



Partnership for Patients 2014 Quarterly Meeting Series

The Power of Alignment: Engaging Purchasers and Payers to Accelerate Patient Safety Efforts

April 24, 2014

Introduction

On April 24, 2014, National Quality Forum (NQF) convened the second meeting of the Partnership for Patients (PfP) 2014 Quarterly Meeting Series, “The Power of Alignment: Engaging Purchasers and Payers to Accelerate Patient Safety Efforts.” Louise Probst, Executive Director of the St. Louis Area Business Health Coalition (BHC) and member of NQF’s Board of Directors, welcomed the group and virtual participants to the meeting, provided an overview of the 2014 Quarterly Meeting Series topics, and the meeting’s objectives:

1. Identify the most effective best practices to mobilize purchasers and payers in meeting the Partnership for Patients goals.
2. Identify concrete steps for achieving results through these best practices.
3. Enable participants to take immediate action in their organizations and membership bases.

Neal Comstock, Vice President, Member Relations, NQF, welcomed the audience, and Ms. Probst gave a brief overview of the PfP within the context of the National Quality Strategy. Ms. Probst shared how the BHC, which supports employers in their efforts to obtain better health and healthcare value, is supporting the PfP goals of reducing hospital-acquired conditions by 40% and 30-day readmissions by 20%. For example, in collaboration with the Midwest Health Initiative, the BHC is reducing early elective deliveries through policy change, provider engagement, consumer engagement, and measurement.

Examples of Purchasers and Payers Achieving Results

This meeting featured several purchasers and payers in action to improve quality and patient safety. Brian DeVore, Director of Healthcare Strategy and Ecosystems at Intel Corporation gave an overview of Intel’s innovative purchasing model to simultaneously improve quality, lower cost, and increase access to services. Under this model, delivery systems compete with each other on cost and access; providers are paid fees for services, and also receive a financial bonus or penalty for performance. Using financial incentives and a persistent focus on quality, cost and access, Intel is already seeing improvements in the healthcare they purchase for their employees.

Alan Spielman, Assistant Director, Federal Employee Insurance Operations, US Office of Personnel Management (OPM) gave an overview of OPM’s successful efforts to improve patient safety nationwide.

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By leveraging the size and purchasing power of its 8.2 million members distributed across geographical and demographic categories, OPM is driving quality and improving patient safety. Through their four-part quality framework of quality monitoring, scoring, recognition and public reporting, OPM identifies and incentivizes high quality care across their broad insurance portfolio of healthcare plans and carriers. In recent years, OPM successfully targeted several key patient safety areas through this framework, including early elective delivery, never events, inappropriate antibiotic use, and all-cause readmissions.

John O'Brien, Vice President, Public Policy and Community Affairs, CareFirst presented an overview of CareFirst's efforts to reduce hospital readmissions and improve overall quality of care. As the largest insurer in the Mid-Atlantic region, CareFirst is actively working to create value for patients while also lowering premium costs without compromising on quality of care. One of their key tools is the Patient Centered Medical Home, a targeted program for approximately one million members with significant illness burden. Through this program, primary care providers receive financial incentives for successfully managing the healthcare of high-risk patients who require complex, coordinated care. Another key tool is the Complex Case Management Program, for patients with the highest illness burden who have also been recently discharged from the hospital or diagnosed with a serious illness. Through local or regional care coordinators, patients receive coordinated care between specialists and other care providers. A third tool is CareFirst's Chronic Care Program, which arms primary care providers with the tools, incentives, and nurse coordinators they need to stay engaged with their patients as they progress through the healthcare system. Since the launch of these three programs and others, CareFirst has seen a decrease in costs and increase in quality scores.

The Partnership for Patients (PfP): Where Are We Now?

Dennis Wagner and Paul McGann, Co-Directors of PfP, and Jacqueline Kreinik, Nurse Consultant, PfP, provided updates on current activities focused on the two aims of reducing preventable hospital-acquired conditions and 30-day hospital readmissions through the three PfP engines – federal programs, national partners and Center for Medicare and Medicaid Innovation investments (including the Hospital Engagement Networks, or HEN). Numerous organizations are already in action to achieve results, such as the Dignity HEN and Georgia HEN, who have achieved improvement in multiple HAC areas simultaneously. Nationwide and across hospital networks, there have been many successes, such as a 48.3% reduction in early elective deliveries for over 1300 birthing hospitals using the PC-01 measure.

