

National Priorities Partnership

FACT SHEET



www.nationalprioritiespartnership.org

ABOUT THE PARTNERSHIP

The National Priorities Partnership is the right people coming together at the right time, committed to real action that will transform the nation's healthcare system. The 28 Partner organizations have significant influence over healthcare, uniquely positioning them to improve America's health and healthcare system. The Partnership has a vision for world-class, affordable healthcare and is transforming healthcare from the inside out.

Why Now?

We're experiencing an economic and healthcare crisis. The number of uninsured is growing. The health of our population is declining. Stubborn disparities in care persist. Unless America rethinks and revamps its healthcare system—and fast—our global eminence and domestic social and economic well-being will continue to slip away.

How Does It Work?

The Priorities that the Partners have targeted for improvement are proven ways to eliminate harm, waste, and disparities. The Partners in this vanguard coalition have shed their own self-interests to not only agree to a core set of National Priorities and Goals but also to take action to achieve specific, measurable progress— including action in the areas of payment, public reporting, quality improvement, and consumer engagement.

Watch Our Progress

The goals set by the National Priorities Partnership are ambitious. Many of the answers and breakthroughs required to achieve these goals do not yet exist. Our path will be paved with the best science and evidence available, and our progress will be continuously monitored and evaluated to ensure that we are on track to deliver safer, more affordable, and effective care.

WHO ARE THE PARTNERS?

The 28 National Priorities Partnership represents key healthcare stakeholders from the public and private sectors.

AARP
AFL-CIO
Agency for Healthcare Research and Quality
The Alliance for Pediatric Quality
America's Health Insurance Plans
American Board of Medical Specialties
American Nurses Association
AQA
Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services
Certification Commission for Healthcare Information Technology
Consumers Union
Hospital Quality Alliance
Institute for Healthcare Improvement
Institute of Medicine
The Joint Commission
Leapfrog Group
National Association of Community Health Centers
National Business Group on Health
National Committee for Quality Assurance
National Governors Association
National Institutes of Health
National Partnership for Women & Families
National Quality Forum
Pacific Business Group on Health
Physician Consortium for Performance Improvement
Quality Alliance Steering Committee
U.S. Chamber of Commerce

National Priorities: The Vision

The National Priorities and Goals were selected because they collectively and individually address four major challenges—eliminating harm, eradicating disparities, reducing disease burden, and removing waste—that are important to every American.

PATIENT AND FAMILY ENGAGEMENT: Engage patients and families in managing their health and making decisions about their care.

We envision healthcare that honors each individual patient and family, offering voice, control, choice, skills in self-care, and total transparency, and that can and does adapt readily to individual and family circumstances, and differing cultures, languages, and social backgrounds.

POPULATION HEALTH: Improve the health of the population.

We envision communities that foster health and wellness as well as national, state, and local systems of care fully invested in the prevention of disease, injury, and disability—reliable, effective, and proactive in helping all people reduce the risk and burden of disease.

SAFETY: Improve the safety and reliability of America’s healthcare system.

We envision a healthcare system that is relentless in continually reducing the risks of injury from care, aiming for “zero” harm wherever and whenever possible—a system that can promise absolutely reliable care, guaranteeing that every patient, every time, receives the benefits of care based solidly in science. We envision healthcare leaders and healthcare professionals intolerant of defects or errors in care, and who constantly seek to improve, regardless of their current levels of safety and reliability.

CARE COORDINATION: Ensure patients receive well-coordinated care within and across all healthcare organizations, settings, and levels of care.

We envision a healthcare system that guides patients and families through their healthcare experience, while respecting patient choice, offering physical and psychological supports, and encouraging strong relationships between patients and the healthcare professionals accountable for their care.

PALLIATIVE AND END-OF-LIFE CARE: Guarantee appropriate and compassionate care for patients with life-limiting illnesses.

We envision healthcare capable of promising dignity, comfort, companionship, and spiritual support to patients and families facing advanced illness or dying, fully in synchrony with all of the resources that community, friends, and family can bring to bear at the end of life.

