

The Path Ahead: Choosing to Use the Most Powerful Model in the World

*California Spring Readmissions Summit: Make History
Celebration of Success: From Ordinary to Extraordinary*

May 6, 2014

*Dennis Wagner, MPA
Co-Director, Partnership for Patients*

*U.S. Department of Health & Human Services
CMS Center for Medicare & Medicaid Innovation, and
CMS Center for Clinical Standards and Quality*

Thank You

- For the hard work you are doing to improve our nation's healthcare system
- For your active commitment to improving the care of your patients and clients
- For your commitment to improvement, innovation and transformation

Questions to Run On

- What is the Partnership for Patients and how is it organized?
- What is happening with 30 day readmissions in California and in the nation?
- What leadership behaviors are causing these results?
- Going forward, what can each of us do to sustain and accelerate our lifesaving and enhancing results?

Partnership for Patients Focused on 2 Bold Aims

GOALS:

40%

**Reduction in Preventable
Hospital-Acquired
Conditions**

20%

**Reduction in 30-Day
Readmissions**

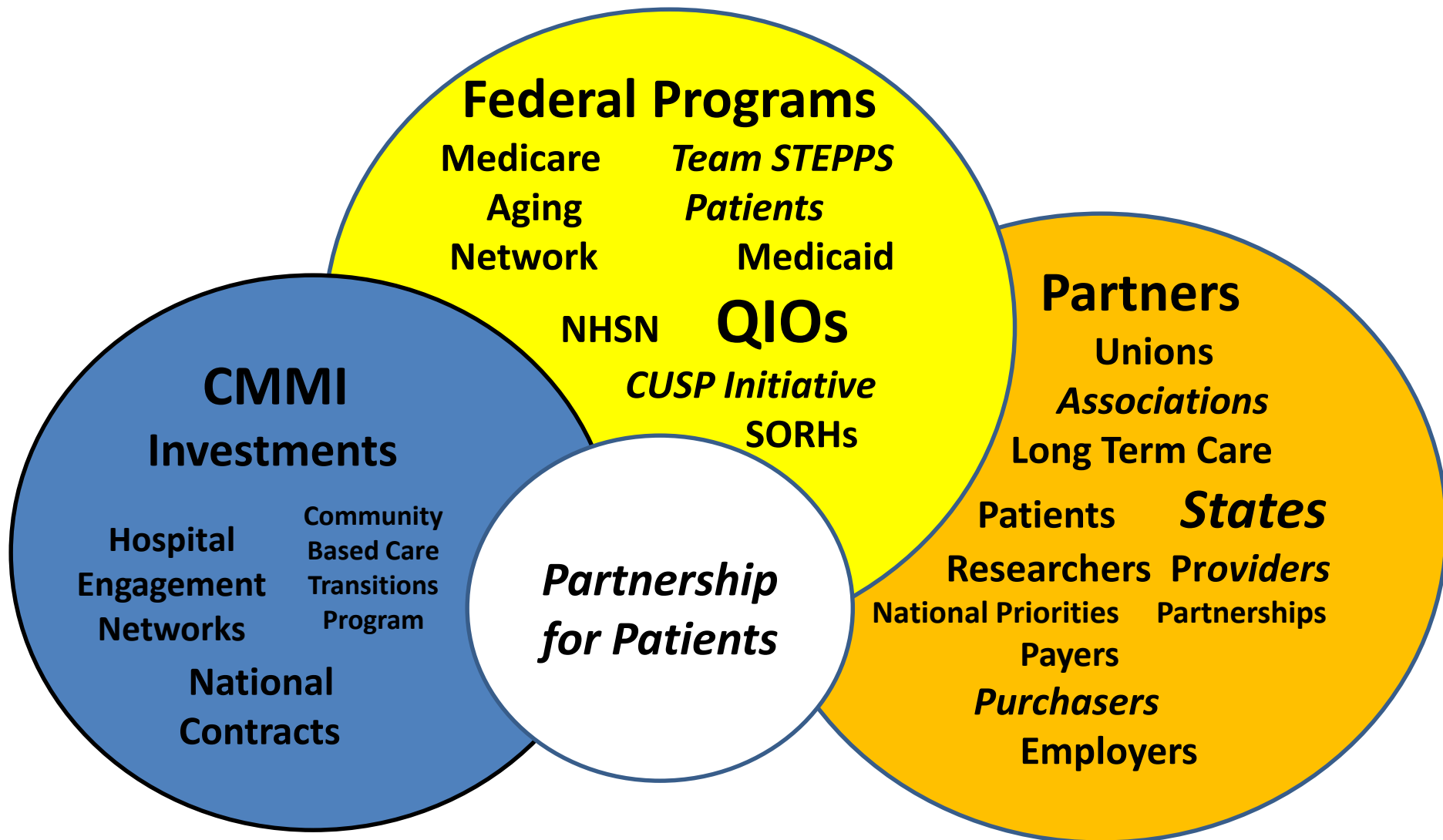
<http://partnershipforpatients.cms.gov>

PfP Areas of Focus

**“No Patient wants a hospital that is good
at only preventing 3 harms.”**

1. Adverse Drug Events
2. Catheter-Associated Urinary Tract Infections
3. Central Line-Associated Bloodstream Infections
4. Early Elective Deliveries
5. Injuries from Falls
6. Obstetrical Adverse Events
7. Pressure Ulcers
8. Surgical Site Infections
9. Venous Thromboembolism
10. Ventilator-Associated Pneumonia
11. 30-Day All-Cause Readmissions

Partnership for Patients Achieves Results Through “3 Engines”



Powerful Partners Have Aligned Their Work With the Partnership for Patients



27 Hospital Engagement Networks (HENs)

Achieving Results through 3,700+ Hospitals

System HENs

- Ascension Health
- Carolinas Health Care
- **Dignity Healthcare**
- LifePoint Hospitals, Inc

Multi-State

- **American Hospital Association/HRET**
 - ❖ 31 States and Puerto Rico including
California Hospital Association
- Intermountain Healthcare
- Joint Commission Resources, Inc.
- eHEN
- Ohio Children's Hospital Solutions for Patient Safety
- Premier
- UHC
- VHA