To conclude this session, Mr. Wagner, Dr. McGann and Ms. Kreinik challenged the meeting participants to consider the enormous challenges ahead. They highlighted the importance of new delivery systems and payment models in reaching the national goals, such as value-based purchasing, accountable care organizations, shared savings programs, episode-based payment, and patient centered medical homes. They invited the audience to join them in committing to the PfP's bold aims during this unique time in healthcare, where there are opportunities to reach new goals through unprecedented action and alignment by stakeholders across the industry.

Best Practices for Engaging Purchasers and Payers

During this session, participants broke into four small groups facilitated by Vicky Ducworth, Manager, Clinical Program and Delivery System Innovation, at the Boeing Company; Bernie Rosof, Chairman,

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Board of Directors, at North Shore-Long Island Jewish Health System; Cristie Travis, CEO, at Memphis Business Group on Health; and Missy Danforth, Senior Director, at the Leapfrog Group. The conversation focused on two key questions: (1) based on our experiences, what are each of our best practices to improve quality - specifically to reduce HACs and/or readmissions? (2) what will we do next – as individuals or a group - to spread these best practices?

Some of the best practices identified by the small groups included:

- Tying financial reimbursement to measures
- Effective dissemination of safety and quality data to patients, that also helps them understand the context and meaning of the data
- Educating and supporting employees (patients) about their care
- Collaboration with others, such as peer health plans, care providers, case managers, and patients

For next steps, participants agreed to engage with each other, promote best practices, and incentivize high quality care through purchasing and payment.

Later in afternoon, LT Fred Butler Jr., PfP Communications Lead, Quality Improvement and Innovation Models Testing Group, Center for Clinical Standards and Quality, CMS and Shaheen Halim, Senior Technical Advisor, Quality Improvement Innovation Model Testing Group, Center for Clinical Standards and Quality, CMS sought feedback from the audience about how to engage with clinicians to generate higher value through quality improvement and technical assistance.

Next Steps

The 2014 Partnership for Patients Quarterly Meeting Series will continue to bring together individuals and organizations working in collaboration to advance patient safety. Additional meetings in the series will focus on leveraging accreditation and certification efforts, and taking action in person-centered care to accelerate the PfP aims of reducing hospital-acquired conditions and readmissions. This meeting's agenda, slides, summary and recording are all available on National Quality Forum's [website](#). NQF will convene the third meeting of the series on July 14, 2014, about leveraging accreditation and certification to advance the PfP goals.

Appendix: Roster of Attendees

| Organization | Name |
|---|---------------------------|
| CareFirst | John O'Brien |
| Center for Clinical Standards and Quality, CMS | Shaheen Halim |
| CIGNA HealthCare | Susan P. Fitzpatrick |
| Humana Inc. | George A. Andrews |
| Intel | Brian L. DeVore |
| Mathematica Policy Research | Maureen Higgins |
| Memphis Business Group on Health | Cristie Travis |
| National Business Group on Health | Steve Wojcik |
| National Coalition on Health Care | Sal Kamal |
| Network for Regional Healthcare Improvement | Elizabeth Mitchell |
| North Shore-Long Island Jewish Health System | Bernard M. Rosof |
| Northeast Business Group on Health | Jeremy Nobel |
| Partnership for Patients, CMMI | Shelly Coyle |
| Partnership for Patients, CMMI | Dennis Wagner |
| Partnership for Patients, CMMI | Paul McGann |
| Partnership for Patients, CMMI | Jacqueline Kreinik |
| Partnership for Patients, CMMI | Lt. Fred Butler |
| Partnership for Patients, CMMI | Jim Johnson |
| Partnership for Patients, CMMI | Ryan Galloway |
| Patient Representative | Chrissie Blackburn |
| Patient Representative | Alicia Cole |
| Patient Representative (LAM Professional Services, LLC) | Lisa Ann Morrise |
| Pennsylvania Department of Public Welfare (Pennsylvania Medicaid) | David K. Kelley |
| Pioneer Accountable Care Organization | Barbara Walters |
| Powell Tate DC-PFE Contractor | Alexandra Lewin-Zwerdling |
| St. Louis Area Business Health Coalition | Louise Y. Probst |
| The Alliance | Amy Moyer |
| The Boeing Company | Vicky Ducworth |
| The Buying Value Project | Gerry M. Shea |
| The Leapfrog Group | Missy Danforth |
| The National Content Developer, Partnership for Patients | Elizabeth Gonzales |
| University of Minnesota/National Coordinating Center for Intraprofessional Education and Collaborative Practice | Brian Isetts |
| US Office of Personnel Management | Alan Spielman |
| WellPoint | Robert Krebbs |