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FOCUS

*Newsletter of the American College of Medical Quality
February 2015*

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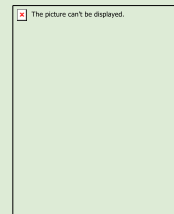
U.S. News evaluated and ranked the 35 diets below with input from a panel of health experts. To be top-rated, a diet had to be relatively easy to follow, nutritious, safe, effective for weight loss and protective against diabetes and heart disease. The top five were DASH (Dietary Approaches to Stop Hypertension), TLC (Therapeutic Lifestyle Changes), Mayo Clinic Diet, Mediterranean Diet and Weight Watchers.

ACMQ 2015 Quality Institute



Donald E. Casey, Jr., MD, MPH, MBA, DFACMQ
Secretary, Lead Faculty for the Quality Institute

Henry C. L. Johnson, Jr., MD, MPH
2015 Program Committee Chair



Each year, ACMQ holds its traditional Quality Institute at the Annual Meeting. Over the past five years, the nature and format of the Quality Institute has evolved into one of the best attended and highly rated sessions. The Annual Meeting Committee has supported the move away from passive lecturing to a lively, interactive and timely case study format that involves negotiation and problem solving within small groups of participants. The Case Study Method has, over the past 30 years, become a very effective and proven learning method that is now used widely in business schools and other post-graduate degree programs.

[Hospitals use software to fight infections](#)

Bloomberg Business Week (12/19, Livingston) reports that "about 1 in 25 patients who visited a U.S. hospital in 2011 developed a hospital-acquired infection, according to the Centers for Disease Control and Prevention, and about 75,000 died as a result."

[Population health improvement still a riddle wrapped in an enigma](#)

The push to invest more of the healthcare industry's time and money into promoting good health is, so far, uneven and uncertain in terms of effectiveness. Perhaps nowhere is that more apparent than in federal initiatives to broadly improve health by extending care beyond clinics and pharmacies into neighborhoods and homes.

[Rewarding Quality--The most- and least-improved hospitals](#)

A list of the most- and least-improved hospitals, based on 2015 combined penalty/reward re-admissions penalty, value-based purchasing reward/penalty and hospital-acquired condition score were recently reported. Sources: Centers for Medicare & Medicaid Services. Published Jan. 5, 2015. p. 32.

[89 ACOs will join Medicare Shared Savings Program in January](#)

One of Medicare's largest attempts to overhaul how hospitals and doctors are paid will expand in January even as federal officials acknowledge the

The Institute has attracted highly regarded national expert faculty, who provide firm and factual foundations for small group learning. Some of our guest faculty have included nationally recognized quality leaders Drs. Carolyn Clancy, Greg Pawlson, George Isham, Kent Bottles and Bruce Bagley. Some of the leading healthcare organizations have provided additional expertise, including Advocate Health, Montefiore, Vanguard, Mount Sinai School of Medicine, Thomas Jefferson School of Population Health and the Institute of Medicine.

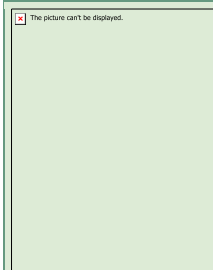
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ABMQ certification exam: Do you have what it takes to pass?

Donald E. Fetterolf, MD, MBA, DFACMQ
President, American Board of Medical Quality

The American Board of Medical Quality (ABMQ) was initiated by ACMQ to serve as a testing and certification organization to augment the educational work of the College. In continuous operation since 2000, the Board in 2007 offered its first certification exam and credential, now referred to as Certification in Medical Quality (CMQ). Each year the exam is given at the end of the ACMQ annual meeting, conveniently for ACMQ members attending the meeting, and also at other locations during the year. Exam content includes basic quality metrics, as well as has sections in informatics, ethics, economics and quality, patient safety, organizational design and utilization management. More than two hundred clinicians have now sat for, and passed, this exam.

