Office of Rural Health Policy

MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT

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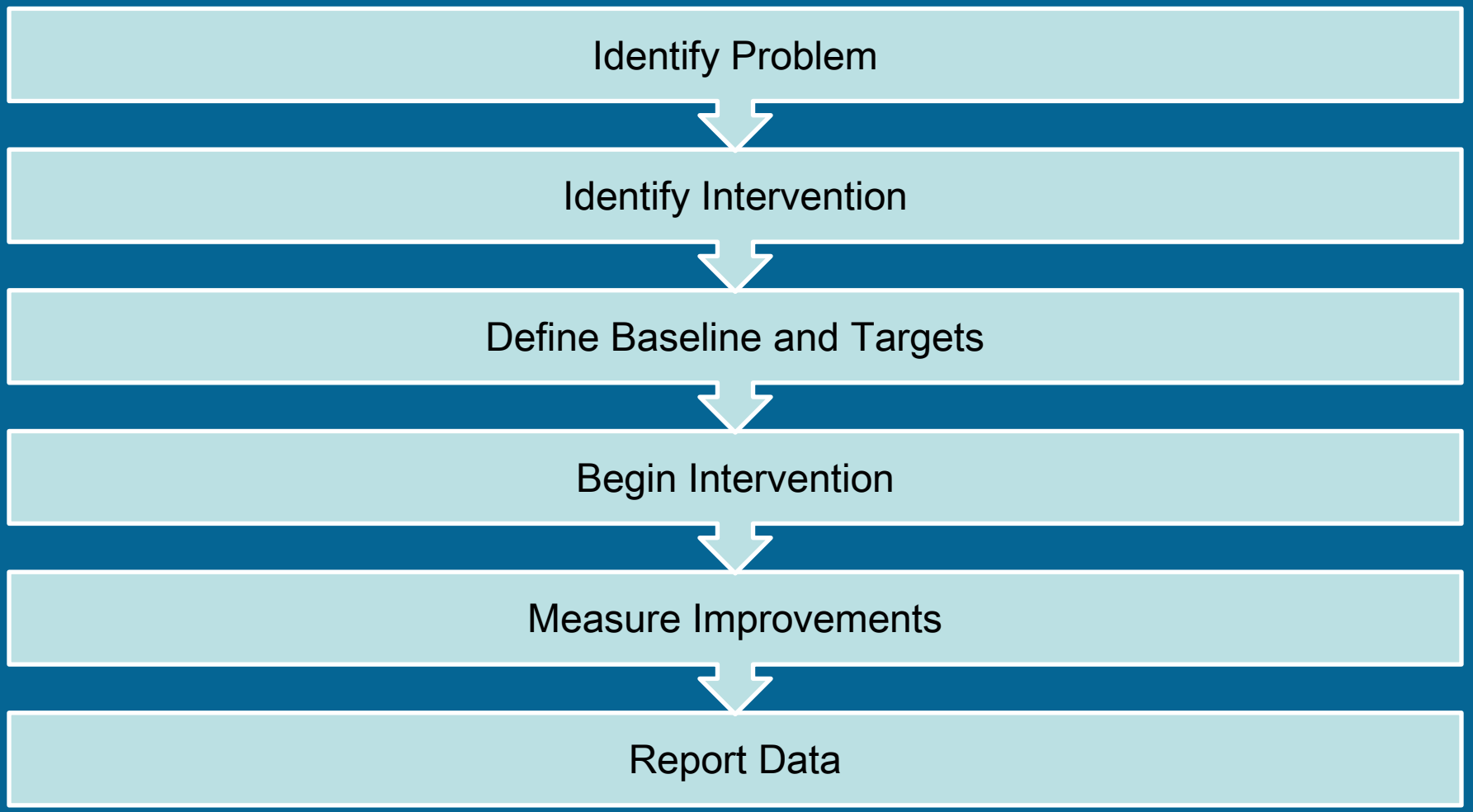
Health Resources and Services Administration
Department of Health and Human Services
July 20, 2011

