To all Arkansans:

When we improve healthcare, we potentially improve every aspect of our society, now and for generations to come: education, economy, growth, quality of life. Few endeavors offer such a far-reaching and extraordinary reward.

In recent years, the focus on healthcare quality has increased dramatically. Healthcare payers are pushing for more accountability. Patients are asking more questions and searching for their own answers. And healthcare providers are rising to the challenge, working toward safer, more efficient and more effective care.

Positive change is wrought from partnership, planning, honest evaluation and old-fashioned hard work. It is happening across the country and here at home. The Arkansas Foundation for Medical Care (AFMC) is working with the federal Centers for Medicare & Medicaid Services (CMS), with Arkansas Medicaid and with healthcare providers in every corner of the state. Together, we find opportunities to help ensure that every patient gets the right care at the right time. We offer free training and education. We provide tools and materials to help health professionals communicate with patients and families from all walks of life. We meticulously measure and remeasure to continuously track improvement and tailor our approach. And we help make the most of state and federal resources so that Medicare can effectively serve nearly 500,000 Arkansans, and Arkansas Medicaid and ARKids First can continue to serve some 700,000.

AFMC is made up of physicians, nurses, statisticians, social marketers and others who know the value of hard work and partnership. Time after time, these professionals have found their commitment matched by the dedication of healthcare providers, organizations and advocates across the state. Our combined efforts are paying off in meaningful, measurable progress. We are reaching patients, sharpening processes, saving lives.

Healthcare is evolving, and so must our priorities and roles. But AFMC remains committed to the common goals of Medicare and Medicaid — meeting and raising standards of care, carefully applying new technology and knowledge, providing high-quality, cost-effective care. Together, we’re creating a better healthcare system for Medicare and Medicaid beneficiaries and all Arkansans — and a healthier state in which to work, play, learn and live.
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WHO IS AFMC?
AFMC is the Quality Improvement Organization for the state of Arkansas. In this role, we monitor and assess the healthcare of Arkansans on Medicare and Medicaid. We work with healthcare providers to help improve care through education and evaluation, and to make the most of Arkansas’ healthcare dollar. The goal is to help ensure that every patient gets the right care at the right time.

WHOM DOES AFMC WORK WITH?
We work closely with hospitals, physicians, nursing homes, home health agencies, consumers and other healthcare organizations to promote high-quality, cost-effective care. We offer tools, resources and support to help make healthcare quality improvement a reality.

WHAT SERVICES DO YOU 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.”

WHAT SERVICES DO YOU 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.
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-speaking callers and the hearing impaired. The Medicaid recipient will need to provide his or her name, Medicaid number, address and telephone number.

Complaints can also be sent through e-mail to medicaidcomplaint@afmc.org or by regular mail to:

Recipient Relations Specialist, AFMC
401 W. Capitol Avenue, Suite 400
Little Rock, AR 72201

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-speaking callers and the hearing impaired. The Medicaid recipient will need to provide his or her name, Medicaid number, address and telephone number. Rides cannot be scheduled through this number.

HOW IS AFMC FUNDED?
AFMC receives funding from state and federal contracts.

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, community leaders, consumers and representatives from across the state.
MEDICARE AND MEDICAID REVIEW

Ensuring quality and responsible use of resources

AFMC’s original role was ensuring responsible use of resources for Medicare, and later, Arkansas Medicaid. Medical review is difficult but necessary, in order to make the most of each healthcare 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 clerical support staff. Twenty review coordinators are located in the Fort Smith office and perform several review functions. Fifteen review coordinators live in cities and towns around the state, and perform reviews in hospitals in their region of the state.

While AFMC’s role has expanded, we continue to perform a variety of prior authorization and retrospective reviews for Medicare and Arkansas Medicaid. 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 of an admission, length of stay, or procedure. The decision is never easy, but in some cases it is necessary. Physicians and patients may request a reconsideration within a certain time period — usually 35 days — when payment is denied.

FOR MEDICARE:

- **CDAC Reviews:** As part of the federal Hospital Payment Monitoring Program, the CDAC (Clinical Data Abstraction Center) selects and screens cases for every state. Cases that do not pass the initial screening are forwarded to the respective quality improvement organizations, such as AFMC, for full case review (admission necessity, reimbursement code validation and quality of care). Cases are screened by nurse reviewers and referred to physician advisors if screening guidelines are not met.

