

vironment in which financial incentives are aligned toward improvements in cost, quality, and access. The Coalition is a member of the National Business Coalition on Health.

Louise Proust, Executive Director for the Coalition sees this project as “meeting goals for the business community to engage both providers and patients in improved health care. Patient-centered care will be a positive for health care value with increased satisfaction by both patients and practitioners.”

“We believe that using the resources within the community will enhance our common agenda for improving health care community by community,” added Andrew Webber, President and CEO of NBCH. “Patient-centered care—including coordination and integration of care, information, communication, and education that respects the patients’ values and needs—is a critical element of informed decision making for consumers.”



**AHQA President  
Sallie Cook, MD  
Appears on Remaking  
American  
Medicine Special**

Sallie Cook, MD, AHQA President and chief medical officer and senior clinical advisor for quality improve-

ment initiatives at the Virginia Health Quality Center, the state’s QIO, joined other community leaders in mid-October for two televised panel discussions entitled “Remaking Virginia Medicine: A Virginia Currents Special.”

The Special was developed in conjunction with the nationally televised PBS documentary series, “Remaking of American Medicine...Health Care

for the 21st Century” (RAM), which highlighted champions of change working to improve our health care system. Airing at 11 p.m., immediately following two of the RAM segments, the live call-in program from the studios at WCVE Richmond PBS, examined alternative health care (October 12) and the nursing crisis (October 19). May-Lily Lee, host of “Virginia Currents,” acted as moderator.

“The Remaking American Medicine series highlights the importance of patients, physicians, hospitals, and others working together to improve patient safety in health care across the country,” said Dr. Cook. “Working with WCVE, our local public broadcasting system, was an invaluable opportunity to broaden the spread of some very critical messages to save lives and improve the quality of health care delivery in today’s environment.”

As part of the support for the RAM segments, VHQC also partnered with The Community Idea Station to produce “Passport for Health over 50,” a pocket-sized guide to medical tests and other issues that patients should know when communicating with their physicians. The Passport was provided free to viewers who called in and continues to be available at: <http://www.ideastations.org/ram/index.html>.

**Efforts of Two QIOs Featured in  
Report on Medicare Compliance**

Mountain-Pacific Quality Health (Mountain-Pacific) and the New Mexico Medical Review Association (NMMRA) were featured in the October 30, 2006 issue of the *Report on Medicare Compliance* in the article, “Added Twist of 72-hour Rule Spurs More Billing Errors for ‘Unrelated’ DRG 468,” for working with hospitals to reduce billing and coding errors for DRG 468 under the Hospital Payment Monitoring Program (HPMP).

DRG 468 is intended for patients who are admitted to the hospital with a medical diagnosis but who also have an unrelated surgical procedure. According to Rhonda Finstad, Mountain-Pacific's director of the HPMP, erroneous assignment of DRG 468 can be attributed to the fact that not all hospitals understand the three-day payment window and end up combining non-diagnostic outpatient services that aren't related to the reason for the inpatient admission on the inpatient claim. Misinterpretation of the coding guidelines is another reason for inappropriate coding of DRG 468.

In addition, coders often don't understand the intricacies of billing and billing staff don't understand the intricacies of coding, says Andy Romero, NMMRA's case review and beneficiary services manager and coding specialist.

Romero sees the value of training coding and billing staff particularly when it comes to the three-day payment window. She also sees the importance of oversight of a second reviewer when a chart is assigned to DRG 468.

In addition to its work on DRG 468, Mountain-Pacific plans to address errors for DRG 477, which is a similar DRG.

For more information, contact Finstad at [rfinstad@mtqio.sdps.org](mailto:rfinstad@mtqio.sdps.org) and Romero at [aromero@nmmra.org](mailto:aromero@nmmra.org).

### **NMMRA's E-Prescribing Forum a Success**

The New Mexico Prescription Improvement Coalition (NMPIC), launched in February by the New Mexico Medical Review Association (NMMRA), held its first e-prescribing forum on September 26 in Albuquerque. More than 80 attendees representing health care providers, managed care organization representatives, hospital and health care ad-



*The E-Prescribing Forum Planning Committee: John Seibel, MD, NMMRA; Dale Tinker, New Mexico Pharmacists Association; Larry Georgopoulos, PharmD, Presbyterian Health Plan; Doug Lohkamp, RPh, HIT Committee Chair, Blue Cross & Blue Shield of New Mexico; Galina Prilouts kaya, PhD, MBA, NMMRA; Stephen Lucero, MD, New Mexico Medical Society; and Larry Pesko, Lovelace Health Plan.*

ministrators, product vendors and champions in health information technology attended the event.

Patricia L. Hale, MD, PhD, FACP, chief medical informatics officer for Glens Falls Hospital and chief technical officer for the Adirondack Regional Community Health Information Exchange, was the keynote speaker via teleconference. A panel including a solo physician practice, a large independent multi-specialty provider group, a local managed care provider group, and two health plans (one local and one national) discussed their experiences with e-prescribing. Panelists touched on the benefits, challenges, and lessons learned in their ePrescribing efforts and offered recommendations on adoption. Participants were also able to observe demonstrations of several e-prescribing products.

The chair of NMPIC's Health Information Technology Workgroup presented a model for state-wide e-prescribing for New Mexico. One of the forum's goals was to recruit 15 to 20 physicians to participate in the state e-prescribing pilot. This goal was far exceeded, as 90 physicians expressed interest in participating. In the future, the HIT Workgroup expects to conduct similar events on a smaller scale in different regions of the state.