



News and Views - Spring 2001

President's Corner *By Diane Schallert, RN, MSM, CPHQ*

March 2, 2001 was a special day for WAHQ Board members, membership, and colleagues in attendance at the annual educational conference. The common theme that was heard and written was "the program exceeded my expectations", "informative and timely", "good overview and selection of topics", "excellent speakers". Thank you to all who shared this rewarding experience. The program evaluations will again assist the program planning committee to identify the educational needs and requests. We promoted this year's program by stating that we had six experts participating in the presentations. Our deepest appreciation to Pat, Chris, Judith, Diane, Wende, and Tim. They exceeded our goal.

Hearty congratulations to our new state CPHQs. We had 24 CPHQ attendees at the March conference, including the new and those previously certified. The WAHQ annual educational conference is an acceptable program to apply the CE hours, excluding lunch and breaks, towards re-certification.

WAHQ Board of Directors Meeting 1/19/01

Agenda included:

- Final preparation and assignments for the annual conference.
- Revisions to strategic goals.
- Budget forecasting.
- Discussion on regional meetings and membership recruitment.

The WAHQ Board also piloted the teleconference format for this Board meeting as a means to cut financial costs and to evaluate agenda needs and length of meetings. The evaluation will be an agenda item for the May 18 meeting.

New WAHQ Board Member:

Cathy Swanson - Southcentral region

WAHQ Board Member Changes:

Kathy Noe - President-elect

Anna McCarthy - Membership Coordinator

Mary Conti - Newsletter Editor

Ginger Katzman - Nursing Coalition Liaison

One of the WAHQ strategic goals is to develop and enhance membership participation. We will call upon those new volunteers who submitted their names on the evaluation. Thanks!

Special recognition goes to our Board retirees: Virginia Wyss, Elaine Kloepfel, and Kay Dahlka. The many combined years of dedication, energy, and creativity gave WAHQ stability and professionalism. We will miss their contributions.

NAHQ News

Leadership Council Advisory Task Team met 12/7/2000. The major function is to advise the NAHQ Board on strategies to fully operationalize the Leadership Council (LC). Major action item is to implement an electronic mailing listserve for the LC members. Goal is to link and strengthen communication between states and the NAHQ Board. Target date is 3/1/2001.

- Voted on eligibility requirements for NAHQ President.
- Adjustments in criteria for state association for Excellence Award judging for larger and smaller states.
- The annual NAHQ education conference is September 8-11, 2001.
- General Liability Insurance free offering to states.
- Role of Leadership Council is member retention for state and national organization. It is recommended to target mailings, engage interest and provide materials at state conferences and networking.

Conclusion

A networking suggestion: For each annual WAHQ conference, all participants share the educational packet with a colleague who missed the conference, provide them with a WAHQ/NAHQ membership brochure. Invite them to join and attend the next conference with you. Everyone is a winner!

Stay in touch.

UPCOMING EVENTS

May 2-4, 2001

WHIMA's Annual Conference

Holiday Inn, Stevens Point

May 18, 2001
WAHQ Board Meeting
Papa's Place, Baraboo

July 20, 2001
WAHQ Board Meeting
Place To Be Announced

August 31, 2001
CPHQ Application Deadline

"Spokes in the Wheel of Quality" March 2, 2001 *By Mary Conti, RN*

Keynote Address

Patricia Schroeder, BSN, MSN, MBA kicked off this year's conference with her presentation "Reinventing the Wheel" of Quality. Schroeder is the Vice President of Clinical Performance for Covenant Healthcare Inc. She believes the healthcare environment is changing so rapidly that the essential components of quality must be redefined in order to address and overcome the barriers for successful performance improvement. The information age, technological advances and changing economics have resulted in increased regulation and mandates. Schroeder suggests it is very important quality professional leaders communicate a clear vision to meet these increased pressures so that the organizations they work in will be responsive and open to change. Schroeder uses a Toffler quote to illustrate this point: "The illiterate of the future are not those who cannot read or write, but those who cannot learn, unlearn and relearn."

