Final Thoughts By Paul Cunningham

William Thompson most likely won’t make anybody’s list of unforgettable historical characters. Not unless it also includes the likes of Edward “Big Ed” Burns, Lou “The Fixer” Blonger and James “Umbrella Jim” Miner. Their claim to fame is that all were flim-flam men whose antics were enough to merit recognition in the Complete List of Old West Scoundrels compiled for Legends of America. Thompson was a rascal, no question about it, but a refined one it seems. He built his reputation by first gaining trust and confidence from a series of well-to-do patsies, and then “borrowing” money or jewelry or something else of value from the victims. Needless to say, their paths never crossed again. He’s remembered not so much because he was that good at what he did, but because he led the New York press to coin the phrase “confidence man” in the late 1840s. Today, we call them con artists.

Reading through the list of scoundrels who hatched schemes across the old west, it’s easy to be convinced that scams run by con artists must have been somewhat of a cottage industry in the U.S. throughout the mid-19th century, especially in gold rush towns and cities. But, it wasn’t until the early 20th century that they reached their peak and they’ve not been fully out of sight or mind since.

The fact is, we probably couldn’t forget about them if we wanted to. Con games and artists make for interesting stories. They’re the subject of countless books and movies, even some classic literature – memorable characters created by Herman Melville, Victor Hugo and Mark Twain were con artists. Watch enough movies of the genre and you’ll pick up the lingo pretty quickly and become maybe just a tiny bit too familiar with roles played by the inside man, the lure, the roper and the fixer. You’ll also come away highly entertained. Really good grifter movies like The Sting, The Lady Eve and The Heist have a special charm and the audience often winds up as duped as the on-screen marks.

The fictionalized characters can be so affable and amiable that it’s easy to overlook their obvious flaw. Like William Thompson, they’re unscrupulous rogues who exploit human weaknesses, whether greed and vanity or honesty and compassion. In the end, they get what they want, leaving their marks feeling gullible, naïve and hoodwinked.

That’s exactly the way some hospitals must feel after learning about plans for expanding Medicare’s quality reporting requirements. Centers for Medicare & Medicaid Services (CMS), a founding member of the Hospital Quality Alliance (HQA), built up trust and gained the confidence of the group’s other members over the past few years by working closely with them to ensure reasonable, deliberate, meaningful and incremental additions to the reportable measures.

Then, this year, the HQA’s band of brothers looked up and found that their partner, in its April 30th proposed IPPS rule for FY 2009, arbitrarily added a bunch of new quality measures for FY 2009. If the rule is eventually adopted as proposed, hospitals will be required to report on 72 total measures in 2010, more than doubling the current number. In addition to the unprecedented volume, only 10 of the newly proposed measures have been endorsed by the National Quality Forum or adopted by other HQA members. That’s contrary to CMS’ previous practice of using only vetted measures which have gone through rigorous, consensus-based assessment and endorsement processes.

Hospitals are already commenting on the proposal and questioning whether some of the quality standards can reasonably be measured or met, not to mention the increased reporting burden and related costs. Although some larger hospitals might be able to absorb the costs of the additional work, it could significantly impact smaller facilities that are already financially strapped.

Did CMS’ leaders intentionally set out to run a con game opposite the HQA and the nation’s hospitals? It’s doubtful, but the effect is the same. Hospitals have been duped and hoodwinked. The agency, by all appearances, joined the HQA and the move to positively impact patient care quality with the good faith expectation from other public and private members that it would be a collaborative effort. Now, there’s at least the illusion that it was a ploy. Instead, they are tightening the screws enough to make full compliance with the quality standards virtually impossible and to further separate hospitals from payments needed to help cover the costs of caring for Medicare patients.