Flex Grant Program

Focuses on four core areas:

1. Support for Quality Improvement in CAHs
2. Support for Operational and Financial Improvement in CAHs
3. Support for Health System Development and Community Engagement
   - Including integrating EMS in regional and local systems of care
4. Designation of CAHs in the State

Moving to a More Defined Program



Flex Medicare Beneficiary Quality Improvement Project

- Pilot Project under Quality Improvement
- Common Metrics
- Measuring Outcomes and Demonstrating Improvements
- Sharing Best Practices
- Official Start: Sept 2011
- http://www.hrsa.gov/ruralhealth/about/video/index.html

Ramp Up

(Next 5 weeks)

Getting the word out…

Getting "signed up"….

Starting the process…

Phase 1

(Sept. 2011)

Reporting data…
Finding and using value…
(best practices / best methods)

Pneumonia Process of Care Measures

Percent Pneumonia Patients:

- Assessed and Given Pneumococcal Vaccination
- Whose Initial Blood Culture Was Performed Prior to the Administration of the First Hospital Dose of Antibiotics
- Given Smoking Cessation Advice / Counseling
- Given Initial Antibiotic(s) within 6 Hours After Arrival
- Given the Most Appropriate Initial Antibiotic(s)
- Assessed and Given Influenza Vaccination

Heart Failure Process of Care Measures

Percent Heart Failure Patients:

- Given Discharge Instructions
- Given an Evaluation of Left Ventricular Systolic Function
- Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
- Given Smoking Cessation Advice / Counseling

Questions….

Are these rural-appropriate measures?

Do they represent the quality we provide in our CAHs?

Will they "drive" quality improvement in our hospitals?

Number of Oregon CAHs Participating in Hospital Compare

Total CAHs:	25	100%
AMI	15	60%
PNE	19	76%
HF	18	72%
SCIP	15	60%

1. Pulled from June 2010 Medicare Database representing June 2008-July 2009 data.
2. This list contains the most current information as of December 31, 2010. The list is based on the CMS report and augmented by information provided by state Flex Coordinators.

Phase 2

(Sept. 2012)

Adding Out-Patient Measures
(Benchmarking IP Measures)

HCAHPS

U.S. Department of Health and Human Services
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Out-Patient Measures

- **OP-1** Median Time to Fibrinolysis
- **OP-2** Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- **OP-3** Median Time to Transfer to Another Facility for Acute Coronary Intervention
- **OP-4** Aspirin at Arrival
- **OP-5** Median Time to ECG
- **OP-6** Timing of Antibiotic Prophylaxis (Prophylactic Antibiotic Initiated Within One Hour Prior to Surgical Incision)
- **OP-7** Prophylactic Antibiotic Selection for Surgical Patients

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- 34% of CAHs reported HCAHPS patient assessment of care survey data in 2008.
- On average, CAHs have significantly higher ratings on HCAHPS measures than all US hospitals.

Policy Brief #15 March 2010

Critical Access Hospital Year 5 Hospital Compare Participation and Quality Measure Results

Michelle Casey, MS, Michele Burlew, MS, Ira Moscovice, PhD
University of Minnesota Rural Health Research Center

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Number of Oregon CAHs Participating in Hospital Compare

Total CAHs:	25	100%
Out Patient	23	92%
HCAHPS	11	44%

Phase 3

(Sept. 2013)

ED Patient Transfer Communication Measure

- NQF Endorsed…
- FR Notice for Public Comment
- Hopefully CMS Approved Measure by then!

ED Patient Transfer Communication*

- Pre-Transfer Communication Information (0-2)
- Patient Identification (0-6)
- Vital Signs (0-6)
- Medication-Related Information (0-3)
- Physician or Practitioner Generated Information (0-2)
- Nurse Generated Information (0-6)
- Procedures and Tests (0-2)

* NFQ Endorsed

Are these rural-appropriate measures?

Do they represent the quality we provide in our CAHs?

Will they "drive" quality improvement in our hospitals?