Schroeder suggests that in order to create a clear vision, quality leaders must think about what is required as well as what is desired, and then assess what is the capacity to achieve both. She outlines practical goals of quality function as:

- Assure care delivery is safe, effective, and evidenced based.
- Assure positive outcomes are achieved.
- Support an atmosphere for continuous improvement.
- Demonstrate compliance with standards of HCFA, JCAHO, and other regulatory groups.
- Assure responsiveness to timely issues.

Schroeder used the Covenant Healthcare structure as an example of how an organization can structure quality programs to achieve the goals as outlined above.

Medical Error Reduction and Policy

Christopher Decker, RPh presented information about Patient Safety Wisconsin, the name given to a coalition, which represents health providers, businesses and consumers to address problems associated with medical errors. The coalition has developed ten recommendations, which will be advanced to the professional communities for consideration and implementation. The coalition decided to try the

professional advocacy approach rather than the legislative approach at first. They may decide to take their recommendations to the Legislature if they find the recommendations are not voluntarily implemented. Some of the recommendations may require substantial capital investment, while others may only require behavioral changes or operational changes. The Legislature may be a resource to recoup capital expenditures.

The Ten Medication Safety Recommendations taken from the "Recommendations to the Patient Safety Forum" Executive Summary; *Journal of the Pharmacy Society of Wisconsin*, Jan/Feb 2001:

1. Hospitals, extended care facilities, nursing homes and other health care facilities need to provide 24 hour pharmacy coverage either on site or on call (by telephone access to a staff pharmacist or contracted through a community pharmacist).
2. Hospitals, community pharmacies, ambulatory clinics, and any other health care facilities that dispense medication should utilize available computer software to provide clinical screening to maximize patient safety in the dispensing of all prescription medications.
(continued on page 3)
3. Hospitals and other appropriate health care facilities should conduct an evaluation of an integrated computerized prescriber order entry (CPOE) system with clinical decision support for medications and other ordered services by January 1, 2002 with implementation by January 1, 2004.
4. Hospitals, extended care facilities, nursing homes and other appropriate health care facilities responsible for the administration of medications to patients should implement an oral and inhalant unit dose distribution system for all non-emergency medications administered within the facility by January 1, 2002.
5. Hospitals and ambulatory health care centers should utilize a pharmacy based and pharmacist managed process for the preparation of intravenous admixture solutions.
6. Pharmacies and physicians should include the generic name on the label of prescription medications dispensed to patients.
7. Hospitals and other appropriate health care facilities should investigate and evaluate the use of bar coding systems for the packaging and administration of medications by January 1, 2002.
8. Hospitals and other appropriate health care facilities should prepare and maintain written policies and procedures for the use of select high-risk medications within the facility.
9. Prescribers should institute actions to eliminate the use of symbols and phrases that are commonly misinterpreted by pharmacists and other health care providers.
10. Prescribers and pharmacists should include the intended use on all prescription orders and prescription drug labels and packages for consumers.

Lessons Learned in the Process of Stroke Quality Management

Dr. Diane Book and Wende Fedder, BSN shared the pitfalls of an ineffective clinical pathways and identified some of the lessons learned which led to the development of a successful clinical outcome management tool and the system which supports clinical outcome management.

Dr. Book described her involvement with continuous quality improvement, specifically stroke care, and how over time she learned why she needed to be involved. Wende Fedder, BSN and Dr. Book identified the following pitfalls of an ineffective clinical pathway and the effective strategies, which led to an effective clinical outcome process with standardized documentation tools:

Many of the effective system changes occurred because top administration developed a support structure which including a steering committee of vice presidents responsible for clinical care within the hospital. It became very clear to the multidisciplinary team that success largely depends on top administrative involvement when major system changes and daily practice patterns require fine-tuning. In the past, the multidisciplinary team was committed to quality patient care from the very start, yet time and other priorities often conflicted with outcome development. With the administrative support, clinical outcomes became top priority for everyone in the organization and team members have restructured time commitments to include outcome management.