Indian Health Service

State Hospital Associations

- Dallas-Fort Worth Hospital Council Foundation
- Georgia Hospital Association Research and Education Foundation
- Healthcare Association of New York State
- Hospital and Healthcare System of Pennsylvania
- Iowa Healthcare Collaborative
- Michigan Health and Hospital Association
- Minnesota Hospital Association
- New Jersey Hospital Association
- Nevada Hospital Association
- North Carolina Hospital Association
- Ohio Hospital Association
- Tennessee Hospital Association
- Texas Center for Quality and Patient Safety
- Washington State Hospital Association

Partnership for Patients and QIO work: Hospital Acquired Condition (HAC) Rates Show Improvement

- 2010 – 2012 - Preliminary data show a 9% reduction in HACs across all measures
- Many areas of harm dropping dramatically (2010 to 2013 for these leading indicators)

Ventilator-Associated Pneumonia (VAP)	Early Elective Delivery (EED)	Obstetric Trauma Rate (OB)	Venous thromboembolic complications (VTE)	Falls and Trauma	Pressure Ulcers
55.3% ↓	52.3% ↓	12.3% ↓	12.0% ↓	11.2% ↓	11.2% ↓

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AHRQ National Scorecard

Preliminary 2012 Annual Hospital Acquired Condition (HAC) Data Compared to 2010 Baseline

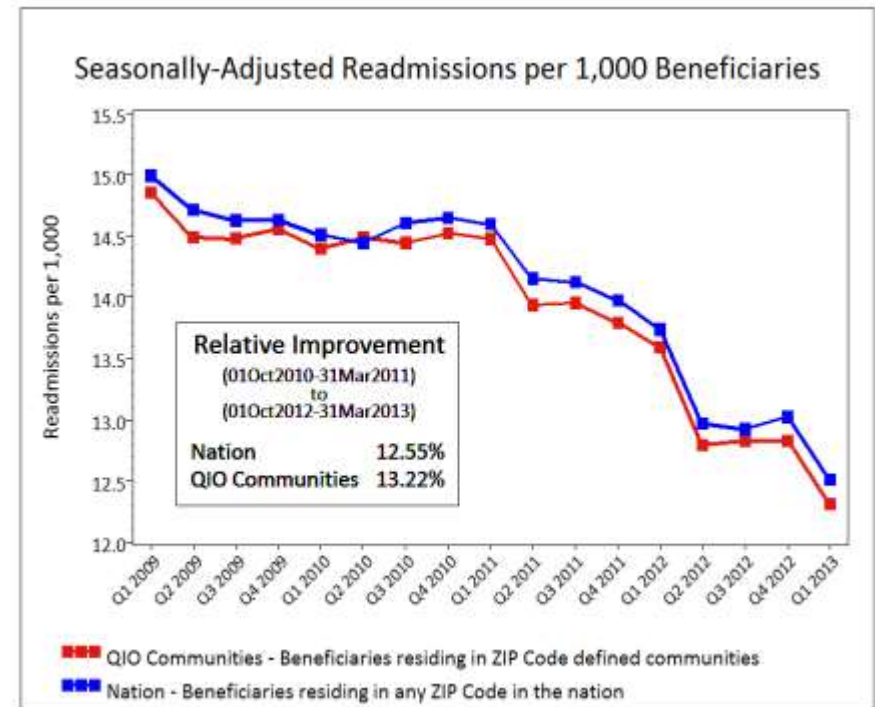
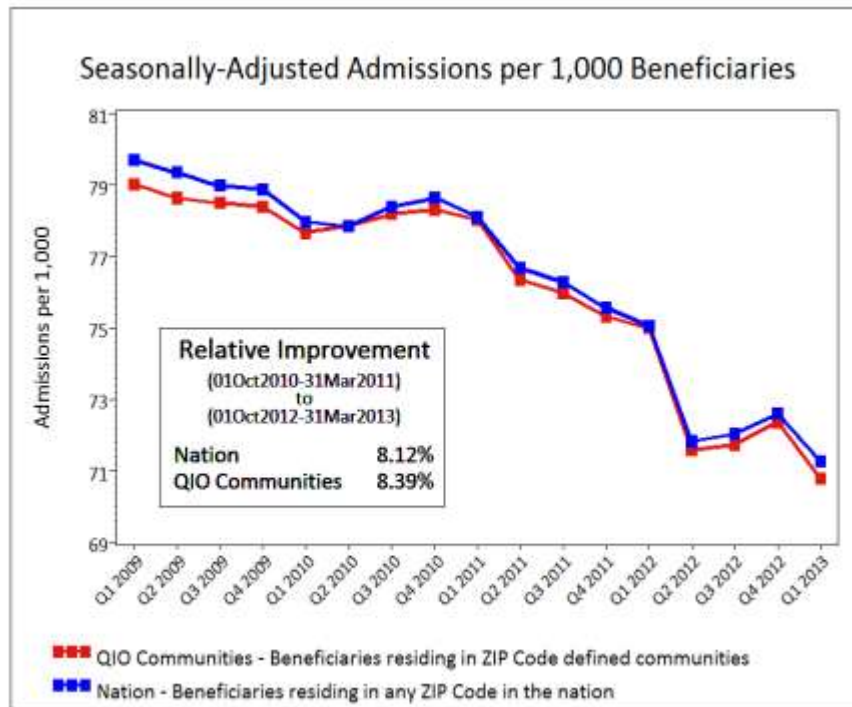
DRAFT

- 9% Reduction in Measured HACs
 - from 4,745,000 to 4,316,000
 - from 145 per 1,000 discharges to 132 per 1,000 discharges
 - ***preliminary data meets pre-launch HAC reduction goal for 2012***
- \$3.2B in 2012 Associated Cost Savings
 - \$4.1B for 2012 and 2011 combined
- Estimated Associated Reductions in Deaths Due to HACs
 - ~12,000 for 2012
 - ~15,000 for 2012 and 2011 combined