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Editorial: Mirror, Mirror on the Wall

Greg Wise, MD
Editor, Focus
VPMA and CMO, Kettering Medical Center System
Dayton, OH

The Commonwealth Fund provides a report card every few years on how countries rank in healthcare ratings. In June 2014, the latest report was published showing that the United States ranks last among 11 industrialized nations. The report ranks countries across a wide range of indicators including Quality Care (effective, safe, coordinated and patient-centered),

need to modify the program to sustain the interest. The Medicare Shared Savings Program—a broad test of accountable care launched in 2012 under the health reform law—will add another 89 organizations in January. The additions will bring the total number of organizations in the program to 405 and help boost the number of Medicare enrollees who get care from doctors in ACOs to 7.2 million from 4.9 million.

[Hospital quality reporting may hold down prices](#)

More public reporting on hospital quality could help to reduce hospital prices, results of a study suggest. The prices for two common cardiac procedures did not increase as quickly in states where the first public reporting on cardiac quality occurred when Medicare released it in 2007, researchers reported in the latest issue of Health Affairs. Prices for the same two procedures grew more quickly in states where cardiac quality data was already available.

[What physicians are saying and doing to control hypertension](#)

Many physicians' office workflows include a standard way of measuring blood pressure, making it part of the daily routine. But over the past year, physicians across the country have been discussing how minor, easy changes in the way they measure blood pressure have had a positive impact on their patients' hypertension control.

[Report gives USA low grades on preparing for disease](#)

Ebola exposed significant weaknesses in the USA's ability to

Access, Efficiency, Healthy Lives and Health expenditures/Capita. The 2014 edition for the first time includes patients' and physicians' surgery results on care experiences and rating on various dimensions of care. How did we do? The U.S. ranks last overall with poor scores on all three indicators of healthy lives—mortality amenable to medical care, infant mortality and healthy life expectancy at age 60. Not surprisingly, we also rank last in regard to cost-related access, efficiency, equity and health expenditures/capita. These results differ little from the last editions of 2010, 2007, 2006 and 2004.

John Fox, the manager of the Denver Broncos, was 'separated' this week after their loss to the Indianapolis Colts. He has led the Broncos to four straight playoff seasons but failed to win the Super Bowl last year and did not become league champions this year despite having a future Hall of Fame quarterback. Many other coaches will lose their jobs as well. If healthcare rankings were run like NFL team standings, we would have fired our coach years ago. Our challenge is that we can only fire our coach every 4 years. Our healthcare congressional coaching staff has two or six year no-cut contracts and the incumbency rate is well over 90%, despite widespread disapproval ratings.

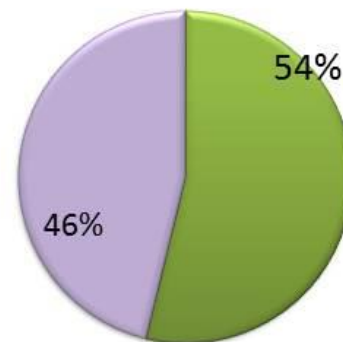
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ACMQ 2015 Dues Renewal Closes January 31

54% of ACMQ members have renewed membership for 2015.

Renew today!

Click this image to begin your renewal now!



It is Time to Renew Your ACMQ Membership!

**Deadline to renew and avoid cancellation:
January 31, 2015**

handle infectious disease outbreaks, according to a report that gives the nation low grades in preparedness.

On a scale of 1 to 10, half the states and Washington, D.C., scored a 5 or lower, according to the report released today by the Robert Wood Johnson Foundation and the Trust for America's Health. Arkansas received a 2, the lowest score. The highest score was an 8 earned by five states: Maryland, Massachusetts, Tennessee, Vermont and Virginia.

Spread the Word about ACMQ!

As an active member of ACMQ, you know the valuable features the College offers to its members. We hope you will help us spread the word and encourage your colleagues to join! In appreciation for your help, we have developed the following incentives for bringing in new members:

1. ACMQ members will receive a \$100 credit on their MQ 2015 meeting registration for each new member* who joins as a result of their efforts. For example, if you successfully recruit three members, you will receive a \$300 discount on your MQ 2015 meeting registration.

