

National Priorities Partnership Connections



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Joining Forces for Quality Improvement

May 2009

Readmissions—Gaining Traction in the Healthcare Debate

Fundamental healthcare reform continues to gain steam. The President insists healthcare reform will not wait another year and congressional leadership is working to hammer out details capable of achieving broad support. Any plan would do well to include dramatic improvements in **care coordination**—a sound way to make healthcare more affordable, accessible, and effective.

Recently, a *New England Journal of Medicine* report found poor coordination results in an alarming one-fifth of all Medicare patients discharged from the hospital being readmitted within 30 days, and fully one-third return within 90 days. If reduced, Medicare could save billions of dollars and patients would receive far better care. The study's author praised the Partnership for working to reduce readmissions through its focus on care coordination.

"So far as rehospitalization is concerned, the National Priorities Partnership is right on in making **care coordination a national priority**," said the study's lead author, Stephen Jencks, M.D., M.P.H. "If we want to prevent unplanned rehospitalizations, we have to help hospitals and community healthcare providers implement transition procedures that are more patient-centered. Medicare patients are very vulnerable when they leave a hospital, and care that is uncoordinated is unsafe."

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—Dr. Lisa Letourneau

Communities in Action

Communities across Maine are continuing to engage with the work of the Partnership. The Priorities and Goals were unanimously endorsed last fall by the Maine Aligning Forces for Quality (AF4Q) Steering Committee. Maine is one of 15 communities across the nation supported by the Robert Wood Johnson Foundation in their efforts to lift the quality of health and healthcare by teaming up with those who get care, give care, and pay for care. Quality Counts, a regional healthcare collaborative of more than 30 organizations that runs the AF4Q initiative, focused its recent statewide conference on the work of the Partnership. National Quality Forum president and CEO Janet Corrigan delivered the keynote address to more than 300 attendees, and challenged healthcare leaders from throughout the state to translate the Priorities and Goals into action at the local level.

A particular focus for the Maine communities is improving care coordination and bolstering primary care services to eradicate waste, amid a growing awareness of the need to address high rates of emergency department services. A recent study found patients in Maine rely on emergency room services 30 percent more than the national average.

"We believe that one way to transform healthcare is to focus on the primary care-patient relationship that made the idea of having 'our own doctor' so special in the first place", notes Dr. Lisa Letourneau, executive director of Quality Counts. Elizabeth Mitchell, CEO of the Maine Health Management Coalition, a multi-stakeholder group that includes the largest employers and healthcare providers in the state, adds, "We know that the quality and value of health care can be improved in every community in the nation, and the more people who get involved, the more likely we are to succeed."



The **Regenstrief Center for Healthcare Engineering at Purdue University** built its spring conference around the work of the Priorities by using them as a focal point for discussions around what role the Center's multidisciplinary research teams could play in closing quality gaps in these areas. Representatives from Partner organizations and others were invited to inform this dialogue, including the Institute of Medicine, the Agency for Healthcare Research and Quality, the American Hospital Association, the American College of Physicians, the National Science Foundation, and the Marion County Department of Health.

The **American Society of Health-System Pharmacists (ASHP)** has created a compendium of resources that can be used by their members to support the Partnership, including examples of transformational change in pharmacy practices; literature demonstrating pharmacists' role in the elimination of harm, disparities, disease burden, and waste; and relevant ASHP policies that support the Partnership. It also has proposed an action agenda for the Partnership, which includes specific partnership and strategic planning activities, educational programming, and communications strategies for updating its members and encouraging broad engagement and participation to achieve the Priorities and Goals.

Partners in Action: Transforming Healthcare from the Inside Out

■ The **American Board of Medical Specialties (ABMS)** is **adding an assessment of certified physicians' communications skills to their Maintenance of Certification (MOC) program**. Under the new principle, survey tools such as CAHPS will be used to ensure that physicians who have direct contact with patients have adequate communications skills. This holds particular importance for the Partnership's work on patient and family engagement, which seeks to improve support for patients and empower them to play a larger role in care decisions. Good communication among professional caregivers leads to better, safer, more patient-centered care. [Learn more](#) about the ABMS MOC revisions.

