

# MetaStar to begin new Medicare contract

*Jay Gold, MD, JD, MPH; Kay Simmons, MA*

**D**uring the past few years, this column has featured articles on a number of projects and activities on which MetaStar and its partners have been working. Those activities were all part of the Medicare Quality Improvement Organization (QIO) contract with the Centers for Medicare & Medicaid Services (CMS), known as the 8th Statement of Work.

Over the course of that contract, MetaStar and other QIOs employed the following 4 strategies to help providers transform the care they deliver:

- (1) measuring and reporting performance to identify opportunities for improvement and to track progress;
- (2) adopting and using information technologies such as electronic medical records, medication barcodes, and computerized physician order entry;
- (3) redesigning care processes; and
- (4) changing organizational culture.

These strategies were employed to achieve improvement in various clinical measures, including heart care, surgical infection prevention,

**Table 1. MetaStar 9th Statement of Work Themes and Measures**

**Prevention (10 Measures) (National and Sub-national)**

Core work (national):

- Mammography
- Colorectal cancer screening
- Influenza immunization
- Pneumococcal immunization

Examples of detailed measures include:

- Percent of targeted participant practices recruited
- Percent received post recruitment education
- Percent recruited that electronically reported quality data to CMS & QIO
- Relative improvement on the above core topics

Chronic kidney disease (sub-national)

- Screening for nephropathy
- ACE/ARB therapy to prevent progression
- AV fistula rate (new dialysis patients) from targeted population claims

Focused disparities (sub-national)

Using "Every Diabetic Counts" to improve rates on:

- HbA1C
- Lipid examination rates
- Eye exam rates

**Patient Safety (14 Measures) (National)**

- MRSA—infection rate
- MRSA—transmission rate
- Pressure ulcers—nursing homes
- Pressure ulcers—hospitals
- Physical restraints—nursing homes
- SCIP—infection (1,2,3,4,6,7)
- SCIP—cardiology
- SCIP VLE (1,2)

**Care Coordination (3 Measures) (Sub-national)**

- Global re-hospitalization rate
- Patient assessment of hospital discharge performance
- Physician visit post-discharge

**Beneficiary Protection (4 Measures) (National)**

- Timely completion of case review
- Beneficiary satisfaction with complaint process
- Completion of satisfaction survey
- Percent of QIA completion

MRSA=Methicillin-resistant Staphylococcus aureus  
 SCIP=Surgical Care Improvement Project

Doctor Gold is senior vice president and principal clinical coordinator for MetaStar, Inc. Ms Simmons is vice president of communications. This material was prepared by MetaStar, Inc., the Quality Improvement Organization for Wisconsin, under a contract with the Centers for Medicare & Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy.

pressure ulcers, pneumonia, pain, and drug safety. MetaStar worked in settings that included hospitals, physician offices, nursing homes, and home health agencies. In addition, MetaStar conducted statutorily required medical case reviews of beneficiary quality of care com-

plaints and beneficiary appeals of certain provider notices.

Due in large part to the efforts of MetaStar's partners and collaborators, there was improvement in all of the measures of the 8th Statement of Work. MetaStar was able to achieve the highest

---

level (Excellent Pass) in the contract evaluation process in 6 of 8 areas; the remaining 2 were in the second highest level (Full Pass) of the evaluation process. As a result MetaStar receiving an automatic contract renewal, for which we extend sincerest thanks to everyone who partnered with us and worked diligently to ensure the right care for every person every time.

On August 1, 2008, MetaStar will begin work on its new 3-year contract—the 9th Statement of Work. This contract will be structured somewhat differently from previous contracts: there is a national component, which will be carried out by all QIOs, and

there is also a sub-national component, for which the work will be awarded on a competitive basis in a limited number of states.

The statement of work is divided into 4 themes: Prevention, Patient Safety, Care Coordination, and Beneficiary Protection. Each of these 4 themes has topics or components on which the QIO and partnering health care professionals and stakeholder organizations are to focus. Within the components are 31 quality measures that will be used to track and assess progress in the 4 themes (Table 1). MetaStar will continue to collaborate with physicians, hospital and nursing home staff, physi-

cian office staff, and health care stakeholder organizations to carry out the work of this new contract.

As of this writing, we at MetaStar know we will be doing work on all of the national topics—Prevention, Patient Safety, Beneficiary Protection—but are awaiting final decisions from CMS on the sub-national competitive proposal submissions. It is anticipated that all contract awards will be final in early summer. As the new work begins, this column will bring you updates and information on the projects and activities of this contract, with emphasis on topics of particular interest to the medical community.

# Wisconsin Medical Journal

The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article, contact the *Wisconsin Medical Journal* at 866.442.3800 or e-mail [wmj@wismed.org](mailto:wmj@wismed.org).

© 2008 Wisconsin Medical Society