



Trajectories

Aim Toward Outcomes

OCTOBER 2014



Trajectories is a new monthly publication highlighting Missouri hospital initiatives to improve the health of their communities, and the experience and quality of care provided to their patients, as well as the efficiency of care delivered.



Today, health care leaders are navigating the transformation of payment and health care delivery driven by provisions in the Affordable Care Act, signed into law Mar. 23, 2010. The shift from volume- and fee-based payments to payments based on outcomes requires significant changes in the coordination, communication and delivery of care. The goal of every hospital is to maximize patient-centered, efficient quality of care while reducing financial costs and penalties. This approach was coined “the Triple Aim:” improving the individual experience of care, improving the health of populations; and reducing the per capita costs of care for populations.¹

These new models of payment and health care delivery require a strategic emphasis on population health management and alignment with key partners including public health, primary care and post-acute providers. Population health is defined as the “health outcomes of a group of individuals, including the distribution of such outcomes within the group.”²

To achieve this, health care systems and providers must transition from episodic treatment of primarily chronic diseases among an aging population to a coordinated system of prevention, primary, acute, long-term and end-of-life care services. The Missouri Hospital Association, recognizing the challenges and opportunities of this new paradigm, is strategically positioned to help Missouri hospitals and health systems.

Established Foundation for Improvement

The Centers for Medicare & Medicaid Services’ Partnership for Patients national pilot initiative was launched January 2012 to improve the quality of care provided throughout the health care delivery system.³ Known as the Hospital Engagement Network, the HEN established a goal of 40 percent reduction in hospital-acquired conditions and infections and a 20 percent reduction in readmissions.³ This was a fundamental shift away from measuring specific point-of-care activities that are demonstrated to contribute to quality of care to a system of measuring the outcomes of delivered care. Hospital-acquired conditions such as harm, infections and readmissions all are outcomes to be avoided. The HEN focus has been on reducing negative outcomes associated with hospitalization for the following 11 specific conditions.

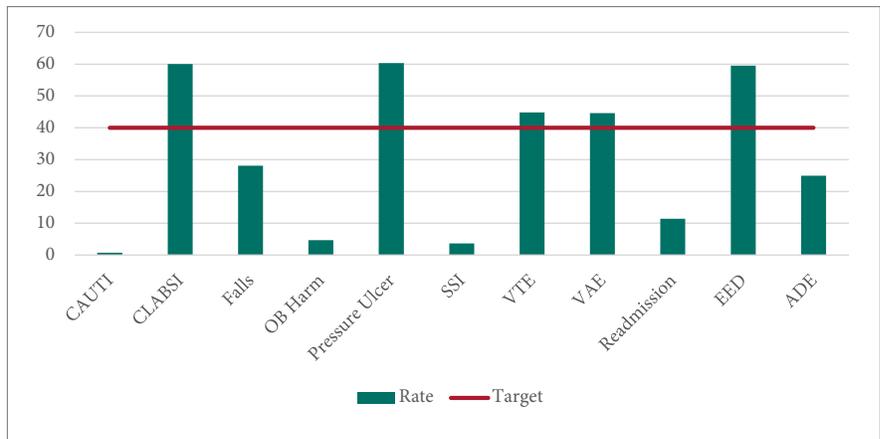
- adverse drug events (ADE)
- catheter-associated urinary tract infection (CAUTI)
- central line associated bloodstream infection (CLABSI)
- early elective deliveries (EED)
- falls
- obstetrics
- pressure ulcers (PRU)
- readmissions (readmit)
- surgical site infections (SSI)
- ventilator-associated events, such as pneumonia (VAE)
- venous thrombosis embolus (VTE)

MHA and Missouri health care providers have much success on which to build. The HEN has served as a pivotal approach to improving quality outcomes by providing educational opportunities, facilitating networking and sharing best practices. Among the 11 topics focused on 40 percent reduction of harm or infection, the MHA HEN initiatives met the goal of 40 percent reduction for CLABSI, PRU, VTE, VAE and EED. However, the work continues. Not all goals for reduction of harm or readmission have been realized. As noted in the October issue of the Hospital Industry Data Institute’s monthly newsletter, [HIDI HealthStats](#), exhaustive analysis of the factors contributing to readmissions is underway. Staff experts at MHA and HIDI are working together to better understand and address the conditions, populations and locations where readmissions are most likely to occur. This level of analysis provides the information necessary to guide and evaluate efforts to improve quality of care outcomes.

