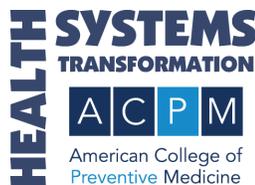


January 2016

## Health Systems Transformation Monthly Newsletter

### Register for ACPM Health System Transformation Learning Institute!!!

Wednesday, February 24, 2016; 8 AM - 5PM at Hyatt Regency Crystal City, VA



Learn about latest developments in health systems transformation (HST)! The institute will cover a range of timely topics including **an overview of HST, an overview of Alternative Payment Models (APM)** including Accountable Care Organizations (ACO) and Comprehensive Primary Care Initiative (CPCI), **principles of team-based care** and **role of health information technology (HIT)**. The institute will also offer unique perspective of the **role of preventive medicine in HST and HIT**.

The institute's speakers (listed on the right column) are leaders and innovators who have practical knowledge in integrating primary care and public health. Attendants will understand the challenges and opportunities in HST through case-studies and interactive skill building exercises. Access the latest draft of the [agenda](#).



**REGISTER** for the event today! This institute, offered in conjunction with **Preventive Medicine 2016**, is an outstanding opportunity for physicians to acquire a competency-based knowledge in HST, network with fellow professionals from diverse fields and **earn up to 8 CME/MOC** towards their professional development.



This learning institute is from a cooperative agreement between ACPM and the Centers for Disease Control and Prevention. To learn more about ACPM's efforts in HST visit [www.acpm.org/HST](http://www.acpm.org/HST)

### CMS: Payment Models lead to fewer Hospital-Acquired Conditions; averts cost

From 2010 to 2014, there have been 2.1 million fewer hospital-acquired conditions and 87,000 fewer hospital-acquired condition related deaths leading to an estimated \$19.8 billion dollars in healthcare costs saved, according to the [2015 CMS Quality Conference](#). The data shows a 17% decline in hospital-acquired conditions since 2010. About 40% of this reduction is from adverse drug events, 28% from pressure ulcers and 16% from catheter-associated urinary tract infections. Contributing factors include payment reform from CMS and other payers, public reporting of hospital-level results, and implementation of electronic health records.



To highlight HST-related news in the forthcoming newsletters or to remove your name from our mailing list, please [click here](#).



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Here is the full list of speakers:

**Dr. Barry Bittman, MD**

Chief Population Health Officer  
Allegheny Health Network, PA

**Dr. Roberto Cardarelli, DO, MPH**

Professor, University of Kentucky  
College of Medicine, KY

**Dr. Earl Ferguson, MD, PhD**

**(ACPM HST Task Force Member)**

CEO, Sun BioMedical Technologies &  
Cardiologist, Ridgecrest Regional  
Hospital, CA

**Dr. Andrew Gettinger, MD**

Chief Medical Information Officer,  
Office of the National Coordinator, HHS

**Dr. Benjamin Miller, PsyD**

Professor, University of Colorado  
School of Medicine, CO

**Dr. Mike Parkinson, MD, MPH**

**(ACPM HST Task Force Member)**

Senior Medical Director for Health and  
Productivity, UPMC Health Plan and  
Work Partners, PA

**Dr. Matthew Press, MD, MSc**

Senior Advisor and Medical Officer,  
Office of the Director, CMS

**Dr. Laura Seeff, MD**

Director, Office of Health Systems  
Collaboration, Office of the Associate  
Director of Policy, CDC

**Dr. Elisa Pippa Shulman, DO, MPH**

Senior Chief Innovation Engineer,  
Atrius Health Innovation Center, MA

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## Newsletter continued...

### Shared Decision Making

Shared-decision making between patients and clinicians is an integral part of patient-centered care. A newly published [Cochrane Review](#) shows that shared-decision making leads to few antibiotic prescriptions for acute respiratory infections. This maybe useful in fight against antibiotic resistance stemming from the overuse of antibiotics. The review looked at 10 randomized controlled trials involving 1,100 primary care doctors and 492,000 patients from UK and Europe.



### COMPASS: Team-Based Care Model



**COMPASS**  
Partnering for Mind-Body Health

[Care of Mental, Physical, And Substance Use Syndromes \(COMPASS\)](#) is an evidence-based collaborative care management model to improve the care of patients with depression, diabetes, and or cardiovascular disease. CMS funded a three year initiative to implement and evaluate the model across 18 medical groups, 171 clinics and 3100 clinicians across eight states. Preliminary results show 40% improvement in depression control and 20% improvement in diabetes and hypertension control.

### Primary Care Practitioners' Perspective Infographic

Kaiser Family Foundation and JAMA have developed an infographic, "[Primary Care Practitioners' Perspectives on Delivery System Changes](#)." Physicians view their increased reliance on Nurse Practitioners and Physician Assistants as more negative than positive; their views are mixed on the effect of accountable care organizations (ACO) and medical homes. Half of surveyed physicians believe that quality of care is positively affected by increased use of Health Information Technology (HIT); while quality metrics and financial penalties for hospital readmissions negatively affect quality of care. Physicians rate private insurers better than public insurers on rates and ease of reimbursement.



### Impact of Delivery Reform on Mental Illness



A [joint study](#) by Harvard Medical School and Johns Hopkins Bloomberg School of Public Health shows that the implementation of the Alternative Quality Contract (AQC) of Blue Cross Blue Shield of Massachusetts did not see improvement in coordination and quality of care for people diagnosed with mental health conditions. Organizations that use AQC are thinking about innovative ways to integrate social workers into teams to better support patients with mental health conditions.

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## Opportunity



Robert Wood Johnson Foundation

Robert Wood Johnson Foundation's [Systems for Action](#) program is [calling for proposals](#) to study novel ways of aligning delivery and financing systems that promote health and well-being on a population-wide basis. Up to six one and two year awards will be given. **Deadline: A three-page letter of intent is due on January 12, 2016.**

## Resources



[Institute for Clinical Systems Improvement \(ICSI\)](#) is a Minnesota-based independent, nonprofit healthcare improvement organization that collaborates with multiple partners to improve the [Triple Aim](#) - better care, better health and lower cost. ICSI's engages communities and citizens to share ownership in their health and healthcare.



**eGEMs**  
Generating Evidence & Methods to improve patient outcomes

eGEMs is an open access journal that aims to accelerate research and quality improvement using electronic health data. A special issue of eGEMs "[Evidence Into Action: Improving User Interface To Improve Patient Outcomes](#)," highlights lessons learned for developing and deploying user-friendly HIT interfaces to improve patient outcomes and quality of care.