



April 22, 2015

Agenda

- ❖ Introductions
- ❖ CMS' Transforming Clinical Practice Initiative (TCPI)
 - Practice Transformation Network (PTN)
 - Support & Alignment Network (SAN)
- ❖ Kansas HEN Data and Measures Update
- ❖ Announcements & Upcoming Events
- ❖ Discussion / Questions

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Introductions

Presenters

Kansas Medical Society

Jerry Slaughter
Executive Director





Kansas Healthcare Collaborative

Kendra Tinsley
Executive Director

Also
Michele Clark, MBA, CPHQ, ABC
Program Director

Eric Cook-Wiens, MPH, PCMH
Measures and Data Manager

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Chime in!

Comments or questions?

Please type your comments or questions into the chat window throughout the virtual meeting.

We will pause for telephone Q&A between topics.

Or contact us after the webinar. Emails and phone numbers are provided on the last slide.



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Transforming Clinical Practice Initiative (TCPI) A Service Delivery Innovation Model



***Better Health. Better Care.
Lower Cost.***

Practice Transformation Network

Polling Question #1

Are you familiar with the Transforming Clinical Practice Initiative (TCPI)?

- ☐ Yes
- ☐ Heard of it, but that's about it
- ☐ No



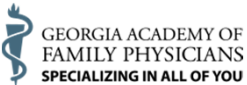

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Practice Transformation Network

Practice Transformation Network (PTN) Partners

- Iowa Healthcare Collaborative (primary applicant)
- States involved: Iowa, **Kansas**, Oklahoma, Georgia, South Dakota, Nebraska,
- Total provider goal: 5,000-6,000
- Why have we applied for this grant?



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Practice Transformation Network

Kansas Involvement




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Practice Transformation Network




Jerry Slaughter
Executive Director
Kansas Medical Society

A word from KMS about the PTN opportunity in Kansas



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Practice Transformation Network



The NEW ENGLAND JOURNAL of MEDICINE

PERSPECTIVE

Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care

Sylvia M. Burwell
N Engl J Med 2015; 372:897-899 | March 5, 2015 | DOI: 10.1056/NEJMp1500445

New targets have been set for value-based payment: 85% of Medicare fee-for-service payments should be tied to quality or value by 2016, and 30% of Medicare payments should be tied to quality or value through alternative payment models by 2016 (50% by 2018).

Share:

ARTICLE ACTIVITY
4 articles have cited this article

www.nejm.org/doi/full/10.1056/NEJMp1500445

Secretary Sylvia M. Burwell:

3 strategies to drive progress

- Incentives to reward high-quality health care
- Improving the way care is delivered
- Accelerate availability of information to guide decision-making.

(pp. 898)

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AHA Federal Quality and Patient Safety Policy Update:

HHS sets Value-Based Payment Goals

- Triple Aim:
 - Better Care
 - Smarter Spending
 - Healthier People
- Moving from volume to value
 - Pay-for-performance initiatives
 - Alternative payment models

Target percentage of payments in 'FFS linked to quality' and 'alternative payment models' by 2016 and 2018

Year	Alternative payment models (Categories 3-4)	FFS linked to quality (Categories 2-4)	All Medicare FFS (Categories 1-4)
2016	30%	85%	85%
2018	50%	90%	90%

Source: HRET Patient Safety Fellows webinar, April 21, 2015

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Context for Transforming Clinical Practice

- With the passage of the Affordable Care Act in 2010 came renewed efforts to improve our health care system.
- Efforts guided by focus on **better health, better health care, and lower costs** through quality improvement.
- Clinicians want to improve care for their patients, and to position their practices to thrive in a pay-for-value system.
- Increasing accountabilities from care delivery reform programs (e.g. Medicare Shared Savings Program).
- 16% (185,000) of clinicians are currently participating in CMS advanced care delivery models or model tests.
- With Innovation Center support, successful clinical practice leaders can support their peers with direct technical assistance to help them transform their practices.