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—Barry M. Straube

Partners in Action—CMS Improves Care Transitions for Patients

Fourteen communities across the nation are participating in a pilot program aimed at reducing readmissions and making care transitions for patients more effective. The **Centers for Medicare & Medicaid Services (CMS)** is running the Care Transitions program, which is addressing root causes of readmissions at the local level. The goal of the program is to share best practices so communities can design solutions that address underlying causes of readmissions within their populations.

“Rather than focusing on one global problem and trying to apply a one-size-fits-all solution across the country, Care Transitions experts will look in their own backyards to learn why hospital re-admissions occur locally and how patients transition between health care settings,” explains Barry M. Straube, chief medical officer for CMS and director of the agency's Office of Clinical Standards and Quality.

Quality Improvement Organizations (QIOs) provide support to the 14 communities in implementing interventions. CMS partners with QIOs across the nation as part of a larger effort to provide Medicare beneficiaries with more efficient care.

CMS will monitor progress by watching patient readmission rates in the 14 communities. More information about the *Care Transitions* project and its progress can be found online.

■ The **American Hospital Association** recently **launched Hospitals in Pursuit of Excellence**. This initiative, which relates to many of the Partnership's themes, is a **platform to identify and disseminate best practices, tools, and resources that can support and advance hospital leaders' ongoing efforts to achieve performance excellence**. Hospitals in Pursuit of Excellence uses the six Institute of Medicine aims as benchmarks - care that is safe, timely, efficient, effective, equitable, and patient-centered. [Learn more](#) about Hospitals in Pursuit of Excellence.



President Obama has selected **Christine K. Cassel, MD, president and CEO of the American Board of Internal Medicine, to serve on the President's Council of Advisors on Science and Technology (PCAST)**. Dr. Cassel represents the American Board of Medical Specialties within the Partnership, and chairs the palliative and end-of-life care work group. PCAST is composed of the nation's leading scientists and engineers. In her role on PCAST, **Dr. Cassel will advise President Obama and Vice President Biden directly on policies where science, innovation, and technology play a prominent role.**

The **Institute for Healthcare Improvement's (IHI's) Appropriate Use of Specialty Care Services R&D** focuses on two of the nine areas of overuse the Partnership identified—unwarranted procedures and unwarranted diagnostic procedures. IHI is **hosting an in-person R&D Lab (with a possible virtual option) July 22-23, providing participants with the opportunity to discuss the tools and techniques necessary to improve the use of specialty services.** Discussion points include shared decisionmaking, physician engagement, and improved care coordination. [Learn more](#) about this new initiative.

The **National Committee for Quality Assurance is featuring the impact of HIT on the Priorities** in the next edition of its *Quality Profiles: The Leadership Series*. These best practices can be used to transform care across the country through an integration of HIT and the six Priorities.

What Are You Doing?

This newsletter is the first in a monthly series featuring movement toward achieving the National Priorities and Goals, highlighting actions of the Partners and others in hopes of spurring additional actions and achievements. If your organization has programs, presentations, or policy changes to share, send them to Dan Rafter at drafter@qualityforum.org. You may find them featured on the website or here in the newsletter.



The work of the National Priorities Partnership is supported in part by the Robert Wood Johnson Foundation (www.rwjf.org). The Robert Wood Johnson Foundation's vision for the future of America's healthcare provides the Partnership with the freedom to imagine a destination that is aspirational and achievable.

About the National Priorities Partnership

The 28 National Priorities Partners represent key healthcare stakeholders, including: consumer groups, employers, government, health plans, healthcare alliances, healthcare professionals, scientists, accrediting and certifying bodies, and quality alliances. They include: AARP, AFL-CIO, Agency for Healthcare Research and Quality, 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, and the U.S. Chamber of Commerce.