As a result of learning what did not work and implementing a new system which does work, JCAHO surveyors during their recent scheduled visit requested the documentation packet; they plan to use Froedtert's stroke care as a benchmark for other hospitals in the country.

Pitfalls

Effective System Improvements

Identifying current practice, length of stay (LOS) as the standard practice with a belief that standardization will result in a decreased LOS.

Identify evidence based, best practice as the minimum standard of care which is reported and monitored by the center director and clinical resource management steering committee.

Ask nursing to document on a form that is not a permanent chart form.

Implement outcome tool as a permanent chart form.

No daily monitor to ensure completion of the pathway.

Identify the case manager as the key team member responsible for daily variance monitoring.

Lack of attending MD and housestaff support for standing orders and a pathway.

Include physician chief/chair in standing order development and the standing order approval process. Educate peer physicians as well as monthly housestaff assigned to Neurology Department.

Lack of education for front line nursing staff.

Involve nursing education and unit based nursing council chairs and solicit an evaluation of the information and process, as well as on-going feedback from front line nursing staff. Nursing education results in empowerment and develops a safety net for clinical outcome process improvement.

Timely communication between team members.

Using standardized tools to communicate a patient's assessment which now includes the NIH Stroke Scale has improved communication between the staff RN and medical staff. Everyone knows the plan of care and recognizes the stroke scale as a common language to communicate the patient's stroke status.

Family Care

Judith Frye, MA BA presented information regarding Family Care, which is a pilot program of Options for Long Term Care, which is managed by the Wisconsin Department of Health and Family Services (DHFS). The program was initiated after numerous complaints to the State regarding the Community Options Program's (COP) waiting lists for services available to the frail elderly, people with developmental disabilities and people with physical disabilities.

State and County funding was targeted for the pilot counties, which were chosen to be part of the pilot after submitting a proposal that identified how the county could meet the following Family Care member personal outcomes:

1. People choose where and with whom to live.
2. People choose where they work.
3. People are satisfied with services.
4. People choose their daily routine.
5. People have time, space, and opportunity for privacy.
6. People participate in the life of the community.
7. People are respected.
8. People choose services.
9. People are connected to natural support networks.
10. People are safe.
11. People are treated fairly.
12. People have the best possible health.
13. People are free from abuse and neglect.
14. People experience continuity and security.

The State has initiated a quality assurance program that measures management effectiveness, cost effectiveness, external evaluation, and quality for consumers. Initial reports indicate elimination of waiting lists for qualified residents and increased satisfaction related to personal outcomes. The program will be expanded if

State/County funding is available and qualifications are met.

Moving From Dark to Light - HIPAA

As the final speaker of the day, Tim Hartin, General Counsel for the Wisconsin Health and Hospital Association, was faced with a power outage at the hotel. Experience shined through and Hartin kindly agreed to move his presentation to the lobby, which was adequately lit with daylight. Forgoing his PowerPoint presentation, Hartin debated whether legislation is a friend or enemy of quality. Concluding that he does not believe thousands of pages of regulation can be a friend to any one.

Hartin explained that the new HIPAA regulations, which were developed to protect patient confidentiality, are so detailed and complex that necessary staff resources may be shifted from quality issues to compliance issues. He urged participants to call or write their Congressman and Senators to express their concern over such detailed legislation.

Asthma Outcome Study Transitions to the Intervention Phase *By Deb Rickelman*

In 1994, the State Medical Society (SMS) of Wisconsin Foundation Medical Quality Research Council identified asthma as one of the first conditions for study through its Medical Outcomes Research Project. The SMS Adult Asthma Study Group, consisting of ten physicians at the time, began meeting in 1996 with the mission of establishing a method for improving the value of care delivered to patients afflicted with asthma. In order to accomplish their goals, the study group designed a standardized set of survey questions that any provider could use to assess how he/she was doing on indicators associated with good asthma management.