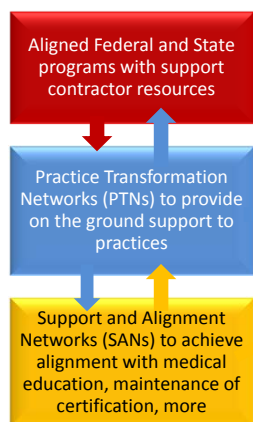
Transforming Clinical Practice Goals

- 1 Support more than 150,000 clinicians in their practice transformation work
- 2 Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients
- 3 Reduce unnecessary hospitalizations for 5 million patients
- 4 Generate \$1 to \$4 billion in savings to the federal government and commercial payers
- 5 Sustain efficient care delivery by reducing unnecessary testing and procedures
- 6 Build the evidence base on practice transformation so that effective solutions can be scaled

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Practice Transformation in Action

*Transforming Clinical Practice (TCP) would employ a **three-pronged approach** to national technical assistance.*



*This technical assistance would enable large scale transformation of more than 150,000 clinicians' practices to deliver **better care and result in better health outcomes at lower costs.***



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Clinical Practice Leaders Have Already Charted the Pathway to Practice Transformation

Traditional Approach

Patient's chief complaints or reasons for visit determines care.

Care is determined by today's problem and time available today.

Care varies by scheduled time and memory/skill of the doctor.

Patients are responsible for coordinating their own care.

Clinicians know they deliver high quality care because they are well trained.

It is up to the patient to tell us what happened to them.

Transformed Practice

We systematically assess all our patients' health needs to plan care.

Care is determined by a proactive plan to meet patient needs.

Care is standardized according to evidence-based guidelines.

A prepared team of professionals coordinates a patient's care.

Clinicians know they deliver high quality care because they measure it and make rapid changes to improve.

You can track tests, consults, and follow-up after the ED and hospital.

Adapted from Duffy, D. (2014). School of Community Medicine, Tulsa, OK.

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Transforming Clinical Practice Initiative Phases of Transformation



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6 Key Benefits to Participating Clinicians

1. Optimizes health outcomes for patients
2. Promotes connectedness of care for patients
3. Learn from high performers how to effectively engage patients and families in care planning
4. More time spent caring for patients
5. Stronger alignment with new and emerging federal policies
6. Opportunity to be a part of the national leadership in practice transformation efforts

Editorial: Key benefit = help you receive along the way

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Participant Expectations

- Join the Practice Transformation Network by signing a charter to focus on the initiative's aims;
- Progress through five identified phases of practice transformation over four years using technical assistance and peer-led support;
- Identify a PTN touch point of contact at your clinic to receive and disseminate information to clinicians from the PTN, CMS and other contractors;
- Collect and submit a core data set monthly via secure web portal beginning late Summer 2015;
- Participate in monthly webinars; and
- Participate in four-month PDSA improvement cycles coupled with in-person (regional or statewide) learning sessions.

Time Line

- CMS award announcement for PTNs expected by May 15, 2015.
- PTNs begin June 1, 2015.
- Five phases over four years:
 - Phase 1:** Setting aims and developing basic capabilities
 - Phase 2:** Reporting and using data to generate improvements
 - Phase 3:** Achieving aims of lower costs, better care, and better health
 - Phase 4:** Getting to benchmark status
 - Phase 5:** Practice has demonstrated capacity to generate better care, better health at lower cost

We Need Kansas Providers!

- We want Kansas to have a footprint and a voice in this program
- Submit charter after funding award to rlassiter@khconline.org this week!
- “If awarded, we commit to participate in the PTN. We anticipate (x number) providers to be involved in this initiative.”
Include primary care, specialists and mid-levels in count.