OVERUSE: Eliminate overuse while ensuring the delivery of appropriate care.

We envision healthcare that promotes better health and more affordable care by continually and safely reducing the burden of unscientific, inappropriate, and excessive care, including tests, drugs, procedures, visits, and hospital stays.

IN THEIR OWN WORDS ...

“We understand that **ANY MEANINGFUL CHANGE NEEDS TO INCLUDE EVERYONE**—from insurers to employers, doctors and nurses, to consumers. The National Priorities Partnership is based on that sense of collaboration, and that’s why it’s the most viable movement for change to date.” ~Linda J. Stierle, *American Nurses Association*

“Giving Americans care that is efficient, safe, and of high quality is **NOT SOMETHING THAT ONE ORGANIZATION OR INITIATIVE CAN ACCOMPLISH ON ITS OWN**. The National Priorities Partnership is an unprecedented convergence of groups setting goals for quality improvement and offering a roadmap to achieve those goals.” ~Alisa Ray, *Certification Commission for Healthcare Information Technology*

“As a nation, we **CANNOT CONTINUE TO TOLERATE SUCH HIGH LEVELS OF HARM AND SUFFERING** in the healthcare system, nor can we afford to waste billions of dollars on unnecessary and duplicative services.” ~Helen Darling, *National Business Group on Health*

“**CLOSING THE DISPARITIES GAP IS A VITAL ISSUE IN HEALTHCARE** and must be addressed immediately. The National Priorities Partnership touches on the key issues that ensure every worker in America receives affordable, equitable, high-quality care.” ~Gerald Shea, *AFL-CIO*

“This is a promising initiative aimed at substantive healthcare change. It’s the **RIGHT PEOPLE AT THE RIGHT TIME** coming together to fix the nation’s healthcare system.” ~John Rother, *AARP*

“The National Priorities Partnership is a **UNIQUE EFFORT** that has identified a set of national priorities, developed by multistakeholder leadership, to help focus resources aimed at improving healthcare quality and patient safety.” ~Mark Chassin, *The Joint Commission*

“The National Priorities Partnership represents a **CLEAR, SUSTAINED CALL FROM AMERICA’S LEADING HEALTHCARE ORGANIZATIONS**...to act on the knowledge we have today to deliver all Americans the safety and consistent high performance we deserve.” ~Margaret O’Kane, *National Committee for Quality Assurance*

“The goals of the National Priorities Partnership will move this country’s healthcare system toward **THE CHANGE THAT IS CLEARLY NEEDED**.” ~George Isham, *America’s Health Insurance Plans*

“We’re eager to share our experience in quality improvement and join all of the other National Priorities Partners in a **HARMONIZED EFFORT** to increase synergy and leverage for the improvement of the health and healthcare of Americans.” ~Don Berwick, *Institute for Healthcare Improvement*

“**FUNDAMENTAL IMPROVEMENTS WILL OCCUR MUCH MORE QUICKLY** with the 28 partners at the table.”

~Leah Binder, *Leapfrog Group*

“The focus and range of groups involved with the National Priorities Partnership is critical to achieving **BETTER PATIENT CARE** throughout the healthcare field.” ~Richard J. Umbdenstock, *Hospital Quality Alliance*

“LEADERS IN THE HEALTHCARE SECTOR HAVE A RESPONSIBILITY to ensure the most equitable, patient-centered, and cost-effective healthcare possible.” ~David M. Stevens, *National Association of Community Health Centers*

“This is an excellent opportunity to look at what is working and what isn’t, to identify priorities, and develop successful strategies to **PUT THE NATION ON THE RIGHT TRACK** toward a greatly improved healthcare system.” ~Roger Herdman, *Institute of Medicine*

“We’re in a **VITAL WINDOW OF OPPORTUNITY** to advance real healthcare change.” ~Peter V. Lee, *Pacific Business Group on Health*