The study hypothesis was that measurement and feedback of key process and outcome measures could change provider and patient behavior resulting in improved outcomes for patients. The study group selected six key indicators of asthma management to study because they had been shown to reflect best practices associated with asthma care, and resulted in better patient outcomes. These included: use of steroid and anti-inflammatory inhalers, peak flow meter use, knowledge of asthma triggers, having enough information about handling severe flare-ups and having a written care plan. In addition to the six key process measures, two outcome measures that negatively reflect on existing care-emergency room visits and nocturnal attacks were also chosen.

The study group published a *Wisconsin Medical Journal* article in 1997 outlining the methods the group used, and how they planned to help produce the study measures. The SMS Adult Asthma Study began and was completed in 1998 with the results presented for continuing medical education at the 1999 SMS Annual Meeting. The initial findings were published in the May/June 1999 edition of the *Wisconsin Medical Journal*. Results were also presented in a storyboard format at the WAHQ March 3, 2000 spring conference and the Wisconsin Health Information Management Association conference on May 4, 2000. The results showed that opportunities for improvement in asthma care existed.

The physicians on the study group decided to design an intervention to address this need for improvement in areas where physicians scored low. An intervention in the form of an asthma tool kit was developed to answer this need, and peer review of the tool kit was received. The tool kit provides primary care physicians with nine sections of brief, easy-to-use treatment aids and patient handouts for controlling and preventing the worst symptoms of asthma.

"Asthma is responsible for a significant amount of lost time at work, increased emergency room visits, more hospitalizations, and reduced quality-of-life. We felt compelled to do something about it," according to John Twiggs, MD, chair of the study group and an asthma specialist at the Marshfield Clinic. The tool kit, which contains evidence-based guidelines, is a response to the global asthma epidemic.

Dr. Twiggs is optimistic that physicians will embrace the tool kit because the SMS developed it in a neutral forum and it is based on study results from Wisconsin patients and national asthma treatment guidelines.

Tool kits can be obtained by direct order through the SMS (\$29.95 members/ \$149.95 non-members) or by attending an educational session taught by one of the Adult Asthma Study Group physicians. Physicians participating in an educational session will receive a tool kit as part of the program materials. The SMS designates this continuing medical education activity for up to two credit hours in Category 1 towards the Physician's Service Award. Please contact Mary Bowers at SMS (608-283-5450 x302 or 800-545-0628 x302 or maryb@wismed.org) to purchase a tool kit or arrange for an educational session in your area.

Sample pages from the tool kit are also available at no cost from the SMS Web site under the Members Only link at www.wismed.org.

Treasurer's Report

by Linda Buel

As of 10/20/2000

Assets	2/22/00	2/8/01
Checking	\$ 471.69	\$ 600.44
Savings	\$ 3,962.29	\$ 482.09
Deferred Annuity	\$ 6,543.89	\$ 4,281.68
Total Assets	\$ 10,977.87	\$ 5,374.21
Cash Flows		
Inflows	\$ 18,621.79	\$ 7,982.59*
Outflows	\$ 15,603.44	\$ 15,796.18

Net Cash Flows \$ 3,018.35 \$ -7,813.59

*Note that the 2/8/01 inflows do not include the 2001 annual conference.

South Central Region Report *By Elaine Kloepfel*

Ten members of the South Central Region of WAHQ met on January 26, 2001 at Mountain Jacks West in Madison.