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Q&A / Discussion

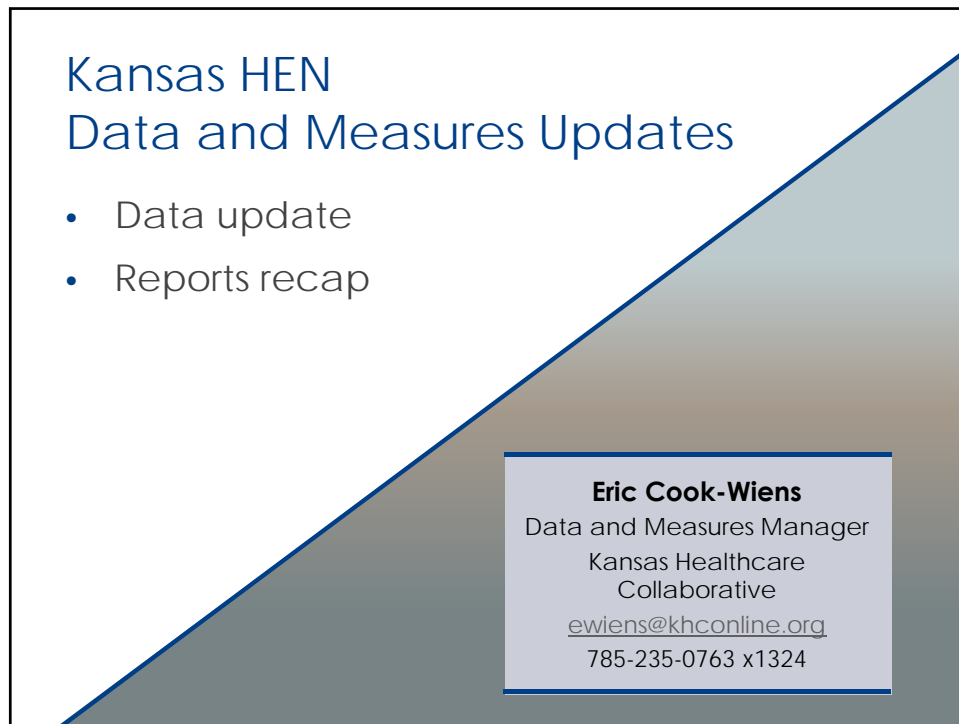


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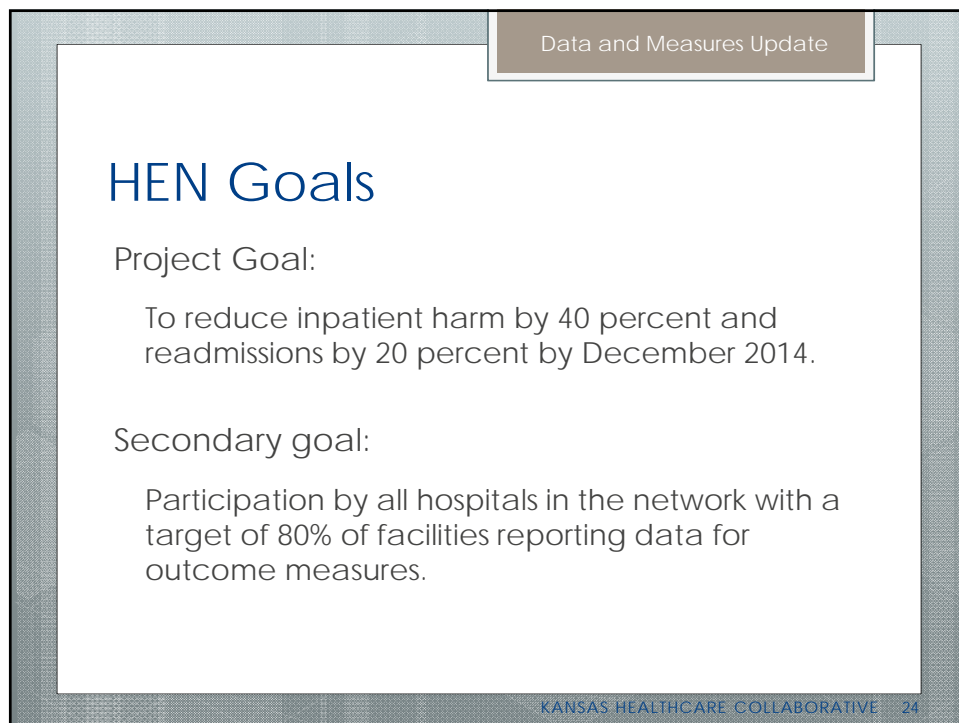
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Kansas HEN Data and Measures Updates