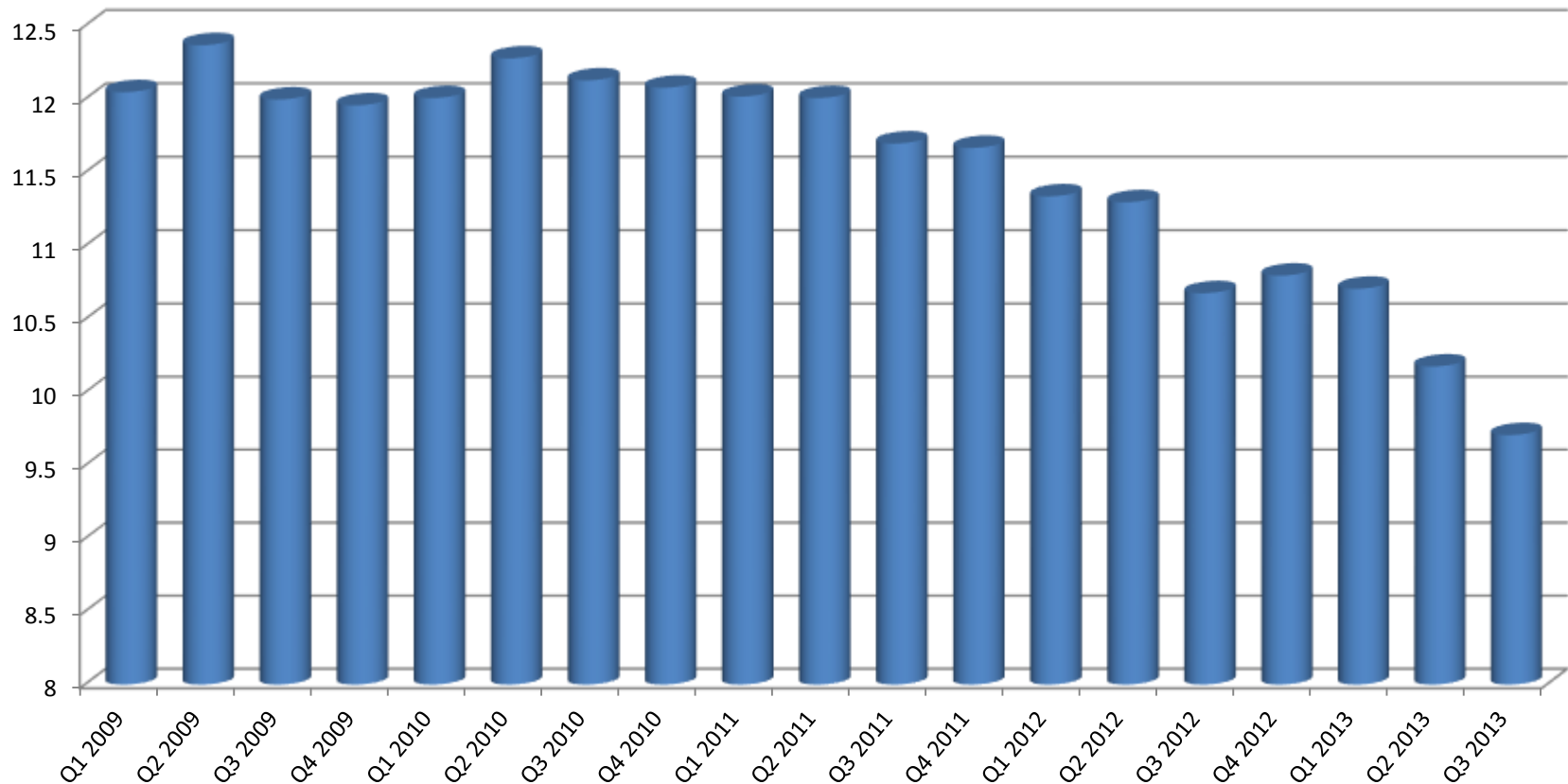
QIO Accomplishments as of September 30, 2013

# of Engaged Communities	410
# of Beneficiaries Living there	14,607,292
# Communities with Signed Coalition Charter	230
# Communities Receiving Formal Funding	83
# Recruited Hospitals	884
# Recruited Nursing Homes	1,619
# Recruited Home Health Agencies	965
# Recruited Hospice Facilities	367
# Recruited Dialysis Facilities	92
# Recruited Outpatient Physicians	> 1,975

Admissions and Readmissions Results



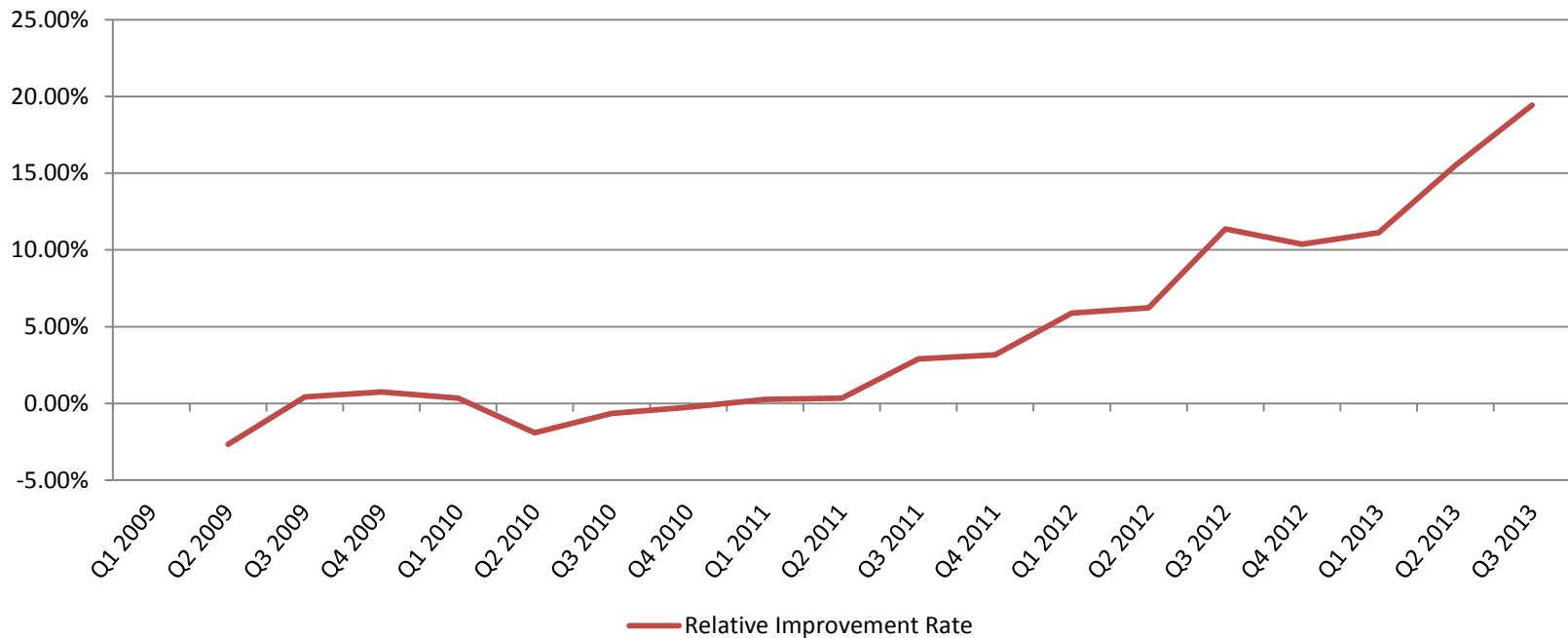
California Quarterly Readmissions Per 1,000 Beneficiaries