“Focusing on areas of clear consensus and critical need, the National Priorities Partnership is **POISED TO MAKE A DIFFERENCE** in the health of the nation.” ~Karen Ignagni, *America’s Health Insurance Plans*

“Governors are eager for solutions that lower costs, boost safety, and cover their residents. The National Priorities Partnership is an **OPPORTUNITY...TO ADVANCE REAL CHANGE** that will boost quality care and, in the long run, reduce the financial burden on states.” ~Raymond Scheppach, *National Governors Association*

“As we look to improve the quality of the nation’s healthcare system, we need to ensure that **PHYSICIANS ARE INVOLVED** in efforts to track the quality of care in their practice and stay abreast of the latest developments in medicine.” ~Christine Cassel, *American Board of Medical Specialties*

“We can no longer afford the rising costs of an ineffective healthcare system that fails to serve American workers and their families. I am pleased the National Priorities Partnership is addressing **COST, ACCESS, AND QUALITY**. These issues **ARE INEXTRICABLY LINKED**.” ~Anthony Wisniewski, *U.S. Chamber of Commerce*

“It is **LONG PAST TIME THAT WE LISTENED MUCH MORE CAREFULLY** to what people are really concerned— and even angry— about when it comes to experiences with the healthcare system.” ~Steven Findlay, *Consumers Union*

“The National Priorities Partnership is an **EXCELLENT OPPORTUNITY TO ALIGN RESOURCES AND BEST PRACTICES** in a fashion that will continue to improve the delivery system, achieving safer, more equitable care for patients.” ~Julie Gerberding, *Centers for Disease Control and Prevention*

“EVERY PATIENT DESERVES TO GET THE RIGHT CARE, AT THE RIGHT TIME, FOR THE RIGHT REASON. The National Priorities Partnership offers a unique opportunity to work with a broad range of healthcare organizations on common goals for fixing our broken healthcare system.” ~Debra L. Ness, *National Partnership for Women & Families*

“To **SUPPORT THE NATIONAL PRIORITIES PARTNERSHIP**, the PCPI will develop measures in areas that the Partners have identified as priorities, such as care coordination, patient safety, and overuse.” ~Bernard Rosof, *Physician Consortium for Performance Improvement*

“The only way to achieve real change in our healthcare system is through clear goals and a roadmap of how to get there. The National Priorities Partnership has laid out very clear priorities and actions, and is **COMPRISED OF ORGANIZATIONS THAT CAN TRULY EFFECT SYSTEMWIDE CHANGE**.” ~Carolyn Clancy, *Agency for Healthcare Research and Quality*

“We have an **URGENT NEED TO FIX HEALTHCARE AND MUST HAVE A COMMON VISION TO SUCCEED**. The National Priorities Partnership is aligning resources and actions to focus on reform in the areas where change can make the biggest impact.” ~Janet M. Corrigan, *National Quality Forum*

“The strategic direction that this effort brings to the process is key to successful reform. That’s what the National Priorities Partnership stands for, and that’s why **THIS IS SUCH A PROMISING MOVEMENT**.” ~Frank Opelka, *AQA*

Why These National Priorities and Goals for Healthcare Reform?

JUST THE FACTS

- The United States spends more per capita on healthcare than any other industrialized country. Yet our results on many important indicators of quality, such as preventable deaths and timely access to primary care, fall significantly below those of similar nations.¹
- Healthcare spending accounts for 16 percent of the Gross Domestic Product and is increasing at an average annual rate of approximately 7 percent.²
- One in seven Americans lacks health insurance,³ and an estimated 57 million American families are struggling to pay their medical bills (43 million of whom have insurance).⁴
- Racial and ethnic minorities, and those in low-income groups, face disproportionately higher rates of disease, disability, and mortality.⁵ African Americans have higher death rates from heart disease, diabetes, AIDS, and cancer,⁶ and American Indians and Alaskan Natives have lower life expectancies and higher rates of infant mortality.⁷