A Path Forward

The results from the Patients for Partnership HEN demonstrate that MHA and member hospitals are poised for advancing the Triple Aim Principles. The MHA Board of Trustees and staff have adopted the Triple Aim as a strategic priority. Guided by Missouri

Figure I: HEN Percent Improvement



experts serving on a newly-formed Strategic Quality Advisory Committee, initiatives to improve care and reduce variation will incorporate the following technical and adaptive strategies.

Technical Strategies

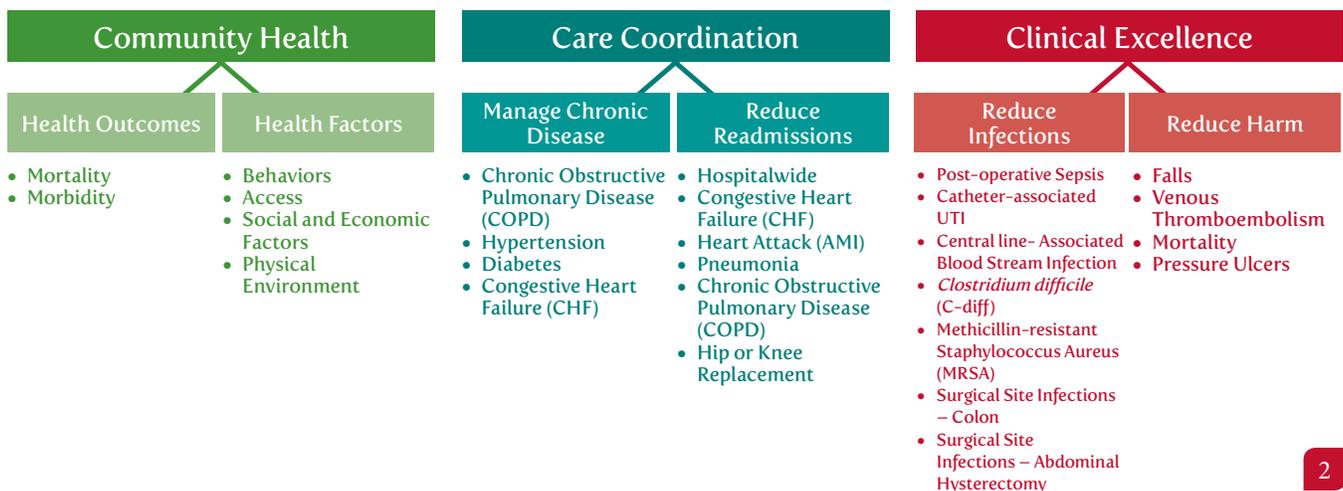
- share evidence-based practices
- analyze and evaluate efforts of improvement with data
- provide tools and resources
- educate

Adaptive Strategies

- engage
 - patients and families
 - physicians and other providers
 - bedside care providers
 - leadership
 - external stakeholders
- coordinate care across the continuum
- strive for health equity

- integrate prevention and population health
- promote a culture of quality

The scope of quality improvement is expansive and can be overwhelming. To ensure a focused approach, the MHA Strategic Quality Advisory Committee has recommended care coordination and clinical excellence as the domains of improvement. Specifically, the committee has recommended that MHA support a statewide initiative to improve management of four chronic conditions, reduce readmissions for five specific conditions, reduce six specific types of infection and reduce four types of harm. Established measures collected through discharge data will be used to guide and evaluate statewide progress.



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The transformative changes in health care today are challenging, yet Missouri's hospitals are poised to build on the success of the HEN. The work continues. A focused strategy to reduce variation and improve care is underway. MHA and Missouri hospital leaders and providers are poised to lead the efforts in every Missouri community for better health...better care...lower costs.

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¹ Berwick, D.M., Nolan, T.W., & Whittington, J. (2008). The triple aim: Care, health, and cost. *Health Affairs* 27(3), p. 759-769. Doi:10.1377/hlthaff.27.3.759.

² Kindig, D. & Stoddart, D. (2003). Models for population health. *American Journal of Public Health* 93(3), p. 380-383. Retrieved September 25, 2014 from <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.93.3.380>

³ The Centers for Medicare & Medicaid Services. (n.d.) Patients for partnership: Hospital engagement network. Retrieved September 25, 2014 from <http://partnershipforpatients.cms.gov/about-the-partnership/hospital-engagement-networks/thehospitalengagementnetworks.html>

⁴ Public Law 111-148. (2010, March 23). The patient protection and affordable care act. Retrieved September 25, 2014 from <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>