

ARKANSAS FOUNDATION FOR MEDICAL CARE

Report

to the Community, 2011



*Arkansas Foundation
for Medical Care*SM

www.afmc.org

To all Arkansans:

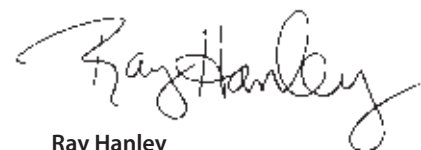
The quality and value of our health care has become one of the most pressing national issues in recent years. Improving the health care of Arkansans has always been a personal and professional calling for the Arkansas Foundation for Medical Care (AFMC), its staff and its stakeholders.

For more than 38 years, AFMC has been working with the federal Centers for Medicare & Medicaid Services (CMS) and Arkansas Medicaid, as well as state and national health professionals, organizations and agencies, to improve health and health care across our own state. Now, as health care evolves to meet future needs and changing expectations, AFMC is expanding its role and its reach.

In 2009, AFMC established Arkansas Quality Foundation, a 501(c)(3) nonprofit organization, and Quality Excellence Inc., our for-profit arm. Both subsidiaries are set up for projects and collaborations in Arkansas as well as other states. In February 2010, AFMC launched HITArkansas, the federally designated Health Information Technology Regional Extension Center for Arkansas in collaboration with the Office of the National Coordinator of Health Information Technology, to offer guidance and technical assistance to health care providers as they make the transition to electronic health records.

While we prepare to meet the needs and challenges of the future, we are also working to find ways to make health care safer, more effective, more affordable—better—today. We work with health professionals across settings to increase preventive care and screenings, reduce health-related disparities, streamline communication and systems, and make person-centered care a reality. We do this and more through conferences and on-site training and consultation, educational materials for providers and their patients, and trending, tracking and data analysis to tailor future efforts to improve the quality of care. We work with payers and providers to help make the most of each health care dollar spent, while improving quality rather than sacrificing it.

We all stand to benefit from a health care system that is more effective, equitable, compassionate and fiscally responsible—a system in which we must all play a part. While the stakes are high, and the work is hard, the rewards will be achieved in our own lifetimes—and for future generations.



Ray Hanley
AFMC President and Chief Executive Officer



John Henderson, MD
AFMC Chairman of the Board



Ray Hanley
President and Chief Executive Officer,
Arkansas Foundation for Medical Care



John Henderson, MD
Chairman,
Arkansas Foundation for Medical Care



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AFMC: QUICK REFERENCE

WHO IS AFMC?

AFMC is the federally designated Quality Improvement Organization (QIO) for the state of Arkansas. We monitor and assess the health care of Arkansans on Medicare and Medicaid. We work with health care providers and other stakeholders to help improve care through education and evaluation, and to make the most of Arkansas' health care dollars. Our goal is to make sure that every patient gets the right care, every time.

WITH WHOM DOES AFMC WORK?

We work closely with hospitals, physicians, nursing homes, consumers and other health care providers and organizations to promote high quality, cost-effective care. We offer tools, resources and support to help make health care quality improvement a reality.

WHAT SERVICES DOES AFMC OFFER FOR PEOPLE ON MEDICARE?

AFMC handles complaints about Medicare coverage and care, and we offer resources and assistance concerning Medicare rights and other senior health issues.

To file a complaint, put it in writing and send it to:

Arkansas Foundation for Medical Care

P.O. Box 180001

Fort Smith, AR 72918-0001

For other information, call our toll-free Medicare hotline at 1-888-354-9100

or go to www.afmc.org/bene and click on "Medicare Information."

WHAT SERVICES DOES AFMC OFFER FOR PEOPLE ON MEDICAID?

When Arkansans have questions or concerns about Medicaid, AFMC is the place to call. AFMC handles comments and complaints about Medicaid care and about Medicaid's Non-Emergency Transportation Program.

"AFMC's leadership and staff touch all levels of targeted populations in every corner of the state with an unmatched ability to reach rural and underserved communities. A talented core of researchers and leaders are committed to improving the health and health care of Arkansans and to serving as a model for other states."

Mike Beebe,
Governor,
State of Arkansas

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For complaints or comments about Medicaid care, call 1-888-987-1200, Monday through Friday, 8 a.m. – 4:30 p.m. The helpline is accessible for Spanish speakers and the hearing impaired. The Medicaid beneficiary will need to provide his or her name, Medicaid number, address and telephone number.

You can also send in a complaint through email to medicaidcomplaint@afmc.org or by regular mail to:

**Arkansas Foundation for Medical Care
Beneficiary Relations Specialist
1020 West 4th Street, Suite 210
Little Rock, AR 72201**

Please do not email your Medicaid number or other personal health information. Email is not always private. Just briefly describe your problem and give us your name and phone number so we can call you.

For complaints, questions or comments about Medicaid's Non-Emergency Transportation Program, call 1-888-987-1200, Monday through Friday, 8 a.m. – 4:30 p.m. The helpline is accessible for Spanish speakers and the hearing impaired. The Medicaid beneficiary will need to provide his or her name, Medicaid number, address and telephone number. You **cannot** schedule a ride through this number.

HOW IS AFMC FUNDED?

AFMC receives funding from state and federal contracts, as well as public and private grants.

WHERE IS AFMC LOCATED?

Our corporate headquarters are in downtown Little Rock, and we have an office in Fort Smith.

HOW IS AFMC GOVERNED?

AFMC is governed by a community-based Board of Directors who work closely with executive staff. AFMC's Board includes physicians, other professionals, consumers and representatives from across the state.

HITARKANSAS

Bringing the future of health information technology to Arkansas now

Health information technology and exchange has the potential for vastly improving patient care, lowering costs and making health care more efficient across the nation, especially in Arkansas. Electronic health records are a key component of health information technology whose benefits include faster access to a patient's full medical records, improved management of medication and easier identification of opportunities to improve care.

These benefits prompted the federal government to create a network of Regional Extension Centers (RECs) that work in cooperation with the Office of the National Coordinator for Health Information Technology to help providers use electronic health records effectively. HITArkansas, a division of AFMC, is the REC for our state. The organization has

been charged with working with 1,280 priority primary care providers and 35 critical access and rural hospitals statewide. In order to accomplish these goals, HITArkansas is working together with the Arkansas Office of Health Information Technology and the Arkansas Medicaid

HITArkansas
Health Information Technology Regional Extension Center
www.hitarkansas.com



(RIGHT)
HITArkansas' homepage at
www.hitarkansas.com.

"Providers will benefit greatly by working with a Regional Extension Center. The team at HITArkansas has the skills, knowledge and expertise to assist providers in achieving meaningful use of electronic health records and qualifying for the federal incentive funds currently available. Professionals should take advantage of having access to a professional consultant and advocate — at a fraction of the market cost."

