Partnership for Patients & NOSORH: Celebrating the Power of Rural!

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Health Care Innovation Challenge

• $1 billion in grants over 3 years to support compelling ideas to achieve better health, better health care, and lower costs through improvement

• The Innovation Center seeks to:
  • Engage a broad set of partners
  • Identify new models of workforce developments
  • Support innovators who can rapidly deploy care improvement models within 6 months of award

  – Letter of Intent due by December 19, 2011
  – Applications due by January 27, 2012
  – Anticipated award date: March 30, 2012
Partnership for Patients: We are focused on our aims

• 40% Reduction in Preventable Hospital Acquired Conditions
  – 1.8 Million Fewer Injuries
  – 60,000 Lives Saved

• 20% Reduction in 30-Day Readmissions
  – 1.6 Million Patients Recover Without Readmission

• Potential to save $35 billion in 3 years
  – As reviewed by the Office of the Actuary

Areas of Focus

• The Partnership for Patients has identified 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
  • Preventing Readmissions
We Know Major Improvement Is Possible...

- Ascension Health sites participating in a 2007 perinatal safety initiative achieved birth trauma rates that were at or near zero.
- 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)
- 65+ IHI Campaign hospitals reported going more than a year without a ventilator-associated pneumonia in at least one unit.
- The 14 QIO Communities participating in the 9th SOW Care Transitions Theme achieved significant reduction in readmissions compared to 52 peer communities.

We Know Major Improvement Is Possible in Rural America

- Wabash County (Indiana) Hospital has updated their fall prevention efforts. As a result, they’ve gone from 11 inpatient falls during the first 6 months of 2010 to 2 inpatient falls during first 6 months of 2011.

- Clark Fork Valley (Montana) Hospital has focused on reducing harm from high-alert medications, and reduced the rate of potential adverse drug events from 11.9% of admitted patients during the first quarter 2008, to 0.9% of admitted patients in the first quarter 2009.
Ascension Health
Our Journey to Zero – FY10 Results

National Average

- 65% Birth Trauma
- 89% Neonatal Mortality
- 94% Pressure Ulcers
- 74% VAP
- 43% Blood Stream Infections
- 57% Falls with Serious Injuries
- 25% Mortality


Ascension Health
Journey to Zero – FY11 Results in Rural Facilities

- Measurement Results in rural facilities requires thoughtful handling due to the "low denominator" problem: What is good about this situation?
- The attainment of “zero patient harm” is straightforward to document
- When the goal is zero harm, need for risk adjustment is eliminated
- Ascension health rural facilities have already documented this for these dimensions:
  - Birth trauma, neonatal mortality, VAP, and is coming close with falls with serious injury
HHS Support for Hospitals in Action on These Aims

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

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.
Community-Based Care Transitions Program

What is it?

CCTP: ACA Section 3026 and part of the Partnership for Patients

It’s a Comprehensive Community-Based Approach

It’s NOT a Grant – It’s Something Better!

Your QIO Can Help!

Community-Based Care Transitions Program:

It’s NOT a Grant – It’s Something Better!

CBOs, partnering with hospitals and other providers, define and price a new cost-effective care transitions service for Medicare patients in their communities - tailored to their own unique circumstances and capabilities!

- Payment (per eligible discharge rate) is for direct service costs, not training, overhead, other indirect costs.
- Tell us how services don’t duplicate those already required through the discharge planning process / CMS Conditions of Participation.
Community-Based Care Transitions Program: It’s NOT a Grant – It’s Something Better!

• 5-year program / potential to expand beyond 5 years based on success!

• 2-year program agreements for participants, renewable annually based on success!

• Accepting applications on rolling basis as long as funding is available (anticipated until at least mid-2012)

Community-Based Care Transitions Program: It’s a Comprehensive Community-Based Approach

A CBO: is a legal entity, i.e., w/ taxpayer ID number, so we can pay them for services provided.

— Preferences:
  • Proposals that include participation in a program administered by the AoA to provide concurrent care transition interventions with multiple hospitals and practitioners
  • Proposals that provide services to medically-underserved populations, small communities and rural areas
  • Has a governing body with multiple health care stakeholder representation, including consumers.
**Community-Based Care Transitions Program:**
It’s a Comprehensive Community-Based Approach

A **CBO:** is physically located in the community it proposes to serve partnering with subsection (d) acute care hospitals and working with multiple downstream providers.

- **Preference:** one CBO working with multiple hospitals in a community
- **Preference:** high readmissions hospitals (can also be primary applicant)
- **Note:** There must always be a partnership between at least one acute care hospital and one eligible CBO
- **Note:** A closed health system does not qualify as a CBO: [Critical access hospitals can’t be feeder hospitals but can be part of community effort](#).

- Can demonstrate ability to provide care transitions for Medicare FFS beneficiaries across health care settings.

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**Useful Care Transitions Links**

- **Learn!**
  - National Coordinating Center: [www.cfmc.org/integratingcare](http://www.cfmc.org/integratingcare)

- **Pledge!**
  - Partnership for Patients: [http://www.healthcare.gov/partnershipforpatients](http://www.healthcare.gov/partnershipforpatients)

- **Apply!**
  - CCTP: [http://go.cms.gov/caretransitions](http://go.cms.gov/caretransitions)
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.

3,079 Hospitals
2,184 Clinicians & Provider Orgs
836 Consumer & Patient Groups
246 Employer, Union & Govt Orgs
110 AAAs & Aging Groups

Partnership for Patients: The First 200 Days

One-third of states of nationwide have over half of their hospitals on board, including nearly 1,000 rural hospitals and 1/3 of all CAHs.
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.

A number of major partners from across the spectrum of health care stakeholders have made significant commitments aligned to our aims.
Our Requests: Get Active Now on Partnership for Patients

- Organizations sign pledge and publicly commits to aims
- Board and executives agree to review progress on harm reduction and readmissions reduction at every Board meeting
- Invite patients and families onto every Board and every improvement team
- Board and executive assign senior leaders to sponsor improvement projects in every work area
- Teams created to target harm, readmissions and each of the adverse events

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