- Data update
- Reports recap

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Data and Measures Update

HEN Goals

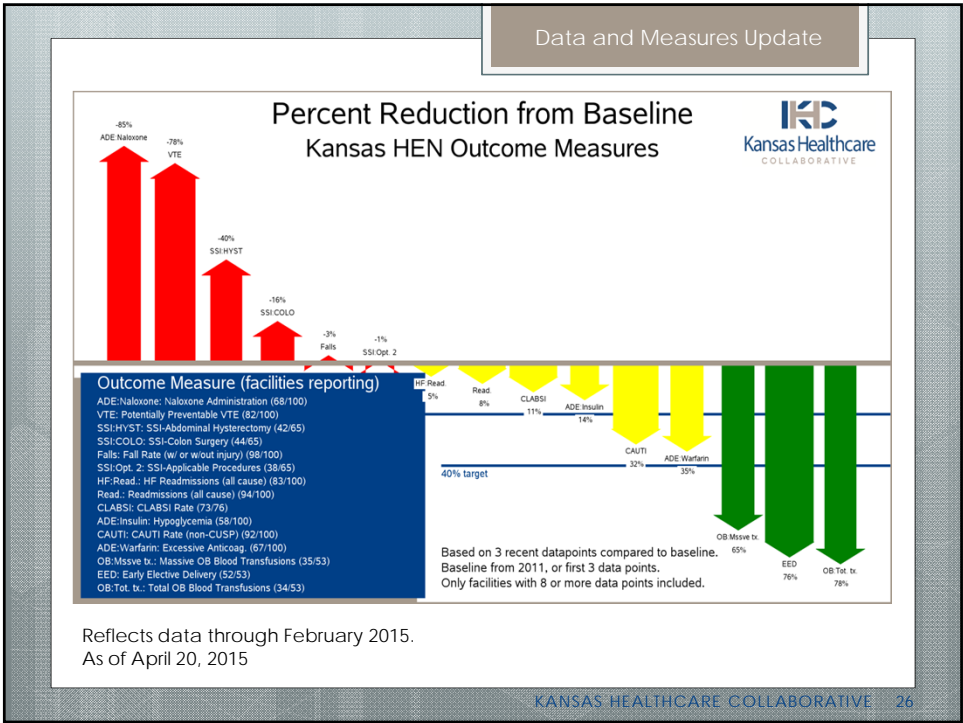
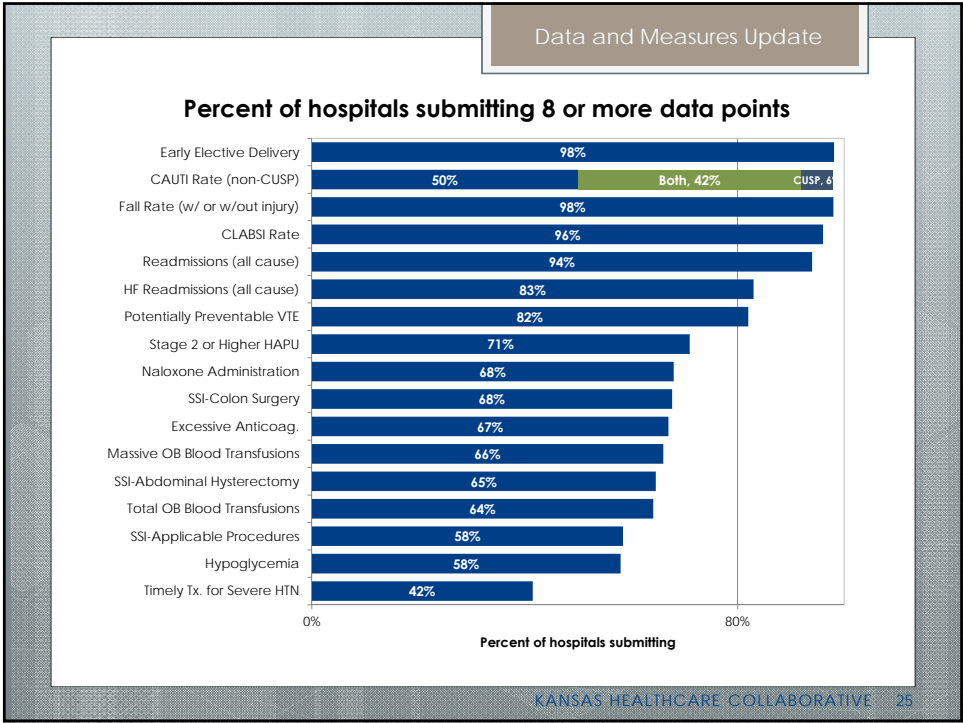
Project Goal:

To reduce inpatient harm by 40 percent and readmissions by 20 percent by December 2014.

Secondary goal:

Participation by all hospitals in the network with a target of 80% of facilities reporting data for outcome measures.

