

***The National Priorities Partnership
Goals: Tools for Focusing on Quality
and Affordability***

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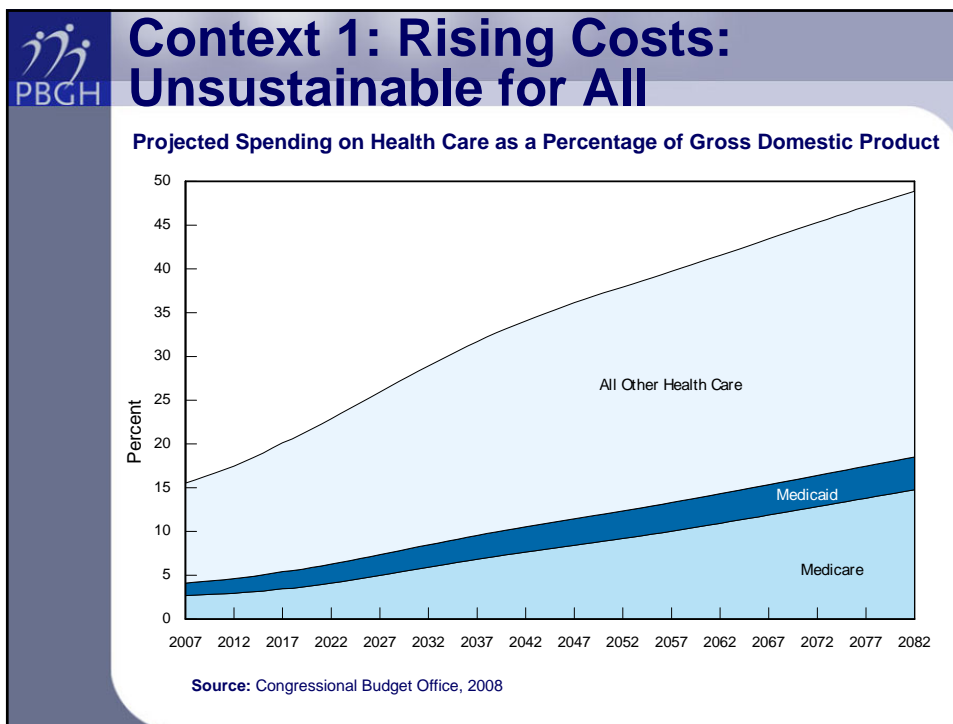
Virginia Business Coalition on Health
May 21, 2009



National Priorities: Overarching Objectives

- Engage patients and families in managing health and making decisions about care
- Improve the health of the population
- Improve the safety and reliability of America's health care system
- Ensure patients receive well-coordinated care across all providers, settings, and levels of care
- Guarantee appropriate and compassionate care for patients with life-limiting illnesses
- Eliminate waste while ensuring the delivery of appropriate care

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Context 2: The Quality Chasm The Too Frequent Reality

Adherence to Quality Indicators

Indicator	Percentage of Recommended Care Received
Breast Cancer	75.7%
Prevent Care	71.8%
Low Back Pain	68.5%
Coronary Artery Disease	68.0%
Hypertension	64.7%
Congestive Heart Failure	63.9%
Depression	61.7%
Orthopedic Conditions	61.2%
Colorectal Cancer	53.9%
Asthma	53.5%
Benign Prostatic Hyperplasia	53.0%
Hyperlipidemia	49.8%
Diabetes Mellitus	45.4%
Headache	42.2%
Urinary Tract Infection	40.7%
Ulcers	32.7%
Hip Fracture	22.8%
Alcohol Dependence	18.5%

Adults receive about half of recommended care

- 54.9% = Overall care
- 54.9% = Preventive care
- 53.5% = Acute care
- 56.1% = Chronic care

\$700 Billion Overspending: Regional variations in quality and cost

US: 10th in life expectancy; 27th in infant mortality

Avoidable harm: 99,000 deaths in hospitals from health care acquired infection

Overuse: 13 million unneeded antibiotic RX

PBGH **The Quality Chasm
The Promise & Potential**







Thousands of hospitals participating in the 5 Million Lives Campaign – many hospitals proving ZERO infections is doable

