

## IHA Pay for Performance Summit | 2015

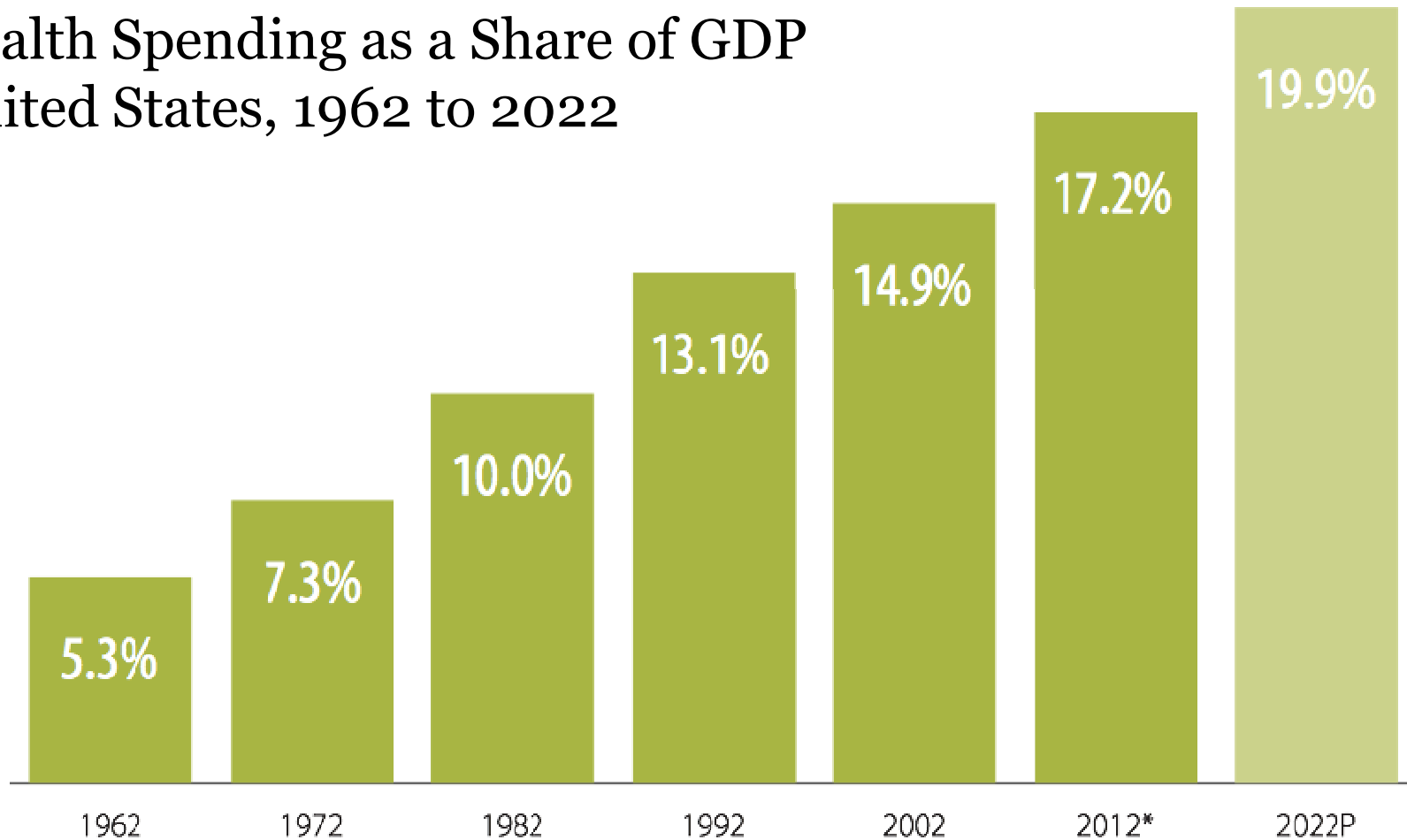
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**Using Regional Health  
Improvement Collaboratives  
to Drive Improvement  
and Reduce Costs**



