

Readmissions NEWS

The RARE (Reducing Avoidable Readmissions Effectively) Campaign

By Jim Trevis

Across the United States, hospitals and other health care organizations are working to reduce hospital readmissions, following national priorities set by the Centers for Medicare & Medicaid Services and the Affordable Care Act.

Minnesota health care leaders recognized the need to improve, since nearly one in five Medicare patients discharged from Minnesota hospitals is readmitted within 30 days. Eighteen states have lower readmission rates.

Minnesota hospitals, health plans, and other health care organizations had begun work to reduce avoidable readmissions in 2009. To combine and build upon this work and accelerate improvement statewide, three health care organizations united to launch the RARE (Reducing Avoidable Readmissions Effectively) Campaign.

Campaign Launch and Goals

The campaign was launched in July 2011 under the leadership of three Operating Partners: the Institute for Clinical Systems Improvement (ICSI), a leading quality improvement organization with 55 medical group and hospital members that is known for bringing diverse stakeholders together to tackle complex health care issues; the Minnesota Hospital Association (MHA), which represents the state's hospitals; and Stratis Health, an independent nonprofit that leads collaboration and innovation in health care quality and safety, and also serves as the Medicare Quality Improvement Organization for Minnesota. Supporting Partners are the Minnesota Medical Association, MN Community Measurement, and recently VHA Upper Midwest.

The Operating Partners set aggressive, Triple Aim goals for the RARE Campaign:

- **Population health:** Prevent 4,000 avoidable readmissions within 30 days of discharge. Reduce by 20% the overall readmissions rate from the 2009 base by Dec. 31, 2012.
- **Care experience:** Recapture 16,000 nights of patients' sleep in their own beds (based on an average four-day hospital stay X 4,000 avoided readmissions); improve 5% on the Hospital Consumer Assessment of Healthcare Providers and Systems survey questions on discharge.
- **Affordability of care:** Save an estimated \$30 million for commercially insured patients, with additional savings for Medicare patients (based on per readmission costs of \$8,000 to \$13,000).

To date, 80 hospitals accounting for more than 80% of the state's readmissions are participating in the campaign. To join the campaign, hospitals had to agree to reduce their avoidable readmissions by 20 percent based on their Potentially Preventable Readmissions (PPR) 2009 benchmark figures provided by MHA. Senior executives had to make a written commitment on behalf of their organization, and hospitals also designated physician champions and primary contacts to lead their internal efforts.

Key Focus Areas and Support

Since the launch, each hospital has conducted an organizational assessment supported by staff from the Operating Partners. The partners evaluated the aggregate data from the assessments to identify needed resources and steps required for improvement at the hospitals.

For the individual hospitals, this assessment of practices helped to identify drivers of their readmissions and assisted them in selecting interventions that would accelerate their work and achieve success. Hospitals were asked to identify which of the following key areas they would use to focus their work:

- Comprehensive discharge planning
- Medication management
- Patient and family engagement
- Transition care support
- Transition communications

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The Operating Partners assigned a RARE resource consultant from within their staffs to work with each participating hospital. The Operating Partners also are providing support tools and ongoing learning and networking opportunities. In particular, hospitals can participate in three learning collaboratives that lend a structure to addressing the five key areas:

- Care Transition Intervention, provided by Eric Coleman, MD, MPH, of the University of Colorado, and his team
- Project RED (Re-Engineered Discharge), developed by Boston University Medical Center
- Safe Transitions, piloted in 2011 by 13 Minnesota hospitals under the direction and support of MHA

To date, 17 organizations are participating in a collaborative on Project RED, 14 on Care Transition Intervention, and seven on Safe Transitions. The learning collaboratives offer a structured improvement process and an array of activities, including conferences with recognized experts, webinars, and conference calls so that staff from the different hospitals interact and learn from each other. Each of the five key areas has a designated list of activities, based on best practices, that hospital teams work to complete. Several work groups were formed to develop content or give guidance to the campaign. The groups are Measurement, Medication Management, Long-term Care, Care Managers, and Mental Health. Some groups completed their goals within a few meetings, and others continue as they seek new information for their subject.

Engaging Hospitals and Communities

A key component of the RARE Campaign is to focus on reducing avoidable readmissions across the continuum of care following hospital discharge. Seventy Community Partners are participating in the campaign, including primary and specialty care providers, nursing homes, home health agencies, health plans and state health agencies.

The Operating Partners work diligently to engage both hospitals and Community Partners and keep them informed and motivated to succeed. A launch event was held where more than 100 members of participating hospitals and partners signed a "pillow" poster to publicly show their commitment. The RARE Campaign uses the pillow icon to emphasize the benefits for patients of maintaining their health and enjoying a good night's sleep at home, instead of in the hospital. A robust website was created for the campaign at www.rareadmissions.org. Extensive resources for RARE participants are available, including:

- Launch tools, with a Getting Started Guide for the organizational assessment and gap analysis
- Videos about key aspects of the campaign to familiarize team members and hospital staff with the issues
- Recorded webinars and podcasts
- An internal promotion toolkit
- RARE Report, a monthly newsletter with campaign progress, leader insights, success stories, upcoming educational opportunities, and contributions from Community Partners

Initial Progress

To track their progress, participating hospitals receive quarterly PPR data from MHA. There is a lag in collecting data, but fourth quarter 2011 results show that RARE hospitals have prevented 1,915 readmissions to date, or nine percent of the 20 percent reduction goal. This progress reflects results achieved by participating hospitals prior to, and for the first six months after, launch of the campaign.

**A Health Community Collaboration to
Reduce Avoidable Hospital Readmissions**



Helping patients spend 16,000 nights in their own beds.

Maintaining patient health after a hospital stay
so we all sleep more peacefully.

RARE Reducing Avoidable
Readmissions Effectively



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To keep the goal front and center with hospitals, the RARE website displays a chart with the “sleep at home” theme. Sixteen pillows represent the 16,000 nights of sleep at home that RARE seeks to reclaim for Minnesota patients. As readmissions are prevented and tracked in increments, another pillow cradles a sleeping person’s head.

With hospitals now implementing improvement strategies, the Operating Partners expect to see a 10% reduction in avoidable readmissions by June 2012, 15% reduction by Sept. 2012, and 20% reduction by Dec. 31, 2012. The RARE Campaign’s full impact on readmissions will be known in April 2013, when data for 2012 will be available.

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