David Bergman,
Project Officer,
Office of the National
Coordinator for Health
Information Technology

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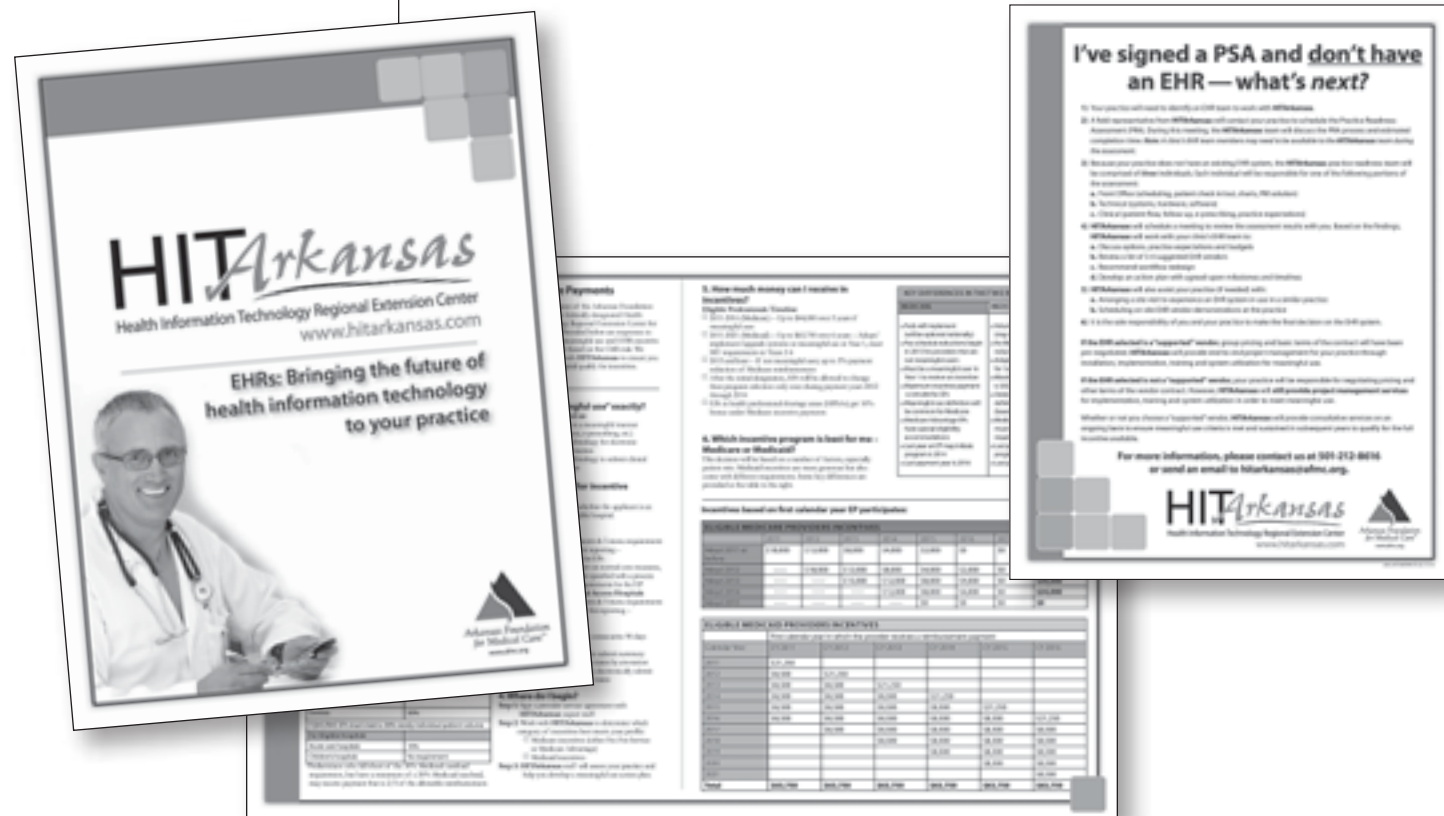
Division of Medical Services. By providing assistance, support and training to providers and hospitals, HITArkansas is ensuring that our state is an active part of the growing national movement toward the effective use of health information technology and electronic health records.

COMMUNITY-WIDE SUPPORT OF HIT

In addition to helping individual providers transition to electronic health record systems, HITArkansas supports the broad adoption of health information technology statewide by:

- Participating in the HITREC National Learning Consortium to ensure Arkansas providers benefit from the latest knowledge and techniques shared by other Regional Extension Centers
- Maintaining a registry of supported vendors of electronic health record systems that have met strict certification requirements that ensure interoperability, speed, security and privacy
- Supporting the local workforce by identifying skills needed to support the use of electronic health records and by working with educational institutions to teach these skills
- Working in collaboration with the state's Office of Health Information Technology and Arkansas Medicaid

(BELOW)
Some of HITArkansas' marketing materials, including a brochure and handout for physicians.



MEDICAID MANAGED CARE SERVICES (MMCS)

Bringing clarity and efficiency to a complex system

Arkansas Medicaid funds health care for more than 400,000 Arkansans—many of them children and the elderly—and that number is expected to grow dramatically in the near future. AFMC works with the state Department of Human Services (DHS) to ensure that they receive high-quality, equitable care that meets nationally accepted standards and guidelines, and that makes the most of each health care dollar. These efforts benefit not only those on Medicaid, but everyone with a stake in our health care system.



The MMCS team includes a wide range of disciplines and experience to best serve DHS, Medicaid providers, beneficiaries and the entire state.

MEDICAID PROVIDER REPRESENTATIVES: A RESOURCE FOR BUSY PROFESSIONALS

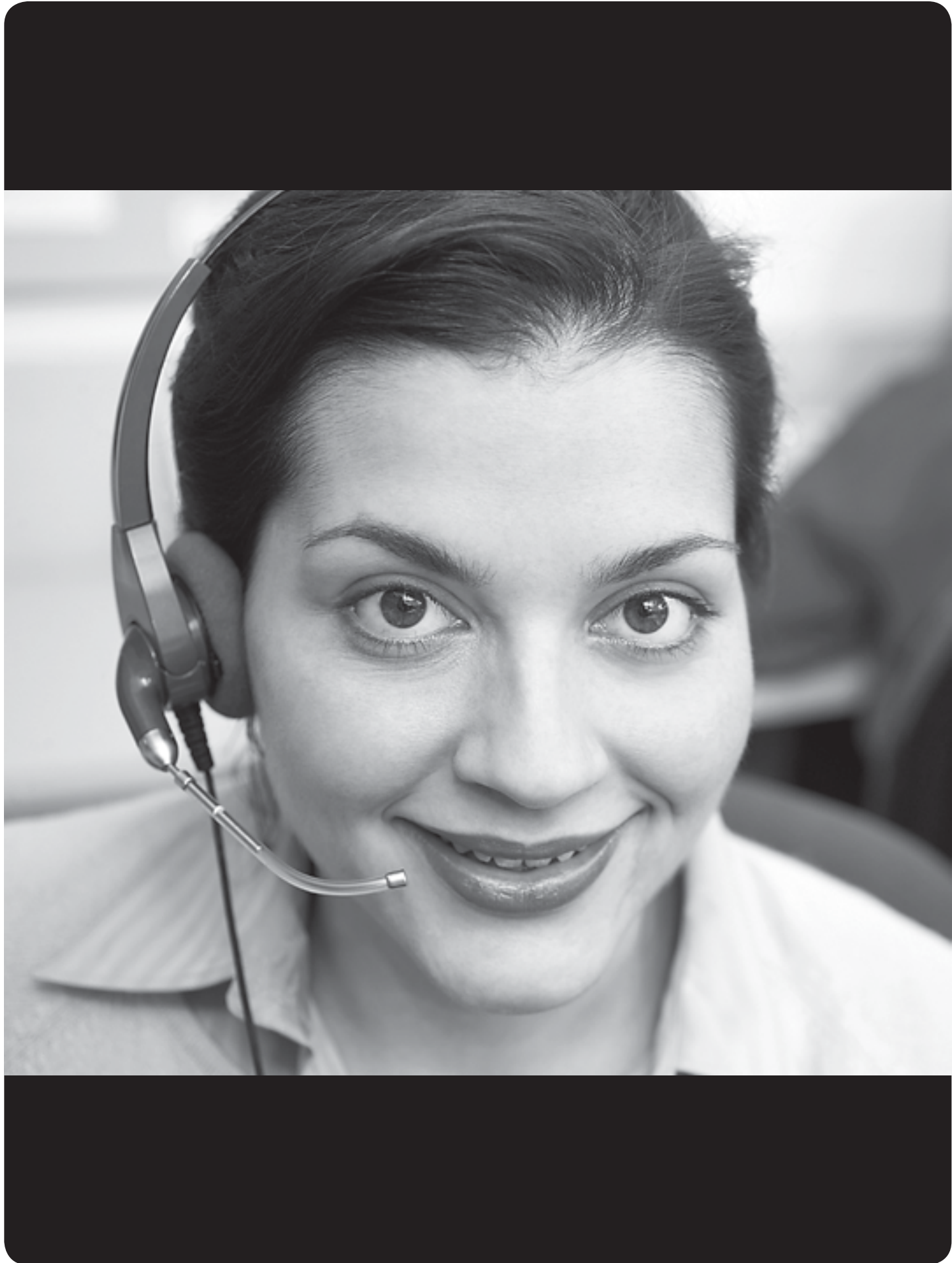
More than 1,700 primary care providers in Arkansas accept Arkansas Medicaid or ARKids First. These physicians and nurse practitioners do much more than make diagnoses and prescribe treatment. They educate patients and families, find needed resources, refer to specialists when necessary and often run fast-paced businesses—while trying to stay up-to-date on the latest advances in health care, as well as changing policies and standards.