- **Higher weighted DRG (diagnosis-related code):** Hospitals may rebill a claim to a higher-paying reimbursement code within 60 days of the initial payment. AFMC reviews these cases for admission necessity and the appropriate code.

- **Medicare exclusions:** Some procedures, such as dental or cosmetic procedures, are covered only in certain circumstances. AFMC reviews these cases to determine if the procedure should be covered.

“Since AFMC began handling extension of benefits approvals for Medicaid recipients 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
- **Notices of noncoverage**: These notices are issued by hospitals, when the facility believes that Medicare will not cover the admission or continued treatment. These are reviewed immediately if requested by the patient and retrospectively if the patient does not request review and incurs financial liability.

- **Notices of Medicare provider noncoverage**: These notices are issued to every Medicare patient by home health agencies, skilled nursing facilities, hospice agencies or comprehensive outpatient rehab facilities at least two days or two visits prior to Medicare coverage being discontinued. These are reviewed immediately seven days per week if review is requested by the patient.

- **Beneficiary complaints**. All complaints are reviewed by a physician advisor for quality-of-care concerns. Review is initially conducted based on the information in the medical record. If appropriate, the case may be referred to mediation between the complainant and the provider, if all parties agree to participate, at no cost to the participants. If reviewers identify a quality-of-care concern, appropriate action is taken, which may include requesting a quality improvement plan from the provider.

- **EMTALA (Emergency Medical Treatment and Active Labor Act)**, otherwise known as the “anti-dumping” law. These cases are reviewed by physician advisors.

**FOR MEDICAID:**

**Retrospective (post-pay) Reviews**

- **Inpatient Retro**: Each month, AFMC receives a data file of paid inpatient hospital claims and reviews a random sample, selected by a computer program. AFMC area review coordinators visit each hospital to review the selected records for medical necessity. Questionable cases are referred to a physician advisor.

- **Retrospective Therapy**: A random sample of occupational, physical and speech therapy cases are reviewed each quarter for medical necessity and to ensure that only what was provided was billed. A registered nurse conducts the initial review and refers questionable cases to an appropriate therapist.

- **Emergency Room**: AFMC reviews a random sample of ER cases each month. We review only the charge for the emergency visit (not non-emergency or
screening exams) and do not make any determination about drugs, diagnostic tests or supplies.

**Prior Authorization Review**

- **Child Health Management Services (CHMS):** AFMC reviews these cases to determine whether a child meets the guidelines for CHMS enrollment, as well as for correct procedure codes and the amount requested by the provider. Each case is reviewed by a registered nurse, and those not meeting guidelines are referred to a pediatrician physician advisor.

- **Personal Care (under age 21):** Personal care can include help getting dressed, preparing meals, bathing and other tasks of daily living. These cases are reviewed by a registered nurse and, if not approved, referred to a pediatrician physician advisor.

- **Extension of Benefits:** Many Medicaid benefits are limited to a maximum number of visits or procedures per state fiscal year (SFY). Providers may request an extension of these benefits. These requests are reviewed by a registered nurse, and if not approved, are referred to a physician advisor.

- **Targeted Case Management:** This is guidance to help patients navigate the healthcare system to get the services they need. We review the necessity of the service—which represents a very small number of cases—for children under age 21. The process is the same as that for personal care review.

- **Prior authorization of certain surgical procedures and assistant surgeon:** These cases are reviewed for medical necessity of surgical procedures if selected by Medicaid. All requests for an assistant surgeon are reviewed. The provider calls the toll-free precertification line and provides patient demographics and medical information to support the necessity of the procedure or the need for an assistant surgeon.

- **Medicaid Utilization Management Program:** AFMC reviews for medical necessity of continued hospital stay after the first four days. Providers either call a toll-free number or submit the information via the AFMC Web Review System.
Much of AFMC’s work involves serving those on the front lines of patient care, as well as working with healthcare leadership to create and maintain a culture of continuous improvement. Healthcare 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 healthcare 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 7,300 from August 2002 through July 2005.

- A total of 3,318,708 patient education materials and provider tools were ordered by providers during the same three-year time period. (For more about AFMC’s free tools, see page 18.)

- AFMC coordinated a special project (Doctor’s Office Quality–Information Technology, or DOQ–IT) to help primary care providers prepare for the transition to electronic health records and health information systems. A total of 176 primary care clinics, representing 481 physicians, participated. (Clinics had to meet a set of specific requirements to enroll.)