The group discussed several things relative to JCAHO including their plan for 18 month reviews. Questions on whether or not this would be an improvement and would the costs be the same or more. The new safety standards may be of some concern and there was discussion on confidentiality and peer review. St. Mary's is revising their guidelines for peer review trying to define which of their files needs to be strictly confidential, which can be distributed within the organization and which ones can be made public. A checklist that meets JCAHO's standards was in the *Hospital Peer Review Journal* last November and has been very helpful to them. Also discussed was the placement of incident reports that need to be protected against discovery in the peer review confidential file. The use of "peer review process" is language that should not be used when dealing with any public inquiry. Better terminology is "patient grievance process". The whole privacy act is one with many ramifications that healthcare organizations need to be on top of.

The 2001 strategic plan was distributed for review prior to the annual meeting. One piece deals with more involvement by members via committees. WAHQ is looking for members interested in serving on The Governmental Affairs Committee and Program Planning Committee. Carolyn Coffey, Deb Ankowitz and Patty Pate indicated interest in the Governmental Affairs Committee. Elaine thanked everyone for their input and looks forward to her retirement.

Nursing Coalition Meeting 1/25/01 Liaison Report *By Elaine Kloepfel*

The primary topic of the meeting was identifying plans of action for addressing the predicted nursing shortage. On either coast, the shortage is already a reality, but in the Midwest, although we are tight, we are doing better. Wisconsin has actually had an increase in the number of nurses who graduated over the past 3 years. However, to stay on top of our needs versus the available resources we have, we need much more accurate and current data. One of the first steps is to create a center for data collection for nurses only. The most likely site for such a center might be the Department of Workforce Development.

The Coalition members reviewed a video that the Nursing Shortage Summit Group commissioned for recruitment of young people into nursing. It was developed by Todd Robert Murphy, a marketing firm out of Milwaukee. This video is being sponsored by the WHHA for the first 6 months to be shown in all schools throughout the state. The

video shows all the various paths that nurses can take as part of their practice and will be accompanied by a brochure. A member of Todd Robert Murphy was on the phone during our review of this 30 second video to receive input from the Coalition members.

Another strategy is to develop a website that will be appealing to young people exploring career options and that will be hooked to the various schools of nursing, WHHA, AHEC and WNA.

The NY Nursing Association is sharing a TV ad they had developed and ran the last 2 years with some success. This is called the Smart Granny Commercial.

Other strategies dealt with consumers and educating them to take better care of themselves. This could start in high school with better health classes for students.

The use of retired nurses was discussed and offering incentives for those who are thinking of retiring to remain in the workforce perhaps as mentors and instructors for new graduates.

Also discussed was the WLN-BC/BS promotion for the 12 "best nurses" in the state to be recognized. WAHQ members are being looked to as ones who should have knowledge of nurses that should be nominated. Ways to do this are by filling out the forms seen in the various newsletters and Nursing Matters or by calling the Wisconsin League of Nurses directly.

WAHQ Spring 2001 Conference Evaluation Summary *By Gloria Field*

WAHQ's Spring Conference "SPOKES IN THE WHEEL OF QUALITY" was held March 2nd in Madison. There were 68 attendees at the conference with 51 responding to the evaluation. The conference started off with a very dynamic presentation titled "Reinventing the Wheel of Quality" by Patricia Schroeder of Covenant Healthcare, Inc.

Other exceptional presentations included: "Medical Error Reduction and Policy", by Christopher Decker, RPh of the Pharmacy Society of Wisconsin, "Family Care" by Judith Frye of the Department of Health and Family Services, "Lessons Learned in the Process of Stroke Quality Management" by Diane Book, M.D. and Wende Fedder of the Medical College of Wisconsin and Froedtert Hospital respectively, and "Practicing Quality in the Regulatory Environment" by Tim Hartin, General Counsel for the Wisconsin Health and Hospital Association, closing the day "in the dark". The day ended with a power outage and Tim was very adaptable in adjusting his presentation without overheads and moving the program into the hall with the skylights.

