



## **News and Views Fall Issue, 1999**

### **PRESIDENT'S CORNER** *by Ginger Katzman, RN*

Three WAHQ Board members and several State members attended NAHQ's annual conference in Atlanta, Georgia in September. Overall attendance from the State membership was down this year. This year's conference again provided quality educational sessions and time for networking. The Leadership Council met on Saturday prior to the opening of the conference. WAHQ's Leadership Council representatives were Kathy Noe and Deb Napiwocki. The past couple of years NAHQ Board governance has been in a transition phase downsizing from a House of Delegates to the current Leadership Council representation. As I addressed in our last newsletter, our State Board is actively reviewing how WAHQ members will be appointed as Leadership Council representatives and will have a plan in place for appointment to the NAHQ conference in 2001. Refer to our last newsletter for details. NAHQ Board members reported to us that they have been feeling the impact during this transition phase but also feel they have closer working relationships. NAHQ Board members presented a review of their goals along with a review of last year's accomplishments and future plans towards meeting these goals. They have been working towards meeting their goals with varying progress within each specific goal and at times struggling with change. As I listened at the Council meeting and participated during other sessions with NAHQ Board members, I feel as though they are listening to their membership and will continue to move forward. Please refer to other articles in this newsletter on the report from the Leadership Council and other sessions from the conference.

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### **1999 NAHQ Conference** *by Ginger Katzman, RN*

The 1999 NAHQ annual conference in Atlanta opened with a thought provoking speaker, Michael L. Millenson, with, "Quality or Else: The Unavoidable Challenge of 21st Century Medicine." Michael Millenson is a principal in health care group benefits consulting practice of William M. Mercer, Inc. Having been a reporter for the Chicago Tribune, he was one of the first journalists to write critically about cost

containment, managed care, and clinical quality measurement. He is a visiting scholar at Northwestern University's Center for Health Service and Policy. He's been nominated for a Pulitzer Prize three times.

Highlights of "Quality of Else" and moving towards performance based medical practice include:

- Hundreds of thousands of patients are injured or die as a result of errors annually.
- Review of a case that involved a journalist who died in a hospital as a result of a medication error in 1995. A journalist brought the incident to the public's attention, not the medical community.
- An old health care crisis, people without health insurance.
- A new health care crisis, the middle class who cannot get all the health care they need. The middle class may have all the care they need but not all the care they want.
- Healthcare's gross national product is presently at 14% and projections by 2020 are for 20%.
- Three options:-pay less, however, MD's leave contracts now;
- control costs, but American's don't believe there is a health care crisis;
- do things right.
- Purchasers are moving forward and quality will be demanded.
- How to change organization culture:
- send CEOs and CFOs to quality conferences;
- hardworking and caring physicians and nurses have failed to change systems;
- Need to reorganize values and move towards:

1. Evidence based data: operationalize what is known and standardize what is not known.

2. Enhance patient/physician relationships: partnering with physicians and physicians/patients sharing information.

3. Patient based Systems

Michael Millenson closes with a challenge to quality management professionals, as he said, "Where are your voices?" He further states the public has no idea what quality management professionals do to make things better for patients.

In addition to the session, Michael Millenson had a book signing opportunity for his book, "Demanding Medical Excellence: Doctors and Accountability in the Information Age." This is the first book to describe quality measurement and management to the public and is recommended reading for both the general public and healthcare professionals.

Some of the topics addressed in the book include:

**Medical errors:** He talks about the death of a young newspaper columnist who dies from a treatment error at a prestigious Boston hospital. Journalists, not the medical community, bring the error to attention. Also

addressed are adverse drug reactions, nosocomial infections, and hospital efforts to reduce both.

**Practice Variation:** Even today, great variation exists and remains invisible to the public.

**Accountability:** Here he addresses how medical report cards have helped to initiate changes. How paradigm changes to a data driven organization can supercede the traditional driven medicine.

**Evidence Based Medicine:** Even with today's access to volumes of literature, practices aren't keeping pace. The medical community fails to examine what works best and integrate these findings into care.

**Medical Economics:** He cites examples of how money has been important in determining how quality was managed. Even today, when so much attention is towards outcomes.

**Managed Care:** He addresses how to move from cost management to care management. Notes one way to look at HMOs is to inform the consumers about their plans.