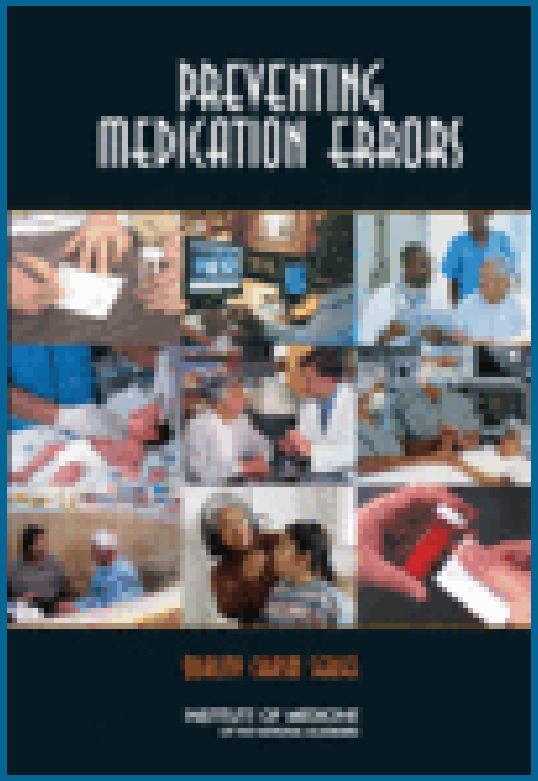
Measuring Quality
vs
Driving Quality

Where can the most improvement actually be made....

…then measured and reported?

“…a hospital patient can expect on average to be subjected to more than one medication error each day.”

July 20, 2006



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

HRSA
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Pharmacist Staffing and the Use of Technology in Small Rural Hospitals: Implications for Medication Safety

Michelle M. Casey, M.S.

Ira Moscovice, Ph.D.

Gestur Davidson, Ph.D.

December 2005

A partnership of the University of Minnesota Rural Health Research Center and the University of North Dakota Center for Rural Health

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

"The results of this study indicate that many small rural hospitals have limited hours of on site pharmacist coverage. Over one-third of the hospitals report having a pharmacist on site for less than 40 hours per week, including 31 hospitals where a pharmacist is on site for ***two hours or less per week***."

RUPRI Center for Rural Health Policy Analysis *Rural Issue Brief*

Prevalence of Evidenced-Based Safe Medication Practices in Small Rural Hospitals

Gary Cochran, PharmD

Katherine Jones, PhD

Liyan Xu, MS

Keith Mueller, PhD

April 2008

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Prevalence of Evidenced-Based Safe Medication Practices in Small Rural Hospitals

"Approximately <u>one in five</u> of the nation's smallest hospitals have… (1) a pharmacist review of orders within 24 hours…"

2010

Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

"One of every seven Medicare beneficiaries who is hospitalized is harmed…

…Added at least $4.4 billion a year to costs…

…Contributed to the deaths of about 180,000 patients a year…

…44 percent… preventable."

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

2010

Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

"The most frequent problems….

…were those related to medication…

"the study highlighted the importance of improving procedures to prevent medication errors…"

Phase 3

(Sept. 2013)

Pharmacist CPOE or Verification of Medication Orders within 24 hours

(meets EHR "Meaningful Use" criteria)

MBQIP

- Across Multiple States
- Involving significant number of CAHs
- Aggregating the data – national benchmarking.
- Rural Appropriate Measures & Processes

  - Heart Failure, Pneumonia, (30 Day Re-admissions)
  - OP Measures , HCAHPS
  - Ed OP Transfer Measure, Med Orders Reviewed within 24 hours

http://www.hrsa.gov/ruralhealth/about/video/index.html

Partnership for Patients: An Overview

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

The *Affordable Care Act* Improves Health Care Quality

- The Affordable Care Act is best known for fixing broken health insurance laws and helping to cover millions of previously uninsured Americans.

- What many people don't know is all of the ways the new law is also reducing costs while improving the experience of being a patient, being a caregiver, and being a health care provider.