“Our (AFMC) representative makes routine visits to keep us up-to-date . . . I enjoy these routine visits because this is also when we receive new handouts to help educate our patients . . . Our representative is helpful, and I can call any time with a question, and he will know the answer or tell me someone who does.”

Amy D. Irby
Office Administrator
Conway Children’s Clinic
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 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 healthcare, as well as changing policies and standards.

AFMC’s Medicaid Managed Care Services (MMCS) team knows these busy professionals need support—most MMCS provider representatives are former clinic office managers—and they make regular visits to every primary care clinic in the state. They are 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 work to expand the Medicaid provider network by encouraging healthcare providers to accept Medicaid patients. They help resolve difficult situations, and will work with out-of-state providers when necessary. (See pages 14 and 15.)

In addition to working with primary care providers, MMCS provider reps visit hospital emergency rooms to help them correctly handle their Medicaid cases and claims. They work with occupational, physical and speech therapists to ensure that patients are served well and claims are filed correctly. They work with rehabilitative mental health providers to coordinate PCP referrals and resolve payment issues.

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.

“We don’t have nearly as many transportation complaints since we’ve started working with (Medicaid Managed Care Services’ NET Helpline). . . . They are doing a good job. When a constituent calls in with a transportation problem, sometimes I’ll refer them to the Helpline, and sometimes I’ll call, depending on what the situation is."

Barbara Duncan
Social worker
Governor’s Office
TRANSPORTATION FOR THOSE WHO NEED IT: NET
AFMC oversees Medicaid’s Non-Emergency Transportation (NET) service, which contracts with transportation providers throughout the state to offer rides to Medicaid recipients who have no other way to get to their medical appointments. AFMC operates a helpline for recipients to call for complaints or concerns about the service, and works to resolve issues. AFMC also tracks the number and types of calls and sends each transportation provider a quarterly report to help them improve their services.

FINDING SOLUTIONS: MEDICAID COMPLAINT LINE
AFMC also 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 5 p.m. Many questions can be resolved over the phone; in some cases, AFMC contacts other sources or refers the caller to the appropriate resource.
“I could not believe how hard this team worked to get this child where she needed to be for this last effort to save her life. . . . I will always be grateful that our patient was not just a number to them, but a person.”
To whom it may concern:

I would like to present this letter of recommendation on behalf of the Arkansas Foundation for Medical Care and Medicaid Managed Care Services. For years, we have worked closely with the staff of AFMC to resolve issues of all sorts. They have been especially informative on coding issues; however, their expertise is not limited to coding. We have called on them in many different situations. They have always worked diligently to find the solution to any problems or concerns. They will gladly take on any problem we present and try to find the correct solution for all involved. They have always been very personable, and we have always been comfortable in contacting them.

I would like to share an instance where the Provider Relations staff helped us with a very complex situation. We had a patient with Medicaid coverage, who needed surgery for a brain aneurysm. This patient’s mother had been told there was nothing else that could be done for this young lady. According to her physicians, she was a time bomb waiting to explode.

After exhausting hours, which ran into at least a year, the mother found a doctor who had a new innovative procedure that could possibly help. The only problem was, the doctor was in New York. With this situation—the provider in New York, the young Medicaid recipient in dire need, but having no other resources—I contacted our provider rep hoping that MMCS would have some idea of how we could get help.

I could not believe how hard this team worked to get this child where she needed to be for this last effort to save her life. Within a matter of days, the team from AFMC had obtained prior authorization for her treatment. They also contacted the New York physician to assist him in becoming a conditional provider for this surgery.

I will always be grateful that our patient was not just a number to them, but a person. This example is proof positive that AFMC is an amazing organization that works together to help make our state a great place to live.

Sincerely,

Kerry F. Pennington, M.D.
Warren, Ark.
Quality Improvement

Sharpening processes for better care

To promote excellence in healthcare, we must first define it. To do this, clinicians, organizations and advocates across the nation look to nationally accepted standards of care for specific conditions, illnesses and situations.

The Centers for Medicare & Medicaid Services (CMS) has identified such standards for specific clinical circumstances, from prevention of bedsores in nursing home patients, to aspirin on arrival for heart attack patients. These standards have been used to develop “quality measures” that hospitals, physician offices, nursing homes and home health agencies can use to assess and improve certain aspects of clinical performance. AFMC uses these measures in its work for Medicare and a similar system in its work for the Arkansas Department of Health and Human Services (DHHS).