AFMC's Medicaid Managed Care Services staff knows these busy professionals need support. Most MMCS provider representatives are long-term AFMC staff members and former clinic office managers. They make regular visits to every primary care clinic in the state and have established themselves as a vital resource, helping clinicians stay informed on Medicaid policy, providing educational tools for patients, troubleshooting billing and other issues, and answering questions. Provider reps also offer consultation on utilization to preserve state resources and quality of care, in order to help providers make the most of each health care dollar, for patients and for Medicaid.

"AFMC's relationship with providers should offer great opportunity for engagement and ultimate adoption of systems that will foster the enhanced efficiencies and quality improvement results we seek every day as established stakeholders in the health care system."

Eugene I. Gessow,
Director,
Arkansas Division
of Medical Services

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Provider reps work to expand the Medicaid provider network by encouraging health care providers to accept Medicaid patients. They help resolve difficult situations and will work with out-of-state providers when necessary.

In addition to working closely with primary care providers, MMCS provider reps visit approximately 1,800 specialists from a wide range of disciplines, along with Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Area Health Education Centers (AHEC), local health units and hospital emergency rooms to help them correctly handle their Medicaid cases and claims. Our work with the Department of Human Services (DHS) reaches many of the same providers.

AFMC has been recognized by the Arkansas Advocates for Children & Families for helping to increase the number of qualified children covered by ARKids First. Provider reps talk to physicians and other providers about who may qualify and provide enrollment forms for providers to hand out to families. For many of these families, the family doctor is the first person to talk to them about ARKids First and how to enroll.

Through our work with DHS as well as other contractors, clients and partners, we are able to coordinate efforts rather than duplicating them, enhancing the value and cost-benefit to Medicaid and the state.

TRANSPORTATION FOR THOSE WHO NEED IT

AFMC oversees Medicaid's Non-Emergency Transportation (NET) service, which contracts with transportation brokers throughout the state to offer rides to Medicaid beneficiaries who have no other way to get to their medical appointments.

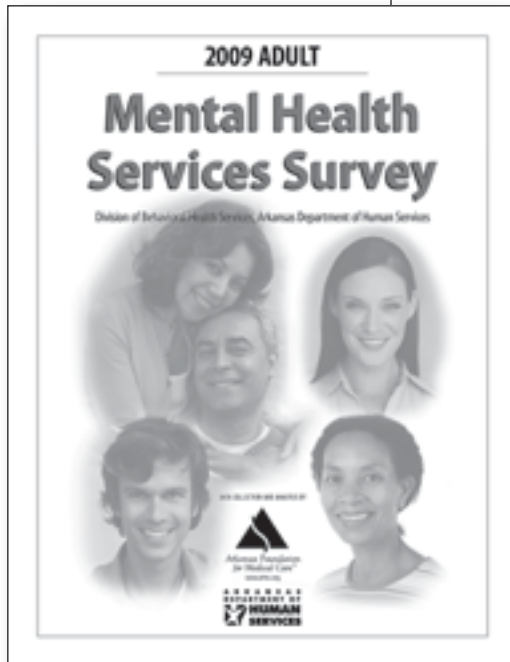
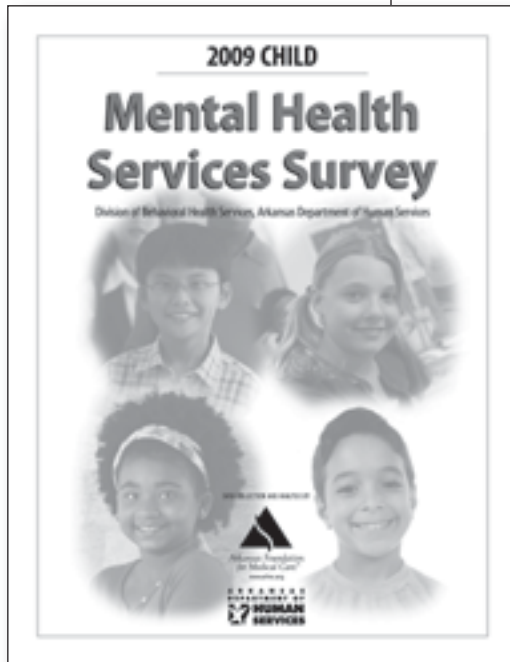
In 1997, the NET helpline was launched with one employee attempting to serve the transportation needs of Arkansas' Medicaid beneficiaries. Innovations and responsibilities for the NET program have multiplied through the years, including a call-tracking database, satisfaction surveys, transportation broker "report cards," the beneficiary complaint line and focus groups, as well as oversight and monitoring of transportation brokers.

The NET helpline is still a core service, offering beneficiaries an opportunity to voice concerns, issues and complaints about the Non-Emergency Transportation program. Our staff works with brokers to resolve issues within 24 hours, and Spanish translation

(BELOW)
Primary care providers and emergency room administrators receive the *MMCS Update*, a quarterly newsletter covering Medicaid issues and news.



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(ABOVE)
Covers of the adult and child versions of the Mental Health Statistics Improvement Program (MHSIP) surveys. The surveys are also available in Spanish.

is available. The NET team contacts brokers each quarter to discuss performance feedback, a quarterly performance report and corrective actions.

The MMCS team also monitors Arkansas Medicaid's emergency and non-emergency ambulance program, which includes ground and air ambulance services. The team works with Medicaid to benchmark options from other public and private payers and to draft new policies and procedures regarding transportation.

FINDING SOLUTIONS: MEDICAID COMPLAINT LINE

AFMC's Medicaid Managed Care Services team operates the Medicaid Complaint Line, a resource for Arkansans on Medicaid who have a complaint, concern or question about their coverage, the quality of their care, a bill they may have received or other issues. The line is answered from 8 a.m. to 4:30 p.m. Monday through Friday. Many questions can be resolved over the phone; in some cases, AFMC contacts other sources or refers the caller to the appropriate resource.

