Care Transitions Article Quotes

Quotes attributed to: Patrick Conway, MD, MSc, CMS Chief Medical Officer and Director of the Agency’s Center for Clinical Standards & Quality

FOR THE 14 CARE TRANSITIONS QIOs TO USE IN THEIR PRESS OUTREACH:
“The QIOs’ work in this project shows a reduction in hospitalization and rehospitalization rates, which are vitally important for keeping Medicare beneficiaries as healthy as possible for as long as possible,” said Patrick Conway, MD, MSc, CMS Chief Medical Officer and Director of the Agency’s Center for Clinical Standards & Quality. “This project demonstrates that QIOs can build social capital in communities towards a noble goal—taking care of their own. Thanks to QIOS, these communities created networks of clinicians, facilities, families, social services agencies, and others that share a common language in coordinating care for patients—the community’s sickest and most vulnerable people. These communities effectively prevented hospitalizations, resulting in people being more likely to stay home and healthy.”

FOR THE REST OF THE QIOs TO USE IN A SHELL PRESS RELEASE (TO GO TO QIOs ON 1/21):
“Our data show that nearly one in five patients who leave the hospital today will be re-admitted within the next month, and that more than three-quarters of these re-admissions are potentially preventable,” said Dr. Patrick Conway, CMS Chief Medical Officer and Center for Clinical Standards & Quality Director. “This situation can be changed by approaching health care quality from a community-wide perspective, and focusing on how everyone who touches a patient’s life—whether part of the traditional ‘health care team’ or not—can better work together in the best interests of their shared patient population to prevent hospitalizations.”

FOR AHQA TO USE IN ITS ORGANIZATION-SPECIFIC PRESS RELEASE:
“The considerable progress QIOs have made in improving care for older patients is more relevant than ever because the Affordable Care Act strongly encourages these kinds of improvements,” said Patrick Conway, MD, MSc, chief medical officer for CMS and director of the agency’s Center for Clinical Standards and Quality. “The next step is identifying how to transfer these lessons and provide other communities with the tools they need to replicate these successes. The potential to significantly improve patient care, while also saving money for Medicare, is considerable.”

WRITTEN STATEMENT FOR THE CMS PRESS OFFICE:
We are pleased to see that JAMA’s editors agree that CMS’ quality improvement approach to reduce 30-day rehospitalizations is grounded in scientifically sound principles. This article validates the community-based approach we at CMS are taking in our current work to improve how patients transition from the hospital to care in their homes or elsewhere in the communities. What sets our community-based approach apart is two-fold: first, we work with everyone who touches a patient about to leave the hospital—not just the hospital itself. We unite social service agencies, families, faith-based groups, and anyone else who can support you as you transition from hospital to home. Secondly, this approach works because we are able to monitor it with
real-time data and analyze it in ways that let us know quickly whether our work makes an impact. And if we see that it isn’t, we can make course corrections early in the process—we don’t wait for our funding to end before we assess whether we could make a difference for the 2.6 million seniors who end up back in the hospital every year because their illness returned after they left the first time.

In fact, we have already put the results of this project to work. Beginning in August 2011, CMS put its Quality Improvement Organizations (QIOs) to work in over 400 communities across the country to pioneer how the medical community measures readmissions and combats them through quality improvement work. We expanded our work from 14 states to 53 states and territories, which we hope will make even larger contributions to the hospitalization and readmission reduction effort going forward. Providers and communities that team with QIOs have access to groundbreaking innovations in delivery system reform that can translate to real-world impacts for beneficiaries and taxpayers.

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