WITH coordinated care – risk of heart disease mortality reduced 30% (example of Kaiser No.Cal)

If care provided nationally AS IT IS to 4 million Medicare beneficiaries, we could save 29% of Medicare spending

If all health plans performed at the NCQA's 90th percentile – over 40,000 lives would be saved each year and over \$2 billion

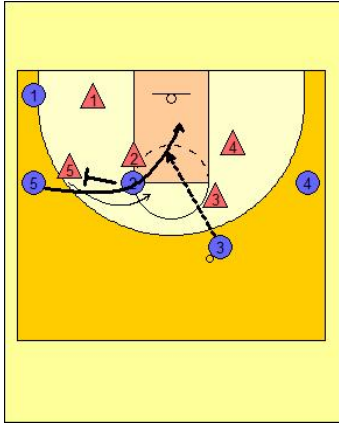
PBGH **Employers & Health Care**

DEFENSE

- Employer-based system
- ERISA
- Tax Exclusion
- Mandates
- Private market options

OFFENSE

- Public & Private Alignment
- Know what works: Measurement & CER
- Payment reform
- Consumer information & Incentives
- Prevention & Wellness



PBGH

Where we stand

Varied priorities for public reporting

Varied groups developing many performance measures

Multiple actions to make improvements in the quality of healthcare

Where we stand today

Progress is SLOW.
 Measures of quality = annual improvement of 1.5 percent*


WHERE WE ARE GOING
 Healthcare that is safe, timely, equitable, effective, efficient, and patient-centered

*AHRQ National Healthcare Quality Report © National Priorities Partnership

PBGH

Why national priorities?

- **FOCUS:** Center on high-leverage areas to achieve high return on investment.
- **ALIGN:** Harmonize efforts of “multiple groups” around common goals for improvement.
- **ACCELERATE:** Emphasize the urgent need to drive fundamental change in delivery system.



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PBGH **The difference priorities can make**

NATIONAL PRIORITIES PARTNERSHIP

<u>Alignment</u> of public reporting, payment, oversight, and improvement programs with priority areas	Performance <u>measures</u> developed around priority areas	Multiple <u>actions</u> to make improvements target priority areas
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Can get us there faster ...

WHERE WE ARE GOING
Healthcare that is safe, timely, equitable, effective, efficient, and patient-centered

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PBGH **Selecting the Priorities: Criteria**

Reduce Disease Burden

Eliminate Harm

High Impact Areas

Remove Waste

Eradicate Disparities


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 **National Priorities**


High Impact Areas 

- Patient and family engagement
- Population health
- Safety
- Care coordination
- Palliative care
- Overuse

