

Tighter CME restrictions create opportunities

The new rules governing pharmaceutical company sponsorship of Continuing Medical Education (CME) programs are beginning to take hold, and the transition to a highly scrutinized environment gives Network hospitals the opportunity to pose an often-overlooked question: "What are our educational needs?"

That assessment, from David Kountz, M.D., Associate Dean for Postgraduate Education, UMDNJ-Robert Wood Johnson Medical School, comes in the wake of new CME criteria from the Accreditation Council for Continuing Medical Education (ACCME) designed to reduce the potential for drug company bias in CME activities. Not only do presenters need to disclose their financial and consulting arrangements, but they may be told to limit the content of their presentations to areas in which they don't have a real or perceived conflict. A speaker who published an article supporting a particular treatment may be asked to limit his/her discussion to the methods and findings of the study, and another speaker would critique the study and discuss the clinical implications.

"It is no longer business as usual," said Dr. Kountz, but, he adds, that could be a good thing.

"Pharmaceutical companies have been dictating our education. At least one-half of our programs focus on lipids or erectile dysfunction," he said. "We have a high quality of speakers, but the content doesn't reflect the breadth of our issues."

While drug companies' sponsorship continues, Dr. Kountz expects that the level will drop as they grow less willing to pay for education they see as not supporting their marketing objectives.

As such, taking greater control of CME is an emerging reality that will demand medical staff involvement.

The New Role for Medical Staffs

With less pharmaceutical company involvement, medical staffs with the support of the Medical School may need to create their own systems to develop curricula, secure speakers, and implement a program. Some new approaches may include:

- Collaborating with the Medical School to target evidence-based protocols for specific and relevant patient populations and clinical challenges;
- Developing in-house programs that review a hospital's clinical performance, evidence-based treatment guidelines and performance improvement tools;
- Identifying a physician "champion" who could translate Network data into a CME program;
- Pooling resources to secure and pay expenses for a nationally known speaker.

"We need to develop our own 'home grown' CME programs," said Dr. Kountz. "It's probably something that we should have been doing all along."



NSN Focuses on Recruitment

The Robert Wood Johnson Neuroscience Network (NSN) is actively implementing strategies to recruit neurosurgeons. The goal is to recruit at least 2 neurosurgeons to staff 4 acute care Network hospitals and the NSN's governing and medical councils have launched a far-reaching initiative that extends nationwide, according to Michael G. Nosko, M.D., PhD, Chief of Neurosurgery, Robert Wood Johnson Medical School. Recruitment strategies include a national review of neurosurgeons with New Jersey licenses, placing recruitment ads in journals, engaging a professional recruitment firm and contacting graduating students early on in the upcoming academic year, as most students typically make their decisions on where to practice by November. Each new neurosurgeon will provide services to two Network hospitals.



Michael G. Nosko, M.D.

The NSN was formed earlier this year to keep neurosurgical patients within RWJHN hospitals and to meet unmet needs for neurosurgical coverage throughout the Network. The immediate focus is recruitment while building the infrastructure to provide comprehensive outpatient neurosurgical care within the communities. Currently, the Medical Council is planning to develop transfer protocols between Network community hospitals and the tertiary care facility, RWJ University Hospital.

Exclusive Pool of Talent

wooing and winning top neurosurgical talent is a challenge, as only an estimated 125 are graduated each year nationally. With only 2,500 neurosurgeons practicing in the U.S., the need has surpassed the number of neurosurgeons in communities throughout the country. The process will be supported by dedicated RWJ Health Network staff with the Medical School and hospitals leading the interview process. Once hired, the Network and Medical School will facilitate licensing and insurance credentialing. All of the newly-appointed neurosurgeons will be Medical School faculty members.

The NSN plan calls for the creation of two strategically-located outpatient medical offices that will enable patients to receive neurosurgical care close to home. The new offices will be located near Network hospitals— one between Freehold and Hamilton, the other convenient to Perth Amboy and Old Bridge.

The NSN goal has been to address the Network's need for comprehensive neurosurgical services and stem the tide of patients seeking care outside the Network. More than 75 percent of all neurosurgical patients are referred out, many to non-Network hospitals in New Jersey, New York City or Philadelphia. By offering community hospitals the neurosurgical services they need and eliminating out-of-network referrals, the Network could add a total of 300 neurosurgical cases per year to participating hospitals reports Peg Douglas, the NSN's Executive Director. With the NSN, community hospitals can look forward to a potential 5% increase in their overall neurosurgical market share within four years.