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Data and Measures Update

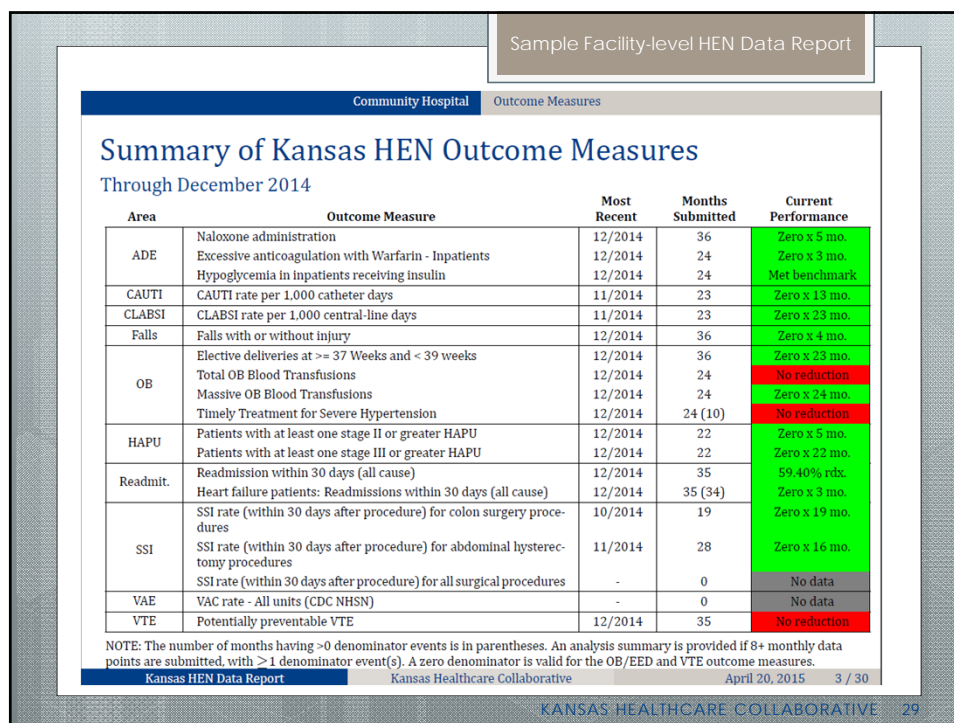
Kansas HEN 2015 Data Submission Schedule

Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
December 2014	November 2014	January 31, 2015
January	December	February 28
February	January	March 31
March	February	April 30
April	March	May 31
May	April	June 30
June	May	July 31
July	June	August 31
August	July	September 30
September	August	October 31
October	September	November 21
November	October	December 31

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Sample Facility-level HEN Data Report

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Sample Facility-level HEN Data Report

How are cell colors assigned?

Green	<ul style="list-style-type: none"> - A current streak of at least 3 months with zero numerator events, or - A reduction from baseline of 40% (20% for readmissions)*, or - Rate for the most recent 3 months meets the national benchmark set by CMS or HRET
Yellow	<ul style="list-style-type: none"> - Reduction from baseline, but not yet achieving target (40% or 20% for readmissions)*
Red	<ul style="list-style-type: none"> - No reduction from baseline*
Grey	<ul style="list-style-type: none"> - No data submitted, or - Insufficient data: Fewer than 8 monthly data points submitted, or - Sparse data: Data is submitted, but there were too few denominator events to evaluate change over time
N/A	<ul style="list-style-type: none"> - Inapplicable focus areas for certain facilities (eg. CLABSI, SSI, OB or VAE)
Orange	<ul style="list-style-type: none"> - Most recent submitted data more than 6 months old

*Current performance is determined by most recent 3 months of monitoring data. Baseline performance is determined by the 2011 annual baseline (if available) or by the earliest 3 months of monitoring data.

