



American Indian/Alaska Native Healthcare Quality Initiative

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Agenda

- Delivery System Reform Goals
- Quality Payment Program Overview
- CMS Quality Strategy
- Hospital Engagement Networks/Hospital Improvement Innovation Network

Delivery System Reform requires focusing on the way we pay providers, deliver care, and distribute information

“



Improving the way providers are incentivized, the way care is delivered, and the way information is distributed will help provide better care at lower cost across the health care system.

”

FOCUS AREAS

Pay Providers

Deliver Care

Distribute Information

Better Care, Smarter Spending, Healthier People

Focus Areas

Description

Incentives

- **Promote value-based payment systems**
 - Test new alternative payment models
 - Increase linkage of Medicaid, Medicare FFS, and other payments to value
 - **Bring proven payment models to scale**
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Care Delivery

- **Encourage the integration and coordination of services**
 - **Improve population health**
 - **Promote patient engagement through shared decision making**
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Information

- **Create transparency on cost and quality information**
- **Bring electronic health information to the point of care for meaningful use**

During January 2015, HHS announced goals for value-based payments within the Medicare FFS system

Medicare Fee-for-Service

GOAL 1: **30%** 

Medicare payments are tied to quality or value through **alternative payment models where the provider is accountable for quality and total cost of care** by the end of 2016, and 50% by the end of 2018

GOAL 2: **85%** 

Medicare fee-for-service payments are **tied to quality or value** by the end of 2016, and 90% by the end of 2018



STAKEHOLDERS:

Consumers | Businesses
Payers | Providers
State Partners



Set **internal goals** for HHS



Invite **private sector players** to match or exceed HHS goals

NEXT STEPS:



Testing of new models and expansion of existing models will be critical to reaching incentive goals

Creation of a Health Care Payment **Learning and Action Network** to align incentives between public and private sector players

The 2016 CMS Quality Strategy Mission



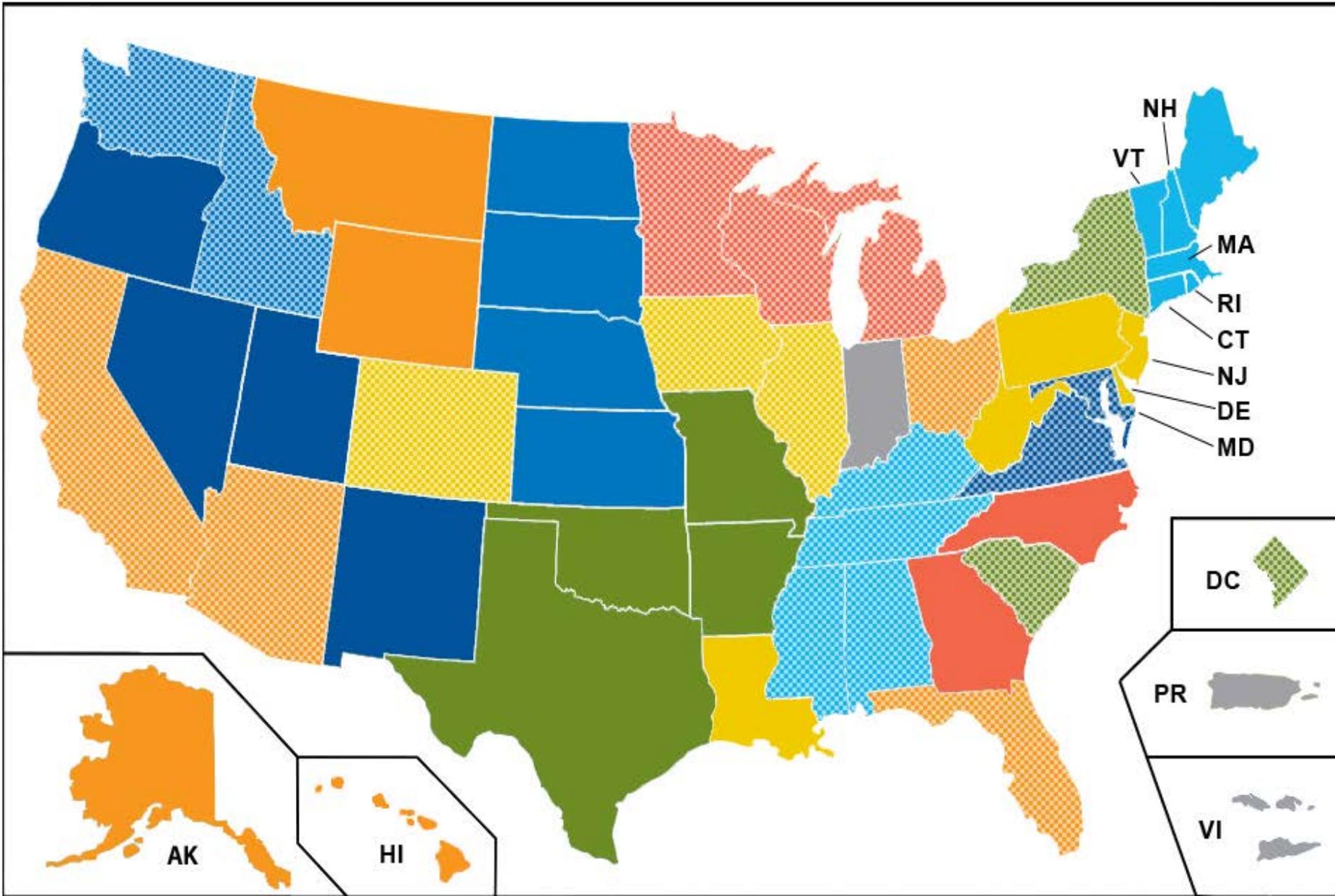
Optimize health outcomes by leading clinical quality improvement and health system transformation.