**Patient Empowerment:** Shared decision making between patients and physicians.

Critics are saying that if you read only one book this year read this one. It's quoted as, "a quiet revolution in health care that incorporates computerized data into everyday practice, owning more laptops rather than lab coats."

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## UPCOMING EVENTS

**January 21**

**WAHQ Board Meeting**

Papa's Place, Baraboo

**March 2**

**WAHQ's Annual Meeting**

Marriott Hotel, Madison (5 p.m.)

**March 3**

**[WAHQ Annual Conference](#)**

"Measurability in the New Millennium: Are Outcomes Measurable and Comparable?"

Presented by

Rodney C. Armstead, M.D. Marriott Hotel, Madison

Co-sponsored by [MetaStar](#)

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## **Call for Articles**

We are always on the lookout for articles to share with our membership. If you can assist us with our goal to produce newsletters with useful information, please submit any articles, storyboards, quality successes, or newsworthy features to:

### **Newsletter Editor**

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## **NAHQ Leadership Council Annual Report** by *Deborah Napiwocki, RN, CPHQ*

Marriott Marquis Hotel, Atlanta, Georgia September 25, 1999

### **Mission:**

NAHQ is dedicated to improving the quality of healthcare and to support the development of professionals in healthcare quality.

### **Vision:**

NAHQ will be a global leader and a premier source of expertise in healthcare quality.

### **Values:**

Transformational Leadership, Customer Driven Continuous Improvement, Team Work, Diversity, Integrity, and Professional Development.

### **Goals:**

Continue to transform NAHQ as an organization by strengthening relationships with States and other affiliated associations. Increase the value of NAHQ membership through focused products and benefits for specific markets. NAHQ will strengthen its national presence by enhancing its government relations program and improving

internal operations. NAHQ will develop a global perspective and presence.

**Team Reports, Summary/Accomplishments:**

1999 NAHQ Election results: President-Elect 1999-2000: Kathryn Clinefelter;  
Member Services Director 1999-2000:

Janice L. Woo; Nominating Team 1999-2000: Kathleen Adams, Linda Brandt-Comer  
and LeRoy E. W. Holmberg.

**Journal for Healthcare Quality (JHQ):**

JHQ is a professional forum that advances quality in a diverse and changing healthcare environment. Health care professionals worldwide depend upon JHQ for its creative solutions and scientific knowledge in the pursuit of quality. JHQ had effective communication between its Editorial Review Board and JHQ staff. The Editorial Review Board and JHQ staff solicited manuscripts that are responsive to the needs of the membership. The Board and JHQ staff reviewed and revised editorial strategy for JHQ.

**Government Relations Team:**

The Government Relations Team is prioritizing and defining healthcare policy/legislative issues for NAHQ in conjunction with Waterman and Associates and the NAHQ Board. The Team's major objectives are to establish alliances with key organizations and evaluate stature and visibility of NAHQ before Congress and federal agencies. They have enhanced the Government Relations Program and continue to review NAHQ healthcare quality principles and position papers for relevance. The Team established a public relations campaign related to government relations, targeted specific legislators or staffers who have healthcare backgrounds, and offered a government relation conference in Washington D.C. in May 1999. The Team continues to present sessions on healthcare policy at the annual conference and educate members to NAHQ healthcare quality principles.

**International Ambassador:**

The International Ambassador participated in the 15th International Society for Quality (ISQua) in Healthcare in Budapest, Hungary. Sarah Tackett was appointed Convenor of a steering group for Global Federation of International Societies. The primary role was to assess and prioritize the needs of the international societies and how they can collectively work together in learning from and sharing with each other. Results will be shared at the 16th ISQua in Melbourne, Australia. Over 35 countries, and nearly 1000 delegates, participated in the European Forum in Stockholm, Sweden. The objectives of the second People to People Mission in South Africa are to advance the theory and practice of quality management; to promote the professional development of healthcare practitioners; and to contribute to international understanding and enhancement of healthcare quality.

