



Partnership for Patients ANA Quality



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The *Affordable Care Act* Improves Health Care Quality

- Helping to cover millions of previously uninsured Americans.
- Reducing costs while improving the experience of being a patient, being a caregiver, and being a health care provider.
- *The Partnership for Patients* is one example of how the President is using provisions of the Affordable Care Act to make health care in America safer, more efficient, and less costly.

Improvement IS Possible

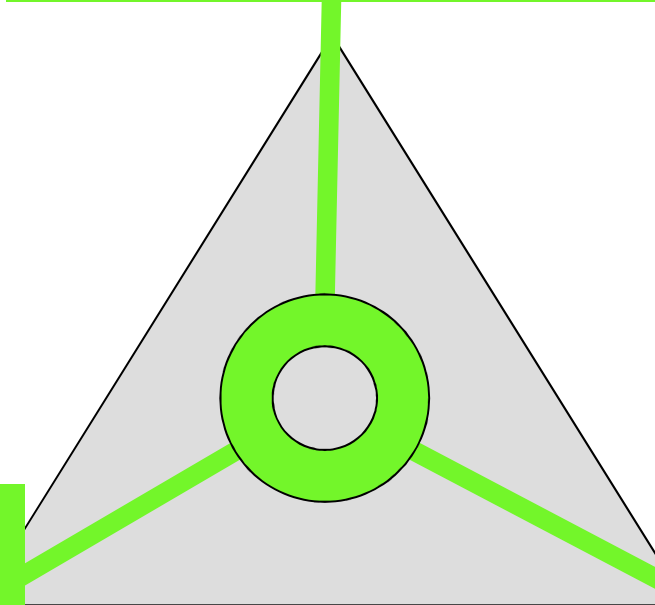
- 150 New Jersey health care facilities reduced pressure ulcers by 70%.
- Rhode Island reported a 42% decrease in Central Line-Associated Bloodstream Infections (CLABSI) (2006-2007).
- CLABSI rates dropped 35% in adult ICUs among the 350 hospitals participating in the *On the CUSP: Stop Blood Stream Infections* project.
- More than 65 Institute for Healthcare Improvement Campaign hospitals reported going more than a year without a ventilator-associated pneumonia in at least one unit.
- Ascension Health sites participating in a 2007 peri-natal safety initiative achieved birth trauma rates that were at or near zero.
- And much more...

The “Three-Part Aim”

**Better Health for
the Population**

**Better Care
for Individuals**

**Lower Cost
Through
Improvement**



What are some of the practices successful hospitals use to reduce all-cause harm?

- Using checklists and standardized packages containing everything needed to place a central line to reduce the incidence of CLABSI
- Placing a red line on the wall so all can see when a ventilated patient's bed falls below a 30 degrees to reduce the risk of VAP
- Standardized use of urometers for all Foley catheters to reduce the incidence of CAUTI
- Using a Pharmacist-Directed Anticoagulation Service (PDAS) to improve anticoagulant medication selection and improve care transitions

Partnership for Patients: Better Care, Lower Costs

New nationwide public-private partnership to tackle all forms of harm to patients. Our goals:

40% Reduction in Preventable Hospital Acquired Conditions over three years

- 1.8 Million Fewer Injuries
- 60,000 Lives Saves

20% Reduction in 30-Day Readmissions in Three Years

- 1.6 Million Patients Recover Without Readmission

Potential to Save \$35 Billion in Three Years

National Vision

- *Strong, Public Leadership Commitments* – The Boards of all “Partnership” hospitals publically embrace the aims of the initiative and remove barriers to progress.
- *“Raise the Floor”* – Every hospital in the nation adopts and completely implements a set of evidence-based interventions.
- *“Raise the Bar”* – Vanguard hospitals seek to define and eliminate all-cause harm and preventable readmissions on an extremely ambitious timeframe (making their work transparent to all others with interest).
- *Smooth Transitions between Care Settings* – Hospitals, communities, patients and families will devote new attention to making sure that transitions out of the hospital are well coordinated.

