



Greetings!

This past year seems to have gone so fast.....many exciting initiatives and many more underway!

Looking back a year ago, Project Patient Care was working with 27 patients, family, and caregivers on 'Improving Diagnosis in Research' with the Society to Improve Diagnosis in Medicine under a Patient Centered Outcomes Research Institute (PCORI) award. A year ago the patients, families, and caregivers were involved in building a community of practice and mapping where the error in diagnosis occurred for them or a loved one. Fast forward a year and the patients, families, and caregivers all received their completion certificates and are involved in research, advocacy, Patient and Family Advisory Councils, provider boards, and applying what they learned in impactful ways!

One of the ways that patients, families, and caregivers are becoming increasingly involved is in serving on Governing Boards, Governing Bodies, and Advisory Councils of hospitals, practices, Federally Qualified Health Centers, and disease and provider-based organizations.

However, are provider Boards and Governing Bodies structured to have meaningful discussions on quality and safety? While quality and safety are of great importance to patients, families, and caregivers, they are becoming increasingly important to health and healthcare organizations as value based payment approaches rapidly expand across every setting of care.

PPC has some ideas and solutions for you to take a pulse of your Board along with successful approaches to more fully integrate quality and safety into Board discussions. PPC's May Champion Change Agent, Beth Daley Ullem, has strategic and practical information to get you started and to accelerate your existing initiatives.

Articles in this newsletter include:

Champion Change Agent - Beth Daley Ullem, President of Quality and Safety First

Several federal updates including:

- Introduction of New Primary Care VBP Programs
- Short-Term and Long-Term Nursing Home Quality Metrics
- Senate HELP Committee

World Health Assembly 2019 Resolutions:

- Patient Safety
- ICD-11
- Access to Medicines
- Antimicrobial Resistance
- WASH (Water, Sanitation, Hygiene)
- Polio and Other Vaccines

Opportunities to be Involved in a Technical Expert Panel

"Be the change you wish to see in the world." Mahatma Gandhi



CHAMPION CHANGE AGENT

Beth Daley Ullem is President of Quality and Safety First. Beth is a nationally-recognized governance expert and patient advocate for safety and quality in healthcare. Beth currently serves on the Board of the Center for Health Care Value (now known as Catalysis); the Board of Solutions for Patient Safety, a 100+ hospital pediatric network; and the Society to Improve Diagnosis in Medicine.

Beth's journey into the world of safety and quality came unexpectedly in 2003 when she and her husband lost their infant son, Michael, to medical error. Since that time, Beth has used her professional business skills and her drive to improve quality and safety at all levels of care.

Given her participation on several hospital boards mixed with her passion for improved quality and safety, Beth has been instructing and aiding hospital leaders and other governing bodies to sharpen their focus on improving outcomes and processes of care.

Recently, Beth was lead faculty with the Institute for Healthcare Improvement (IHI) on "[Framework for Board Governance of Health System Quality](#)." As summarized on the IHI web page, the Framework includes:

- *Framework for Governance of Health System Quality*: A clear, actionable framework for oversight of all the dimensions of quality.
- *Governance of Quality Assessment*: A tool for trustees and health system leaders to evaluate and score current quality oversight processes and assess progress in improving board quality oversight over time. [*online tool also available]
- *Three Support Guides*: Three central knowledge area support guides for governance of quality (Core Quality Knowledge, Core Improvement System Knowledge, and Board Culture and Commitment to Quality), which health system leaders and governance educators can use to advance their education for trustees.
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You can learn more about Beth Daley Ullem and the "Framework for Board Governance of Health System Quality," by listening to an upcoming PPC podcast interview on the [PPC Web Site](#) (available by Monday, June 3).

A series of six, five-minute videos have also been produced and are readily available now by clicking [here](#) and going to the section on Trustee Oversight of Quality.

FEDERAL UPDATES

Introduction of New Primary Care VBP programs The Centers for Medicare & Medicaid Services (CMS) announced five new value based payment programs under the heading of "Primary Cares Initiative." Primary Cares Initiative is to have varying levels of risk with fixed payments based on the population of Medicare beneficiaries, while at the same time reducing administrative burdens on clinicians. The goal of these value based payment programs aimed at physicians and other clinicians is to improve quality and lower costs through incentive programs. The Primary Cares Initiative includes five value-based payment models that will be tested along two tracks: Primary Care First and Direct Contracting. Both models will be testing an assumption that by providing primary care, the overall cost of care for populations with general or High-need Populations.