Please note that the rates used in this slide are seasonally adjusted rates.

California Readmissions Improvement

Relative Improvement Rate (from Q1 2009)



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California Averted Readmissions

Number of Averted Readmissions in the State of California January 1, 2010 through December 31, 2012

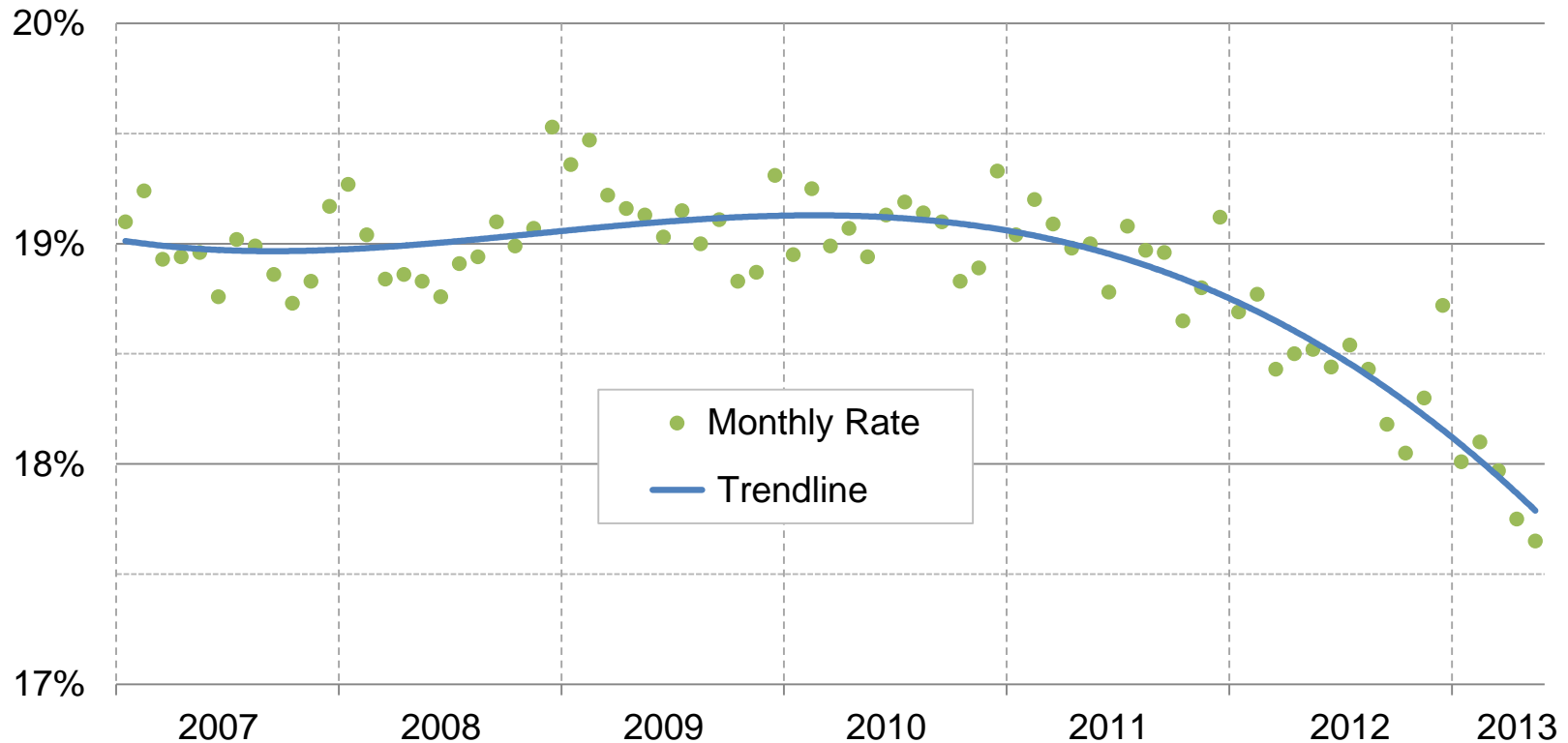
Year	Averted Readmissions
2010 – 2011	3,522
2011 – 2012	10,656

Safety Across the Board in California-Based Dignity Health

Dignity 35 aligned hospitals, 100% of applicable hospitals are in each trend		ADE: 70.6% decrease in hypoglycemic rate (POC results<40 mg/dl)	CAUTI: 52.7% decrease in CAUTI per 1,000 catheter days (house-wide)
CLABSI: 31.4% decrease in CLABSI per 1,000 central line days	Falls: 25.5% decrease in falls with injury (NDNQI definition)	EED: 97.6% decrease in EED rate (PC-01); sustaining rate <1%	PrU: 55.3% decrease in rate of HAPU (all stages)
SSI: 36.3% decrease in SSI/100 targeted procedures	VAP: 52.1% decrease in VAP per 1,000 vent days	VTE: Sustaining low (benchmark)VTE rate (PSI-12)for the Medicare population	Readm: 14.3% reduction in Medicare FFS readmissions

Hospital Readmissions Continue to Decline Steeply

Medicare 30-Day, All-Condition Hospital Readmission Rates
January 2007 - May 2013