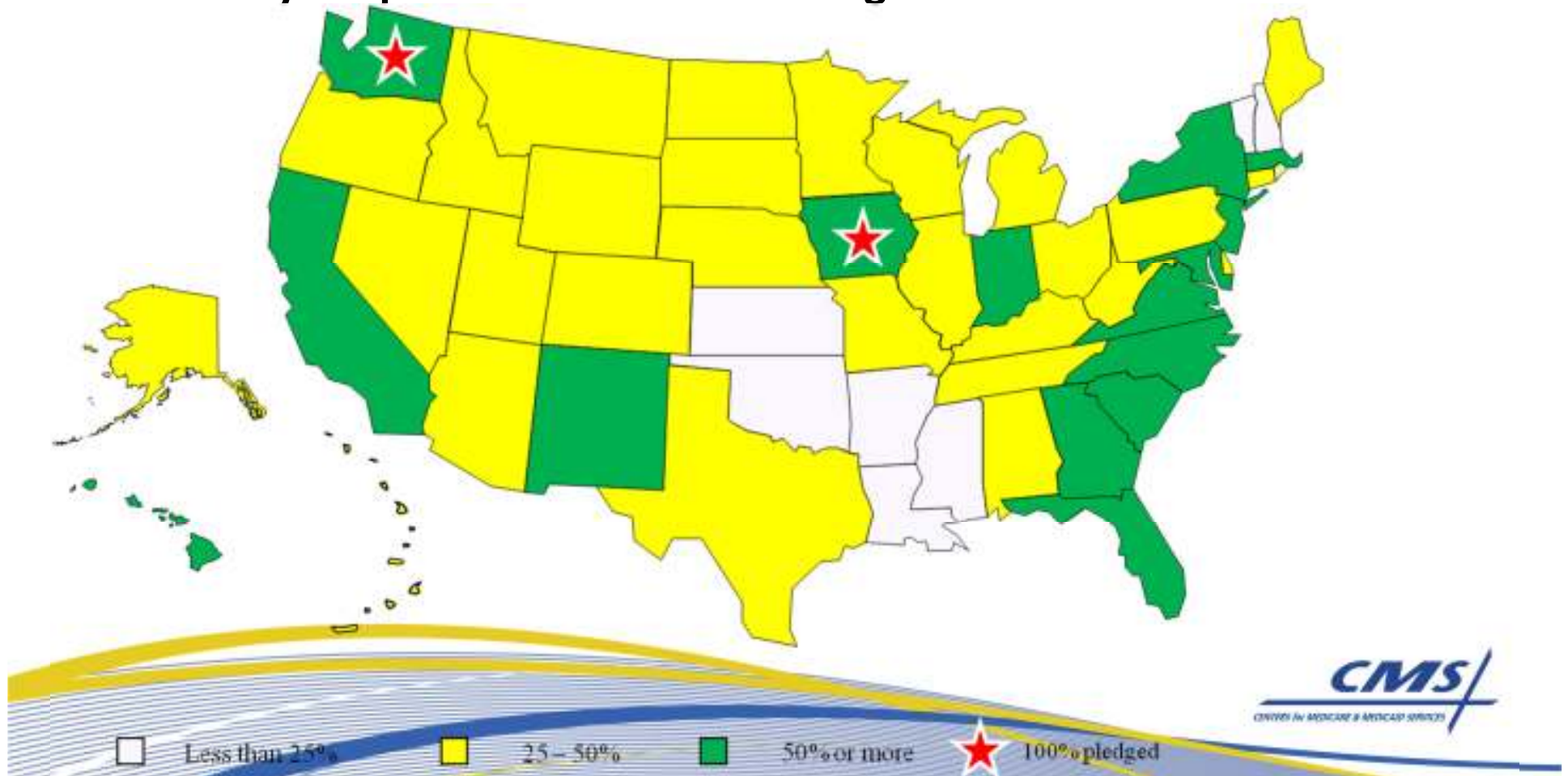
Partnership for Patients: The First 200 Days

More than 6,500 partners have pledged their commitment to the aims of the Partnership for Patients, including over 3,000 hospitals.