Hospital Engagement Networks/Hospital Improvement Innovation Network

The HEN/HIINs work at the hospital system level, regional, state, or national level to provide:

- Training and education programs including onsite hospital visits
- Technical support to achieve quality measurement goals
- Safety tools and resources
- Best practice sharing forums
- Data benchmarking and tracking to measure quality improvement goals in the area of harm reduction



- Alliant - Georgia Medical Care Foundation
- Atlantic Quality Improvement Network
- atom Alliance
- Great Plains Quality Innovation Network
- HealthCentric Advisors
- HealthInsight
- Health Services Advisory Group
- Lake Superior Quality Innovation Network
- Mountain Pacific Quality Health Foundation
- Qualis Health
- Quality Insights Quality Innovation Network
- Telligen
- TMF
- VHQC

**Indiana, Puerto Rico and Virgin Islands awards have not yet been determined.*

Overarching Contract Goals



- **Support, build and/or redesign the IHS hospital infrastructure by solidifying the foundational structures and processes that will lead to high quality healthcare in the following domains:**
 - Leadership
 - Staffing
 - Data acquisition and analytics
 - Clinical standards of care
 - Quality of care
- **Support more front line staff (clinical, clerical, administrative etc...) working within the 26 IHS hospitals in work to achieve sustainable high quality, reliable, and safe care and related processes that can be sustained;**
- **Instill the principles of continuous quality improvement;**
- **Improve health outcomes for the communities served by these hospitals in key areas of quality and safety;**
- **Develop a patient centered approach to care that treats the whole person in the context of culture, traditions and personal wishes.**



- **Focused on developing strong hospital systems (processes; team based care; clinical quality improvement)**
- **Inclusion of patient and families in the process with cultural sensitivity to the new/redesigned system**
- **Strong focus on developing effective leaders (Leadership Learning & Action Network)**
- **Feedback loop for IHS policies/procedures for system level improvement and sustainability**

The Washington Post

April 1, 2015

Fact Checker

Obama's claim the Affordable Care Act was a 'major reason' in preventing 50,000 patient deaths

By Glenn Kessler

The Affordable Care Act is "a major reason why we've seen 50,000 fewer preventable patient deaths in hospitals."

— President Obama, [remarks on the fifth anniversary of the Affordable Care Act](#),
March 25, 2015

The Pinocchio Test

The president's statement could have been a bit more precisely worded to reflect some of the uncertainty in the estimate: "*likely* a major reason why we've seen *an estimated* 50,000 fewer preventable patient deaths in hospitals."

But that's a relatively minor quibble. The numbers might seem large, but the research seems solid, according to experts we consulted, and it is based on a review of an extensive database. The results likely reflect work that predated the ACA but at the same time the ACA has spurred even greater cooperation among hospitals. Since the president is using a figure more than a year old, it is likely understated — unless, of course, the interim number for 2013 turns out to be overstated. We will keep a watch on that.

But in the meantime, the president's claim appears worthy of the elusive Geppetto Checkmark.