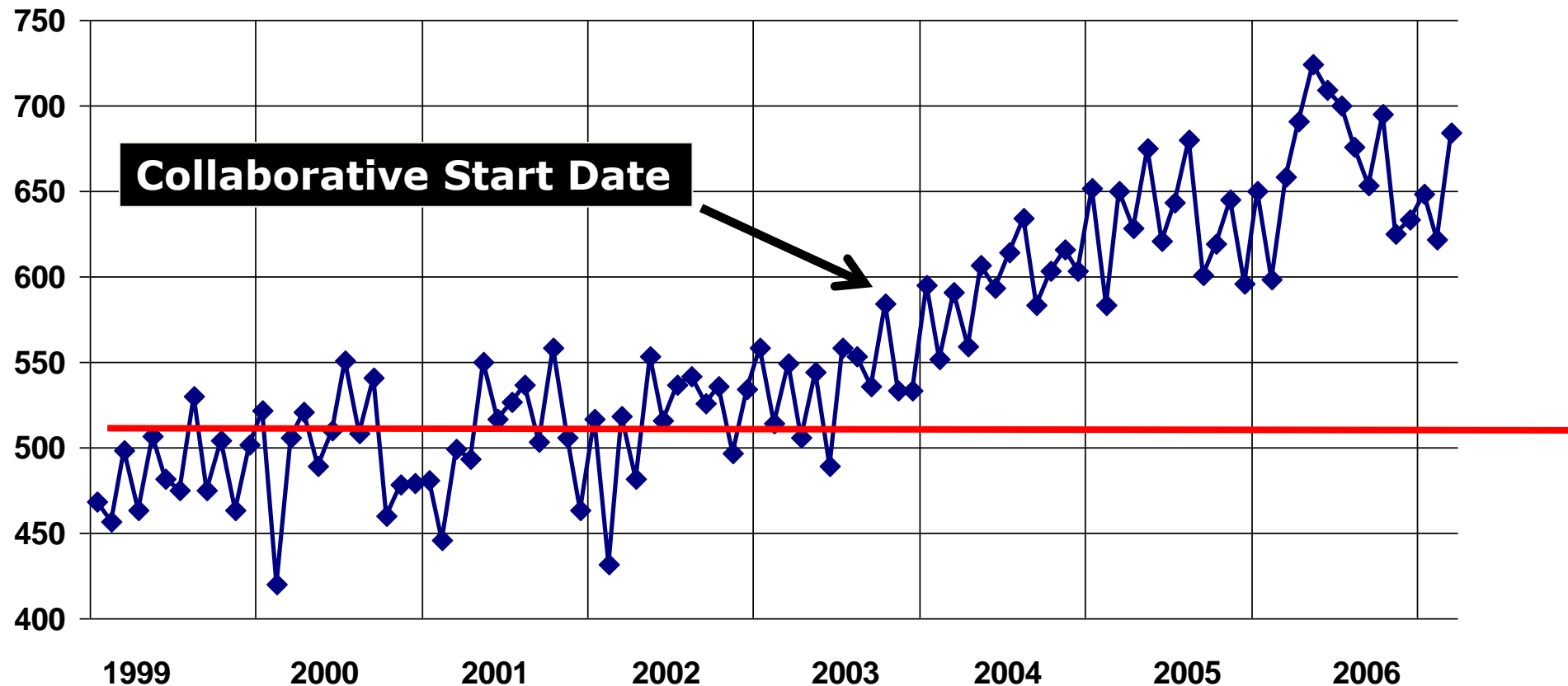
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My Life and Social Marketing

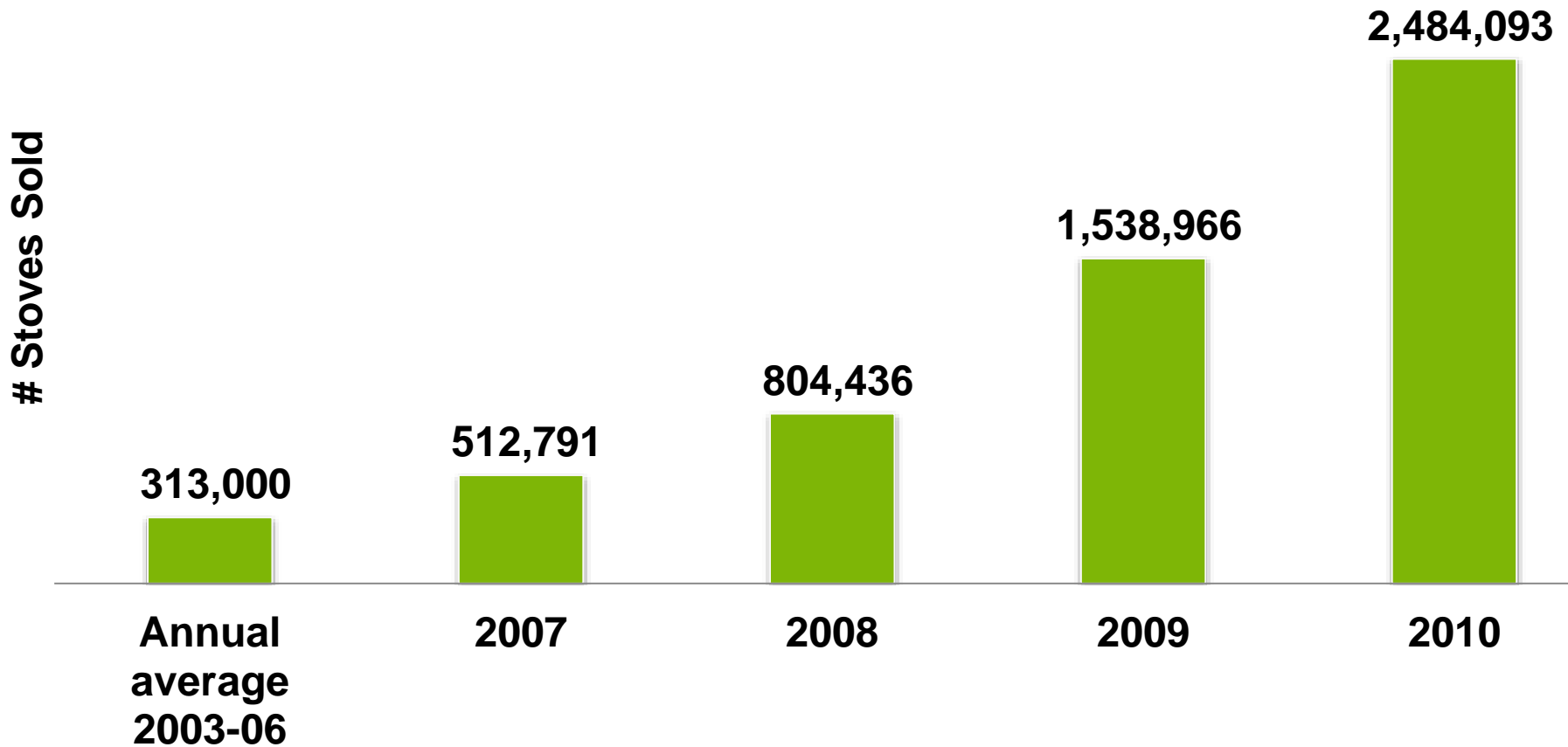
- Reducing HACs and Readmissions
- Reducing Adverse Drug Events & Improving Clinical Pharmacy Services
- Improving Cookstoves for the World's Poorest Families
- Increasing National Organ Donation Rates
- Cleaning Up the Air in Thailand, Vietnam
- Cleaning Up the Tha Chin River in Thailand
- Reducing Exposure to 2nd Hand Smoke
- Preventing and Reducing Radon in Homes

