The National Quality Strategy and The Public Sector
Federal Agency Alignment to the Six Priorities

July 21, 2016
Housekeeping

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Agenda

• The National Quality Strategy and the Agency Specific Planning Process
  Nancy Wilson, B.S.N., M.D., M.P.H., Executive Lead, National Quality Strategy

• CDC Support for the National Quality Strategy
  Peter Briss, M.D., M.P.H., CAPT USPHS, Centers for Disease Control and Prevention, Medical Director, Associate Director for Science (Acting)

• Healthier Employees, Healthier Americans: OPM’s 5-year Quality Journey
  Christine Hunter, M.D., Office of Personnel Management, Federal Employees Health Benefits Program, Chief Medical Officer

• Discussion/Question and Answer
THE NATIONAL QUALITY STRATEGY AND THE AGENCY SPECIFIC PLANNING PROCESS

Nancy Wilson, B.S.N., M.D., M.P.H.
History of the National Quality Strategy

• The Strategy provides a national organizing framework to **improve the delivery of health care services, patient health outcomes, and population health**

• More than 300 groups, organizations, and individuals, representing all sectors of the health care industry and the general public, provided input that shaped the Strategy’s aims, priorities, and levers

• First published in 2011, it drives a **nationwide effort** to improve health and health care across America and align quality measures and quality improvement activities
Timeline of the National Quality Strategy

- 2010: Input from multi-stakeholder organizations on National Quality Strategy
- 2011: National Quality Strategy published
- 2012: Million Hearts begins
- 2013: CMS Quality Strategy published
- 2014: 11th QIO Statement of Work released
- 2015: California DHCS Quality Strategy update
- 2016: CMS Quality Strategy update

Additional events:
- 2011: Partnership for Patients begins
- 2013: California Department of Health Care Services (DHCS) Quality Strategy update
- 2014: California DHCS Quality Strategy update
- 2015: National Quality Strategy 5-Year Anniversary
Improving health and health care quality can occur only if all sectors, individuals, family members, payers, providers, employers, and communities, make it their mission.

Members of the health care community can align to the National Quality Strategy by doing the following:

- **Adopt the three aims** to provide better, more affordable care for the individual and the community.
- **Focus on the six priorities to guide efforts to improve** health and health care quality.
- **Use one or more of the nine levers to identify** core business functions, resources, and/or actions that may serve as means for achieving improved health and health care quality.
CDC Support for the National Quality Strategy

PETER A. BRiSS, MD, MPH
MEDICAL DIRECTOR
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

CDC

National Quality Strategy Webinar
July 21st, 2016
The Centers for Disease Control and Prevention (CDC) works 24/7 to address challenging health priorities

- Improving health security at home and around the world
  - disease threats, antimicrobial resistance, foodborne illness, health care-associated infections

- Preventing the leading causes of illness, injury, disability and death
  - the top 10 leading causes of death account for 75% of all U.S deaths
  - cardiovascular disease, stroke, and cancer account for more than 50% of all deaths
The Centers for Disease Control and Prevention (CDC) works 24/7 to address challenging health priorities

- **Strengthening public health & health care collaboration**
  - better aligning public health and health care to increase the value of our nation’s health investments
  - partnering with providers, increasing use of community and clinical preventive services, and using data to improve population health

- All of these actions reduce burden on the health care system, improve health care quality, improve health, and support the National Quality Strategy
Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease

- Despite progress, CVD remains the leading cause of death in the US

- CDC leads the Million Hearts® initiative
  - Drove development and implementation of standardized treatment protocols, action steps, and other supports for treatment of hypertension and tobacco use
  - Displayed performance on the ABCS on a “Clinical Quality Measurement Dashboard” representing millions of Americans, making information on the care of these critical issues more accessible and transparent
  - Recognized 18 new Champions, (ranging from solo physicians to large health systems) for achieving high rates of hypertension control and disseminating their best practices to help others excel
  - Developed and worked to deploy new performance measures related to treatment of cholesterol and tobacco use
Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease

- Despite progress, 40 million Americans still smoke, contributing to heart disease, stroke, cancer, and a host of other ailments. In response, CDC:
  - Worked to develop and deploy new quality measures related to delivery of tobacco cessation interventions and measures of population-level smoking prevalence
  - Worked with the National Business Coalition on Health to help employers better evaluate health plan performance in delivering smoking cessation interventions.
Promoting the most effective prevention and treatment practices for the leading causes of mortality