**We have a problem.**

## Health Spending as a Share of GDP United States, 1962 to 2022





**We know the reason(s).**

**Lack of  
Data Access**

**Wrong  
Incentives**

**Medical  
Error  
Rates**

**Poor  
Health  
Outcomes**

**Fragmented  
Delivery System**

**Lack of  
Cost  
Transparency**





# We have a force for change...

January 27, 2015

→ Secretary Burwell Announces HHS Quality Payment Goals, Introduces Timeline For Shifting Medicare Reimbursements From Volume to Value



## Payment Reform Taxonomy

1	2	3	4
Fee for Service	Fee for Service	Alternate Payment Models	Population-Based Payment
No link to quality	Link to quality	Built on Fee for Service	



**...an opportunity to change care for the better...**

**Treatment Room**

**Practice Transformation**



...consensus on a starting point...

91D4789CA29DDF90472DA1E3F89EA87D45FF38FD26D9828CA  
D38AB27A1C6EB349BCDC6137A1B2B446FF907256E80B10CE8  
D87D38AB27A1C6EB33BCAB850CC89EA87D45FF7BA4AA0052E  
A45A6B38DBA89BA675B430D9C0A1B2B446FF9047238FD26D9

# Transparency

446F5BADACB82749B8DBA89BA677D45FF8DF75A34ADC1F252  
CB8291D47E0342ADC9672D8EE8F46FF90E62E2C061DC06E9I  
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CCB82749BCDC310FF7BA8C87890634F4161ADCCB3D4789C9A  
CF0742ADC1E2FDE00472DA1E3F89EA87D45FF38FD26D9



...and a roadmap.

The image shows the front cover of a report. The top half has a blue background with faint, overlapping graphics of a calendar and a clock. The title is in white and yellow text. The bottom half is a white curved shape containing the word 'Overview' and a paragraph of text.

Health Information Technology

Connecting Health and Care for the Nation:  
A 10-Year Vision to Achieve an  
Interoperable Health IT Infrastructure

