National Quality Strategy

2013 Annual Progress Report Update

August 8, 2013
Agenda

• Welcome
  Ann Gordon, Facilitator

• Overview of the National Quality Strategy
  Nancy Wilson, BSN, MD, MPH

• California Department of Health Care Services
  Strategy for Quality Improvement in Health Care
  Neal Kohatsu, MD, MPH
  Desiree Backman, DrPH, MS, RD

• Questions and Answers
  Presenters
Question and Answer

Q: What time does the presentation start?

A: The presentation starts at 9:30.

Q: Where can I get a copy of the slides?

A: Send the request to All Panelists.
Background on the National Quality Strategy

- Established by the Affordable Care Act to improve the delivery of health care services, patient health outcomes, and population health.

- The Strategy is for the nation and serves as a catalyst and compass for nationwide focus.

- The Strategy has been iteratively designed by public and private stakeholders and provides an opportunity to align quality measures and quality improvement actions.

- The Working for Quality Web site (www.ahrq.gov/workingforquality) features annual progress reports, agency-specific plans, and other content.
National Quality Strategy Three Aims

- Better Care
- Healthy People/Healthy Communities
- Affordable Care
The Triple Aim and the Three Aims

- **Improving the patient experience of care** (including quality and satisfaction).
- **Improving the health of populations**.
- **Reducing the per capita cost of health care**.

- **Better Care**: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
- **Healthy People/Healthy Communities**: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health.
- **Affordable Care**: Reduce the cost of quality health care for individuals, families, employers, and government.
## National Quality Strategy Priorities and Improvement Initiatives

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Improvement Initiatives</th>
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<tbody>
<tr>
<td>Making Care Safer</td>
<td>Partnership for Patients</td>
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<td>Person- and Family-Centered Care</td>
<td>Use of HCAHPS results in Value-Based Purchasing</td>
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<td>Effective Communication and Care Coordination</td>
<td>Multi-payer Advanced Primary Care Practice Demonstration</td>
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<td>Prevention and Treatment of Leading Causes of Mortality</td>
<td>Million Hearts</td>
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<td>Health and Well-Being of Communities</td>
<td>Community Transformation Grants</td>
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<tr>
<td>Making Quality Care More Affordable</td>
<td>CMMI Initiatives</td>
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New in the 2013 Annual Progress Report

- Examples of collaboration between **public and private payers** to align measures and reduce reporting burdens on providers.
- Updates on **national tracking measures** for most of the six priority areas.
- Examples of **private sector successes** in quality improvement.
- Updates on progress within each of **three cross-cutting strategic opportunities** for improvement.
Public and Private Sector Measure Alignment

Multi-stakeholder efforts in the past year have produced remarkable achievements in measure alignment:

- The *Buying Value* initiative brought together a group of 19 private health care purchasers and purchasers’ representatives, leveraging the work of Federal agencies and the Measures Application Partnership, to come to a consensus on **common performance measures** for value-based purchasing.

- The HHS *Measurement Policy Council* guided 11 HHS operating divisions in agreeing on a core set of measures for six measure domains.

- CMS achieved **unprecedented alignment across its data-reporting programs**, leading to tangible reductions in burden on providers, while still fostering accountability for quality outcomes.
Private Sector Successes

• **Kaiser Permanente** implemented a *shared decision-making pilot* in three of its medical centers in Southern California and observed a *50 percent reduction in the number of elective hip replacement surgeries* over the 9-month program.

• **CareFirst BlueCross BlueShield** established a *patient-centered medical home* that reduced costs by $98 million, while improving the quality of care, for the program in 2012, with cost savings coming mostly from reduced hospital admissions, lower emergency room utilization, and lower spending on drugs.
## Strategic Opportunities

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<th>National strategy for data collection, measurement, and reporting</th>
<th>Organizational infrastructure at the community level</th>
<th>Payment and delivery system reforms</th>
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<td>Office of National Coordinator for Health IT will release a health IT-focused quality improvement strategy to coordinate evidence-based guidelines, clinical decision support tools, and electronic clinical quality measures.</td>
<td>Health IT Regional Extension Center (REC) program is working with 45 percent of the nation’s primary care providers to adopt and meaningfully use EHRs to improve patient health and care delivery.</td>
<td>To date, 500 hospitals, 30,000 physicians, and 2,500 other clinicians are participating in at least one payment reform model sponsored by the Center for Medicare &amp; Medicaid Innovation.</td>
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California Department of Health Care Services
Strategy for Quality Improvement in Health Care

Neal Kohatsu, MD, MPH, Medical Director
Desiree Backman, DrPH, MS, RD, Chief Prevention Officer
Drivers of the DHCS Quality Strategy

- Launch of the **National Quality Strategy**, which provides a framework for stakeholders to align health and health care quality improvement efforts.