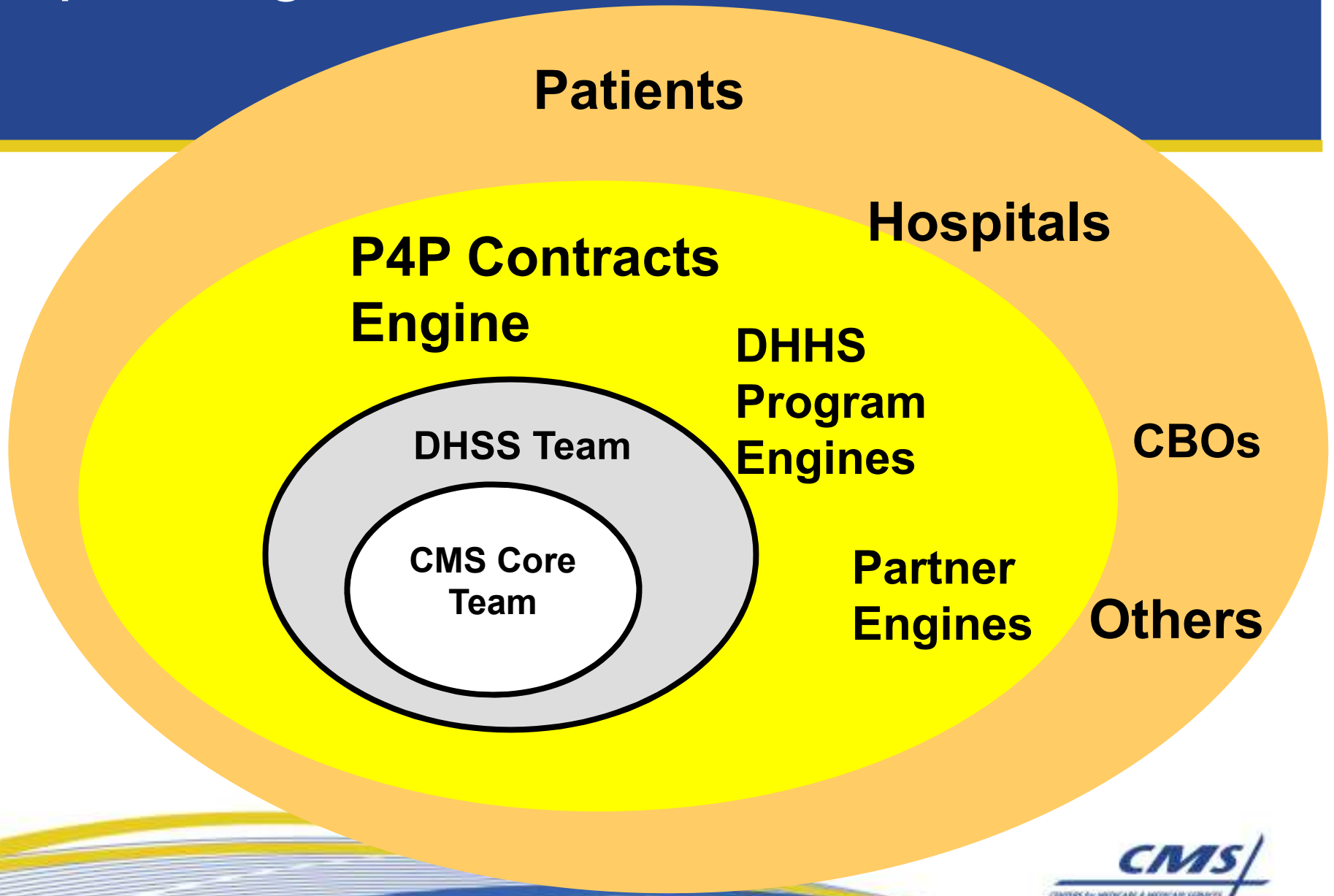


Partnership for Patients: The First 200 Days

One-third of states of nationwide have over half of their hospitals on board. Every hospital in Iowa and Washington has committed to our aims.



Expanding Circles of Influence and Action



Partnership for Patients: The First 200 Days

Every federal agency is in action to leverage and align their policies, programs, expertise and network in support of our aims.



Partnership for Patients: The First 200 Days

A number of major partners from across the spectrum of health care stakeholders have made significant commitments aligned to our aims.