- *The Partnership for Patients: Better Care, Lower Costs* is one example of how the Administration is using provisions of the Affordable Care Act to make health care in America safer, more efficient, and less costly.

Meet Josie King

Unfortunately, Josie King's story is not rare.

- On any given day, 1 out of every 20 patients in American hospitals is affected by a hospital-acquired infection.
- Among chronically ill adults, 22 percent report a "serious error" in their care.
- One out of seven Medicare beneficiaries is harmed in the course of their care, costing the federal government over $4.4 billion each year.
- Despite pockets of success -- we still see massive variation in the quality of care, and no major change in the rates of harm and preventable readmissions over the past decade.

Hospital-Acquired Conditions: Some of the Many Opportunities for Improvement

Condition/Adverse Event (examples)	Total Cases (2010)	Preventable Cases (2010)
Central Line-Associated Blood Stream Infection	41,000	20,500
Pressure Ulcer	250,000	125,000
Surgical Site Infection	290,000	101,500
Adverse Drug Event	1,900,000	950,000
Injury from Fall	200,000	50,000
Ventilator-Associated Pneumonia	40,000	20,000
All Other Hospital Acquired Conditions For example: - Delay in administration of aspirin leads to hemorrhage - Misplacement of feeding tube leads to choking - Failure to manage diabetic symptoms leads to coma	2,240,589	985,859
Total ALL Hospital Acquired Conditions	**5,982,768**	**2,623,150**

Partnership For Patients: *WHY?*

- Massive variation in the quality of care
- No appreciable change in rates of all-cause harm and preventable readmissions
- A decade of hard work yielding pockets of success (targeted interventions, isolated settings)
- System-wide frustration and poorly coordinated efforts in response
- Opportunity with the Affordable Care Act to move from insurance reform to reform the delivery system

Partnership for Patients: Aim Better Care, Lower Costs

1. **Keep patients from getting injured or sicker.** By the end of 2013, preventable hospital-acquired conditions would **decrease by 40%** compared to 2010.
   - Achieving this goal would mean approximately 1.8 million fewer injuries to patients with more than **60,000 lives saved** over the next three years.

2. **Help patients heal without complication.** By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be **reduced by 20%** compared to 2010.
   - Achieving this goal would mean more than **1.6 million patients would recover** from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.

Potential to save up to $35 billion dollars over three years.

Partnership For Patients: Partnership and Collaboration as Core Elements

- HHS coordinating its activities internally and across the federal government, as well as with States and the private sector: aligning messaging, programming, and measurement strategy across operating divisions, federal care providers and private stakeholders (e.g., employers, payers, associations).

- HRSA / ORHP is pursuing our shared objectives, publicizing the initiative in the field, reviewing programs for alignment and have committed resources to joint operations.

Where does ORHP's initiatives align with Partnership for Patients?

Phase 3
MBQIP

- E.D. Patient Transfer Communication

  (care transitions)

- *Pharmacist CPOE or Verification of Medication Orders within 24 hours*

  (patient safety)

Getting Started

- Build on tremendous private sector enthusiasm
  - Hundreds of hospitals, clinicians, employers, insurers, consumer groups and community organizations have already signed up!
- Work with our partners to support the hard work of changing care delivery to make care safer.
  - **Up to $500 million in financial support form the Innovation Center**
  - National-level content for anyone and everyone ***Including Rural !***
  - Supports for every facility to take part in cooperative learning ***Including Rural !***
  - Vanguard Group for ambitious organizations to tackle all-cause harm ***Including Rural !***
  - Patient, family and professional engagement ***Including Rural !***
  - Improved measurement and data collection, without adding burdens to hospitals ***MBQIP***
- Work with communities to improve transitions between care settings:

  $500 million available for community-based organizations

CMS is now accepting applications to participate in the Community-Based Care Transitions Program… ***CAHs can work with Area Agencies on Aging as the grant applicant.***

How to Get Involved!

- Join the Partnership for Patients – Sign the Pledge!