The Primary Care First general model includes a risk-adjusted, population-based payment, plus a flat visit fee for each face-to-face encounter with the primary care physician. This model includes an upside performance-based payment that is as much as 50% of revenue and a downside risk

capped at 10% of revenue. The Primary Care First High-need Populations model allows practices to focus on the Seriously Ill Population which are defined as having multiple comorbid conditions, defined utilization patterns and the presence of proxies for frailty. Palliative care and hospice practices can apply to participate in the Seriously Ill Population model.

The Direct Contracting Model has three programs that have population based payment approaches: Professional Population-based Payment, Global Population-based Payment, and Geographic Population-based Payment. The Professional and Geographic Population-based Payment (PBP) programs are targeted to Medicare Advantage and Medicaid Managed Care Organizations that provide Medicaid benefits for full-benefit, dually eligible beneficiaries. The Professional PBP is primary care capitation while the Global PBP incorporates total or primary care capitation for all participants and preferred providers. The Geographic PBP is similar to Global PBP, but includes responsibility for total cost of care for all Medicare fee-for-service beneficiaries in a defined geographic region.

As some of the programs are anticipated to be operational in early 2020, the best way to keep on top of these new programs that will include many providers and cover many Medicare beneficiaries, is at the CMMI Web site on [Primary Care First Model Options](#)

Short-Term and Long-Term Nursing Home Quality Metrics - As care processes and outcomes of care can vary within any health care facility, CMS now provides consumers with more insight on nursing home care. In addition to an overall star-rating of a nursing home, CMS now provides a star rating for short-term stays (which are typically 100 days or less) and long-term stays (more than 100 days).

As processes and outcomes of care vary within nursing home facilities; patients, caregivers, and hospital and clinical staff can now assess the appropriateness of transferring patients to various nursing homes. Additionally, nursing homes are to provide routinely hospitals with information on their staffing capabilities and capacity to ensure proper continuum of care support and if necessary, rehabilitation services.

The new star ratings on short-term and long-term stay residents can be readily accessible at [CMS Nursing Home Compare](#)

Senate HELP Committee Senate health committee Chairman Lamar Alexander (R-Tenn.) and Ranking Member Patty Murray (D-Wash.) released the Lower Health Care Costs Act of 2019 on May 23, 2019. The [draft legislation](#) is focused on several key consumer and patient issues. The proposed legislation includes options for addressing hospital surprise bills along with requirements for hospitals to respond to requests for patient out-of-pockets cost estimates within 48 hours. The draft legislation also calls for hospitals to issue complete hospital bills within 30 days to patients and failure to meet that timeline will result in patients not be obligated to pay the bill. The insurers will also be obligated to keep their in-network provider lists current and updated. If an insurer does not have updated directory, patients can pay in-network co-pays and co-insurance for any providers that were not properly updated in the directory at the time a patient utilized services by what the patient believed was an in-network provider.

With an ongoing focus on transparency, the draft legislation also includes a designation of a nongovernmental, nonprofit transparency organization to lower Americans' health care costs. This initiative is linked to the development of an All Payer Claims Database covering inpatient and ambulatory care services that could provide many opportunities for patients to 'shop' for their services. As consumers are increasingly finding health care costs rising with higher co-pays, co-insurance, and deductibles, consumers are searching for lower cost providers with high quality for their services.

PPC has written several articles previously on the value and importance of timely data through APCDs so that beneficiaries can manage their costs better while still obtaining high quality care.



WORLD HEALTH ASSEMBLY 2019 Resolutions

The World Health Assembly meets every year and is the decision-making body of WHO (World Health Organization). It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, and supervise financial policies. The World Health Organization is a specialized agency of the United Nations that is concerned with international public health.

At the recent World Health Assembly May 20-28, 2019 meeting, there were several key developments that impact health and healthcare in the U.S. and world-wide. Key health developments include:

Patient Safety. Member States meeting at the World Health Assembly committed to recognize patient safety as a key health priority, and to take concerted action to reduce patient harm in healthcare settings. An annual World Patient Safety Day on September 17 was established. The Assembly requested WHO to formulate a global patient safety action plan in consultation with countries and all relevant stakeholders, to improve and ensure patient safety globally.

According to WHO, "Patient harm due to adverse events is one of the leading causes of death and disability globally. An estimated 134 million adverse events occur annually due to unsafe care in hospitals in low- and middle-income countries, contributing to 2.6 million deaths, while 1 in 10 patients is estimated to be harmed while receiving hospital care in high-income countries."

