Association, DHH's Louisiana Diabetes Program, the Louisiana Office of Public Health, Interfaith Federal of Greater Baton Rouge, DHH's Chronic Disease Unit, the Louisiana State Medical Society, the Baton Rouge Black Chamber of Commerce, the Iberville Council on Aging, the Louisiana Senate Health and Welfare Committee and the Louisiana House of Representatives Health and Welfare Committee.



Physician offices that have agreed to participate in the *Every Diabetic Counts* program as of the date of publication include:

- Shelton Barnes, MD
- Andrea Brown, MD
- Eric M. Chatman, MD
- James E. Hines, III, MD
- Henry Evans, MD
- Rohit Khanolkar, MD
- Bryan A. LeBean, Sr., MD
- The Primary Care Group - Midcity  
(Donnie Batie, MD, Vasanthi Vinayagam, MD, Greta Monroe Wilkes, MD, Shelia Perkins, NP, Darakhshan Wahid, MD)
- Physicians Care Center, Akwasi Sefa, MD
- Goodwood Primary Care Clinic, Jonathan J. Roberts, MD
- Rani G. Whitfield, MD
- Clinton Young, MD
- Godwin Ogbuokiri, MD

For more information about the *Every Diabetic Counts* project, please call Linda Harkey, LHCR Quality Improvement Director at (225) 926-6353 or (888) 321-3555.



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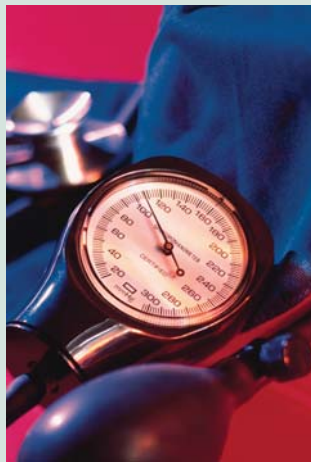
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## News You Can Use

### Researchers Study Impact of Disparities in Hypertension Care

On November 10, 2008, the Associated Press reported that the lives of nearly 8,000 black Americans could be saved each year if doctors could figure out a way to bring their average blood pressure down to the average level of whites. The study was published in the most recent issue of the *Annals of Family Medicine*. Read the full story at [www.chron.com/disp/story.mpl/ap/health/6105173.html](http://www.chron.com/disp/story.mpl/ap/health/6105173.html) and the study at [www.annfammed.org/cgi/content/full/6/6/483](http://www.annfammed.org/cgi/content/full/6/6/483)



### Flu Resources

2008-2009 Influenza (Flu) Season resources for Health Care Professionals, MLN matters article, SEO838, is now available at [www.cms.hhs.gov/MLNmatter-Articles/downloads/SEO838.pdf](http://www.cms.hhs.gov/MLNmatter-Articles/downloads/SEO838.pdf)



### CMS Releases Report on Reducing Physical Restraints in Nursing Homes

On November 7, 2008 CMS posted memorandum S&C-09-11 to State Survey Agency Directors about a report recently released by the agency entitled, "Freedom from Unnecessary Physical Restraints: Two Decades of National Progress in Nursing Home Care." This report evaluates the efforts to reduce the use of physical restraints after passage of the 1987 Nursing Home Reform Act. The percentage of nursing home residents physically restrained daily substantially declined from 21.1% in 1991 to less than 5.0 percent in 2007. Read the full report online at [www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09-11.pdf](http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09-11.pdf)