The National Priorities

Patient and Family Engagement—to provide patient-centered, effective care

- Studies have shown that shared decisionmaking can reduce the number of patients opting for more invasive surgical procedures by 21 to 44 percent without adversely impacting health outcomes.⁸ One study of arthritis patients found that only 15 percent of those identified as possible candidates for knee surgery actually wanted the surgery—a far greater number were attracted to more conservative treatment options.⁹
- Asthma patients who receive self-management education and regular follow-up with a healthcare professional have reported a reduction in hospitalizations and emergency department visits and fewer work days lost.¹⁰

Population Health —to bring greater focus on wellness and prevention

- Sixty percent of American deaths are attributable to behavioral factors, social circumstances, and physical environmental exposures.¹¹
- By immunizing 90 percent of adults over age 50 against influenza annually, approximately 12,000 additional lives could be saved each year.¹²
- On average, Americans only receive 50 percent of recommended preventive care.¹³

Safety—to improve reliability and eliminate errors wherever and whenever possible

- Approximately 1.7 million healthcare-associated infections occur annually in U.S. hospitals and are responsible for nearly 99,000 deaths.¹⁴
- Preventable errors have been estimated to cost the United States \$17-\$29 billion per year in healthcare expenses, lost worker productivity, lost income, and disability.¹⁵

Care Coordination—to provide patient-centered, high-value care

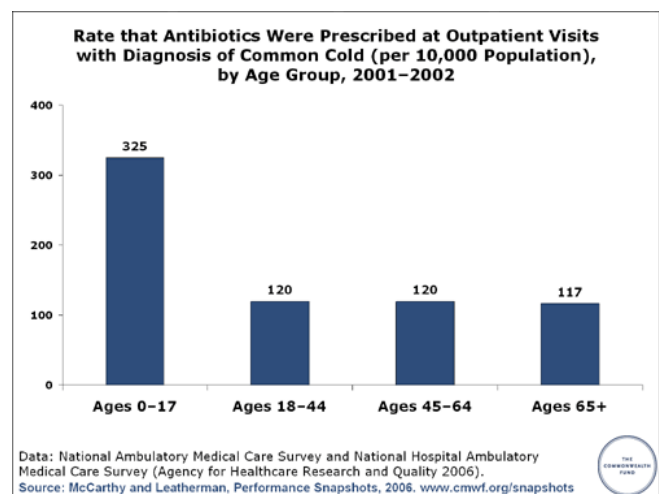
- At least \$15 billion in Medicare spending is wasted each year treating patients who are discharged and, because of poor care coordination, suffer an adverse event and must be readmitted.¹⁶
- Nearly one in five patients discharged from the hospital to home experience an adverse event within three weeks, and two-thirds of them are due to adverse drug events.¹⁷
- Following a four-year trial with a group of elderly patients hospitalized with heart failure, the Transitional Care Model cut hospitalization costs by more than \$500,000, compared with a group receiving standard care, for an average savings of approximately \$5,000 per Medicare patient and a 37% reduction in total costs over a one-year period.¹⁸

Palliative and End-of-Life Care—to guarantee appropriate and compassionate care for patients with advanced illnesses

- Approximately 25 percent of Medicare’s expenses are paid for patients in their last year of life, and these expenses will continue to rise as we face an aging population.¹⁹
- In 2000, the vast majority of patients receiving hospice services were white (82 percent), 8 percent were identified as African American, and 8 percent were Hispanic, indicating a clear disparity.²⁰

Overuse—to remove waste and achieve effective, affordable care

- An estimated 30 to 40 cents of every dollar we spend on healthcare (estimated \$600-\$700 billion) is spent on unnecessary and even unsafe care.²¹
- Inappropriate use of antibiotics contributes to the emergence of antibiotic-resistant bacteria, making all of us more susceptible to infections and leaving us with fewer options to combat them.²² Such antibiotic use also put patients at unnecessary risk for adverse drug reactions, yet many patients, particularly children, are still inappropriately prescribed antibiotics for the common cold.²³



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