ANALYTICS

Health care is becoming increasingly data-driven. New guidelines, programs and policies are evidence-based and continuously evaluated based on data from a variety of sources. Medicaid and other public and private payers are behind much of this analysis, as they have a stake in high-quality, cost-effective health care, as well as effective education and outreach. AFMC's analytic team works to support these efforts, gathering and analyzing data from a wide range of sources and producing clear, concise reports to help inform state decision-makers, health care providers and quality improvement efforts.

For example, our team of statisticians and analysts has successfully surveyed more than 100,000 beneficiaries in more than 60 survey projects for the Arkansas Division of Medical Services, the Mississippi Division of Medicaid and the Colorado Department of Health Care Policy and Financing. These projects include consumer satisfaction surveys for Medicaid beneficiaries participating in Primary Care Case Management (PCCM), the State Children's Health Insurance Program (SCHIP), and the Tax Equity and Fiscal Responsibility Act (TEFRA).

AFMC custom-designs surveys and also uses standardized surveys, including Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 4.0®,

modified CAHPS®, Experience of Care and Health Outcomes (ECHO®), Prenatal Care Survey (PRAMS-like), and SF-36. AFMC has also conducted surveys for Arkansas' Division of Behavioral Health Services using the Mental Health Statistics Improvement Program (MHSIP) survey. AFMC manages all aspects of sample design, population sampling, survey design, data collection and analysis.

AFMC is NCQA-certified to conduct HEDIS®/CAHPS® surveys. NCQA is an independent, not-for-profit organization dedicated to improving health care quality. The HEDIS®/CAHPS® survey provides a survey instrument that can be used by a broad variety of health systems to capture experiences from health care consumers. AFMC was one of the first organizations in the nation to send survey results to the National CAHPS® Benchmarking Database (NCBD).

PARTNERING TO INCREASE IMMUNIZATIONS

The Centers for Disease Control and Prevention (CDC) has chosen AFMC as the only recipient of a grant offered nationwide to research ways to improve immunization reminder and recall systems, which can help more children receive vaccinations. AFMC is partnering with the Arkansas Department of Health and the University of Arkansas for Medical Sciences to study how to best use these systems in health care facilities. Researchers will work with providers throughout Arkansas to help them implement procedures intended to boost childhood vaccination rates, and will monitor the results of this study.



"Physicians are busy practicing medicine, day in and day out, seeing patients. They need to know that there is an organization out there that is looking at quality health care and giving them the tools that they need to provide better care to their patients."

David Wroten,
Executive Vice President,
Arkansas Medical Society

(LEFT)
Survey results report samples for the CMHCs Consumer Survey and the Prenatal Survey.



QUALITY IMPROVEMENT

Collaborating for safe, effective, equitable care

Improving health care is a global concern and a never-ending pursuit, and it's AFMC's overriding mission as a federally designated Quality Improvement Organization (QIO). In many ways, everything AFMC does—from educating the general public to helping conserve limited resources—serves the ultimate purpose of promoting excellence in health care.

Some AFMC team members are dedicated to working directly with providers to improve specific aspects of care, to align with nationally recognized standards and guidelines. These team members travel to every county and provide consultation and troubleshooting, as well as regional conferences and continuing education opportunities. Our quality improvement specialists also collaborate on the development of tools in an effort to help health care providers meet specific goals, such as educational booklets, posters and handouts for patients, and self-stick reminders for patient charts to let staff know when specific screening tests are due. Quality specialists work with staff members to help streamline processes and ensure that critical steps are not missed, and help to assess the success of quality improvement efforts.

Quality improvement projects for Medicare and Medicaid, and related products and services, are too numerous to list comprehensively. Medicare's primary goals focus on improving patient safety, promoting appropriate preventive care and increasing beneficiary protection (ensuring those on Medicare are aware of their rights and receive the care and benefits to which they are entitled). Medicaid projects range from improving prenatal care and childhood immunization, to increasing mammography and other cancer screening rates.

The setting-specific sections that follow offer a snapshot of goals, accomplishments and challenges, including how AFMC is working to help improve specific aspects of care.

"AFMC has made a huge difference for patients and staff here at St. Vincent's. They help us make sure that we have quality, safe care and that we meet the quality outcomes that the community expects, and that keeps us competitive in this market."

Susan Hapner,
Director of Quality,
St. Vincent Health System

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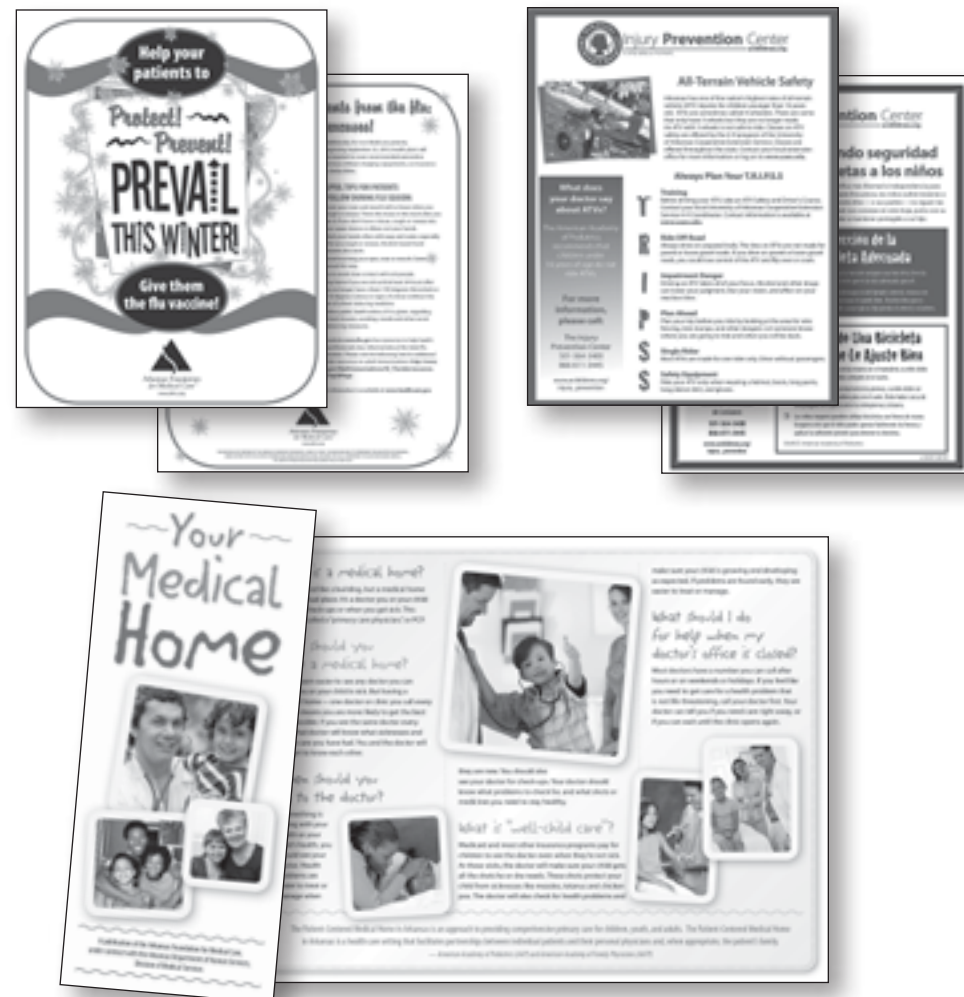
INTERVENTION TOOLS

Physicians and other health care providers must communicate quickly and effectively with patients and families from all walks of life, many of whom are anxious, frightened, confused or simply resistant to recommendations. Clinical staff members also must remember standards of care for a wide range of conditions and situations. To help clinicians do their jobs more effectively, AFMC designs and produces publications and tools that can be ordered or downloaded free of charge. These tools are developed with Medicare or Medicaid patients in mind, but can be used to improve care for all Arkansans. Some examples:

Posters (ABOVE AND LEFT) for display in waiting rooms and patient care areas, targeting smoking and pregnancy, and adolescent immunization.