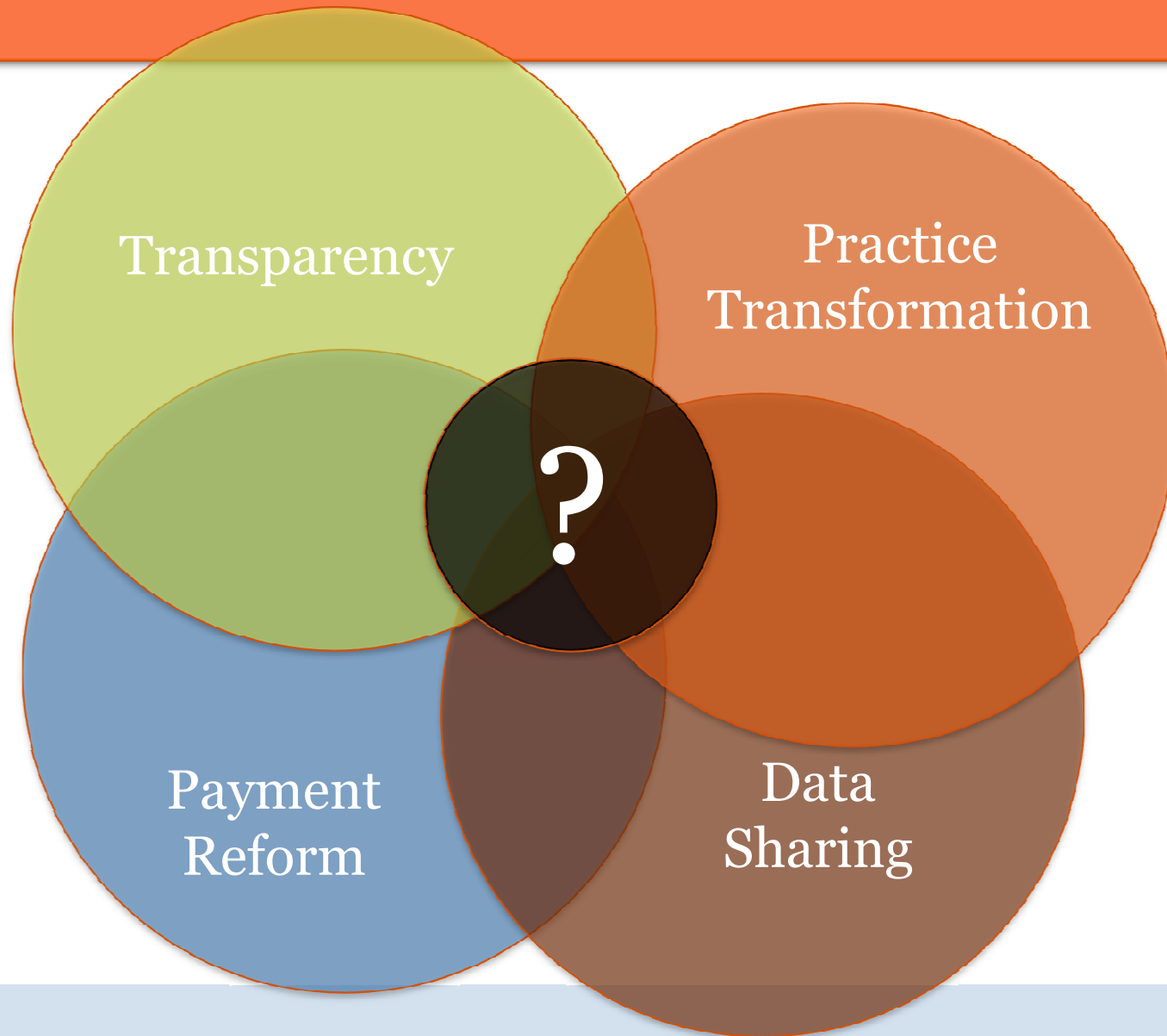
Overview

The U.S. Department of Health and Human Services (HHS) has a critical responsibility to advance the connectivity of electronic health information and interoperability of health information technology (health IT). This is consistent with its mission to protect the health of all Americans and provide essential human services, especially for those who are least able to help themselves. This work has become particularly

## Interoperability Roadmap



## Where does this all come together?

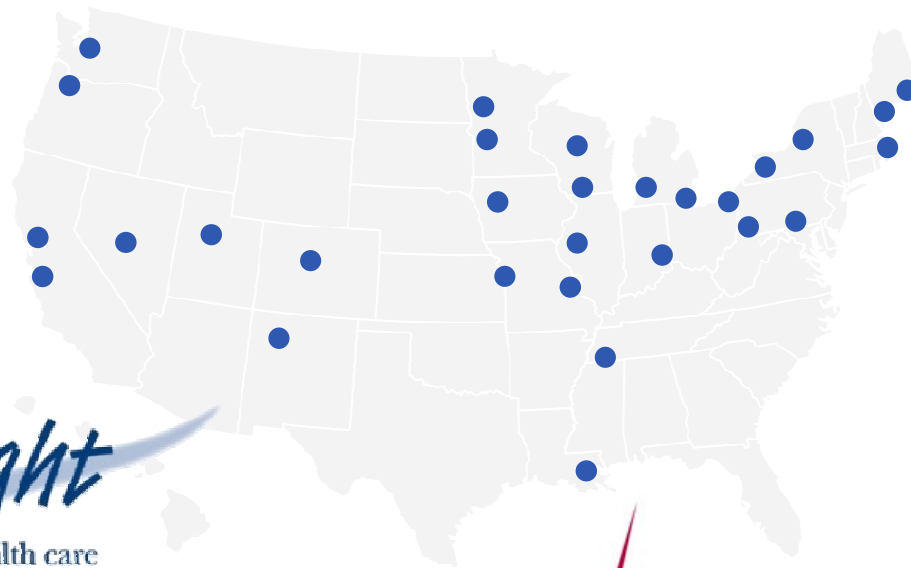




**Funny you should ask.**



## A few examples



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a partnership for the future of health care