**Healthcare Quality Certification Board (HQCB):**

The November 1998 CPHQ Exam Statistics are as follows: a record setting 1,125 registered CPHQs, 1,014 people sat for the exam, and 695 passed for a passing rate of 69%. The total number of active CPHQs is 6,738. The percent of active CPHQs with licenses or accreditation's (certified 1984 through 1998): RN (74%), LVN (1%), RRA (4%), ART (3%), MD/DO (1%), Other (6%), and None (11%). CPHQ Value Indicators

from the April 1999 survey are as follows: CPHQ employer preferred/respected (65%), employer required (6%), salary increase (8%), not valued (21%). The HQCB awarded 4 educational scholarships to CPHQs who submitted questions for future CPHQ exams. HQCB achieved a 5-year NCCA accreditation renewal through November 1, 2002, completed the international practice/job analysis survey, and approved the exam content outline to expand the CPHQ as an internationally valid credential.

### **Secretary/Treasurer's Report:**

NAHQ's financial position on December 31, 1998 resulted in total liabilities and net assets of \$1,582,536. NAHQ experienced a 9% decrease in its net assets from 1997 to 1998. Two major initiatives accounted for substantial portions of the planned operating deficit in 1998: the market research project and development of the Government Relations program through the contract with Waterman and Associates. Deviations from the budget included a slight decline in membership in 1998 and conference revenues fell below budget. Subsequently, the NAHQ Board of Directors, in the development of the 1999 budget, committed to only accepting a balanced budget and then adhering to the adopted budget.

### **State of the Association:**

Diane Mickell, President, addressed NAHQ's commitment to improve communication with State presidents and delegates of the Leadership Council.

### **New Business:**

The NAHQ Board of Directors, at their July 31, 1999 meeting, voted to require CPHQ as a criterion to hold office on the NAHQ Board. One role of the Leadership Council, Bylaws, Article VI, Section 1, is to make recommendations and give guidance to the Board of Directors. Linda Scribner, Florida Delegate, requested the Leadership Council consider this decision and provide direction to the NAHQ Board. Resolution Request: The NAHQ Board of Directors decision to implement its position on the CPHQ credential as a criterion for office be referred back to the Board for further discussion based on input and recommendations from the Leadership Council. Spirited discussion followed the resolution providing positive and negative viewpoints in the proposed requirement of CPHQ credentialing for Board candidacy. A vote of the Leadership Council failed to pass the resolution; the decision of the Board to require CPHQ as a criterion to hold office on the NAHQ Board stands. Clarification was provided that the Healthcare Quality Certification Board is required to have a public member.

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## **Highlights from the Performance Coordinating Council Town Meeting by Kathryn Noe, RN**

The Performance Measurement Coordinating Council town meeting was held as a general session at NAHQ's annual conference, on Wednesday morning, September 29, 1999. Three organizational speakers were present: Dennis O'Leary, MD from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Joshua Seidman from the National Committee for Quality Assurance (NCQA), and Yank Coble from the American Medical Association (AMA).

In 1999, the three leading private organizations monitoring the quality of healthcare systems agreed to coordinate their evaluation efforts. The JCAHO, NCQA, and AMA Medical Accreditation Program formed the Performance Measurement Coordination Council (PMCC) to develop uniform ways to evaluate the medical care delivered by physicians, hospitals, health plans, nursing homes, home health agencies and other providers. The Council now has 15 members.

The activities of the PMCC included the establishment of seven Principles for Performance Measurement in Health Care in facilitating coordination of performance measurement. These are:

I. Performance measurement has multiple purposes, including a quantitative basis for physician, provider organizations and managed care plans to continuously improve outcomes and the care processes. Also to provide comparative information to assist consumers and purchasers, both public and private, in selecting among provider organizations and health plans.

II. Measures or measure sets must be appropriate for their intended use. In some cases, particular measures or measure sets may be useful for more than one purpose or audience.

III. To meet the multiple purposes of performance measurement, sets of measures in various domains are needed. One example is health and medical care process and outcomes, including health and functional status outcomes for individuals and defined populations that can be related to the performance of physician, other practitioner, provider organization, or health plan.

IV. When performance measurement is used for comparative purposes, valid comparisons require measures that are precisely defined and uniformly implemented.

V. Physicians, other practitioners, provider organizations, and health plans may serve populations with different needs and may have different priorities for improvement.

VI. Cost-effective performance measurement requires several items including careful selection of measure, and reliable valid data.