Recognizing patient safety as central to healthcare delivery and the provision of universal health coverage, WHO and the United Kingdom have jointly launched the 'Global Patient Safety Collaborative.' The aim of this initiative is to secure and scale up global action on patient safety, and collaborate closely with low- and middle-income countries to reduce avoidable patient harm and improve safety of their national health care systems.

To view the Patient Safety Resolution, Click [Here](#)

ICD-11. Member states agreed to adopt the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), to come into effect on 1 January 2022. ICD-11 has been updated for the 21st century and reflects critical advances in science and medicine. This new version is fully electronic, allows more detail to be recorded and is significantly easier to use and to implement, which will lead to fewer mistakes and lower costs, and make the tool much more accessible, particularly for low-resource settings.

Access to Medicines. The World Health Assembly adopted a resolution on improving the transparency of markets for medicines, vaccines and other health products in an effort to expand

access. The resolution urges Member States to enhance public sharing of information on actual prices paid by governments and other buyers for health products, and greater transparency on pharmaceutical patents, clinical trial results and other determinants of pricing along the value chain from laboratory to patient.

The aim is to help Member States to make more informed decisions when purchasing health products, negotiate more affordable prices and ultimately expand access to health products for the populations. Member States also expressed wide support for the WHO Access Roadmap for Medicines, Vaccines and other health products, which will determine WHO's work on this issue for the next five years.

To view the Access to Medicines Resolution, click [Here](#)

Antimicrobial Resis The resolution urges Member States to strengthen infection prevention and control measures including water sanitation and hygiene; enhance participation in Global Antimicrobial Surveillance System; ensure prudent use of quality-assured antimicrobials; and support multisectoral annual self-assessment survey. The Resolution calls for the WHO Director-General to significantly enhance support to countries in implementing their national action plans and help mobilize needed financial resources, in collaboration with other UN agencies and partners.

To view the Antimicrobial Resistance Resolution, click [Here](#)

WASH - Water, Sanitation, Hygiene. Unclean water, lack of sanitation, and low adoption of hygiene education and practices in hospitals has been linked to many health care issues, including infections and patient safety. A WASH in Hospitals Resolution was approved with specific global targets calling for at least 50% of all health care facilities globally and in each region to have basic WASH services by 2022, 80% by 2025 and 100% by 2030. Improvements should focus on inequities across geographic (rural and urban) areas and among primary, secondary and tertiary facilities.

To view the WASH Resoluion, click [Here](#)

Polio. The Global Polio Eradication Initiative Polio Endgame Strategy 2019–2023 was approved and contains two resolutions focused on the eradication of polio and the transition to an inactive vaccine. 30 years ago there were over 350,000 new cases of polio each year and now there are 26 wild polio virus cases year to date, concentrated in Pakistan and Afghanistan. Ongoing aggressive and emergency support were approved to bring the end to polio within this five year time frame.

To view the Polio Resolutions, click [Here](#) for Eradication and [Here](#) for Transition

Opportunities for Patients, Families, Caregivers and Consumers to be Involved

PPC often hears about opportunities for patients, families, and caregivers to get involved in research, measurement development, or sharing their story. We would like to make you aware of these opportunities as they become available.

CMS Technical Expert Panel. CMS has a Technical Expert Panel (TEP) they are recruiting for and are interested in having patient, family, or caregiver participants on the TEP. The TEP and the nomination deadline is listed below:

- Functional Outcome Quality Measures for Long Term Care Hospitals (LTCHs) - June 4 deadline to apply.

To find out more about this CMS TEP and how to apply to be a patient participant, Click [Here](#)

PPC STAFF FOCUS ON QUALITY AND PERFORMANCE IMPROVEMENT

Key Workforce Competencies
for Quality-Driven Healthcare

NAHQ
National Association for Healthcare Quality



Meeting with NAHQ Leaders - Stephanie Mercado, NAHQ CEO; Past NAHQ President Len Parisi, and Pat Merryweather. The NAHQ Workforce Report was issued at the NAHQ Quality Summit calling for enhancing and expanding work force capacity in this value based payment environment.



Pat presenting and moderating a session on Quality and Value Based Care at the NAHQ Quality Summit with panelists - Caroline Sommers of Oak Street Health and Dr. Alvia Siddiqi of Advocate Aurora Health.

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We Love to Hear From You!

We are always happy to hear from you - please feel free to contact us at any time.

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Thank you