Brochures and booklets (BOTTOM LEFT AND RIGHT) for clinicians to hand out to patients and families to reinforce education and recommendations, targeting diabetes in children and identifying and explaining the medical home concept.

Flyers (BELOW) for providers and patients encouraging immunizations and injury prevention.



Hospital setting

AFMC works with every hospital in the state to help them find opportunities for improvement in specific aspects of care identified by the federal Centers for Medicare & Medicaid Services (CMS). Individual hospital performance on most of these measures is reported to the public on the Hospital Compare section of the Medicare website (www.medicare.gov) and at www.hospitalcompare.hhs.gov.

Some of AFMC's offerings for hospitals include workshops, on-site consultation, opportunities to earn continuing education credit, free tools and formal recognition for outstanding performance. We work in some capacity with all hospitals in the state, through quality data reporting; quality improvement projects for Medicare, such as reducing hospital-acquired infections; support with reporting data for the National Healthcare Safety Network; and helping hospitals meet the requirements for Arkansas Medicaid's Inpatient Quality Incentive program, an innovative and successful program that could serve as a model for similar programs across the nation.

ARKANSAS MEDICAID'S INPATIENT QUALITY INCENTIVE

Arkansas Medicaid's Inpatient Quality Incentive (IQI) represents a growing national movement toward rewarding hospitals for their commitment to quality and providing evidence-based care to their patients. The program provides performance bonus payments to hospitals that improve care for pneumonia, heart failure and prevention of surgical infection. Participating hospitals are better able to strengthen health care quality, accountability and financing. The program awarded more than \$9 million in its first two years and earned national attention for its innovation, as well as its active involvement of the health care community. For state fiscal year 2010, 38 Arkansas hospitals improved care sufficiently to qualify for recognition.

The IQI program requires hospitals to meet specific goals with quality measures—specific aspects of care proven to improve outcomes for patients. Hospitals also must pass validation to receive payment or recognition. Levels of achievement are based upon data from one year which is compared to a baseline of the data submitted by participating hospitals the previous year. The data submitted to AFMC comes from publicly reported data and comprises all health care payers, including Medicaid, Medicare and private

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AFMC works with hospitals to help them:

- Prevent health care-associated methicillin-resistant Staphylococcus aureus (MRSA) infections
- Improve inpatient surgical safety and heart failure treatment in hospitals
- Improve drug safety

Other projects focus on:

- Inpatient pneumonia treatment
- Acute myocardial infarction (heart attack)
- Data collection

“What I’ve noticed about AFMC is that when they come into a hospital, they have the ability to get the physician, the hospital staff and the nurses all working together to improve quality in the hospital.”

Bo Ryall,
President and CEO,
Arkansas
Hospital Association

insurance. Providers also use the AMART system (Arkansas Medicaid Abstraction and Reporting Tool), which was developed by AFMC especially for the IQI program.

Arkansas Medicaid, the Arkansas Hospital Association and AFMC worked together to develop IQI, the first pay-for-performance program for hospitals in the nation to include a validation component. The program has positioned Arkansas as a leader in national Medicaid pay-for-performance efforts.

MAKING SURGERY SAFER

Hospital infections do not just make news headlines; they also harm patients, cost lives and greatly increase health care costs. The hospital team works with selected hospitals to improve the care given to Arkansas surgery patients to prevent such infections. Surgery patients and procedures studied in this project are coronary artery bypass graft; cardiac; colon; hip and knee arthroplasty; abdominal and vaginal hysterectomy; and selected vascular surgery procedures.

AFMC supports hospitals with quality initiatives to help reduce hospital-acquired infections by finding ways to ensure that critical steps are not missed. We also offer technical support with data submission to the National Healthcare Safety Network for blood stream infections associated with central lines (catheters placed in large veins) and methicillin-resistant *Staphylococcus aureus* (MRSA).

HOSPITAL PUBLIC REPORTING

As part of a federal effort to increase accountability in health care, the Centers for Medicare & Medicaid Services (CMS) publishes hospital data on quality of care for Medicare, Medicaid and private health insurance hospitals. The data is published on the Hospital Compare website at www.hospitalcompare.hhs.gov, and on the Medicare website at www.medicare.gov.

This information is one indication of how well hospitals succeed in helping patients to achieve the highest level of care provided by a hospital. The website presents quality measures that track how often hospitals provide recommended care known to get the best results for most adult patients being treated for a heart attack, heart failure or pneumonia, or having surgery. The measures also give hospitals meaningful data to help them improve care for their patients.

Nursing home setting

Nursing homes face many challenges—high staff turnover, intense regulation, litigation and residents with multiple health conditions and clinical issues. AFMC offers a wide range of services to help meet these challenges, improve clinical care and create a culture of safety and respect for their residents—our parents, grandparents, teachers, veterans and role models. The focus is not only on clinical care but on tailoring the environment to consistently meet social, emotional and psychological needs as well.

MEETING FEDERAL GOALS

Nursing homes, along with hospitals, are a primary focus of the National Patient Safety Initiative (NPSI), which includes projects on surgical infection, heart failure, pressure ulcers, physical restraints, drug safety, methicillin-resistant *Staphylococcus aureus* (MRSA) infections, and “nursing homes in need,” those identified as needing increased focus on specific aspects of care.

Pressure ulcers, physical restraints and “nursing homes in need” are the three targeted nursing home projects. AFMC works intensively with 100 nursing homes referred to as the NPSI workgroup on these three projects, but also provides resources to every nursing home in Arkansas.

A current focus of the Centers for Medicare & Medicaid Services (CMS) is care coordination between care settings—specifically, encouraging nursing homes and hospitals to work together to reduce community-acquired pressure ulcers. Another priority is reducing

(RIGHT)

Poster from AFMC’s award-winning pressure ulcer prevention campaign, centered around making sure patients are checked and moved every two hours.



“Culture change is not the physical changes in a building but also the emotional and psychological changes that transpire. You want the resident to believe and ‘feel’ the home-like environment, which can be created by the staff, family members and everyone who enters your door.”

Linda Hall,
Administrator,
Eaglecrest Nursing
and Rehabilitation Center,
Ash Flat, Ark.



the use of physical restraints. AFMC successfully recruited 100 nursing homes for the NPSI workgroup to participate in one or both clinical projects. The federal goal for the NPSI workgroup was to reduce physical restraints by a 20 percent relative improvement rate and to reduce high-risk pressure ulcers by an eight percent relative improvement rate, within a 28-month re-measurement period. Arkansas' NPSI workgroup achieved a relative improvement rate of nearly 63 percent for physical restraint reduction, and a relative improvement rate of more than 19 percent for high-risk pressure ulcers.

Nursing homes were the first health care provider setting to begin publicly reporting quality of care information on Medicare's website at www.medicare.gov, as part of the federal Nursing Home Quality Initiative (NHQI), launched in 2002. Much of that work continues today as part of the National Patient Safety Initiative.

