




## 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
- <http://innovations.cms.gov/initiatives/innovation-challenge/index.html>
- 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 9<sup>th</sup> SOW Care Transitions Theme achieved significant reduction in readmissions compared to 52 peer communities.**

5

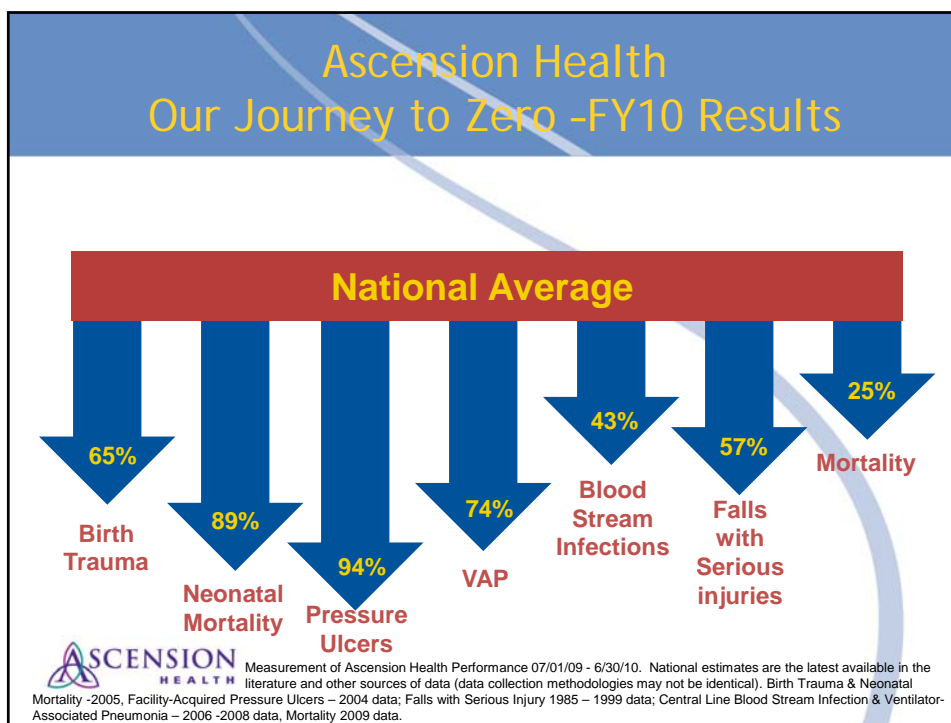


## We Know Major Improvement Is Possible in Rural America

- 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.


6





## 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.

  
CENTERS for MEDICARE & MEDICAID SERVICES

## 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!



11

## 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.



12

## 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)

13



## 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.

14



## 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.



15

## Useful Care Transitions Links

Learn!

- **National Coordinating Center**: [www.cfmc.org/integratingcare](http://www.cfmc.org/integratingcare)
- **AoA**: <http://www.adrc-tae.org/tiki-index.php?page=CareTransitions>

Pledge!

Partnership for Patients: <http://www.healthcare.gov/partnershipforpatients>

Apply!

CCTP: <http://go.cms.gov/caretransitions>



16

## 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



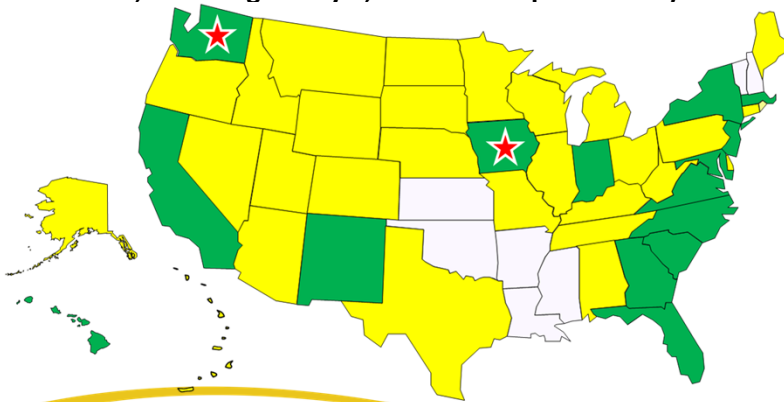
**110**  
AAAs & Aging Groups



17

## Partnership for Patients: The First 200 Days

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




Less than 25%

25-50%

50% or more

100% pledged



## 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.



PUTTING THE *IT* IN  
**TRANSITIONS**

October 14, 2011 - Washington DC

Join the Celebration!

**National Rural  
2011 Health Day**

Celebrating the Power of Rural!

November 17, 2011



**3 STEPS TOWARD**

Preventing Infections  
During Cancer Treatment

PREPARE • PREVENT • PROTECT





## 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.















## 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



## Contact Information

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