- Cancer is the second leading cause of death in the US. To address this issue,
  - CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) ensures that low-income, uninsured, and underserved women receive timely breast and cervical cancer screening and diagnostic services.
    - This program developed a performance reporting/management system on 11 core quality indicators related to screening, diagnostic follow up, and treatment which will improve quality of care received by women served by the program and will contribute to evaluation and research.
  - CDC has also produced important provider-oriented tools and supports including:
    - Medical Education modules to promote quality colorectal cancer screening.
    - A gynecologic cancer curriculum.
    - A secure, web-based application that allows hospitals or providers to use cancer surveillance data to help develop care plans for cancer survivors.
Today, 29 million Americans have diabetes, and additional 86 million have pre-diabetes. Diabetes results in economic costs of $245 billion annually. To address this issue, CDC

- Provided funding and technical assistance to state health departments to increase access to diabetes self-management education (DSME) programs to improve A1C control and to increase the number of health systems accessing and monitoring data on A1C control

- Funded State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health, a 5-year program working in all 50 states and the District of Columbia
  - This program reached more than a million people with DMSE programs in FY ‘15
Promoting the most effective prevention and treatment practices for the leading causes of mortality

- Opioid misuse, abuse, and overdose are serious problems
  - In FY ‘16 CDC published the CDC Guideline for Prescribing Opioids for Chronic Pain to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings
  - Improving the way opioids are prescribed through clinical practice guidelines and supports can ensure access to safer, more effective care for patients with chronic pain and reduce the number of people who are adversely affected
Working with communities to promote wide use of best practices to enable healthy living

- Four risk behaviors – tobacco use, inactivity, poor nutrition, and excessive alcohol use – account for 40 percent of US deaths. In response,
  - CDC supports State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke, a four-year, $69.5 million/year program initiated in 2013, that works in 17 state and 4 large city health departments to prevent obesity, diabetes, and heart disease and stroke, and reduce health disparities among adults
  - The National Diabetes Prevention Program (National DPP) reached over 33,000 participants through 748 CDC-recognized organizations to prevent or delay onset of type 2 diabetes
Making care safer by reducing harm caused in the delivery of care

- CDC works closely with many partners to improve patient safety and healthcare quality, including healthcare outbreak response, infection control, medication safety, immunization safety, and blood, organ, and tissue safety. For example, CDC
  - Worked with the White House and other federal agencies to convene a Forum on Antibiotic Stewardship to accelerate implementation of activities under the National Action Plan to Combat Antibiotic Resistant Bacteria (CARB) to preserve antibiotic function
  - Published the CDC Guideline: Core Elements of Antibiotic Stewardship Programs in Nursing Homes to improve use of antibiotics in nursing homes
  - Supported over 18,000 healthcare facilities enrolled in National Healthcare Safety Network (NHSN) to track and use data from their facilities to protect patients from Healthcare-associated Infections
Ensuring that each person and family is engaged as partners in their care

- CDC-produced *Vital Signs*, a monthly publication at CDC Morbidity and Mortality Weekly Report along with a host of clear-language materials that highlight today’s most critical health problems, and guide the public health community, clinical providers, and the general public to actionable solutions

- CDC worked with partners including the Ad Council, the American Medical Association, and the American Diabetes Association to launch the first national campaign to increase awareness of prediabetes as a serious health condition among people at risk
Promoting effective communication and coordination of care

- Stroke is the 5th leading cause of death in the US. In FY 15, the CDC’s Paul Coverdell National Acute Stroke Program funded 11 states to work with hospitals, Emergency Medical Services personnel, and post-hospital settings to improve stroke care and outcomes across the continuum of pre-hospital, hospital, and post-hospital care. In these programs, adherence to evidence-based performance measures were high – consistently above 95 percent.
Making quality care more affordable

- CDC has partnered with the Center for Medicare & Medicaid Innovation on the State Innovation Models Initiative by providing technical assistance to grantees in preparing their population health improvement plans; including metrics for assessing population health status and evaluating progress, using the National Quality Strategy Core Metrics where possible; and, prioritizing interventions that will have substantial impacts on population health.

- CDC provided data/information for an analysis conducted by the CMS Office of the Actuary to inform expansion of Medicare coverage for the National DPP.