- Go to www.healthcare.gov/partnershipforpatients

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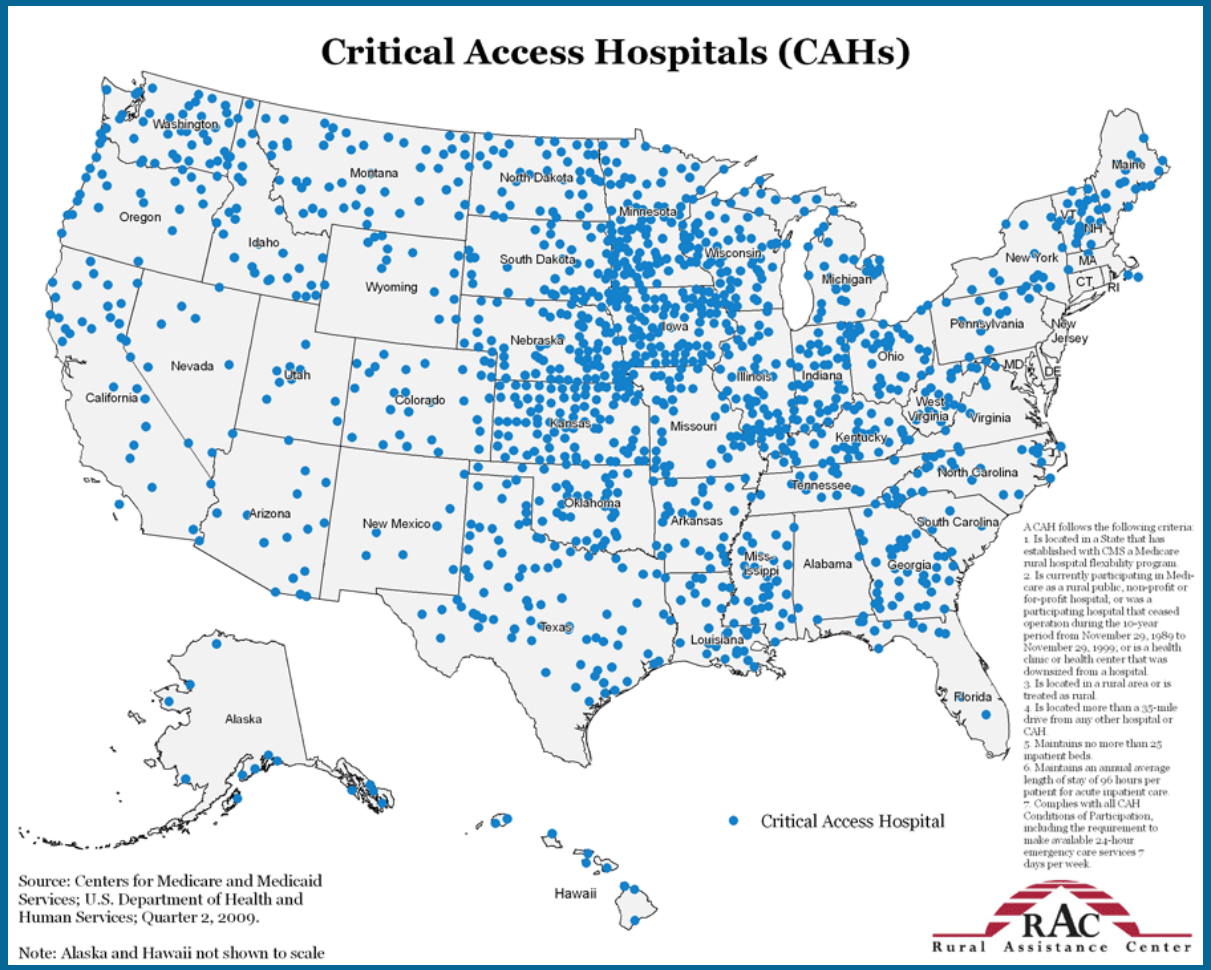
At the end of the day…



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