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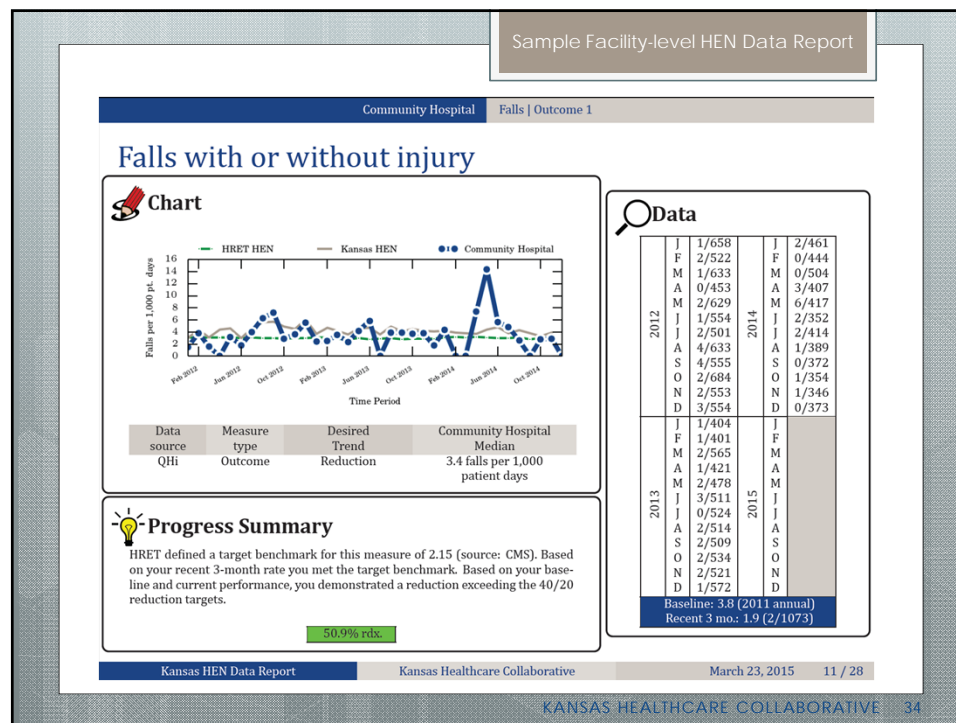
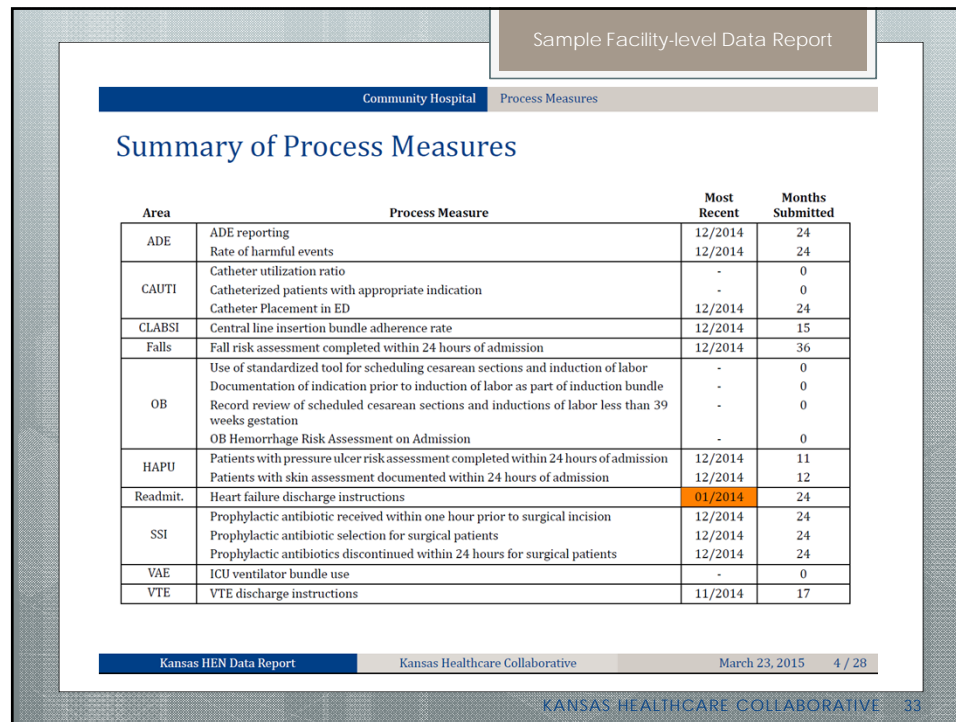
Sample Facility-level HEN Data Report

National Benchmarks

Measure	Benchmark	Source
Elective deliveries at >= 37 Weeks and < 39 weeks	2%	CMS HEN Program
Patients with at least one stage II or greater HAPU	1.487%	CMS HEN Program
Patients with at least one stage III or greater HAPU	0.21%	HRET
Falls with or without injury	2.15 falls per 1,000 patient days	CMS HEN Program
CAUTI rate per 1,000 catheter days	0.48 infections per 1,000 device days	CMS HEN Program
CLABSI rate per 1,000 central-line days	0.18 infections per 1,000 central-line days	CMS HEN Program
Potentially preventable VTE	0.156%	HRET
Excessive anticoagulation with Warfarin - Inpatients	0%	CMS HEN Program
Hypoglycemia in inpatients receiving insulin	7%	CMS HEN Program

Source: HRET Improvement Calculator v3.03, July 2014

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Sample Facility-level HEN Data Report

Facility-level Kansas HEN Data Reports

- When reviewing your report, if you see data that needs to be updated or corrected, fix it in the appropriate data system (NHSN or QHi).
- KHC plans to distribute the facility-level reports once per quarter. KHC will produce updated reports for individual requests within 1-5 work days.
- As our 'cell color' rules mature to reflect topic-specific progress, cells colors may be a component of next iteration of a de-identified, side-by-side "comparison report," which will focus on performance toward HEN goals.