PUBLIC REPORTING

Nursing Home Compare was the first program of its kind, offering Medicare beneficiaries and others a chance to compare how well nursing homes performed on specific aspects of care. These "quality measures" and "quality indicators" are updated each quarter and publicly reported at www.medicare/NHCompare.gov. Information is available on every nursing home that participates in the Medicaid and Medicare reimbursement programs. The site now features a quality rating system that gives each nursing home a rating of between 1 and 5 stars. Each nursing home receives one overall rating and one rating in each of three categories:

- **Health inspections:** The health inspection rating contains information from the last three years of on-site inspections, conducted to determine how well each nursing home has met Medicare's minimum quality requirements. The most recent survey findings are weighted more than the prior two years.
- **Staffing:** The staffing rating reflects the number of hours of care on average provided to each resident each day by nursing staff. This rating considers differences in the level of need of care of residents in different nursing homes. For example, a nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high.
- **Quality measures:** The quality measure rating has information on 10 different physical and clinical measures for nursing home residents, such as the prevalence of pressure sores, or changes to a resident's mobility.

"Many continuing education opportunities are so expensive that we are unable to send more than one staff person. However, when AFMC seminars are offered, we gather up as many staff as we can to attend. AFMC is very professional, knowledgeable, and willing to share all they know with us in a simple, logical manner. We would highly recommend their services to any nursing home in Arkansas to help resolve troublesome issues in caring for residents and assisting with management."

Annetta Maupin,
Administrator,
Cave City Nursing Home,
Cave City, Ark.

ARKANSAS INNOVATIVE PERFORMANCE PROGRAM

The Arkansas Innovative Performance Program (AIPP) was launched in 2005 and has already established a record of success. The program works in partnership with the state's Office of Long Term Care, the Arkansas Health Care Association and others to help Medicaid-certified nursing homes and assisted living facilities provide the best care in the most nurturing and comfortable environment possible.



AIPP takes a nonpunitive, collaborative approach tailored to each facility's strengths and weaknesses, as identified through state surveys (inspections) conducted by the Office of Long Term Care. The team works directly with nursing home staff and administrators to help interpret survey results and recommend research-based solutions on topics ranging from preventing abuse and neglect, to developing or improving fire and disaster plans. Through conferences, on-site training and telephone consultation, AIPP works with nursing home administration and staff to develop individualized programs to meet each facility's specific needs.

EMBRACING CULTURE CHANGE

AIPP is currently working with a pilot group of 15 nursing homes and three assisted living facilities to help them build on current efforts to embrace "person-centered care." The concept is simple, yet challenging: Give residents more of a voice in daily decision-making, and strengthen relationships to make life in the nursing home more like life outside one.

Nursing homes across the nation are working to move from the long-standing hospital-based model of care to a more home-like environment. This pilot project will help to develop a blueprint for this culture change, from gaining staff support to applying specific changes. For instance, one of the concepts of culture change and person-centered care is consistently assigning staff members to care for the same group of residents, so they can strengthen relationships and immediately recognize changes in residents' health or behavior.

In addition to providing regional training for this project, AIPP staff is providing coaching, on-site visits and conference calls for the pilot group. Nursing homes are encouraged to share success stories and lessons learned, and to become mentors in the culture change process.

Physician office setting

Primary care physicians are often considered the "gatekeepers" of modern medicine, managing the majority of their patients' health care. Our quality improvement team works with both physicians and their staff to help them educate patients and families on the importance of preventive care and healthy lifestyles, and to manage the care of chronic conditions such as heart disease and diabetes. Medicaid provider representatives also visit physicians across the state to help update them on Medicaid policy and national standards of care, and to assist with Medicaid billing and other issues. **(See Provider Outreach, page 23, and Medicaid Managed Care Services, page 5.)**

Efforts are largely focused on aspects of care with assigned quality measures designated by the Centers for Medicare & Medicaid Services (CMS) and the state Department of Human Services (DHS). Arkansas primary care providers currently working with the AFMC physician office team are being challenged by Medicare to improve rates in seasonal flu vaccinations, pneumonia vaccinations, colorectal cancer screenings and mammography for breast cancer screening. Medicaid priorities are wide-ranging and include childhood immunization and well-child care; appropriate use of antibiotics; prenatal care; screening for chlamydia and breast and cervical cancer; and preventive care for people with diabetes. AFMC has also partnered with Arkansas Children's Hospital to help educate health care providers and parents about preventing childhood injuries. AFMC is also working with Arkansas Medicaid to encourage breastfeeding, reduce the use of tobacco during and after pregnancy, and on many other projects.

AFMC has long been actively involved in working with physicians to bring health information technology to Arkansas. In 2004, our quality improvement team coordinated Arkansas' participation in a pilot project called DOQ-IT (Doctor's Office Quality-Information Technology) as one of only four states in the nation selected. Throughout this project, AFMC offered consultation to 176 clinics as they prepared for the transition to electronic health records (EHRs). The project ended successfully, and in 2009, AFMC was selected to serve as the state's Health Information Technology Regional Extension Center. HITArkansas, a division of AFMC, continues to serve as a resource for primary care providers as they make the critical shift to EHRs and other aspects of health information technology. **(See HITArkansas, page 3**

"They've (AFMC has) come out and they've helped my staff to understand when and why we do these things — not just how often we should give it, but why we should screen for these things. They've helped us to be able to improve quality in that way, by doing in-services and things we wouldn't necessarily have done on our own."

Dr. Christopher Skelley, MD,
Bryant Medical Clinic,
Bryant, Ark.

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HIGHLIGHTS:

- Most babies in Arkansas and nationally see the doctor several times during their first 15 months of life. But getting older children in is more of a challenge. In Arkansas, the percentage of kids aged 3 through 6 years who received at least one visit in 2008 was more than 52 percent for ARKids First A and more than 43 percent for ARKids First B—up from 37.5 percent and 27.2 percent in 2004, respectively. This improvement reflects the combined efforts of providers statewide, as well as AFMC and other organizations and agencies working to improve health care for children.
- Arkansas has made great strides in improving treatment for those with asthma. In 2008, the vast majority of Medicaid or ARKids First B beneficiaries with asthma were receiving at least one of four recommended types of maintenance medications: 89 percent for Medicaid and 94 percent for ARKids First B. Both these rates exceed the national Medicaid rate of less than 86.9 percent, and represent dramatic improvement over past years.
- Like many largely rural states, Arkansas has room for improvement in preventive care and screening. Mammogram and Pap test rates—a priority for both Medicare and Medicaid—have held more or less steady for several years, with fewer than half of Arkansas women on Medicaid getting the recommended tests. AFMC quality improvement (QI) specialists continue to work with providers statewide on these and other critical aspects of care. Our work with Medicare also includes intense efforts to improve rates of colorectal cancer screening, pneumococcal vaccination, flu immunization and other preventive care. The efforts benefit not only those in Medicare and Medicaid, but all Arkansans.
- AMFC's QI specialists are increasingly considered a public health resource, serving as quality improvement advisors for the Arkansas Chronic Illness Collaborative, the Arkansas Diabetes Advisory Council, the Arkansas Wellness Coalition, the Arkansas Cancer Coalition and other organizations and agencies.
- The CDC has long recommended routine testing for lead exposure in children prior to their second birthday. In response, AFMC—in collaboration with DMS—began measuring the percentage of children, DHS began measuring the percentage of children on ARKids First A and B who received testing for lead exposure, which can lead to cognitive impairment, behavioral disorders and, at high levels, even death. Arkansas' screening rate was well below the national rate, and AFMC began a project to encourage lead screening in young children. From 2008 to 2009, the rate increased from around 7 percent to more than 18 percent, indicating that more providers and families are becoming educated about the importance of screening.