Throughout the quality improvement section, you will see data showing how Arkansas stands on some of these quality measures. This information is used to identify areas most in need of improvement and to see if current efforts are working. Though most of the data comes from Medicare and Medicaid records, the process improves care for all Arkansans.

AFMC’s quality improvement specialists work mainly with providers in four distinctly different settings: hospitals, physician offices, nursing homes and home health agencies. These settings have common challenges, as well as unique ones, so specific staff members are dedicated to each setting, with clinical experience and administrative insight into the intricacies of that setting. 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 that help healthcare 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 improvement projects and related products and services are too numerous to list comprehensively; this section offers a snapshot of each setting’s goals, accomplishments and challenges, and how AFMC is working to help improve specific aspects of care.

“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
INTERVENTION TOOLS

Physicians and other healthcare 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, LEFT)** for display in waiting rooms and patient care areas

**Brochure, booklets and handouts** (LEFT AND BELOW) for clinicians to hand out to patients and families to reinforce education and recommendations

**Stickers and labels** (BELOW RIGHT) for patient charts to remind clinical staff members of important screenings or recommended standards of care

**Other tools** (BELOW), such as a placemat illustrating recommended serving sizes
Hospital setting

AFMC works with every hospital in the state to help them find opportunities for improvement in specific aspects of care, designated as quality measures 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 Web site (www.medicare.gov). During our seventh three-year contract cycle with Medicare (August 2002 to July 2005), Arkansas’ hospital performance improved in 18 out of 20 of these quality measures, and exceeded national averages on 13 out of 20. (Source: CMS Surveillance data of 7th SOW baseline vs. January 1, 2004, to December 31, 2004.)

The story is one of shared strategies and steady progress. Hospitals share challenges and successes at AFMC’s Collaborative Area Learning Sessions held throughout the state. Many of the 32 hospitals that received AFMC Quality Achievement awards for 2005 did so for presenting at statewide and regional conferences. Hospitals in multi-facility corporations often shared their experiences and successes with other hospitals in their network, within Arkansas and beyond. Hospitals also strategized with other settings, such as nursing homes, in an effort to standardize and smooth the process of transferring patients. Many Arkansas hospitals have included specific quality improvement goals in their employee evaluations.

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. AFMC is also working to help prepare hospitals for the transition to electronic health records and an interlinked health information network, complementing our work with physician offices and home health agencies.

For continued efforts, AFMC has now selected 33 hospitals for more focused activities on specific aspects of care, including treatment for heart attack, heart failure and pneumonia, and prevention of surgical infection.

HOSPITAL QUALITY IMPROVEMENT HIGHLIGHTS:

- Arkansas hospitals’ performance ranking rose to 35th for 2004 on national quality improvement inpatient indicators, up from 49th in 2000–2001. The ranking is based
The hospital has launched a mentoring program for new employees to help them maintain quality improvement procedures. Other efforts include flagging the charts of all patients with pneumonia or congestive heart failure to ensure that proper steps of care are completed.

Williams said that improving care helps patients and healthcare providers alike. “When staff members see that the hospital is improving, it excites and motivates them,” said Williams. “And when patients see that our hospital has improved, it gives them confidence.”

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The data covers hospital performance on more than 20 measures affecting quality of care for heart attack, heart failure, community-acquired pneumonia and surgical infection prevention.

- AFMC’s hospital-related workshops alone drew 2,300 attendees, representing 85 hospitals, from August 2002 through July 2005.

- In a CMS-required provider satisfaction survey in early 2004, AFMC’s hospital quality improvement team scored 100 percent for overall satisfaction. No other QIO hospital team in the nation received a perfect score.