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Polling Question #2

(choose one)

Have you analyzed your HEN measures in similar ways before?

- We knew what our performance levels were; the report validated them.
- We tracked our performance, but were surprised at the performance levels in the report.
- We have not considered our performance this way before; this is new for us.
- We have not seen/reviewed the report.

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Polling Question #3

(choose one)

What was your overall impression of your facility's performance "across the board" after reviewing your Kansas HEN report?

- Gratified – we worked hard and it paid off!
- Concerned – we have work to do
- Not surprised
- Mostly just noticed data needs to be cleaned-up
- Do not feel the performance scores are appropriate
- Have not seen the report

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Polling Question #4

(Select all applicable responses)


How will you use the Kansas HEN report?

- I will use this report to double-check data.
- I will use this report to help me analyze performance on HEN measures.
- I will use this report to communicate progress on HEN measures with our quality team.
- I will use this report to communicate progress on HEN measures with our CEO/senior leadership.
- I will use this report to communicate progress on HEN measures with our Board of Directors.
- We have other reports for these measures; I will probably will not use this report.
- I do not plan to use this report.

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Discussion

Q&A / Discussion



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Announcements

- AHA Quality Map Project
- FY 2016 Inpatient PPS Proposed Rule
- HEN 2.0 Update
- Recent KHC Events
- Upcoming Events
- Resources
- Contacts

For more information contact:

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785-235-0763 x1321

Announcements

AHA Quality Map Project

- The American Hospital Association will highlight quality success stories in an online, interactive map that brings together examples of QIs across the nation.
- A soon-to-be-released AHA report on quality efforts across the country will serve as a foundation for the Quality Map.
- **Kansas has success stories! Let us know if you would like to submit a case study. It can be in any of the 10 core HEN categories, plus patient satisfaction, ED visits, harm avoidance, evidence-based care measures or antimicrobial stewardship.**

For more information,
contact Janie Rutherford
KHC Communications Director
jrutherford@khconline.org
785-235-0763 ext.1322



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Announcements

FY 2016 Inpatient PPS Proposed Rule

- Published Apr. 17
- Comments due Jun 16
- Detailed *Regulatory Advisory* forthcoming
- This presentation focuses mainly on programs as they exist now (but will mention a couple of notable proposals)

Special Bulletin

Monday, April 20, 2015

CMS RELEASES FY 2016 INPATIENT PPS PROPOSED RULE

Late Friday, April 17, the Centers for Medicare & Medicaid Services (CMS) issued its hospital inpatient prospective payment system (IPPS) proposed rule for fiscal year (FY) 2016. Selected highlights of the proposed rule follow.

INPATIENT PPS

The proposed rule would increase inpatient PPS rates by 1.1 percent in FY 2016, compared to FY 2015, after accounting for inflation and other adjustments required by law. Table 1 below details the factors CMS includes in its 1.1 percent estimate. Each of the policies in the table below is described in more detail later in this Special Bulletin.

Table 1: Impacts of FY 2016 CMS Proposed Policies

Policy	Average Impact on Payments
Market basket update	+2.1%
Productivity cut mandated in the Affordable Care Act of 2010 (ACA)	-0.5%
Additional cut mandated in ACA	-0.2%
Technology and coding cut for FY 2010, 2011, and 2012 mandated by the American Taxpayer Relief Act of 2012 (ATRA)	-0.8%
Total	+1.1%

Operating Payment Update: The proposed rule contains a mandated net market basket update of 1.9 percent to the national standardized amount for those hospitals that submit data on quality measures and were meaningful users of electronic health records (EHRs), consistent with statutory requirements. This update includes an initial 2.7 percent market basket adjustment, less 0.6 percentage points for productivity, less an additional 0.2 percentage point mandated by the ACA. Hospitals not submitting quality data will be subject to a one-quarter reduction and hospitals that were not meaningful users of EHRs in FY 2014 will be subject to a one-half reduction in the initial market basket rate of 2.7 percent. Hospitals that fail to meet both of these requirements will be