This year's program and speakers received some of the highest ratings (5's and 4's) overall for a WAHQ educational conference. It was generally felt to be a very informative program with supportive resource material. Several commented that they would have liked more copies of the material on overheads and more samples of tools and forms. It was expressed more than once, that expectations and educational objectives were exceeded and that the resource materials supported understanding of the information. With regards to recommending this program again, there were 48

"yes", 0 "no" and 3 with no response. That's impressive!

Presenters

Pat Schroeder's presentation was given notably high ratings for being well organized and facilitating learning. Comments included: excellent focus of healthcare quality today, inspirational, excellent direction on how we can impact change with rethinking, relevant and organized, "her enthusiasm made me proud to work in QI", engaging presence and powerful speaking style, best speaker in a long time. Pat's excellent speaking style was repeated several times in the comments. Some would have liked more time allowed for Q&A.

Christopher Decker again scored very high for having an organized presentation and rated equally well for facilitating learning. Remarks included: excellent, well organized, excellent summary of topic of "gigantic proportions" progress will now depend on communication, education, collaboration, focus of the entire healthcare community, he really presented "eye opening" issues and "piggybacked" well on Pat Schroeder's discussion, explained concepts well, great topic, excellent communication of patient safety efforts. The group would have liked handouts of his overheads.

Judith Frye followed with a presentation on Family Care and another positive review. It was especially felt that this was a complex subject that was explained well and that Judith was an informative and good speaker. Other comments included: very knowledgeable, excellent overview of program, loved the quality data that addressed many of the "soft" quality outcomes that are difficult to measure, good to see our state government can change the way they approach providing services. Some were unfamiliar with the program and felt they could have used more introductory information regarding origin, the definition and an explanation of the "what and why". An interest in follow-up information with the ongoing program was expressed.

Dr. Book's and Wende Fedder's presentation again received very high ratings for both organization and facilitation of learning. The enthusiasm of these two speakers was recognized and it was felt that it was a "nice tag team presentation format". One comment was that Diane was a very dynamic speaker, she "was a refreshing, candid physician". Wende was an excellent speaker well prepared and thorough. One attendee referenced the difficulty in getting physician "buy-in" and what a good job of bringing about that change. It was remarked that good ideas were presented on how to overcome barriers and be persistent to make change happen. Many would like copies of the paths and tools and wished they had been available.

Tim Hartin concluded the conference with a highly rated presentation on "Practicing Quality in the Regulatory Environment". Tim gave an "excellent overview" of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) issues that were described as "Important stuff! Well done!" noted by one attendee. Though it had a political slant, Tim was recognized for being very knowledgeable and providing very "interesting and timely" information. Other comments included: very informative, it's always good to try to prevent rather than react to a non-compliance, something we can do--write letters, and "lots of food for thought". His humor on the subject was enjoyed. He was very adaptable to the power outage. A final comment was "Excellent, let's have him back again!"

Facility

Contrary to last years difficulties with lodging and overbooking problems, the accommodations this year at the Crowne Plaza were rated very high and worthy of further recommendation noted by 45 scores of "5s" and "4s". Problems were noted with the room temperature and some construction noise but it was felt that staff was very responsive to the problems. It should be noted that WAHQ was given a cost adjustment due to the power outage that happened just prior to the last presenter.

Program Registration

Thirty-seven respondents gave the efficiency of registration the highest rating and the brochure was rated very highly for its accuracy in describing the program.

Organizational Funding/Support for Program

Out of 51 respondents, 42 had registration paid, 26 lodging, 23 travel, 35 mileage, and 16 daily living expenses. This was very similar to last year's responses.

Networking

Of the 51 respondents, 43 responded yes indicating adequate networking opportunities. Two responded no and 6 had no response. It was commented that the morning icebreaker, which consisted of introducing yourself to someone around you that you didn't already know, was a good idea. One suggestion was "self introductions and where you work" as a good opportunity over lunch. There was interest expressed in an evening social for those coming in the night before.

