ACHIEVING THE GOALS OF BETTER CARE, IMPROVED HEALTH AND LOWER COSTS

TMF Major Contributor to National Health Care Improvement Initiative

As TMF transitions its health care quality improvement work under an expanded contract with the Centers for Medicare & Medicaid Services (CMS), we want to highlight the successes that support TMF’s continuing status as the preeminent resource for health care quality improvement through consultation and hands-on guidance for providers.

TMF’s new Quality Innovation Network Quality Improvement Organization (QIN-QIO) contract with CMS, identified as the 11th Scope of Work, which began August 1, 2014, was expanded to five years from three years and now includes Arkansas, Missouri, Oklahoma and Puerto Rico, in addition to Texas. TMF is the only entity to hold the CMS contract in Texas since the program’s creation in 1984.

Under contract with CMS, TMF is charged with accomplishing better care, better health for people and communities and affordable care through improvements. Specifically, under the previous CMS contract, identified as the 10th Scope of Work (10SOW), which began in 2011, TMF was tasked with creating a positive change in hospital, nursing home and physician practice communities by focusing on reducing healthcare-associated infections, improving transitions of care, reducing potential for adverse drug events, minimizing physical restraints in nursing homes, and preventing and healing pressure ulcers in nursing homes. CMS also engaged TMF in special innovation projects under the contract.

As the Quality Improvement Organization (QIO) for Texas under the 10SOW, TMF’s successes in the state were significant and contributed to the overall national statistics indicating improvements in specific health care initiatives. A few highlights of TMF’s successes in Texas include:

- The Health for Life/Everyone with Diabetes Counts Special Innovation Project enrolled 6,292 people affected by diabetes into free Diabetes Self-Management Education classes. More than 3,000 beneficiaries graduate from the classes. Communities with a higher number of African-American Medicare beneficiaries and other underserved populations (Hispanic, Native American or rural) were the focus of the effort. This successful initiative is now a part of CMS’s national program.

- Unnecessary hospital admissions and readmissions were also a focus of the 10SOW. A TMF team worked with 331 providers, including physicians, home health agencies, nursing homes and hospitals to decrease 30-day readmissions by improving the quality of care Medicare beneficiaries receive. The team worked with 14 communities across Texas with a combined Medicare population of 460,657 beneficiaries. TMF’s work resulted in a 20.3 percent relative improvement in the readmission rate and a 17.4 percent relative improvement in the admissions rate. The estimated Medicare costs avoided as a result of the reduction in readmissions was $50 million; and for admissions, it was more than $176 million.

- TMF also improved drug safety practices such as decreasing medication errors and adverse drug events (ADEs) as well as developing innovative standards of care for treating high-risk patients including those on warfarin. We achieved a 93.8 percent relative improvement rate in the reduction of ADEs for those patients taking warfarin, thereby improving health outcomes and potentially reducing hospital admissions or readmissions.
• The Improving Health for Populations and Communities task of the 10SOW focused on three overarching goals: 1) increasing the number of physician practices successfully participating in the Physician Quality Reporting System (PQRS) that are reporting data via their Electronic Health Records (EHR) system; 2) improving cardiac health by bringing together stakeholders to share best practices; and 3) providing assistance statewide via the Learning and Action Networks (LAN) to providers who had implemented an EHR to achieve meaningful use, stage one, and position them for attainment of stage two. TMF successfully achieved all of these contractual goals.

We used the LAN to engage more than 3,500 members in discussions on improving preventive care, PQRS and EHR. Specifically, PQRS submission via EHR increased to 1,195 from two, in a one-year period.

• TMF’s efforts to reduce hospital-acquired infections in participating facilities were significant. There were 80 percent fewer central line-associated bloodstream infections in those facilities. Thirteen out of 30 facilities had no catheter-associated urinary tract infections during a six-month remeasurement period, while 22 out of 30 facilities had infections lower than expected. In addition, there was a four percent reduction in *Clostridium difficile* infections during an 18-month period.

• Healthcare-acquired conditions in participating nursing homes were reduced. There was a 45 percent (129 patients) reduction in pressure ulcers and an 80 percent (657 patients) reduction in physical restraints.

On a national scale, QIO organizations such as TMF contributed to improvements in specific health care initiatives reflected by the following national statistics:

• QIOs prevented 44,640 potential adverse drug events.

• There was a 20 percent absolute rate of improvement in controlling blood sugar levels among Medicare patients taking medication for diabetes.

• Medicare beneficiaries spent 85,149 fewer days with urinary catheters. Reducing the number of days in which a catheter is used reduces catheter-associated urinary tract infections. QIOs across the country worked with 667 participating facilities.

• There was a 53 percent relative improvement rate in central line-associated bloodstream infections. QIOs worked with 148 participating facilities.

• The effort prevented or healed 3,374 pressure ulcers in 787 nursing homes. Pressure ulcer rates decreased 38 percent.

• Physical restraints were eliminated for 6,250 Medicare beneficiaries in 981 nursing homes. Use of physical restraints decreased by 76 percent.

• The CMS project, on a national level, saved more than 95,000 Medicare patients from being unnecessarily admitted to a hospital and 27,000 from being unnecessarily readmitted to a hospital.

• The project, on a national level, saved nearly $1 billion.

In addition, under the previous contract, QIOs directly assisted physician offices:

• QIOs assisted 1,826 health care professionals with PQRS reporting and transitioning to EHRs for care management.

• Cardiac risk factors were reduced by partnering with the Million Hearts™ campaign to participate in online learning events. Through this initiative, 3,048 practices had the opportunity to affect 3,364,992 patients.