CMS will accept comments on the proposed rule until June 16, 2015, and will respond to all comments in a final rule to be issued by August 1, 2015. The proposed rule can be downloaded from the *Federal Register* at <https://www.federalregister.gov/public-inspection>

This document is scheduled to be published in the *Federal Register* on 04/30/2015 and available online at <http://federalregister.gov/a/2015-09245>



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Announcements

HEN 2.0 Update

- **Who:** All acute care hospitals in the U.S.
- **What:** Achieve a 40% reduction in "all cause" preventable inpatient harm and a 20% reduction in 30-day readmissions. (Baseline 2010 or most recent year available)
- **When:** CMS expects funds will be made available Spring of FY 2015. Start date will be immediately upon award. Announcement expected no later than September 2015
- **How/Where:** Hospital Engagement Networks across the state and nation (AHA/HRET submitted proposal to CMS on March 27.)
- **Why:** In pursuit of safety across the board

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Kansas PFAC Collaborative

Kansas PFAC Collaborative

A statewide collaborative hosted by KHC with national faculty to help hospitals establish an effective Patient and Family Advisory Council or to improve upon an existing PFAC program.



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Kansas PFAC Collaborative

PFAC Kick-off Event

April 16, 2015
Topeka, KS

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Introduction to Lean in Health Care Workshop

Lean Workshop Attendees

50 participants from 21 Kansas healthcare-related organizations attended the KHC Introduction to Lean in Healthcare Workshop in Topeka, March 26-27.

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Introduction to Lean
in Health Care Workshop

From the photo gallery

March 26-27, 2015
Topeka, KS



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Upcoming KHC Events

Dates to Remember

May 27 (10 am)	Kansas HEN Webinar
May 18 (2 pm)	Kansas PFAC Collaborative Coaching Session #1
June 3 (all day)	Kansas ICU CUSP/CAUTI Project Meeting (cohort 9) (Topeka)
June 18 (2 pm)	Kansas PFAC Collaborative Learning Session #2
June 24 (10 am)	Kansas HEN webinar

Pre-register at www.khconline.org
Plan to log into webinars 10-15 minutes early.

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KHC Educational Archive

Kansas HEN Webinar Archive

Access recordings and handouts at
www.khconline.org
See General Education Archive.

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Upcoming Events

 **Upcoming National Events:**

May 12, 2015 • 11 am – 12 pm CT
On the CUSP: Stop CAUTI
May National Content Webinar

Topic:
Catheter Insertion Practices

Presenter:
Millisa Manojlovich, PhD, RN, CCRN
Associate Professor
University of Michigan School of Nursing

with
Stacy Martin, RN, BSN, CIC and Stephanie Carraway, MPH
Moffitt Cancer Center

To join, dial 877-410-5657, passcode 28128
Webinar link: <https://www.yourcall.com/webecho/GuestLogin.aspx?ConfRef=27619048&Pin=7313>

Access archived CAUTI educational sessions at:
www.onthecuspstophai.org/on-the-cuspstop-cauti/educational-sessions/content-calls

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Upcoming Events

Upcoming National Events:

May 6 (2 pm) webinar	<u>HPOE Live! Community Health Needs Assessments</u>
May 18 (1 pm) webinar	<u>TeamSTEPPS Implementation: Fostering Buy-in from the Front Lines to the C-suite</u>
June 16-18	<u>TeamSTEPPS National Conference</u> Denver, Colorado
July 22	<u>2015 Quality Roadmap</u> (For AHA/SLHQ members) San Francisco, California
July 23-25	<u>AHA Leadership Summit</u> <i>"Rewriting the Health Care Playbook: Leading Transformation and Innovation"</i> San Francisco, California

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Resources

National Resources:

AHRQ	<u>Free TeamSTEPPS Master Training Online: Self-paced option</u>
AHRQ	<u>2014 National Healthcare Quality and Disparities Report</u>
Institute for Healthcare Improvement	<u>Getting Started Kit: Multidisciplinary Rounds How-to Guide</u>
HPOE	<u>Baldrige: Your Hospital's Journey to Excellence</u> (recording)
AHA Trustee April 2015	<u>Article: The Importance of Physician Leadership</u>
BMJ Open September 2014	<u>The role of hospital managers in quality and patient safety: a systematic review</u>

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www.khconline.org

Your KHC Team

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Discussion

Q&A / Discussion



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