EXEMPLARY HOSPITAL QUALITY MEASURES AND ARKANSAS PERFORMANCE:

- **Initial antibiotic received within four hours of hospital arrival for pneumonia**
  - Original rate: 62.7%
  - Improved rate: 76.6%
  - Relative improvement: 22.0%

- **Pneumococcal vaccination status assessed (recommended for all hospital patients)**
  - Original rate: 5.1%
  - Improved rate: 45.7%
  - Relative improvement: 802.0%

- **Aspirin on arrival for heart attack (proven to save lives)**
  - Original rate: 75.3%
  - Improved rate: 81.2%
  - Relative improvement: 7.8%

- **Antibiotics received within one hour prior to surgical incision (to prevent infection)**
  - Original rate: 40.0%
  - Improved rate: 67.8%
  - Relative improvement: 69.5%

Nursing home setting

Nursing homes face many challenges—high staff turnover, intense regulation, increasing litigation and residents with multiple health conditions and clinical issues. AFMC offers a wide range of services to help meet these challenges and create a culture of care in which residents’ social, personal and clinical needs are consistently met.

Nursing homes were the first healthcare providers to begin publicly reporting quality-of-care information on Medicare’s Web site (www.medicare.gov). Medicare beneficiaries and others can compare individual nursing home performance in 15 aspects of care designated as quality measures by the Centers for Medicare & Medicaid Services (CMS). Other information, including the number of deficiencies found during state inspection of nursing homes, is also provided.

QUALITY IMPROVEMENT PROGRAM

AFMC’s quality improvement team works with nursing homes through continuing education; on-site consultation; free communication tools for staff, residents and families (see page 18); and other services. Arkansas’ nursing homes have shown improvement on nine out of 10 of the targeted quality measures, and have exceeded national rates on six measures during this time frame.

(Source: Data of 7th SOW baseline QTR 2, 2002, vs. 7th SOW remeasurement QTR 2, 2004.)

EXAMPLES OF NURSING HOME QUALITY MEASURES AND ARKANSAS PERFORMANCE:

<table>
<thead>
<tr>
<th>IPG* RATE</th>
<th>NON-IPG RATE</th>
<th>STATEWIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chronic pain</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original rate</td>
<td>10.6%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Improved rate</td>
<td>3.9%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Relative improvement</td>
<td>63.2%</td>
<td>41.3%</td>
</tr>
<tr>
<td><strong>Use of restraints</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original rate</td>
<td>24.1%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Improved rate</td>
<td>12.6%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Relative improvement</td>
<td>47.8%</td>
<td>25.4%</td>
</tr>
</tbody>
</table>

*IPG: Intensive participation group

Source: Data of 7th SOW baseline QTR 2, 2002, vs. 7th SOW remeasurement QTR 2, 2004.

With the help of the Arkansas Innovative Performance Program (AIPP), Lonoke Nursing and Rehabilitation Center is offering better care and better outcomes for its residents. During an early 2006 evaluation by the state Office of Long Term Care, the center received no deficiencies in catheter care or incontinent care. These two areas had been a problem for the center in the past.

“I feel our improvement is due in large part to the guidance of the AIPP team,” said Sandra D. Mancell, administrator of the center. “The AIPP team began working with us in November.

CONTINUED
AFMC also worked with a selected group (approximately 10 percent) of nursing homes to provide intensive consultation and guidance in reducing chronic pain, preventing and treating pressure ulcers, reducing the use of restraints and post-acute care pain. This intensive participation group (IPG) improved at a higher rate than other nursing homes. (See data and graph, “Examples of Nursing Home Quality Measures and Arkansas Performance,” previous page.)

ARKANSAS INNOVATIVE PERFORMANCE PROGRAM (AIPP)
In 2005, AFMC expanded its assistance for nursing homes through a partnership with the Arkansas Health Care Association and the Arkansas Department of Health and Human Services' Office of Long Term Care. The result is the Arkansas Innovative Performance Program (AIPP), dedicated to helping Medicaid-certified nursing homes provide the best care possible.

AIPP is nonregulatory and nonpunitive, and provides access to the professional expertise of physicians, nurses and others to better understand survey findings, identify research-based solutions and improve survey performance and quality of care. The program's staff has identified the top ten most common survey citings and can recommend “best practices” that have shown success in improving survey performance and quality of care at facilities nationwide.

Participation in AIPP is completely voluntary and free of charge.
Physician office setting

Primary care physicians are often considered the “gatekeepers” of modern medicine, managing the majority of their patients’ healthcare. Our quality improvement team works to help them educate patients and families on the importance of preventive care, track immunizations and screenings, and manage the care of chronic conditions such as asthma and diabetes.

Efforts are largely focused on aspects of care designated as quality measures by the Centers for Medicare & Medicaid Services (CMS) and the state Department of Health and Human Services. Arkansas showed improvement on five out of six of these measures, and performed better than the national average on one of them.