Major National Increases in Number Of Organ Donors Per Month



Increasing Organ Donation in USA
Jan 1999 – Apr 2007 (Monthly)

Worldwide Members of the ***EPA Partnership
for Clean Indoor Air*** Help Millions of Families
Use Cleaner Cooking Technologies



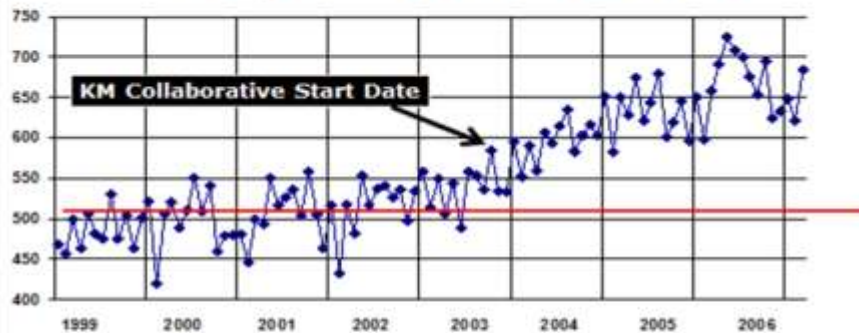
Improved Cookstoves for World's Poorest Families Have Huge Impacts

- Less Time Spent Gathering Fuel
- More Time and Resources for the Family
- Less Black Carbon in Atmosphere
- Reduced Deforestation & Fuel Consumption
- More Micro Businesses



What do These Initiatives & Results Have in Common?

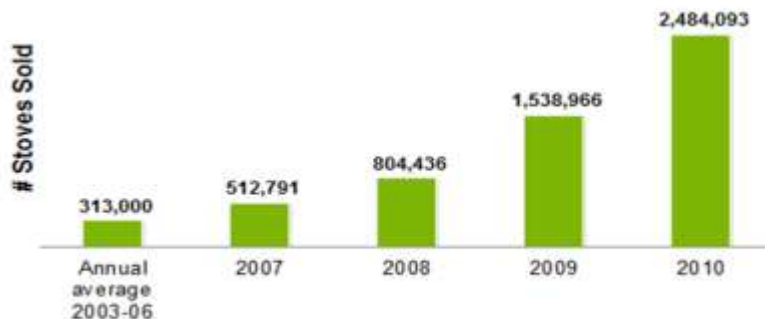
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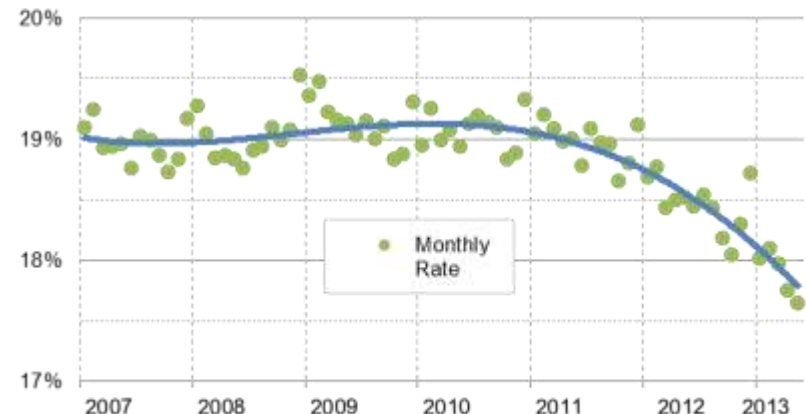
Increasing Organ Donation in USA
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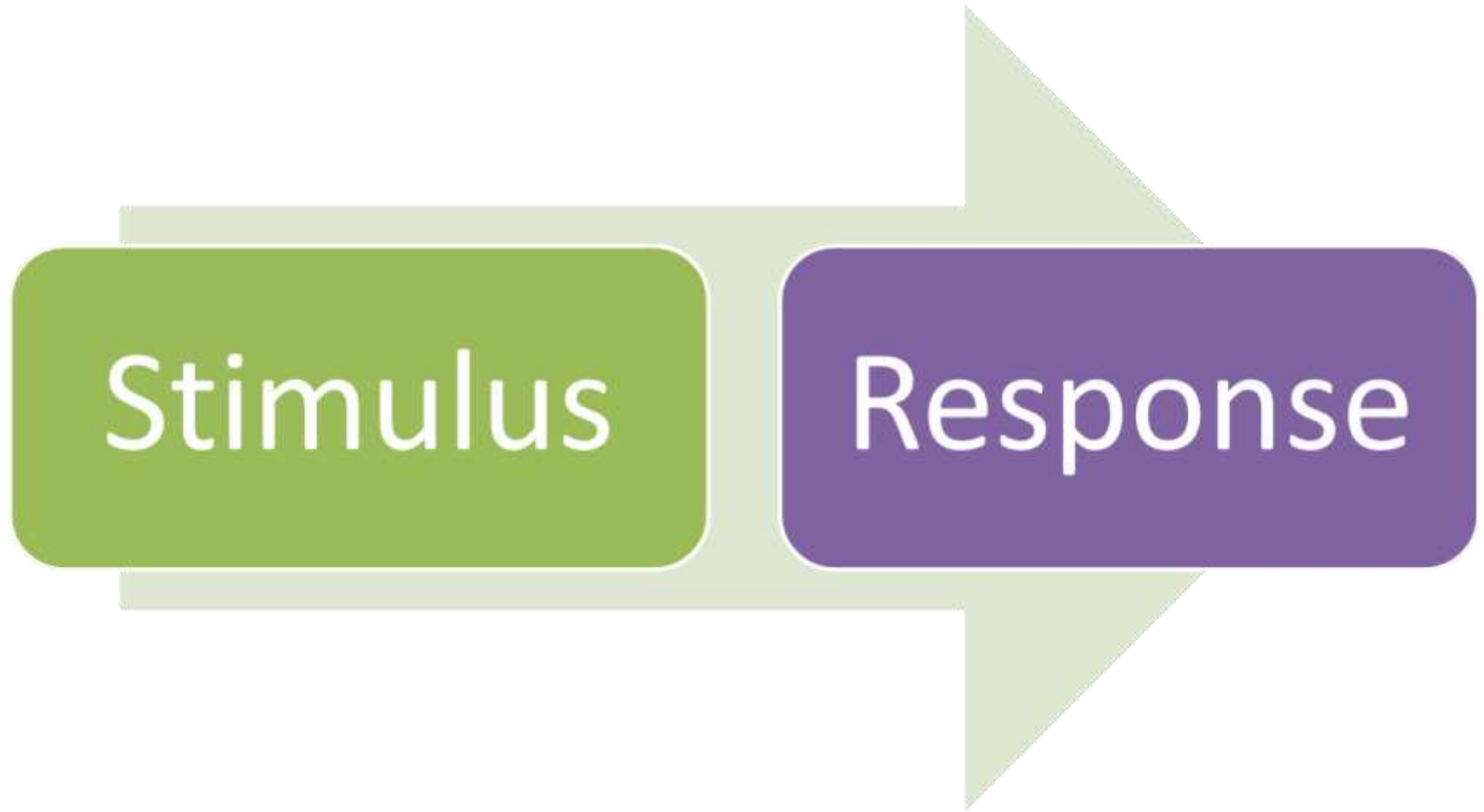
PCIA Partners Help Millions of Families Use Cleaner Cooking Technologies