New York Times "Fixes" looks at solutions to social problems and why they work

Part 1: Reducing Preventable Harm in Hospitals

By [*David Bornstein*](#) January 26, 2016

January 26, 2016 108 Comments

Part 2: Hospitals Focus on Doing No Harm

By [*David Bornstein*](#) February 2, 2016

February 2, 2016 82 Comments

URL, Part 1:

<http://opinionator.blogs.nytimes.com/2016/01/26/reducing-preventable-harm-in-hospitals/>



Contact Information

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IHS Quality Framework 2016-2017



IHS Mission Statement

To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.



Quality Vision

IHS will provide patient-centered, timely, effective, safe, and reliable health care of the highest quality.



Quality Goals & Priorities

Goals

- Improve Health Outcomes for Patients Receiving Care
- Provide a Care Delivery Service All Patients Trust

Priorities

- Strengthen Organizational Capacity to Improve Quality of Care & Systems
- Meet & Maintain Accreditation for IHS Direct Service Facilities
- Align Service Delivery Processes to Improve patient Experience
- Ensure Patient Safety
- Improve Processes & Strengthen Communications for Early Identification of Risks



Priority 1: Strengthen Organizational Capacity to Improve Quality of Care & Systems

Objectives

- Provide leadership in Quality
 - Establish an Office of Quality at IHS Headquarters
 - Refine the Quality Consortium Role
- Standardize Governance
 - Standardize Governing Body Policy
 - Review Area Offices & Service Units for Best Practices
- Strengthen Human Resources
 - Enhanced Recruitment for Highly Qualified Clinicians & Executives
 - Encourage Staff Development, Provide Quality Improvement Training & Maintain Ongoing Commitment to Quality Improvement
- Standardize Data and Reporting Requirements
 - Establish IHS-wide Standard Data Collection & Reporting Requirements
 - Use Data to Drive Process Improvements & Decisions



Priority 2: Meeting & Maintain Accreditation for IHS Direct Service Facilities

Objectives

- Ensure Accreditation of IHS Direct Service Facilities
 - Use a Single Accrediting Source to Ensure Uniformity
 - Increase Training & Technical Assistance
- Implement Annual Mock Surveys for all IHS Direct Service Facilities
 - Conduct Mock Surveys Annually to Ensure Readiness
 - Document & Respond to Survey Findings
- Conduct Quarterly Meetings for Survey Readiness
 - Build Survey Readiness & Create a Learning Environment
 - Highlight Best Practices to Meet Accreditation Standards
 - Proactively Address Problems & Reduce Risk



Priority 3: Align Service Delivery Processes to Improve Patient Experience

Objectives

- Improve the Patient Experience
 - Develop & Implement a Patient Perception Survey Process
 - Survey Findings will Drive Process Improvement Efforts
- Improve Patient Wait Time
 - Reduce Patient Wait Times for Appointments & Emergency Department
 - Review & Leverage Best Practices from Service Units & the Health Care Industry
- Improve the Credentialing Process
 - Standardize the Credentialing Business Process & Implement a Single Credentialing Software
- Central Repository of Policies & Procedures
 - Develop an Area Office Central Repository of Policies & Procedures
 - Study the Feasibility of an IHS-wide Central Repository



Priority 4: Ensure Patient Safety

Objectives:

- Promote a Culture of patient Safety
 - Promote a Culture of Patient Safety Through Education & Training at all Levels
 - Focus on Continuous Quality Improvement & Develop In-house Expertise
- Enhance Patient Safety Event Reporting & Identification
 - Enhance Current Patient Safety Reporting Systems
 - Encourage & Require Consistent Use of Reporting Systems IHS-wide
- Strengthen Processes for Addressing Patient Safety Events
 - Implement a Systems Approach to Reduce Adverse Events & Risks to Patient Safety
- Control Healthcare Associated Infections
 - Adopt New Approaches to Reduce Healthcare Associated Infections
 - Provide Access to Recognized Experts & Industry Best Practices to Support Continuous Quality Improvement



Priority 5: Improve Processes & Strengthen Communications for Early Identification of Risks

Objectives:

- Implement a Data Monitoring Systems for Quality Management
 - Identify IHS-wide Quality Management Measures & Indicators
 - Periodically Review the Effectiveness of Selected Measures & Adjust, as Needed
- Improve Communications Throughout the Agency
 - Foster Regular & Frequent (i.e., monthly or quarterly) Quality Communications between Headquarters, Areas & Service Units
 - Staff at All Levels will Focus on Continuously Improving the Quality of Health Care Delivery



Questions