(Source: Data of 7th SOW baseline April 1, 1999 – March 31, 2001 vs. 7th SOW October 1, 2002 – September 30, 2004. 1 out of 5 QIs better than national average; timeframe of October 1, 2002 – September 30, 2004.)

AFMC also works with physician offices to help them prepare for the national transition to electronic health records. We 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 as testing ground. Through this project, AFMC offered free consultation to 176 clinics representing 481 physicians. AFMC’s health information technology specialists helped these providers select electronic health record (EHR) systems, and evaluate processes to make the most of the technology to improve efficiency and quality of care.

HIGHLIGHTS:
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.

For Dr. Jerry Grant of El Dorado and his staff, encouraging patients to quit smoking is a top priority. With the help of AFMC tools and resources, the clinic raised its smoking cessation referral and counseling rates for Medicaid patients to well above the state average.

Gianna Grant, APN, family nurse practitioner at the clinic, says the team has integrated several proven practices using AFMC resources, including chart reminder stickers to identify patients who smoke. The stickers also offer quick tips to help providers counsel patients on stopping smoking.

CONTINUED
EXAMPLES OF PHYSICIAN OFFICE QUALITY MEASURES AND ARKANSAS PERFORMANCE:

- **Asthma-related emergency room visits (Medicaid)**
  - Original rate ........................................27.9%
  - Improved rate ......................................16.1%
  - Relative improvement .........................42.3%

- **Asthma-related hospital admissions (Medicaid)**
  - Original rate ..........................................3.9%
  - Improved rate ........................................2.4%
  - Relative improvement .........................38.5%


- **Annual HbA1c (blood test) for diabetic patients**
  - MEDICARE: 69.3% 50.3%
  - MEDICAID: 79.8% 68.6%
  - Relative improvement .........................15.2% 36.3%

- **Biennial lipids screen for diabetic patients**
  - MEDICARE: 64.3% 43.6%
  - MEDICAID: 78.9% 65.0%
  - Relative improvement .........................22.7% 49.3%


“The thing that has made the most difference is including a reminder in a patient’s chart if he or she is a smoker,” said Grant. “We ask how long they have smoked and how often they smoke. Then, at every appointment we ask if they’ve quit and check up on their progress.”

The clinic also follows strategies presented in AFMC’s Smoking Cessation Toolkit, such as providing educational pamphlets and brochures to patients, referring patients to the Stamp Out Smoking Quitline, and consistently counseling patients to quit smoking.
Home healthcare setting

Home healthcare is a growing clinical service, with the potential to improve quality of life for certain patients and, in some cases, shorten hospital stays or prevent the need for hospitalization. Home health workers—mainly nurses and other health professionals—carry out physician orders and keep other healthcare providers updated on patients’ progress and problems. They also educate patients, families and other home caregivers on managing conditions or injuries and recognizing problems. Many home health agencies are affiliated with hospitals; others are independent agencies.

AFMC works with home healthcare professionals to help them improve specific aspects of care identified by the Centers for Medicare & Medicaid Services (CMS) as quality measures. Individual agencies’ performance on these measures is reported to the public on the Home Health Compare section of Medicare’s Web site (www.medicare.gov).

In working with home health providers, AFMC uses CMS’ national OBQI (Outcome Based Quality Improvement) system. Under OBQI, improvement is measured against the ultimate yardstick—patient outcomes.

AFMC offers teleconferences, on-site consulting and other continuing education opportunities to home health professionals, as well as booklets and brochures to distribute to patients (see page 18). We are also working with home health agencies to help them make effective use of health information technology and to prepare for a linked network of electronic medical records. Our home health quality improvement team also works with a selected group of agencies to provide intensive guidance on specific quality measures.

“In May 2005, our agency requested help from AFMC to develop plans of action to reduce our acute care hospitalization rate and improve our management of oral medications. We have seen a dramatic increase in our oral medication rates at this time. The quality improvement team at AFMC has been very helpful throughout this process. They are always available when help is needed. We are lucky to have such a knowledgeable team here in Arkansas.”

Jennifer Melton, RN, BSN
Quality Improvement Coordinator
Approve Home Medical Services, Batesville
PUBLIC OUTREACH

Putting power in patients’ hands

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 Web site 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 newspaper, and mailed on request. Many copies are shared or offered in community centers and waiting rooms, increasing readership beyond the number of copies.