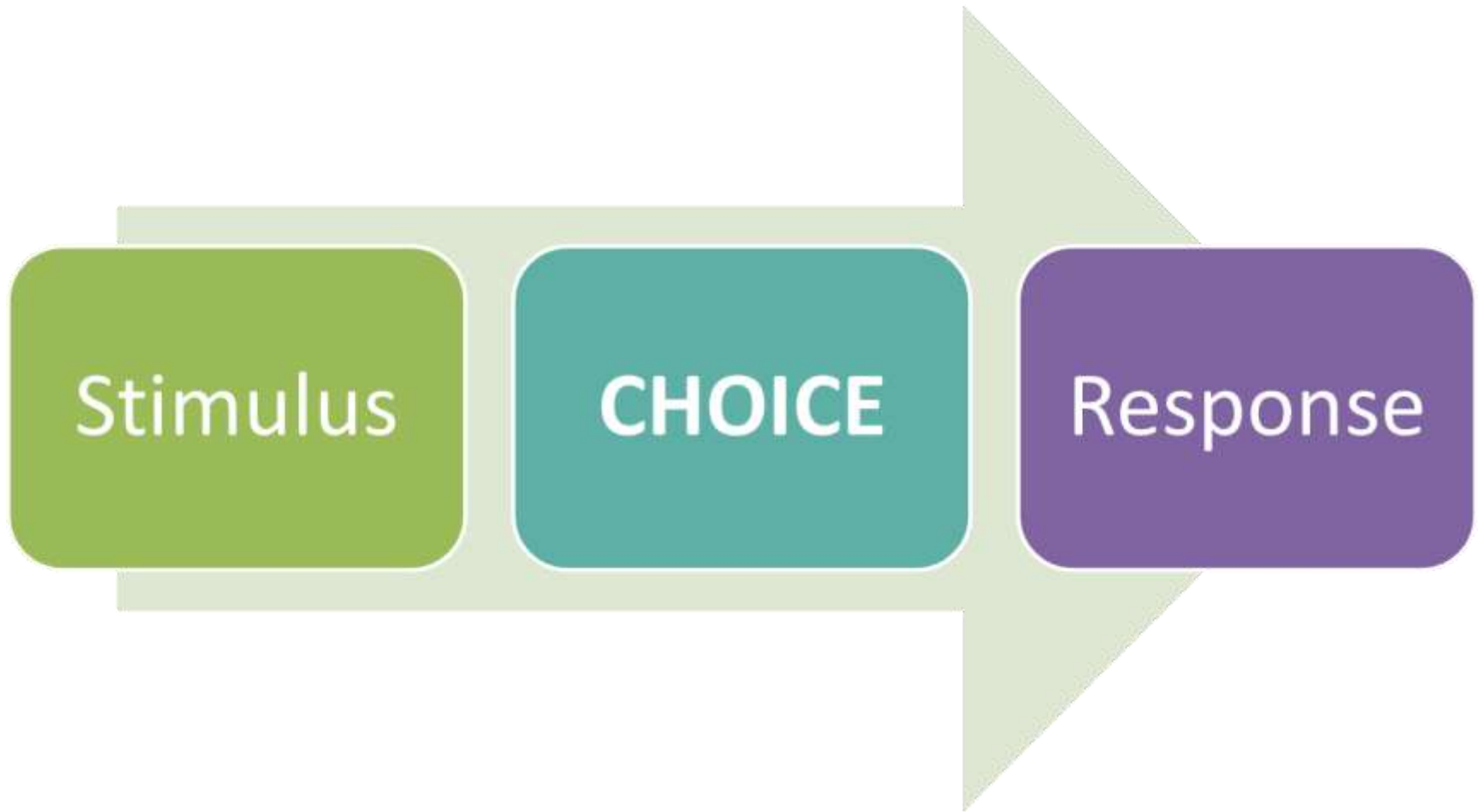
Medicare 30-Day, All-Condition Hospital Readmission Rates January 2007 - May 2013