2. The ACMQ member who brings in the most new members* will be invited to participate in an executive level strategy meeting with 2015 Founders' Award recipient, Peter Pronovost, from Johns Hopkins University. The meeting will take place following Dr. Pronovost's keynote address at MQ 2015**. Additionally, you will have the opportunity to serve on ACMQ's Membership Committee. This is your chance to help shape the College. To participate, simply ask your colleagues to put your name in the "recruiter field" if they join online, or they can use this [ACMQ membership brochure](#).

[Click here to renew](#)

ACMQ's 2014 membership year ended on December 31! Renewal notices have gone out by mail and email. Please contact us if you did not receive a renewal notice. Don't risk losing any of your member benefits and renew today!

Planning to attend MQ 2015, ACMQ's Annual Meeting?

Renew when you register and save \$100 on your 2015 membership dues*! [Click here to register for MQ 2015: Together, We Will](#)

*Discount not available for student, resident or affiliate members

West Coast Quality Improvement Symposium for Medical Students & Residents

Jerry P. Abraham, MD, MPH, CMQ

On Saturday, January 10th, the American College of Medical Quality sponsored the West Coast Quality Improvement Symposium for Medical Students & Residents. With the generous grant and support of ACMQ, medical students from the University of Southern California (USC) Keck School of Medicine organized and hosted a successful Quality Improvement & Patient Safety event, including bringing together engaging speakers and robust participant discussions. The West Coast event was spearheaded by Vamsi Aribindi, a leader in the ACMQ Resident & Medical Student Section. As a third year medical student and Massachusetts Institute of Technology (MIT) trained Aerospace Engineer, he has had a passion for measuring quality, improving systems and identifying solutions to prevent and reduce errors, waste and negative outcomes.

The keynote was delivered by Dr. Stephanie Hall, Chief Medical Officer (CMO) of USC Keck Medicine, USC Keck & Norris Hospitals and Associate Dean of Clinical Affairs at the USC Keck School of Medicine. She provided a thorough and in-depth "autopsy" of Medical Quality in the in-patient clinical setting including all of the opportunities and challenges facing health systems today and the layers of complexity presented to hospital and clinic leadership by government policies, regulatory bodies, demands from various payors, pressures from governing boards, and a whole host of other healthcare industry standards and practices.

*Recruited individuals must qualify for full ACMQ Membership or Affiliate Membership.

**Recipient must be an active member of ACMQ, must attend MQ 2015 and must be available at the time scheduled for the meeting.

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Why I'll Never be a Patient-Centered Medical Home

*Annette Chavez, MD
Independent family medicine
physician*

Dayton, OH

I may be getting a reputation as a bit of a crank, but I feel the need to explain my opinion of the Patient-Centered Medical Home (PCMH). This is a pet project of several specialty societies, including the American Academy of Family Physicians (AAFP). Now I am a proud family doctor and cannot imagine doing anything else; but, with apologies to my specialty's official organization, and to my PCMH-champion colleague, Ted Wymyslo, I'll explain further.

It is no secret that our specialty is not popular amongst medical students. We are at the bottom of the hierarchical ladder and pay scale, but I will never doubt that we are the single most important specialty when it comes to a wide spectrum of care for a huge base of patients. The PCMH at some point is supposed to be a way for FP's to be more fairly recognized and compensated for their work. I have no problem with being compensated more equitably and feel that I actually have a pretty decent "patient-centered" practice. I believe most family physicians feel the same way.

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Contribute to *Focus*

ACMQ members are encouraged to submit articles for publication in FOCUS. Typical length would be 400-600 word count. Please email your submission with a jpeg picture of yourself and a short bio to the editor, Greg Wise MD, at gregwisemd@gmail.com.

Support the AJMQ!



The American Journal of Medical Quality, together with our publisher SAGE Publications, offers a full range of marketing solutions to help you connect with the decision makers and influencers in the field of healthcare quality management. Our sales team will work with you to develop an integrative marketing approach that delivers the maximum impact for your product, service, or position opening among a highly targeted and engaged audience.

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