AFMC is one of many organizations working to ensure that Arkansas' children receive immunizations and check-ups to protect their health and future development. For several years, immunization rates for ARKids First enrollees have consistently exceeded national Medicaid rates.



PROVIDER OUTREACH

Serving the health pros who serve Arkansas

Much of AFMC's work involves serving those on the front lines of patient care, as well as working with health care leadership to create and maintain a culture of continuous improvement. Health care providers are the backbone; without their commitment, cooperation and old-fashioned hard work, all of AFMC's research, projects, tools, learning opportunities and other efforts would be meaningless.

Arkansas faces many challenges, but our state is fortunate to have a health care community that puts patient welfare and quality first. The participation and interest level in AFMC's conferences, projects, tools and other efforts testify to the dedication of our health professionals and leadership.

Some examples:

- Total attendance for AFMC's Medicare and Medicaid workshops was more than 3,300 from August 2006 through July 2009.
- A total of 1,389,893 patient education materials and provider tools were ordered by providers from August 2006 through July 2009. **(For more about AFMC's free tools, see page 12.)**
- AFMC was selected—in a highly competitive process—to serve as Arkansas' federally designated Health Information Technology Regional Extension Center (HITREC). Our new division, HITArkansas, is helping our state make the transition to electronic health records. **(For more about HITArkansas, see page 3.)**
- AFMC's annual Quality Conference draws hundreds of health care providers to learn and share information, ideas and concerns about health care in Arkansas. The conference was expanded in 2010 from one day to two days, to allow for growing interest and a wider range of speakers and topics, and drew more than 400 attendees.
- AFMC's Medicaid reps visit more than 2,000 primary care providers, as well as 1,200 specialists and hospital emergency departments, each year. Our quality improvement specialists and other team members also offer on-site consultation and assistance.

"We have worked with AFMC on numerous quality improvement projects and have received substantial support from their impressive outreach department. AFMC is experienced in providing project management and expert staff to support project plans, including quality improvement projects, program evaluations, and delivery of tools such as educational media, electronic communication, Web-based information, exhibits, and training for providers and beneficiaries statewide."

Dwight Williams, MD,
Paragould Doctors' Clinic
and Research Center,
Paragould, Ark.
Board Member, AFMC



PUBLIC OUTREACH

Educating patients, families and general public

An important piece of AFMC's mission is public education and outreach. We help educate patients, families and the general public about preventive health, disease management, Medicare and Medicaid. We do this through our website at www.afmc.org, newsletters and other printed pieces, submissions to statewide publications, press releases to statewide media outlets, and carefully planned advertising and multi-media public awareness campaigns.

EXAMPLES

Medicare Talk

This award-winning quarterly newsletter is designed for Arkansans who are on Medicare. It features stories of Arkansans who are successfully managing diabetes, heart failure and other conditions; wellness tips; Medicare news and updates; healthy recipes; and other useful information. Reader surveys and comments have been overwhelmingly positive. Approximately 55,000 copies are distributed through an agreement with Aging Arkansas, a statewide

(ABOVE, RIGHT)
AFMC's
award-winning
quarterly newsletter,
Medicare Talk.



An apple a day...

September isn't just the month to celebrate the onset of fall and cooler weather. It's also National Cholesterol Education Month and National Fruit and Veggie—Dietary Matters Month—giving you two great reasons to take a look at the food you eat and make sure you're doing all you can for your health. Cholesterol is a fat-like substance in your blood. When there is too much of it (high cholesterol), it can build up inside your arteries. This can lead to heart disease or even a heart attack. High cholesterol itself doesn't cause any symptoms. But, the only way to know whether it is to have a blood test. Medicare pays for this test once every five years. Talk to your doctor about whether you should have your levels tested. Fortunately, there are steps you can take to keep your cholesterol in check. Eating a healthy diet (think that one low in saturated fat and cholesterol), exercising regularly and maintaining a healthy weight can help keep cholesterol levels low. One of the best ways to make sure you're diet is heart-healthy is to eat plenty of fruits and vegetables. They're good for you in many ways, but the more fruits and vegetables you eat, the less your cholesterol will be on your plate. Lead us now to much for low-cholesterol fruits. Many studies have shown that fruits and vegetables are an important part of staying healthy. Eating a variety of fruits and vegetables (think different colors) will give your body a wide range of vitamins and minerals. Most people need to eat more fruits and vegetables every day to get the recommended amount. For more to "nosh" these into your diet, as well as recipes and funding tips, visit www.healthandaging.com.

1. Soak vegetables until tender and cook macaroni according to package directions.
2. In a small saucepan, melt margarine and blend in flour.
3. Gradually stir in milk and stirring, do not add cheese at this time.
4. Cook over medium heat, stirring constantly, until sauce thickens.
5. Remove from heat and blend in cheese.
6. Pour over hot vegetables.
7. Add macaroni and mix together.

Diabetic exchanges per serving: (1) Vegetables, (2) Carbohydrates, (3) Fat
Total: 2 servings • Calories: 300 • Carbohydrates: 50g
Sodium: 1g • Saturated Fat: 1g • Cholesterol: 1mg • Protein: 20mg
Calories from Fat: 10g • Dietary Fiber: 1g • Sugar: 11g • Protein: 11g
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newspaper, and mailed on request. Many copies are shared or offered in community centers and waiting rooms, increasing readership beyond the number of copies.



Advertisements

Public service ads are carefully planned, produced and placed to effectively reach the desired audience. Topics have included diabetes management, mammograms, asthma management, and flu and pneumonia immunization, among others.

Media

AFMC sends out press releases to media outlets around the state, encouraging coverage of important health issues, preventive health, statewide challenges and accomplishments. AFMC is also a resource for reporters looking for expertise on health and health care, as well as Medicare and Medicaid issues.



Collaboration

AFMC is working with Head Start in Washington County to improve health literacy—the ability to access, understand and apply health information—for parents of children who are enrolled there. The project is funded by the federal Administration for Children and Families.



(ABOVE)
 Advertisements that appeared in the Arkansas senior-oriented publication, *Aging Arkansas*. AFMC also distributed copies of *Medicare Talk in Aging Arkansas*, to reach more of Arkansas' senior population.

MEDICARE AND MEDICAID REVIEW

Making the most of health care resources

AFMC's original role was ensuring responsible use of resources for Medicare, and later, Arkansas Medicaid. Medical review is crucial in order to make the most of each health care dollar spent and ensure that limited resources are used wisely. The review department of AFMC is made up of review coordinators (nurses and health information management professionals), physicians and support staff. Twenty review coordinators are located in the Fort Smith office and perform several review functions. Twelve review coordinators live in cities and towns around the state, and they perform on-site reviews in hospitals in their assigned regions.

While AFMC's role has expanded, we continue to perform a variety of prior authorization and retrospective reviews. The initial screening review is performed by a review coordinator. If the review coordinator cannot approve an admission, length of stay or procedure, the case is referred to a physician advisor. Only a physician may make the decision to deny coverage. AFMC will reconsider any adverse decision when requested to do so. Reconsideration reviews are performed by the appropriate specialist and are completed within a set period of time.