A Powerful Model



The Most Powerful Model



Viktor E. Frankl

Made Extraordinary Choices

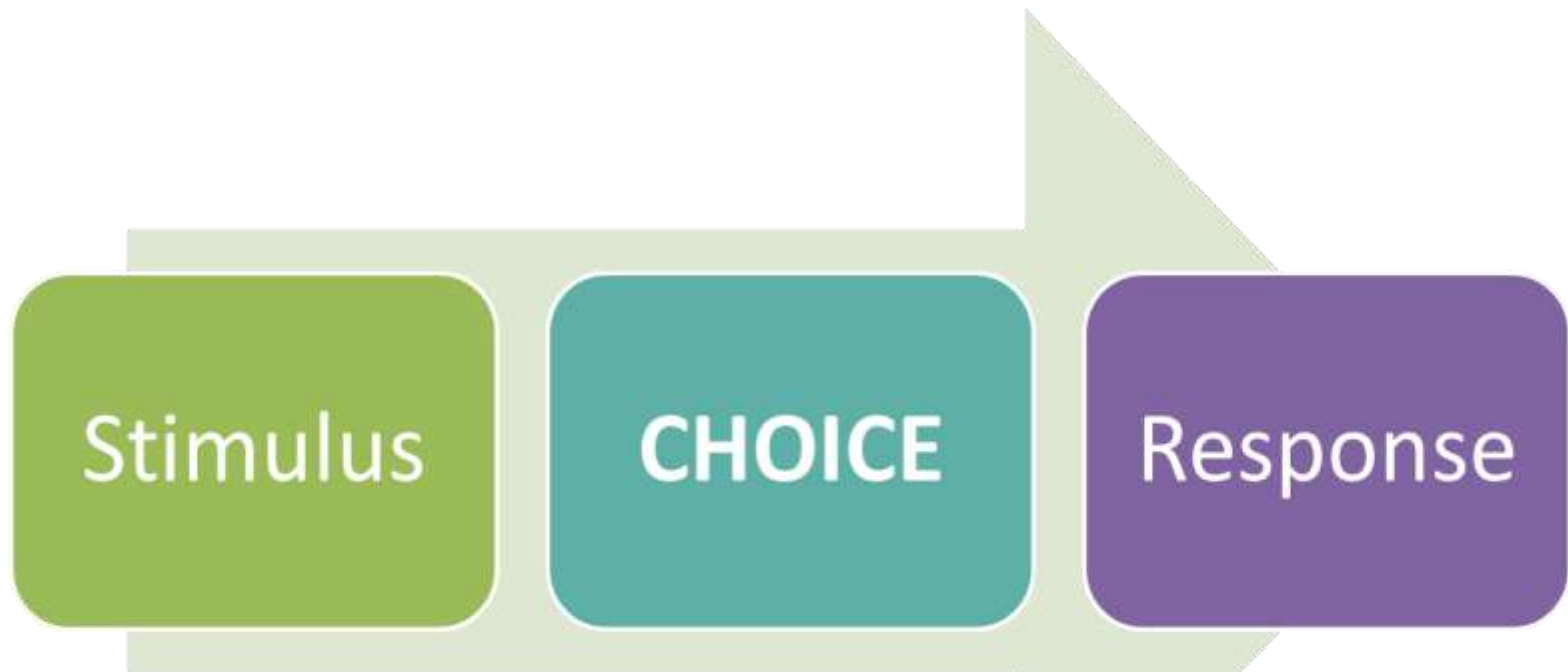
***Seminal Book: Man's
Search for Meaning***



How does the nation get...

*Better Care, Better Health
...at Lower Cost?*

Our Choices Matter Immensely



We Can Achieve Better Care, Better Health at Lower Cost by Choosing to Make it Happen

Choosing to Commit to This Goal Is Key

“Until one is committed, there is hesitancy, the chance to draw back, always ineffectiveness. Concerning all acts of initiative (and creation), there is one elementary truth the ignorance of which kills countless ideas and splendid plans: that the moment one definitely commits oneself, then providence moves too. A whole stream of events issues from the decision, raising in one's favor all manner of unforeseen incidents, meetings and material assistance, which no man could have dreamt would have come his way.”

~ *W.H. Murray, mountain climber and Scottish Author*

~ *Johann Wolfgang von Goethe*

**Alexa's Mother Chose to Contribute to
Increased Organ Donation...Instead of
Bitterness About the Loss of Her Daughter**



How does the nation get...

***Better Care, Better Health
...at Lower Cost?***

How can healthcare professionals and executives help achieve this important national aim?

#1 Choose to do it.

#2 Lead...in a certain way.

Profound Distinctions in Behavior

	Not Accountable for Results	Accountable For Results
With Resources		
With Limited or No Resources		

Understanding the Special Distinctions of Leadership

	Not Accountable	Accountable For Results
With Resources	<i>Administering A Process</i>	<i>Managing</i>
Without Resources	<i>Observing</i>	<i>Leading</i>

Leadership Speech Acts

- Assertions
- Declarations
- Requests & Offers
- Acknowledgements
- “Yes, and”
- Effective Questions

NOT Leadership Speech Acts

- Gossip
- Complaints
- Worries
- Frets
- Ineffective Questions

Requests and Offers

- Surface the Natural Abundance in the World
- Result in “Deals” and Commitments
- Produce Action & Results

This Leadership Speech Act Generates the Resources that Leaders Need to Achieve Bold Aims

The New York Times

Sunday, September 24, 2006



“A quiet revolution in the world of lung transplants is saving the lives of people who, just two years ago, would have died on the waiting list. In the past 16 months, waits have shortened, lists have shrunk, and the number of lung transplants has gone up. Further improvements are expected this year.”

Lung Patients See a New Era of Transplants

My Requests to Each of You

- Choose to Stand for Better Care, Better Health at Lower Cost...for Our Patients, Your Profession, Our Nation
- Use Your Platforms to Make This Happen
- Do More of What is Already Working...Everywhere
- Lead in Enrolling Others
- Stand Together in Serving As Catalysts for Change

We can achieve our Bold Aims.

Questions to Run On

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- What is happening with 30 day readmissions in California and in the nation?
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Dennis Wagner, Co-Director

Partnership for Patients

Associate Director for Campaign Leadership, CMS Innovation Center

For more information, please visit: Partnershipforpatients.cms.gov,