(BELOW, LEFT) AFMC’s award-winning quarterly newsletter, Medicare Talk.

(RIGHT) A public service ad, reminding consumers to get annual flu shots.

Most seniors can attest that the ins and outs of Medicare coverage are often daunting, especially when it comes to the new prescription drug plan. That’s why Marilynne Fulton — the wellness director for Mt. Pisgah Church in Jacksonville and business manager for health behavior and health education at UAMS — called AFMC’s beneficiary relations team.

She scheduled a workshop for the seniors in her church to learn more about Medicare’s prescription drug coverage. She soon discovered, however, that her own family would need the same information.

CONTINUED
“My daughter-in-law’s mother had passed away,” said Fulton, “and she found herself caring for her father’s medical needs. She just happened to find a letter from Medicare. It turned out, her father was on Medicare, but didn’t know it. He had been ordering his diabetes medications on his own, often paying $300 to $400. I had her give me all of her father’s information, and I called AFMC. They called me back the same day with a list of Medicare prescription drug plans that would cover the medicine. Now he only pays a $3 co-pay."

AFMC also assisted in finding pharmacies that would accept the drug plan. “It was a big relief for my daughter-in-law,” said Fulton.

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

VOLUNTEERISM:
AFMC leadership and employees are quick to rally around a good cause, contributing time, money and personal resources to help others and improve quality of life in our communities. Company-wide efforts have included:

- Pay-to-play casual days supporting Katrina recovery, the American Heart Association, the Arkansas Food Bank and other causes
- After-hours events such as serving meals at the Ronald McDonald House
- Team participation in the Susan G. Komen Breast Cancer Foundation’s Race for the Cure and other health-related events
- Participation in the KTHV Summer Cereal Drive
- Blood drives
- Contributions to the Arkansas Sheriff’s Youth Ranch, CARTI Festival of Trees and other events and organizations
- Serving as a drop-off point for cash contributions and school supplies for children served by Women & Children First, the Center Against Family Violence

Individual employees serve a wide range of organizations, events and causes:

- American Heart Association
- American Red Cross
- Arkansas Foodbank Telethon
- Arkansas Hospice
- Arkansas Literacy Council
- Arkansas Single Parent Scholarship Fund
- Boy Scouts and Girl Scouts
- Boys and Girls Clubs
- Down Syndrome Association
- Special Olympics
OUR PARTNERS

Working toward a common vision

AFMC’s work would be meaningless without the cooperation and contributions of organizations and individuals throughout Arkansas—from decision-makers in our capitol city to family doctors in our rural Delta region.

Our most important partners are the professionals who provide healthcare and make its delivery possible—physicians, nurses, pharmacists, administrators, managers, office staff and others who work behind the scenes.

We work as a multi-faceted team with other agencies and organizations, sharing strategies, defining roles and enhancing our collective efforts. 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.

On a recent quality improvement organization (QIO) stakeholder satisfaction survey, AFMC ranked 4th in the nation in value and 11th overall compared to other states. (Survey conducted in January and February 2006, by Westat, an independent company under contract with CMS.)

Our partners and colleagues are too numerous to list comprehensively. Here are just a few, with apologies to the dedicated organizations, agencies, advocates and others whose names do not appear.

- 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 Center for Health Improvement
- Arkansas Centers on Aging
- Arkansas Department of Health and Human Services

Arkansas Hospital Association

“Our member hospitals have had an outstanding working relationship with AFMC for many years as Arkansas’ Quality Improvement Organization (QIO). Through Medicare’s contract with AFMC, hospitals have worked hand-in-hand with the organization to improve the quality of patient care.”

Bo Ryall
Executive Vice President of the Arkansas Hospital Association
Arkansas Health Care Association

“AFMC is a valuable partner in our efforts to improve the quality of care and quality of life for Arkansas nursing home residents. The stakeholder survey results reaffirm what we know to be true: that the collaborative support and critical assistance provided by QIOs are essential for us to meet our commitment of continuous quality improvement.”

Randy Wyatt
Executive Vice President of the Arkansas Health Care Association

In today’s healthcare environment, everyone can play a part in improving healthcare—patients, professionals, payors, caregivers, community leaders, decision-makers, and state and federal leadership.

Working together, we are improving health, healthcare and life in the Natural State, now and for future generations.