Newsletter

Forty-one respondents felt that the Newsletter kept them updated on WAHQ and 6 felt that it did not with 4 not responding. One comment was that it was "too seldom". Some suggestions were that it include a listing of upcoming conferences that meet CPHQ requirements, articles about regional initiatives that facilities are working on, humorous articles, pictures and inspirational quips. It was also questioned and suggested that it be on the website.

WAHQ Website

There was an increase in the number accessing the website this year with 37 indicating that they did and 15 indicating no, though the number that were aware of the website increased (49) compared to last year. The number of times accessed varied from 1 time overall to monthly indicated in 7 responses. One response noted that, though accessing it many times, it didn't seem to be updated.

Certifications

Of the 51 responses, 27 indicated they were CPHQs. Responses to whether certification impacts careers included: has been a source of personal satisfaction, positive credential, more credible, knowledge, ideas and confidence, proven professional knowledge base to pass on to clients, utilize concepts in all areas of administration, recognized and valued continuing education, quality magazine gives good information, recognized for knowledge and expertise, opened job opportunities and advancement, and gives guide to educational activities.

Other certifications included: RM, RHIT, CONSC, CIC, UR, CCM, Med Tech, CPUM, CMCM, Inpatient Obstetrics, NHA, MT-BC, Music Therapist, and RN.

Future Topics

Preferences for future topics in order of rank included: (1) Quality Measurement Methods; (2) Outcomes Across the Continuum; (3) Information Systems Specific to Quality Professionals Work; (4) Case Management /Integrated Care Delivery Systems; (5) Accrediting Bodies; (6) Managed Care; and (7) Professional Growth. Other suggestions included: Patient Safety Initiatives, Patient Satisfaction, Legislative Impact, HIPAA, Regulation, and Statistical Analysis.

Again, March received the most votes, 40, for month of choice for the conference. October was 2nd with 21 and September was 3rd. The remaining votes were dispersed throughout the months with the exception of June, July, and December receiving no votes.

Please let any of the Board members know if you have ideas for specific speakers or programs.

MetaStar Joins National Initiative to Increase Dilated Eye Exam Rate By Judy Frisch, RN, MBA, Clinical Quality Specialist, and Dennis Spurlin, Communications Specialist; MetaStar, Inc.

Thousands of people lose their sight from diabetic eye disease every year. A simple eye examination could reduce that number by half, yet many diabetic patients do not receive such examinations on an annual basis. Nationally, about 10 percent of the Medicare population are diabetic. In Wisconsin, this amounts to nearly 80,000 beneficiaries.

MetaStar, Inc., the Health Care Financing Administration, the American Academy of Ophthalmology (AAO), and the American Optometric Association (AOA) have launched a cooperative effort to increase the dilated eye exam rate among Medicare beneficiaries with diabetes.

The joint initiative seeks to increase the eye exam rate among Medicare beneficiaries by increasing public awareness of the connection between diabetes and blindness; and removing barriers such as payment and transportation issues that prevent diabetics from getting dilated eye exams.

The targeted populations for this intervention are Medicare beneficiaries who have not had an eye exam in the past three years, and those who have not had an eye exam in the past two years.

As part of the campaign, MetaStar informed Medicare beneficiaries of the AAO and AOA programs through a series of postcards or brochures sent to qualifying beneficiaries reminding them to get a dilated eye exam. The mailing also addressed transportation issues, and beneficiaries were invited to call a toll-free number to obtain a ride to an eye exam.

As an enhancement to the program, Bill Cosby produced a 30 second television public service announcement urging persons with diabetes to schedule eye exams. The PSA

will air in Madison, Milwaukee and other selected television markets around the state from mid-March until the end of May.

The Foundation of the American Academy of Ophthalmology's EyeCare America National Eye Care Project (NECP) is for Medicare beneficiaries age 65 and older who have diabetes and have not had a medical eye exam in the last two or three years. NECP matches qualifying persons with a volunteer ophthalmologist in their area who has agreed to provide a comprehensive medical eye exam and up to one year of follow-up care for any condition diagnosed at the initial exam, with no out-of-pocket expense to the patient.