Improving Patient Safety

- **Committed up to \$500 million to help hospitals and health care organizations to improve patient care to:**
 - Provide national-level content for anyone and everyone
 - Support every facility to take part in cooperative learning
 - Establish an Advanced Participants Network for ambitious organizations to tackle all-cause harm
 - Engage patients and families in making care safer
 - Improve measurement and data collection, without adding burdens to hospitals
 - Make data transparent

Hospital Engagement Networks

\$218 million awarded to 26 organizations to operate hospital networks across the country that will make patient care safer by:

- Developing learning collaboratives
- Identifying solutions and strategies for improvement and spread them
- Providing intensive training programs and technical assistance
- Establish data system to monitor hospital progress in meeting quality improvement goals

Ten Areas of Focus

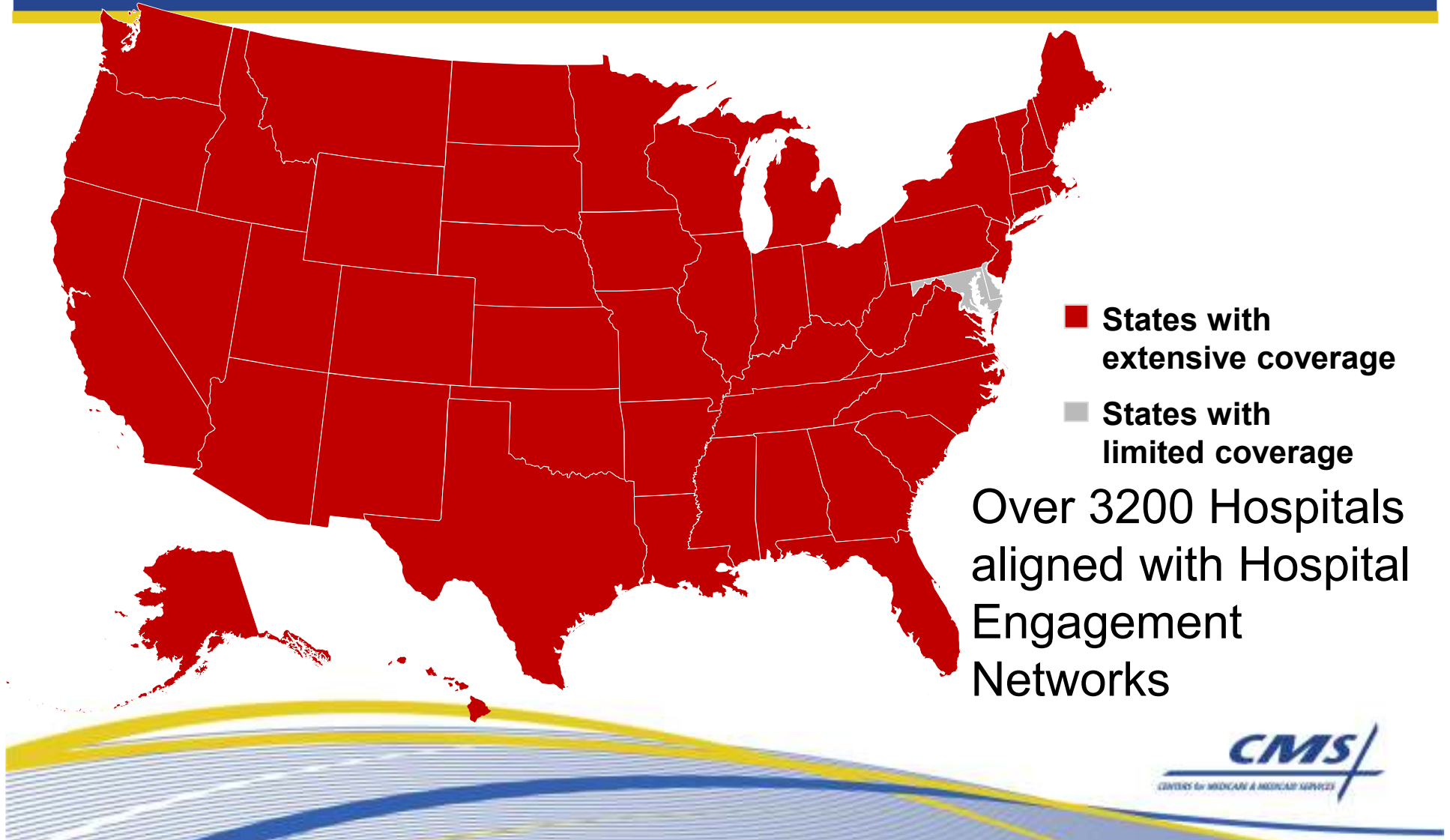
Hospital Engagement Networks are required to address ten areas of focus:

- Adverse Drug Events
- Catheter-Associated Urinary Tract Infections
- Central Line Associated Blood Stream Infections
- Injuries from Falls and Immobility
- Obstetrical Adverse Events
- Pressure Ulcers
- Surgical Site Infections
- Venous Thromboembolism
- Ventilator-Associated Pneumonia
- Preventable readmissions

Hospital Engagement Networks


- American Hospital Association
- Ascension Health
- Carolinas HealthCare System
- Catholic Healthcare West
- Dallas-Fort Worth Hospital Council Foundation
- Georgia Hospital Association
- Healthcare Association of New York State
- Hospital & Healthsystem Association of Pennsylvania
- Intermountain Healthcare
- Iowa Healthcare Collaborative
- Joint Commission Resources, Inc.
- Lifepoint Hospitals, Inc.
- Michigan Health & Hospital Association
- Minnesota Hospital Association
- National Public Health and Hospital Institute
- New Jersey Hospital Association
- Nevada Hospital Association
- North Carolina Hospital Association
- Ohio Children's Hospital Solutions for Patient Safety
- Ohio Hospital Association
- Premier
- Tennessee Hospital Association
- Texas Center for Quality & Patient Safety
- UHC
- VHA
- Washington State Hospital Association

Hospital Engagement Networks Coverage



How will this Work Happen?

- Organizational Assessment Tool
- Coordinating Efforts to align programs
 - HHS
 - CMS
 - National Partners
- Hospital Engagement Networks
 - Spreading best practices
 - Identifying leading efforts



Community Based Care Transitions Program (CCTP)

Section 3026 of the Affordable Care Act

Community-Based Care Transitions Program: What is it?

CCTP: Affordable Care Act Section 3026 and part of the Partnership for Patients



It's a Comprehensive Community-Based Approach



It's NOT a Grant

Change Starts Here.



Your QIO Can Help

Community-Based Care Transitions Program

- Improve transitions of beneficiaries from the inpatient hospital setting to home or other care settings.
- \$500 million available for this program over 5 years.
- 2-year program agreements for participants, renewable annually based on success
- Accepting applications on rolling basis as long as funding is available
- **Applicants define and price a new cost-effective care transitions service for Medicare patients in their communities - tailored to their own unique circumstances and capabilities**

First CCTP Participants

Akron/Canton
AAA

**7 Sites, 10 States, 38 Hospitals,
34,000 Beneficiaries...*One Aim!***

Southern
Maine
AAA/ARDC

AAA Region
One (Maricopa
County, AZ)



Elder Services
of Merrimack
Valley

SW Ohio Care
Transitions
Collaborative

CJE SeniorLife

Atlanta CCTP



Some of our National Partners

Hospitals:

- Ascension Health and its 65 hospitals
- Catholic Healthcare West and its 40 hospitals
- Hospital Corporation of America and its 163 hospitals
- Kaiser Foundation Hospitals and its 35 hospitals
- Tenet Healthcare Corporations and its 49 hospitals
- Department of Veterans Affairs and its 171 hospitals
- Virginia Mason Hospital & Medical Center
- American Hospital Association
- Federation of American Hospitals
- National Association of Public Hospitals and Health Systems

Clinicians:

- American Academy of Pediatrics
- American Academy of Family Physicians
- American Board of Medical Specialties
- American College of Physicians
- American College of Surgeons

- American Medical Association
- American Nurses Association
- American Society of Health-System Pharmacists
- National Hispanic Medical Association

Consumer Organizations:

- Campaign for Better Care
- National Partnership for Women and Families
- National Patient Safety Foundation

Unions:

- AFL-CIO
- UAW Retiree Medical Benefits Trust
- UNITE HERE HEALTH

Employers

- Business Roundtable
- CalPERS
- Catalyst for Payment Reform
- The Dow Chemical Company
- General Electric
- Healthcare Leadership Council
- Honeywell

- IBM
- Intel Corporation
- Johnson & Johnson
- Motorola Solutions, Inc.
- National Business Coalition on Health
- National Business Group on Health
- Pacific Business Group on Health
- Safeway
- Starbucks
- Walmart
- Xerox

Health Plans:

- Aetna
- America's Health Insurance Plans
- BlueCross BlueShield Association
- Cigna
- Group Insurance Commission, Commonwealth of Massachusetts
- United Health Group
- Wellpoint

Other Partners

- Cerner Corporation
- The Joint Commission
- The Leapfrog Group

Lessons from Eric Greitens and Navy Seals

- Take a few seconds to think of one or two clinicians that you admire
- I recently attended a talk by Eric Greitens that I found both inspiring and thoughtful.
- He is a former Navy Seal, humanitarian and author of “The Heart and the Fist”

Navy Seals and Modern Healthcare

- Brutal training
- Long hours
- Extreme Stress
- Takes even the best beyond their limits

When do People Quit and Who Succeeds in Seal Training?

- People quit during down time but rarely during high stress activities
 - Thinking about what is to come is worse than doing it
- The successful ones get through because they know the others in the group need them.
 - If you are in this for yourself at some point it will not be worth it

How does this relate?

- Change is coming fast and furious.
- We all feel we are at our limits.
- The work to reduce hospital acquired conditions is one more thing.
- I am sure none of your have ever felt this way. But I have heard things like this

“If the quality director comes in here and asks us to do one more thing we are going to scream”

When Can We do One More Thing?

- When we believe it will make a difference.
- When someone else is depending on us to do it.
- When it is not going to make us skip something more valuable.



CMS is Changing

Impact to Innovation: The Old Way

New Idea or Innovation

Seek Legislative Authority & Demo Funding (1-3 years)

Field the Demo (3 years)

Evaluate the Demo (1-2 years)

Seek statutory authority for new model based on demo (1-3 years)

Impact to Innovation: the CMMI Way

-- Much Shorter Cycle Times --

Field Innovative Models

Test Them at Scale

Certification by Actuary

Implement Change via Built-in
Rulemaking Authority

The Three I's Strategy

- **Ideas – Innovate and Create New Models**

Drive development of new models to deliver better health care, better health, and reduced cost.

- **Incentives – Test New Care and Payment Models**

Test models that align payment and clinical practice to achieve better value in health care.

- **Improvement - Rapidly Spread Better Care**

Support development and diffusion of knowledge, models, and operational methods.

Innovation Center Initiatives

Coordinated Care:

Accountable Care Organizations

- Pioneer ACO Model
- Advance Payment ACO Model

Primary Care/Medical Homes

- Comprehensive Primary Care Initiative (CPCI)
- Federally Qualified Health Center Advanced Primary Care Practice Demonstration
- Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration

Right Care:

- Partnership for Patients
- Community-Based Care Transitions
- Bundled Payment for Care Improvement

Innovation Infrastructure:

- Healthcare Innovation Challenge
- Innovation Advisors Program

State/Medicaid/Duals:

- State Demonstration to Integrate care for Dual Eligible Individuals
- Financial Alignment to Support State Efforts to Integrate Care
- Demonstration to Reduce Avoidable Hospitalizations of Nursing Facility Residents
- Medicaid Health Home State Plan Option

Preventive Care:

- Million Hearts Campaign

Rapid Cycle Evaluation and Research

Learning and Diffusion



Delivery Transformation Continuum

Innovation Challenge

Partnership for Patients

Bundled Payment

Comprehensive Primary Care

ACOs
-Advance Payment

Pioneer ACOs

Global Payment for Dual-Eligibles

Providers can choose from a range of care delivery transformations and escalating amounts of risk, while benefitting from supports and resources designed to spread best practices and improve care.

Tools to Empower Learning and Redesign:
Data Sharing, Learning Networks, RECs, PCORI, Aligned Quality Standards

THANK YOU!
QUESTIONS?