# Multi-payer Patient Centered Medical Homes





# Multi-payer Patient Centered Medical Homes



## Eastern Maine Health System

76% reduction in ED visits

86% reduction in hospital admissions

## Martin's Point (a PCMH pilot site)

Readmissions rate dropped from 24% to 17%

Enhanced payments to primary  
care practices: \$12.8 million



# Hospital Engagement Networks





# Hospital Engagement Networks



Iowa HEN 126 Hospitals*			CAUTI: 37.75% decrease in hospital-acquired, catheter-associated UTI rate
<b>Falls:</b> 36.94% decrease in falls– moderate injury	<b>EED:</b> 82.27% decrease in EED rate	<b>OB-Other:</b> 20.97% decrease in PSI-17–injury to neonate	<b>PrU:</b> 84.25% decrease in PSI-03 (Medicare)
<b>SSI:</b> 60.53% decrease in SSI abdominal hysterectomy SIR (NHSN)	<b>VAP:</b> 40.89% decrease in ventilator-associated pneumonia	<b>VTE:</b> 3.90% decrease in number of acute surgical inpatients who develop VTE	<b>Readm:</b> 6.96% decrease in Medicare FFS 30-day all-cause readmissions

\* The number of hospitals included on the HEN's April 2014 hospital list. The number of hospitals contributing data to each measure varies. Timeframes vary by measure from January 2010 to March 2013.



# Hospital Engagement Networks



## Iowa HEN – 126 Hospitals

Falls	36.94%	decrease
CAUTI	37.75%	decrease
EED	82.27%	decrease
OB-Other	20.97%	decrease in PSI-17 injury to neonate
PrU	84.25%	decrease
SSI	60.53%	decrease
VAP	40.89%	decrease
VTE	3.90%	decrease in acute surgical inpatients
Readm	6.90%	decrease in Medicare FFS 30-day all-cause readmissions



# Hospital Engagement Networks



**Total Events  
Avoided**

**4344**

**Decrease the  
Length of Stay**

**17,758**

**Lives Saved**

**32**

**Cost Savings**

**\$51,240,122**



## Quality Improvement Initiatives

*HealthInsight*

a partnership for the future of health care



# Quality Improvement Initiatives



## New Mexico Financial Cost Calculation

32 CAUTI prevented	\$28,672
47 CLABSI prevented	\$2,153,258
9 SSI prevented	\$187,065
27 cases of healthcare-onset MRSA	\$569,538
	<hr/>
	\$2,938,533

However:

Hospital onset NM CDI cases  
is now 386 cases at \$11,285 each = \$4,356,010

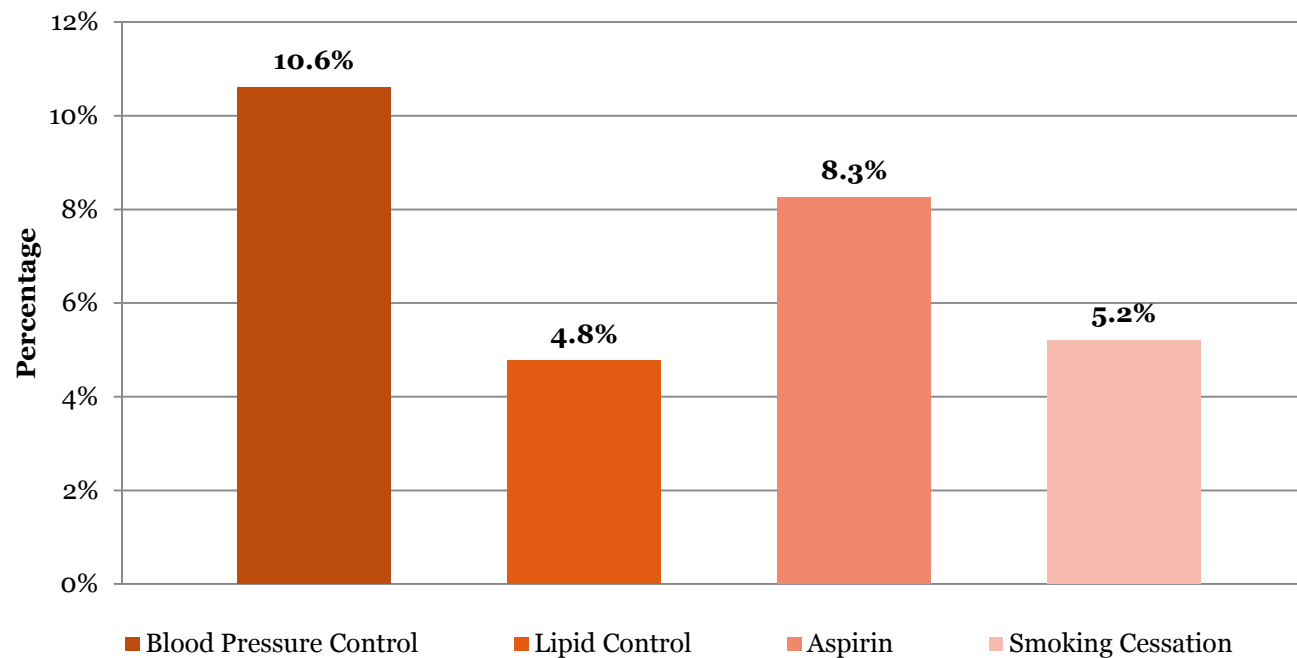


# Quality Improvement Initiatives

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## Utah Million Hearts Campaign

### Absolute Improvement in Measures Baseline - Remeasurement



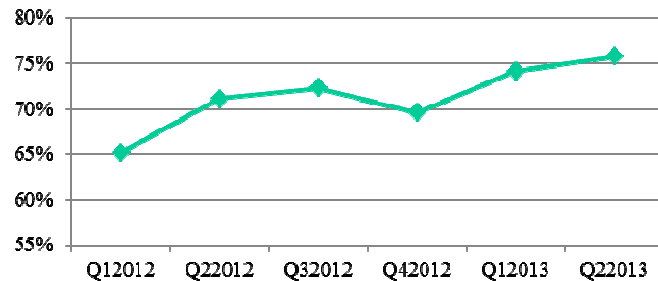


# Quality Improvement Initiatives

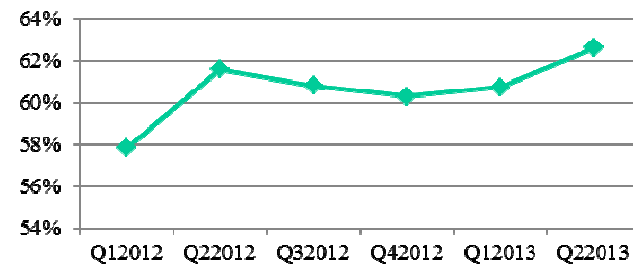
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## Utah Million Hearts Campaign

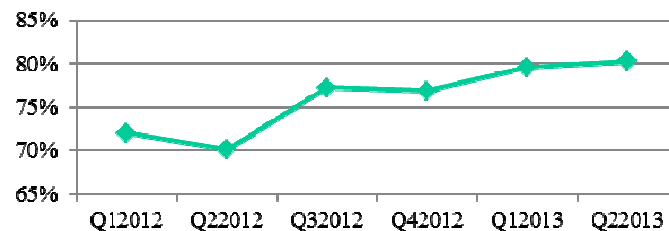
### Diabetes: Blood Pressure Management



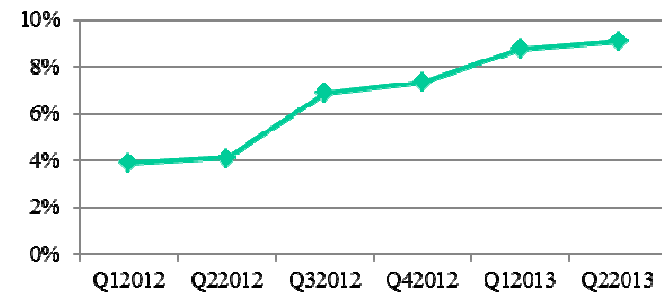
### Diabetes: Low Density Lipoprotein (LDL) Management and Control



### Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD



### Preventive Care and Screening Measure Pair: b. Tobacco Cessation Intervention





## Quality Improvement Initiatives



### Utah Million Hearts Campaign

Percent of Clinics showing Improvement—  
Baseline to Remeasurement

80% on BP Control score.

54% on Lipid Control score.

52% on Aspirin score.

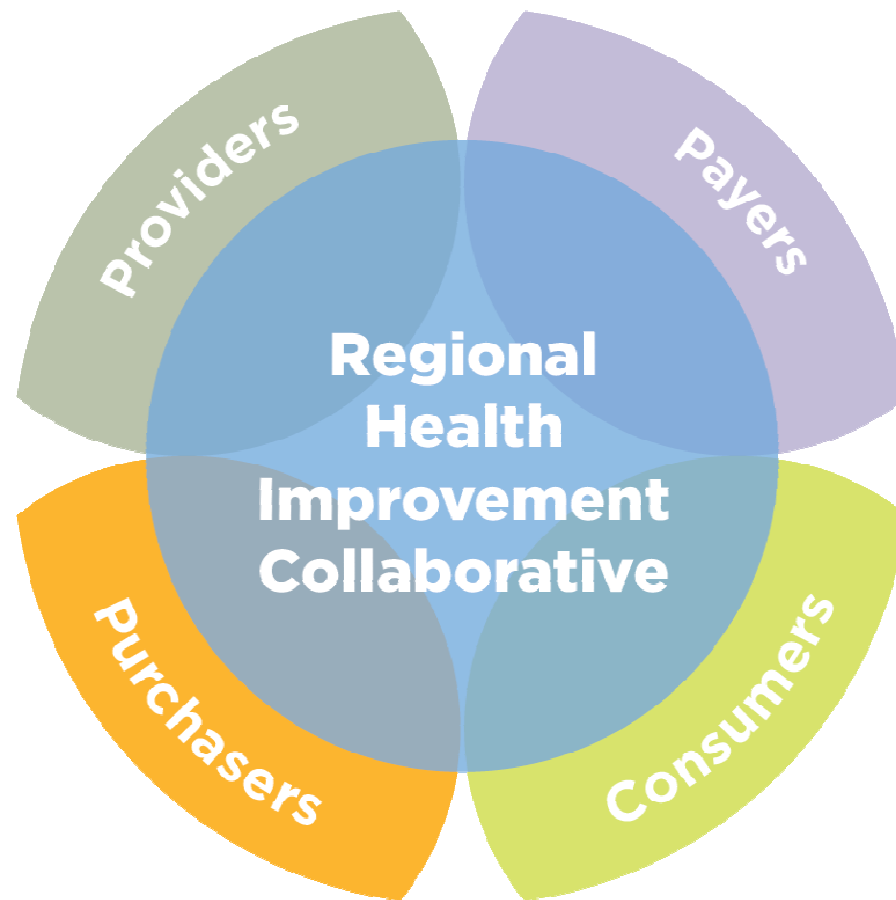
67% on Smoking Cessation score.



**How have these  
regional collaboratives  
achieved these results?**



**By coming together.**





## But what's new?

Increased pressure to reduce costs

Increased demands for transparency

A push for redesign of care

A push for payment reform

New momentum for data sharing



## **The time is now.**

We have identified the multivariate nature of the problem.

Single stakeholder solutions are inadequate.

We have proof that multi-stakeholder solutions at the regional level are effective.

And for the first time we have a new environment which is demanding multi-stakeholder approaches.



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# Questions