

Care Transitions Forum
March 16, 2011
Meeting Summary

Participants

Lindy Alves, Harvard Vanguard Medical Associates
Mary Mead Ambrefe, Independent Consultant
Ann Archibald, Genesis HealthCare Corporation
Rich Balaban, MD, Cambridge Health Alliance
Kathleen Bennett, Senior Whole Health
Amy Boutwell, MD, Institute for Healthcare Improvement (via phone)
Barbara Brangiforte, Granite Medical Group
Madeleine Broudolillo, Radius Healthcare
Emily Brower, Harvard Vanguard Medical Associates
Jay Caturia, Winchester Hospital
Tom Champine, Armstrong Ambulance Service
Laura Coe, Mass. Department of Public Health
Laura Connors, Mass. Rehab Commission/Executive Office of Elder Affairs
Debbie Costello, Caritas Home Care
Mary Tess Crotty, Genesis HealthCare
Elizabeth Daake, Mass. Department of Public Health
Kayla DeVincentis, Institute for Healthcare Improvement
Nancy DiMattio, Holyoke Health Center
Cheryl DiPaolo, Emerson Hospital
Deb Dolaway, Cranberry Hospice/Jordan Hospital
Linda George, Boston Senior Home Care
Jocelyn Gordon, LifePlans
Paula Griswold, Mass. Coalition for the Prevention of Medical Errors
Jill Harvey, Penn State University
Laurie Herndon, Mass. Senior Care Foundation
Susan Jamieson, Caritas Christi Health Care
Emily Kearns, Greater Lynn Senior Services
Victor Kingsley, Medical Resources Home Health Corp.
Jan Levinson, Commonwealth Care Alliance
Brian Malone, MedPlus
Donna McCabe, Central Mass. IPA
Jessica Moschella, Health Care Quality and Cost Council (via phone)
Pat Noga, Mass. Hospital Association
Ruth Palombo, Mass. Executive Office of Elder Affairs
Sri Parameswaran, Fallon Community Health Plan
Valerie Parker Callahan, Greater Lynn Senior Services
Cheryl Pascucci, Park Avenue Medical Associates
Laura Richards, New England Quality Care Alliance
Joanne Sawyer, Harvard Vanguard Medical Associates
Dennis Scanlon, Penn State University

Craig Schneider, Mass. Health Data Consortium
Helen Siegel, Home Care Alliance of Mass.
Eleanor Soeffing, Soeffing Associates
June Stark, Tufts Medical Center (via phone)
Mary Sullivan, Mass. College of Pharmacy
Carol Toro, Tufts Health Plan
Michele Visconti, Mass. Department of Public Health, BHCSQ
Joel Weissman, Mongan Institute for Health Policy (via phone)
Jeff Wetherhold, Institute for Healthcare Improvement

Summary

Announcements

Craig Schneider announced that registration is now open for Governor Patrick's 2011 health information technology conference on May 9-10 in Worcester. Last year's event attracted almost 700 people, and we are hoping for 400-500 this year. Day one will be plenary with nationally known speakers, and day two will be interactive workshops on topics that are critical to HIT and health information exchange. Exhibiting opportunities are available for vendors and healthcare delivery organizations. Flyers with information for attendees and exhibitors are attached.

Craig reminded the participants about the value of joining the Massachusetts Health Data Consortium. The Year in Review 2010 document details all of the activities of the Consortium. For information about membership, an electronic version of the Year in Review, and the Governor's conference, please see www.mahealthdata.org.

We are joined today by Jill Harvey and Dennis Scanlon, researchers from Penn State who are studying the implementation of the STAAR program and will be interviewing several Care Transitions Forum members during their site visit this week.

Paula Griswold mentioned the Patient-Center Medical Home Initiative, and asked for information about related PCMH projects going on at various provider organizations.

Paula said that Masspro will be doing a medication reconciliation project as part of their new three-year contract with Medicare. She added that Jane Franke of Blue Cross will be reaching out to case managers at tertiary medical centers.

Ruth Palombo announced that the End of Life Expert Panel's report was released at a public event on March 14th. The report is available at the Health Care Quality and Cost Council's website. The primary messages are that people should be informed of the range of choices available to them, that they should make their wishes known to providers and their loved ones, and that these wishes should be respected. Links to WBUR stories on the report are below:

<http://www.wbur.org/2011/03/15/long-term-care-2>

<http://www.wbur.org/2011/03/15/end-of-life>

National ADRC Meeting Report and Options Counseling

Ruth Palombo, Deputy Secretary, Executive Office of Elder Affairs

A national conference was held by the Administration on Aging and the Centers for Medicare & Medicaid Services last month. The focus was on home- and community-based services, with a particular emphasis on putting the “D” (as in disability) into ADRC. The presentations may be found at adrc-tae.org.