- CDC contributed to efforts that helped assure that the National DPP is now included as a covered benefit for state/public employees in 10 states encompassing more than a million total covered lives.
Going forward, CDC will continue to work to improve clinical care that occurs in health care settings, while linking that work to community resources that improve the health of the whole population.
QUESTIONS & COMMENTS?

For more information, contact CDC
1-800-CDC-INFO (232-4636)
Healthier Employees, Healthier Americans

OPM’s 5 year quality journey

Christine S. Hunter MD
OPM Chief Medical Officer
July 21, 2016
Healthier Americans Strategic Goal

• Sponsor high quality, consumer friendly, affordable insurance products
• Optimize insurance related business processes
• Improve preventive services delivery
• Develop partnerships in support of population health
• Enhance outreach and health literacy
Federal Employees Health Benefits Program

America’s largest employer sponsored group health insurance program

8.2 million Federal employees, retirees, and family members

Broad choice; members choose from plans offered in their area

All FEHB Plans Cover

- Preventive care and immunizations
- Tobacco cessation counseling and wellness programs
- Contraception, prenatal, and maternity care
- Newborn care and lactation support
- Medical, surgical, and mental health care
- Prescription drugs, laboratory, and radiology
- Emergency care and ambulance services
Promoting Effective Communication

Helping employees become partners in health

Join @USOPM for a Twitter chat on #FedBenefits

This is your chance to learn everything you’ll need to know to make changes to your health, dental, vision or FSA plans.

When: Thurs. Dec. 3, 1:30 - 2:30 pm ET
Where: On Twitter (#FedBenefits)

Featuring: Amber Hudson
A Federal benefits expert from OPM’s Healthcare and insurance team

Featuring:

- Free preventive care
- Self plus one enrollment
- Plan comparison tool
- Drug pricing tools
Preventing Leading Causes of Mortality

Starting with Cardiovascular disease

100% coverage of tobacco cessation products and services since 2011
- Tobacco usage rates among Federal employees continues to decline

100% coverage of preventive services since 2012
- Emphasis on cardiovascular risk reduction

Key Million Hearts affiliate since 2013
- Blood Pressure Control
- Medication adherence
- Cardiac Rehabilitation
Enabling Healthy Living

Focusing on mental health as a key component of wellbeing

• Promoting Employee Assistance programs
• Increasing risk awareness and suicide prevention efforts
• Addressing the opioid epidemic
  • Improving access to MAT and reversal agents
• Enforcing mental health parity

7/20/2016
Enhancing Affordability

*Purchasing value based care*

The FEHB Plan Performance Assessment relies on 19 measures of clinical quality, customer service, and resource use. It firmly links health plan profit to population health and consumer experience, promoting investment in quality improvement.
Making Care Safer

• Ensuring timely prenatal care
• Reducing early elective deliveries through “Hard Stop” policies
• Preventing all cause readmissions
• Encouraging antibiotic stewardship
2016 and Beyond

Continuing the journey

- Promoting delivery system reform and alternative payment models that support quality outcomes
- Curating measure set for health plan accountability
- Reinforcing access to care
  - Mental health
  - Telehealth
  - Autism services
Questions?

Contact Sheila Pinter at:

sheila.pinter@opm.gov
DISCUSSION/QUESTION AND ANSWER
Discussion/Question and Answer

- For users of the audio broadcast, submit questions via chat
- For those who dialed into the meeting, dial *1 to enter the question queue or submit questions via chat
Recent National Quality Strategy Updates

• Key findings from the 2015 National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy include dramatic improvement in access, continued improvement in quality, and persistent disparities related to race, ethnicity, and socioeconomic status.

• To download the report, visit www.ahrq.gov/workingforquality/reports
Recent National Quality Strategy Updates cont’d.

• Organizations can now use a special toolkit to showcase their alignment to and support of the National Quality Strategy in recognition of its 5-year anniversary.

• This toolkit offers new approved promotional materials, graphics, and Web content that organizations can tailor to their specific needs.

• Organizations are encouraged to celebrate this anniversary and share their successes and progress throughout 2016.

• To download the Toolkit and other related materials, visit http://www.ahrq.gov/workingforquality/toolkit.htm
Thank you for attending today’s presentation!

The presentation archive will be available on www.ahrq.gov/workingforquality/

To view 2016 Agency Specific Plans, please go to http://www.ahrq.gov/workingforquality/reports.htm

For questions or high-resolution graphics, please email NQStrategy@ahrq.hhs.gov