VII. To minimize the costs associated with performance measurement, coordination and collaboration among interested parties are essential.

Performance measurement is the quantitative assessment of health care processes and outcomes for which an individual physician or other practitioner, provider organization, or managed care plan may be accountable. A performance measure, or indicator, is a quantitative expression that describes whether, or how often, a process or outcome of care occurs. Attributes of performance measures are characteristics that define appropriate and useful measures. By uniformly adopting these attributes, JCAHO, NCQA and the AMA are seeking to promote consistency in performance

measurement.

The three accrediting organizations will apply these attributes to identify appropriate performance measure. These measures should produce reliable data. and permit the derivation of valuable information that can drive improvement in health care services and better inform consumer decision-making.

The benefits discussed:

- Creates the most effective use of resources;
- Promotes standardization; and
- Allows focus on Quality Improvement as well as external accountability.

Discussion at the end of the meeting from the floor reviewed two important concepts:

- The first, that ORYX will continue and move toward core measures; and
- Secondly, measurements of quality may be different then measurements for payers.

For more details of information, contact:

Carolyn Cocotas, RT, MPA, Staff Director for PMCC. Phone (303)526-7438 or e-mail [cocotas@ncqa.org](mailto:cocotas@ncqa.org).

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## **Membership Report** by *Virginia Wyss*

It has been another productive year in our marketing efforts to recruit new members and keep our active members renewing. As you recall, we were one of the first state organizations to accept NAHQ's offer for dual invoicing.

Since January 1996, membership invoices have been sent to us by NAHQ for annual renewal. We also have "NAHQ only" members from Wisconsin on our state mailing list and encourage them to join our state organization as well.

This process seems to be working, and I am happy to report our WAHQ membership is currently at 180 active members.

In addition, we have 95 NAHQ only members in Wisconsin. 100 of our 180 WAHQ members are also NAHQ members. That gives us a dual affiliation rate of 56%.

I want to remind everyone that annual renewal invoices are sent out by NAHQ and you can pay your WAHQ dues through their office. Also, a WAHQ membership application is listed in this issue for your convenience.

We encourage you to pass this application on to friends and co-workers that have an interest in the benefits of our healthcare quality organization.

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## **Job Announcement**

### **CLINICAL QUALITY SPECIALIST**

[MetaStar](#) a leader for over 25 years in forging partnerships for health care quality improvement is looking for a full-time RN who has knowledge and experience in conducting quality improvement work in health care settings. Current clinical knowledge and a general knowledge of the health care delivery system in multiple settings is important. The successful candidate must have excellent organizational, oral, writing, project management, and team skills. This Clinical Quality Specialist will work primarily within [MetaStar's](#) Medicare contract to facilitate improvements in care throughout Wisconsin. The position involves communication with a variety of health care professionals in both liaison and educational activities.

For more information about [MetaStar](#), visit our website at: [www.metastar.com](http://www.metastar.com). Contact MetaStar's HR Department at (800)362-2320 or (608) 274-1940 with questions about the position.

Send or fax resume to the attention of Human Resources at:

2909 Landmark Place  
Madison, WI 53713

or fax (608)274-5008.

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## **Call for Story Boards**

### [Annual Spring Conference](#)

March 3, 2000

Do you have an exciting project to share, a unique problem-solving example using QI methods, or are you considering publishing an article? If so, please consider presenting a storyboard at our [annual conference](#) in March. We are again offering a FREE registration to next year's annual conference if your storyboard is selected for display. If you are interested in presenting a project or process, please complete a one-page abstract describing the project, presenter, organization, and any bibliography (optional).

Submit abstract by January 7 to:

Ginger Katzman  
W7889 Reliance Road  
Whitewater, WI 53190  
Fax: (414) 473-6252

If you have any questions, please contact Ginger directly at (608) 757-5332.

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## **Treasurer's Report**

**by Linda Buel**

*As of 10/21/99*

### **Assets**

Checking	\$ 1,486.92
Savings	\$ 5,764.11
Deferred Annuity	\$ 6,277.60
Liabilities	\$ 0
<b>Overall Total</b>	<b>\$ 13,528.53</b>

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## **1998-1999 WAHQ BOARD OF DIRECTORS**

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