RWJ Health Network News

- **New Teaching Hospital.** CentraState Medical Center became a university-affiliated teaching hospital when it began operating the Family Medicine Residency Program in conjunction with UMDNJ-Robert Wood Johnson Medical School July 1.
- **Physicians Honored.** Raritan Bay Medical Center's Board of Directors has named Medical Staff President Surender Grover, M.D., as its Distinguished Physician of the Year. He joined the medical staff in 1973 and has served as medical director for the division of orthopedic surgery for 24 years. John Middleton, M.D., a 27-year veteran of RBMC and chair of the department of medicine received a special recognition award. Dr. Middleton also chairs the RWJ Health Network's PCC.
- **Newsmaker.** Children's Specialized Hospital was featured in a CBS 2 News This Morning report on May 26 highlighting its role in treating a boy with Guillian-Barre syndrome.

The Physician Coordinating Council is comprised of the medical leadership of the Robert Wood Johnson Health Network members which include:

- Bayshore Community Health Services, Inc.
- Carrier Clinic
- CentraState Healthcare System
- Children's Specialized Hospital
- Raritan Bay Medical Center (Perth Amboy and Old Bridge)
- Robert Wood Johnson University Hospital (New Brunswick, Hamilton, and Rahway)
- UMDNJ-Robert Wood Johnson Medical School (New Brunswick)
- Eric B. Chandler Health Center
- Henry J. Austin Health Center
- Plainfield Health Center
- VNA Community Health Center
- Presbyterian Homes & Services, Inc.

It is the only healthcare network in New Jersey to include a medical school among its partners.

Please direct questions about any information contained in PCC Pulse to your chief medical officer or the Network's Director, Clinical Integration lois.doman@rwjuh.edu.

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The Pros (and Cons) of P4P

The Centers for Medicare and Medicaid (CMS) voluntary Pay for Performance (P4P) pilot program for Premier hospitals could be a meaningful step towards improving the quality of patient care throughout the country. By incentivizing top performers against a set of standardized, evidence-based criteria, the case could be made that CMS is 'putting its money where its mouth is' – addressing the economic realities of providing clinically integrated care by compensating and motivating hospitals to provide value. The P4P concept may soon extend to ambulatory care provided by physicians. A CMS pilot program plans to reward physicians in large group practices for improving quality and efficiency of health care delivery for Medicare fee-for-service patients.

In the three-year program, 274 hospitals in the Premier purchasing network will receive a 2% bonus of the DRG-based prospective pay-

- The Leapfrog Group
- Agency for Healthcare Research and Quality (AHRQ)

The P4P Score

Measurement data will be aggregated using an "opportunity model", which assumes that an "opportunity" exists whenever a patient meets the criteria for a target patient population for a particular measure. Given that, one patient represents numerous opportunities for evidence-based interventions. A composite quality score is developed for a disease category by dividing the total number of interventions by the total number of opportunities for the same interventions. A composite process score is then aggregated with an outcomes score (using mortality or operative complication statistics) to compute a final quality score. See the grid for hospital performance in acute MI (AMI), heart failure (HF) and pneumonia (PNE). The CMS program aligns with

ROBERT WOOD JOHNSON HEALTH NETWORK Analysis using 2004 Network Data and CMS/Premier Methodology

Composite Score Deciles

	90th	80th	70th	60th	50th	40th	30th	20th	10th
RWJ University Hospital		AMI, HF, PNE							
RWJ University Hospital at Hamilton		HF, PNE	AMI						
Raritan Bay-Perth Amboy			AMI	PNE					
RWJ University Hospital at Rahway			PNE	AMI, HF					
Bayshore Community Hospital				PNE	AMI, HF				
Raritan Bay-Old Bridge				PNE	HF	AMI			
CentraState Healthcare System				PNE	HF	AMI			

ment based on performance on evidence-based quality measures for treatment of acute myocardial infarction, heart failure, community-acquired pneumonia, coronary artery bypass graft, and hip and knee replacement for top decile performers; hospitals in the second decile will garner a 1% bonus. Those in the lowest ninth and tenth deciles will see a reduction in DRG payments of 1% and 2% respectively if they fail to show improvement over the baseline within three years.

The CMS/Premier quality measures are based on clinical evidence and industry-recognized metrics from the following:

- The National Voluntary Hospital Reporting Initiative (AHA)
- National Quality Forum (NQF)
- CMS 7th Scope of Work Indicators
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Core Measures

the PCC's Clinical Integration Program which measures compliance with evidence-based care processes and trends clinical outcome rates while sharing best practices to improve member scores. Still, questions remain. While P4P is built on a business model, the evidence that such a model can succeed in health care delivery is limited. Programs are complex, incentives may not be considered large enough to engender widespread P4P adoption or may lead to an imbalance of effort and resources towards P4P clinical target areas.

The PCC continues to explore both the short and long-term issues of P4P and will report on member hospital performance using the scoring methodology while keeping an eye towards the ultimate goal: improving quality, increasing productivity and efficiencies, and saving lives.

The Robert Wood Johnson Health Network operates a quality physician billing service at competitive rates. Call Peg Douglas for more information – 732-418-8055