The deductible and co-payment for those who have not had an exam in more than three years group) are waived, and Medicare is accepted as payment in full. For further information regarding the NECP program, beneficiaries can call 1-800-222-EYES (1-800-222-3937) 24 hours a day, seven days a week.

Medicare diabetes patients may also qualify for help in receiving an eye examination by calling AOA's Diabetes Hot Line. This program matches patients with a participating optometrist in their area who has agreed to perform a dilated eye examination and provide or arrange for subsequent care. In cases of financial need, the optometrist may be able to waive the deductible and co-payment a Medicare patient usually pays. AOA's Diabetes Hot Line is 1-800- 262-3947.

While the AAO and AOA programs are ongoing, MetaStar's current involvement with the program will end May 31, 2001. For further information regarding the intervention, contact MetaStar at 1-800-362-2320.

Membership Report *By Virginia Wyss*

As I pen my last membership report to all of you, it's with such mixed emotions. I have been on the WAHQ Board in one capacity or another since WAHQ was formed some 20 years ago. I noticed the Board a year ago, regarding my plans for retirement from the Board, but not the organization. A member I will remain! My work has taken me to the area of senior community development and away from the quality healthcare arena, which is ever changing, and I don't feel I am staying current enough to be a productive Board member. Anna McCarthy has willingly accepted the position of membership coordinator and we are in transition of transferring the duties to her desk. Since we are just blocks apart in Janesville, it will be a natural transition, so bare with us as you see the name, address, fax and e-mail change with membership activity.

I'm pleased to announce that the membership is increasing again and currently we are 137 members strong. The mailing of monthly invoices seems to be improving the renewal numbers, but we need YOU, the membership, to be sharing the WAHQ newsletter with fellow colleagues and recruiting new members. Use the application form in your newsletter or go to our web page (www.wahq.org) for more detailed information about our organization.

I also want to remind members of the benefits of joining your national organization,

NAHQ; they can be accessed through their web page (www.nahq.org) also. Dual membership is important for WAHQ to remain as an affiliated state organization and you benefit from their many offerings and publications.

THANK YOU, to each and everyone of you that I have met and worked with over the years on the WAHQ Board; it has been most rewarding and enriched tenure.

Congratulations New Wisconsin CPHQ's!

Our Association would like to extend our congratulations to the following Wisconsin residents for successful completion of the certification examination for CPHQ, and wish them continued success on the healthcare quality journey:

Becky Borchert
Jack Bowhan
Beverly Damos
Pamela Epple
Lori Fermanich
Pamela Grady
Kathryn Noe
Patricia Price
Diane Ringelsen
Raymond Riska
Kathy Speck
Kathleen Swanson
Therese Van Male

Address Changes and E-Mail Addresses

We value your membership and would like to make sure we are sending materials to all of our members. If your address changes or you would like to add an e-mail address to our database, please contact Anna McCarthy at (608) 578-9028 or by e-mail at mccarthy@co.rock.wi.us.



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:

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Visit Our Web Site

Looking for the latest WAHQ news? You can visit our Web site at www.wahq.org for the latest information on healthcare activities at home and around the country.

There are links to other healthcare quality resources from our Web page as well as the latest newsletter from WAHQ and our quality conference brochure listing our educational offerings.

We are fortunate to have the expertise of MetaStar to guide us in the development of our Web page. This avenue of networking through the Internet would not be possible without their technical and financial support; we are forever grateful.

So, visit our site and let us know if you find it beneficial. Our e-mail can be accessed through the Web page too. Any suggestions or ideas from our members on the Web page is always welcome.

[Click here to go to the WAHQ Membership Application](#)

[\[WAHQ Home Page\]](#)