MetaStar Achieves High Performance on Medicare Contract

Jay A. Gold, MD, JD, MPH

In 2008, when MetaStar began work on its most recent 3-year contract with Medicare, known as the 9th Statement of Work, we described the contract in this space. That contract will end in July 2011, and the Centers for Medicare & Medicaid Services (CMS) has found that MetaStar has met all requirements of all themes and tasks in the contract. As a result, CMS is renewing without competition MetaStar's status as the Medicare Quality Improvement Organization (QIO) for Wisconsin.

WMJ readers may be interested in what has been accomplished under this contract for Medicare beneficiaries in Wisconsin. As precise measure definitions and interventions have been described in this space[1] for many of these topics, I will not describe them again here; further information about any of them is available upon request.

The contract has required MetaStar to work in 3 broad areas: prevention, patient safety, and beneficiary protection.

Prevention

The prevention portion of the contract required MetaStar to work with 14 participating clinics on 4 clinical topics: mammogra-

• • •

Doctor Gold is senior vice president and chief medical officer for MetaStar, Inc. This material was prepared by MetaStar, the Medicare Quality Improvement Organization for Wisconsin, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the US Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 9SOW-WI-PS-10-81.

phy, colorectal cancer screening, influenza immunization, and pneumococcal immunization. From baseline until February 15, 2011, we have seen relative improvements (RI) in the rates of these measures for our participating providers (Table 1).

Note that the relative improvement rate for influenza immunization is relatively low. Probably the most important reason is that this measure, unlike the others, is seasonal, and all the data from the 2010-2011 influenza season are not yet available; indeed, at this writing, the season has 5 weeks remaining. On the basis of our experience in past years, we expect the influenza immunization RI to be substantial once all data are in.

In addition, we have worked successfully with our participating providers on reporting their quality data to MetaStar and to CMS.

Patient Safety

There are several components of the patient safety portion of the contract. It required MetaStar to work with 36 identified-participant (IP) nursing homes to improve care for high-risk pressure ulcers (HRPU), and with 19 IP nursing homes to decrease the use of physical restraints (PRs). Furthermore, we worked intensively with 3 nursing homes felt to be in particular need of intervention on their HRPU and PR rates. In addition, we worked with 5 hospitals on a surgical care improvement project (SCIP), which also included measures on venothromboembolism (VTE) prophylaxis and heart failure. The measures for SCIP were as follows:
- Timeliness of prophylactic antibiotic
- Appropriate selection of antibiotic

Table 1. Relative Improvement Among Participants in 4 Clinical Areas, 2008-2011.

Measure	RI
Colorectal cancer screening	231.19%
Influenza immunization	7.90%
Pneumococcal immunization	59.11%
Mammography	25.37%

Abbreviations: RI=Relative Improvement

Table 2. Relative Improvement Demonstrated in Patient Safety Measures

Measure	RI
High risk pressure ulcers (HRPU) for IP*	4.19%
Physical restraints for IP*	70.75%
HRPU for nursing homes in need of intervention (NHIN)	32.76%
Physical restraints for NHIN	100%
Surgical care improvement project	22.88%
Methicillin-resistant *Staphylococcus aureus* (MRSA)	91.7%
Potentially inappropriate medications	21.4.%
Drug-drug interactions	8.51%

Abbreviations: RI=Relative Improvements; IP=Identified Participant

- Timely cessation of prophylactic antibiotic
- Appropriate hair removal
- VTE prophylaxis ordered
- Timeliness of VTE prophylaxis
- Continuation of beta blocker
- Angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blockers (ARB) for left ventricular systolic dysfunction (LVSD)

We also have worked with 12 hospitals to decrease methicillin-resistant *Staphylococcus*

aureus (MRSA) transmission and infection through data reporting. And we completed a project to decrease prescription rates of potentially inappropriate medications and medications apt to be involved in drug-drug interaction. Table 2 shows these results.

Beneficiary Protection

In the area of Beneficiary Protection, MetaStar investigates complaints from Medicare beneficiaries. The contract looks to such matters as timely completion of case review, beneficiary satisfaction with the complaint process, beneficiary completion of satisfaction surveys, and system-wide quality improvement activities where there are confirmed quality-of-care concerns. MetaStar scored highly on all of these measures.

What's Next?

CMS's upcoming QIO contract is expected to be made public in late March. MetaStar expects that the contract will ask us to continue to work in many of the areas discussed above and is apt to add some other areas as well. For example, there has been talk of a project to decrease hospital readmissions by improving transitions of care, and to expand our work with hospitals to decrease hospital-acquired conditions. Wisconsin physicians will be essential to success in the new contract, as they have been essential to success in the current one. We look forward to updating *WMJ* readers about the new contract when it becomes available.

Reference

1. Gold J, Simmons K. MetaStar to begin new Medicare contract. *WMJ.* 2008;107(3):145-146.

advancing the art & science of medicine in the midwest

WMJ

Visit www.wmjonline.org to learn more.