

# Agenda

# Readmissions Action Team Public Web Meeting August 14, 2014 2:00-3:30 pm ET

#### Instructions

- 1. Direct your web browser to the following URL: <u>nqf.commpartners.com</u>
- 2. Under "Enter Meeting" type the meeting number **546154** and click "Enter."
- 3. In the "Display Name" field type your first and last names and click "Enter Meeting."
- 4. Action Team: Dial 1-888-799-5160 and use confirmation code 69755948. Public participants: Dial 1-866-309-3375 and use confirmation code 69755948.

### **Objectives**

- 1. Learn about initiatives that are successfully reducing avoidable admissions and readmissions for patients with psychosocial needs;
- 2. Share and spread best practices, programs, and ideas to safety reduce readmissions; and
- 3. Activate participants to bring lessons learned back to their organizations to examine their data, identify priority populations, and drive improvement.

## Agenda

2:00pm Welcome and Meeting Objectives

Lois Cross, American Case Management Association, Action Team Chair

• Introduction and review of agenda and meeting objectives

2:05pm Background & Project Overview Lois Cross

- Background of the Partnership for Patients aim for reducing readmissions and progress to date
- Overview of Readmissions Action Team's action pathway and goal

#### 2:15pm The Preventable Admissions Care Team (PACT) Program

Maria Basso Lipani, Mount Sinai Hospital

- Learn about how Mt. Sinai's PACT program has successfully reduced 30-day readmissions and emergency department visits by half for high-risk patients
- Hear PACT's best practices for urban communities to reduce readmissions
- Questions from public participants

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2:35pm	The Reducing Avoidable Readmissions Effectively (RARE) Campaign
	Kathy Cummings, Institute for Clinical Systems Improvement Kim McCoy, Stratis Health Kattie Bear Pfaffendorf, Minnesota Hospital Association
	<ul> <li>Hear about the RARE campaign and its prevention of nearly 8,000 readmissions in the state of Minnesota</li> <li>Learn about interventions to help bridge the transition from hospital to home by engaging community resources to support patients with psychosocial needs</li> <li>Questions from public participants</li> </ul>
2:55pm	Maximizing Community Benefit Programs to Improve Outcomes Holly Harper, Sutter Health
	<ul> <li>Learn about Sutter's efforts to enrich its community benefit program by focusing on high utilizers, partnerships with FQHCs, and the mental health needs of its patients—and its success in reducing readmissions</li> <li>Questions from public participants</li> </ul>
3:15pm	Integrating Risk Stratification to Reduce Readmissions Ramesh Sairamesh (Jakka), Advisory Board Company
3:25pm	Wrap Up and Next Steps

3:30pm Adjourn