The take-home messages were that local agencies need to interface with the healthcare system; to focus on outcomes rather than process; systems change; the interchange between Medicare and Medicaid; the role of family caregivers; mental health and behavioral health – the paucity of services and the need for integration with physical health services; and the importance of telling stories.

Options counseling: About 170 people have been trained in options counseling at the Area Agencies on Aging, the Independent Living Centers, and the ASAPs/ADRCs in Massachusetts. Attached is a list of all the ADRCs and their member agencies, the letter to hospitals regarding options counseling, and a description of the options counseling service.

Discussion:

Q: Have the ASAPs been integrated into the STAAR cross-continuum teams?

A: Many of them have been.

Q: What is the “Money Follows the Person” program?

A: This is a Medicaid transition program that tries to make long-term care less institution-based. Massachusetts has received a grant, and a request for proposal will be issued soon, for five regions across the state.

STAAR Summit and Status Report

Pat Noga, Senior Director of Clinical Affairs, Massachusetts Hospital Association

Jeff Wetherhold, Project Manager, Institute for Healthcare Improvement

(please see handout)

There were 22 participating STAAR hospitals at the end of 2010, and there are now 49. This about two-thirds of the hospitals in the state, and even some of the non-STAAR hospitals are conducting reducing

readmissions projects. Michigan's program has grown from 28 to 64 hospitals, but Washington state has not expanded to a second cohort yet.

The data for 16 of the hospitals will soon be reported on the MHA website. Information about STAAR may be found by contacting ma-staar@ils.org.

HIE Challenge Grants

Craig Schneider, Director of Healthcare Policy, Massachusetts Health Data Consortium

(please see handout)

Massachusetts submitted two grant proposals to the Office of the National Coordinator for HIT, under the themes of Improving Long-Term and Post-Acute Care Transitions (IMPACT) and Fostering Distributed Population-Level Analytics. Both of the proposals were approved – Massachusetts received two of only ten grants approved nationally.

Discussion:

Q: Why was Worcester chosen as the demonstration site for IMPACT?

A: It is a more defined medical trading area, and Fallon Clinic and other providers have a database of 20,000 Medicare Advantage enrollees that will be very useful for the project.

Q: How will you recruit providers?

A: Recruiting providers is part of the project plan, but the strategy has not been determined.

Comment: The universal transfer form needs to address the requirements of the Medicare face-to-face initiative for home health agencies.

A: The deadline for comments on the UTF [was] March 18th, but we will try to address this concern during the next revision of the form.

Note: John Halamka, MD, Chief Information Officer of CareGroup and Harvard Medical School, wrote his blog entry that same day on the design of the IMPACT project: <http://geekdoctor.blogspot.com/> Wednesday, March 16, 2011.

Section 3026 Grant

Amy Boutwell, MD, Institute for Healthcare Improvement (via phone)

The federal health reform law included a \$500 million grant for care transitions.¹ The application guidance has not been released yet. In the interim, we have established a statewide ad hoc workgroup to assess providers' interest in participating.

For healthcare organizations who are interested, the suggestion is to (1) assess whether this aligns with your organization's interests, (2) begin/continue conversations with your local community-based organizations, and (3) think about how to determine who are your high-risk Medicare beneficiaries.

Massachusetts is unique in that we will have a large number of qualified applicants. The workgroup is inclined to pursue a consolidated application that will include multiple providers. The team includes Amy MacNulty as the liaison to the ASAPs/ADRCs, Pat Noga and Paula Griswold representing hospitals, and Pat Kelleher from the home health community. IHI is only providing in-kind support; we are not writing nor applying for the grant.

Paula noted that the Care Transitions Forum's efforts have been crucial in laying the foundation for the Care Transitions Strategic Plan, which in turn led to the IMPACT grant and has now positioned us well for 3026. Information about the Massachusetts 3026 effort may be found at starr.posterous.com.

Next Meeting

May 11th, 9:00 – 11:00 at the MHDC office

Agenda topics:

- Section 3026 update
- Care Transitions in the QIOs' Tenth Scope of Work
- Reducing readmissions at Beth Israel Deaconess Medical Center – Russell Phillips, MD and Julius Yang, MD, Ph.D
- Behavioral Health in the Medical Home – Vic Kingsley, Medical Resources Home Health Corp.

¹ "PPACA Section 3026 provides funding for a five year program beginning January 1, 2011, to eligible entities that furnish improved care transition services to high-risk Medicare beneficiaries. Eligible entities include hospitals and qualifying community-based organizations that provide care transition services. The program is intended to improve the care of Medicare beneficiaries at high risk for readmission." (Summary from Foley & Lardner, LLP)