- Desire to embrace a **health care culture change** from volume-based to value-based care.

- A **commitment and ethical obligation** to eliminating overuse, ineffective services, and avoidable complications, and to providing safe, effective care.

- **Bridge to Reform**, the Department’s 5-year 1115 Federal waiver, which is expanding coverage, improving clinical quality and care coordination, and advancing patient safety.

- **Patient Protection and Affordable Care Act**, which outlines a number of actions for stakeholders to address important health care quality issues.
Three Linked Goals and Three Aims

- **Better Care**: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.

- **Healthy People/Healthy Communities**: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health.

- **Affordable Care**: Reduce the cost of quality health care for individuals, families, employers, and government.

- **Enhance quality, including the patient care experience, in all DHCS programs.**

- **Improve the health of all Californians.**

- **Reduce the Department’s per capita health care program costs.**
DHCS’s priorities echo the six NQS priorities, and add a seventh.

<table>
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<tr>
<th>Priorities</th>
<th>Related Initiatives</th>
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<tr>
<td>Improve Patient Safety</td>
<td>California Children’s Services’ Neonatal Quality Improvement Initiative</td>
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<tr>
<td>Deliver Effective, Efficient, Affordable Care</td>
<td>Integrate care for dual-eligible individuals</td>
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<tr>
<td>Engage Persons and Families in Their Health</td>
<td>Leverage social media and other community outreach tools to engage members</td>
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<tr>
<td>Enhance Communication and Coordination of Care</td>
<td>Increase adoption of Electronic Health Records and Meaningful Use compliance</td>
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<td>Advance Prevention</td>
<td>Medi-Cal Incentive to Quit Smoking</td>
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<tr>
<td>Foster Healthy Communities</td>
<td>Enhancing the link between health care and population health promotion</td>
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<tr>
<td>Eliminate Health Disparities</td>
<td>Identifying health disparities and implementing targeted interventions</td>
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Advancing the DHCS Quality Strategy: Building a Culture of Quality

• The Strategy was developed with extensive **statewide stakeholder input**, including a call for comments from hundreds of interested parties across California.

• DHCS conducted a **Baseline Assessment** to inventory quality improvement activities Department-wide and set the stage for advancements in quality.

• Building off that momentum, the assessment results were matched with each priority in the DHCS Quality Strategy to form a **Quality Improvement Map**.

• The **2013 DHCS Quality Strategy** is undergoing review and will be released this Fall.
DHCS Quality Strategy Lessons Learned

• Leadership support is key.

• Involvement leads to commitment.

• Learn and experience quality improvement.

• Establish meaningful quality standards.

• Evaluate and refine.
How can other States or organizations align to the National Quality Strategy?

<table>
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<th>Vertical alignment to the NQS can save resources and provide a framework to conceptualize the challenges specific to each setting.</th>
<th>Compare the NQS three aims and six priorities to the mission, goals, and activities of your own organization to find areas of synergy and/or divergence.</th>
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<td>Use the NQS aims and priorities as an opportunity to re-evaluate and redefine your mission, goals and/or programmatic activities.</td>
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<td>Consider tailoring the Strategy to the particular needs of your own programs and populations, including adding to or tweaking the aims and priorities.</td>
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How to Find NQS Tools and Resources:

Visit the Working for Quality Web site www.ahrq.gov/workingforquality to find:

- 2013 Annual Progress Report to Congress www.ahrq.gov/workingforquality/reports.htm

- Stakeholder Toolkit and Briefing Slides www.ahrq.gov/workingforquality/toolkit.htm

- Priorities in Action www.ahrq.gov/workingforquality/priorities.htm

Contact for questions or suggestions at: nancy.wilson@ahrq.hhs.gov
How to Find DHCS Tools and Resources:

Visit the California DHCS Web site to find:

- DHCS Strategy for Quality Improvement in Health Care, 2012

- Baseline Assessment of Quality Improvement Activities: Methods and Results
  http://www.dhcs.ca.gov/services/Documents/FinalBaseline082013.pdf

- Welltopia by the Department of Health Care Services
  http://facebook.com/DHCSWelltopia
Questions and Answers

Presenters
Question and Answer Session

Please submit your questions via the question and answer panel.

Mike - 9:12 AM
Q: What time does the presentation start?

Michael Ward - 9:13 AM
A: The presentation starts at 9:30.

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