FOR MEDICARE:

- **Higher weighted DRG (Diagnosis-related code):** When a hospital determines that a claim has been filed in error and the correction results in a higher payment, AFMC reviews these cases for admission necessity and the appropriate DRG assignment for reimbursement.
- **Beneficiary appeals:** A health care provider must notify a Medicare beneficiary in writing when it is determined that an admission or continued services are not medically necessary. The beneficiary may appeal this determination to AFMC. A complete review of the case is done by an appropriate physician advisor. The results of this review are binding on the health care provider.
- **Beneficiary complaints:** When a Medicare beneficiary is dissatisfied with the care they received from a health care provider, they can call or write to AFMC about

"Since AFMC began handling extension of benefits approvals for Medicaid beneficiaries and related requests, we have been absolutely astounded at their remarkable turnaround time. In some cases, the length of time required has gone from months to weeks. We have had some denials, but when a problem with a claim adjustment or technicality arises, AFMC staff members go the extra mile to resolve it so that claims can be paid."

Gail Namest,
 Medicaid Insurance Representative,
 Little Rock Diagnostic Clinic,
 Little Rock, Ark.

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that care. AFMC will obtain the medical records and perform a thorough review of the case. If care is found to be unacceptable, AFMC will work with the provider to improve the quality of care. If the concern is of such a serious nature that the safety of beneficiaries is at risk, AFMC will take the appropriate action.

FOR MEDICAID:

Retrospective (post-pay) Review

- **Inpatient retrospective:** AFMC reviews a sample of hospital admissions for medical necessity.
- **Emergency room:** AFMC reviews a sample of ER cases to determine appropriateness of payment.

Prior Authorization Review

- **Child Health Management Services (CHMS):** CHMS is a day treatment program for children who are medically fragile and developmentally at-risk. AFMC performs prior authorization reviews for these services.
- **Durable medical equipment, prosthetics and hyperalimentation supplies:** Health care providers who prescribe these items must demonstrate medical necessity before patients can receive them through Arkansas Medicaid. AFMC reviews providers' request forms, documentation and prescriptions to ensure that the information submitted meets criteria needed for coverage.
- **Extension of benefits (EOB):** Medicaid benefits for physician office and outpatient visits, lab tests and x-rays are limited per state fiscal year (SFY). AFMC reviews requests for extension of benefits and determines if an extension is medically necessary.
- **Prior authorization of certain surgical procedures and assistant surgeon:** Some surgical procedures may be performed for reasons other than medical necessity. AFMC prior authorizes surgical procedures that have been identified by Medicaid to determine medical appropriateness.
- **Medicaid Utilization Management Program (MUMP):** When a Medicaid beneficiary is admitted to the hospital, prior authorization of admission is not required. If the beneficiary remains in the hospital longer than four days, the hospital must provide clinical information to AFMC and receive authorization for continued hospital days.

AFMC SUBSIDIARIES

Expanding our reach

QUALITY EXCELLENCE, INC. (QEI)

Quality Excellence, Inc., a wholly-owned subsidiary of AFMC, was created to provide quality initiative expertise, strategic consulting training and other services to health care providers to enable them to deliver the highest level of patient care, to increase efficiencies and to contain costs.

ARKANSAS QUALITY FOUNDATION (AQF)

The Arkansas Quality Foundation (AQF), AFMC's charitable arm, was established in 2009 to advance health-related education, outreach, research and quality improvement. The 501(c)(3) subsidiary* offers assistance with data collection; evaluation of health programs; health literacy and communication; market research; and health-related surveys. AQF also awards scholarships to students of nursing and other health care fields.

AQF currently has projects with:

- **The Arkansas Cancer Coalition.** AQF was selected to provide comprehensive market research to assist in long-term planning for the coalition's Cervical Cancer Task Force. In a separate project, AQF is evaluating the coordinated efforts of 13 organizations charged by the Arkansas General Assembly with implementing the Arkansas Cancer Plan. AQF also developed the data collection tool used in the evaluation.
- **The Arkansas Blue & You Foundation for a Healthier Arkansas.** AQF was selected to pilot "Baby Steps," an infant mortality review program. The pilot program aims to inform health professionals about the potential benefits of applying the national Fetal and Infant Review Program (NFIMR). Reviewing fetal and infant deaths helps identify gaps in the systems of care serving women, children and families.
- **The Missouri Foundation for Health.** AQF serves as an external evaluator for this organization, analyzing the overall impact of funded projects by linking project activities and objectives to intended goals. AQF established an Evaluation and Technical Assistance Center for the MFH Health Literacy Demonstrations Projects, and it worked with grantees to create outcome measures and process indicators.

*AFMC is a 501(c)(6) (trade and professional) organization; AQF is its 501(c)(3) (charitable, educational and/or scientific) subsidiary. Both are tax-exempt designations.





OUR PARTNERS

Working toward a common vision

Improving health care is a mission shared by scores of dedicated organizations, agencies and individuals. We're working toward the quick application of new knowledge; the effective and efficient use of technology; and care that is compassionate, cost-effective and constantly evolving. For our efforts to have the most impact, we must work in concert, maintaining close communication and keeping our shared goals clearly in mind.

As our role and responsibilities expand, so do our partnerships; however, our most important partners have always been and will always be the professionals who provide health care and make its delivery possible—physicians, nurses, pharmacists, administrators, managers, office staff and others who work behind the scenes.

In today's health care environment, everyone can play a part in improving health care—patients, professionals, payers, caregivers, community leaders, decision-makers, and state and federal leadership.

Working together, we are improving health, health care—and life.

- AARP Arkansas
- Alzheimer's Arkansas
- American Academy of Pediatrics, Arkansas Chapter
- American Cancer Society, Arkansas Chapter
- American Health Quality Association
- Arkansas Academy of Family Physicians
- Arkansas Advocates for Children and Families
- Arkansas Area Agencies on Aging
- Arkansas Attorney General
- Arkansas Blue Cross and Blue Shield
- Arkansas Center for Health Improvement
- Arkansas Children's Hospital
- Arkansas Department of Health
- Arkansas Department of Human Services

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"AFMC has demonstrated its ability to collaborate with a variety of stakeholders through its ongoing contract and programmatic relationships and as the state's Regional Extension Center. AFMC's longstanding experience in implementing EHRs and assisting provider practices in maximizing practice efficiency and quality is well regarded and valued by clinical providers and stakeholders as well."

Joe Thompson, MD, MPH,
Surgeon General,
State of Arkansas

- Arkansas General Assembly
- Arkansas Health Care Association
- Arkansas Hospital Association
- Arkansas Medical Directors Association
- Arkansas Medical Society
- Arkansas Medicare and Medicaid Fraud Patrol
- Arkansas Office of Health Information Technology
- Arkansas Office of Long Term Care
- Arkansas Osteopathic Medical Association
- Arkansas Pharmacy Association
- Arkansas Primary Care Association
- Arkansas Public Health Association
- Arkansas Retired Teachers Association
- Arkansas State Board of Nursing
- Arkansas State Medical Board
- Community Health Centers of Arkansas
- Donald W. Reynolds Institute on Aging and Centers on Aging
- Healthcare Financial Management Association
- Hewlett Packard
- HomeCare Association of Arkansas
- Long Term Care Ombudsman
- Medical Group Management Association
- National Association of Retired Federal Employees
- National Park Community College
- Office of the National Coordinator for Health Information Technology
- Pinnacle Business Solutions, Inc. (*formerly Medicare Services*)
- Seniors Health Insurance Information Program
- Social Security Administration District Offices
- UAMS/ANGELS—Arkansas High Risk Pregnancy Program
- University of Arkansas Cooperative Extension
- University of Arkansas for Medical Sciences



*Arkansas Foundation
for Medical Care*SM

www.afmc.org