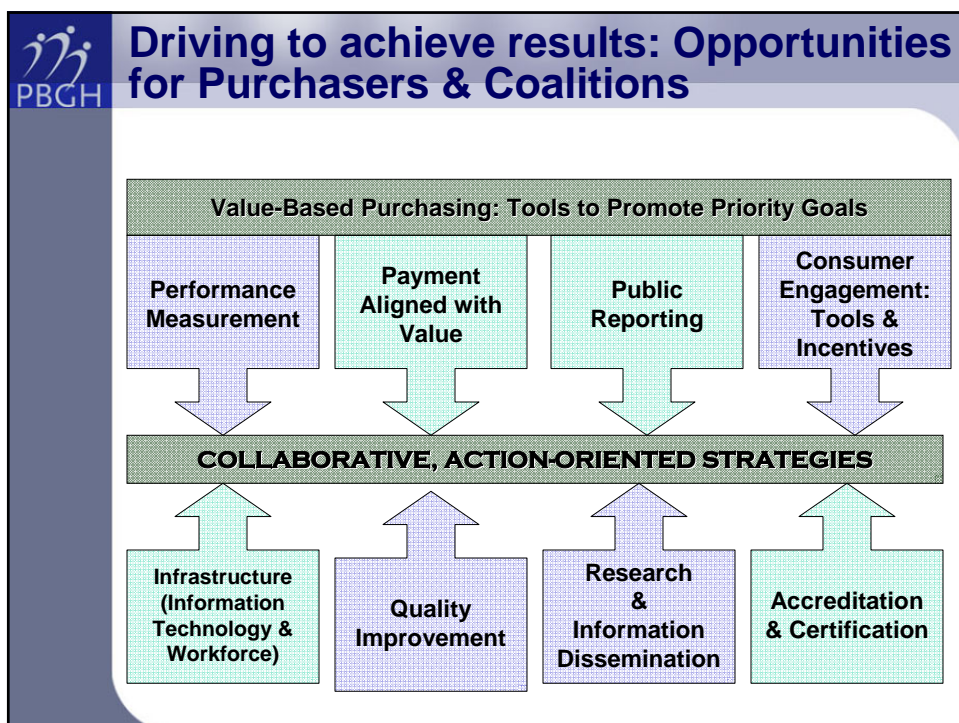
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 NATIONAL PRIORITY
Overuse

- Eliminate waste while ensuring the delivery of appropriate care
- Areas of focus:
 - Inappropriate medication use
 - Unnecessary lab tests
 - Unwarranted maternity care interventions
 - Unwarranted diagnostic procedures
 - Unwarranted procedures
 - Unnecessary consultations
 - Preventable emergency department visits and hospitalizations
 - Inappropriate non-palliative services at end of life
 - Potentially harmful preventive services with no benefit



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Why Bother & Specific Actions Purchasers Can Take

Why bother:

- Right Goals, Right Time, Need “Common Drumbeat”

Purchaser Actions:

- Learn about the priority areas
- Review your purchasing to see where goals are/are not aligned (e.g., coverage for hospice care; promoting non-payment for errors)
- Support changes in payment
- Engage you health plans in better focus on priority areas



The path forward...

- Priorities launched **November 17, 2008**
- We will make real, lasting advances in healthcare
- Action steps in our hands

For more information contact:
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APPENDIX



NATIONAL PRIORITY

Patient and family engagement

- Engage patients and their families in managing health and making decisions about care
- Areas of focus:
 - Patient experience of care
 - Patient self-management
 - Informed decision-making



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NATIONAL PRIORITY

Population health


- Improve the health of the population
- Areas of focus:
 - Healthy lifestyle behaviors
 - Preventive care
 - Community index to assess health status



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 NATIONAL PRIORITY
Safety

- Improve the safety and reliability of America's health care system
- Areas of focus:
 - Healthcare-associated infections
 - Serious adverse events
 - Mortality



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 NATIONAL PRIORITY
Care coordination

- Ensure patients receive well-coordinated care across all providers, settings, and levels of care
- Areas of focus:
 - Medication reconciliation
 - Preventable hospital readmissions
 - Preventable emergency department visits



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 NATIONAL PRIORITY
Palliative care

- Guarantee appropriate and compassionate care for patients with life-limiting illnesses
- Areas of focus:
 - Relief of physical symptoms
 - Help with psychological, social and spiritual needs
 - Access to high-quality palliative care and hospice services



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28 multi-stakeholder organizations

- Consumers: AARP, Consumers Union, AFL-CIO, NPWF
- Purchasers: PBGH, Leapfrog, US Chamber, NBGH
- Quality alliances (AQA, Hospital Quality Alliance, Pediatrics)
- Health professionals/providers: AMA, ANA, Comm'ty Health Centers
- Public sector: CMS, NGA, CDC, AHRQ, NIH
- Accreditation/certification groups: ABMS, Joint Commission, NCQA
- Health plans: AHIP

Co-Chairs:



Donald Berwick
Institute for Healthcare Improvement



Margaret O'Kane
National Committee for Quality Assurance

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For more information ...

Visit the website at:
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