

Modern Healthcare

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And the winners are ...; CMS gives groups \$20,000 to test innovations

By Jessica Zigmond

The CMS has named 73 professionals who will participate in the agency's Innovation Advisors Program, a \$6 million initiative to test new models of payment and healthcare delivery.

Each home organization will receive \$20,000-funded through the Patient Protection and Affordable Care Act-to support its representative, who is expected to work 10 hours a week on the program. The idea is for these trained leaders to return to their organizations with new skills and resources in healthcare economics and finance, population health, systems analysis and operations and research (Nov. 7, p. 6). To see the full list announced last week, visit innovations.cms.gov.

Here are four of the chosen innovators from different regions of the country, who offer a glimpse of the leaders and projects the program seeks to develop.

Gary Christensen

Improving Rhode Island's poor hospital readmission rate is the primary focus for Gary Christensen, the chief operating officer and chief information officer of the *Rhode Island Quality Institute* in Providence, who entered the healthcare field from the financial services industry. His project will be an extension of a service the institute has developed in which providers are notified automatically when one of their patients is admitted or discharged from a hospital. Data for this are collected through Currentcare, a health information exchange that began in April 2011. The institute's goal is to reduce hospital readmissions in the state by 12% over three years, Christensen said, and the Innovation Advisors program may help the institute learn how to scale the service across the state.

"I will absolutely hone my change-management skills," Christensen said about participating in the program, which kicks off this month in Baltimore. He added that previously he focused his work on private payers and will gain insight into Medicare and Medicaid. The best thing about the CMS program, he said, is the opportunity "to learn about and steal from other really good ideas from the other participants so we can launch projects we haven't even thought of yet."

Kathy Scott

Kathy Scott, who holds a Ph.D. in organizational systems, was excited by ProHealth Care's system of hospitals, rehabilitation centers, hospice and extended care programs when she became the chief innovation officer there more than a year ago. As she sees it, ProHealth Care's system, based in Waukesha, Wis., is the "perfect set-up for learning and transforming healthcare," which she hopes it will do, in part, through her project. That initiative will examine how to manage chronic care across the full continuum with an ACO that is composed of employed and independent physicians. (ProHealth Care's ACO was established in January 2011 and the intention is for it to be a part of the Medicare Shared Savings Program, according to Scott.)

ProHealth Care has some of the project pieces in place already. For instance, it recently implemented an electronic medical-record system in its acute organization and its employed physician organizations. And it has some hospital-based chronic-care programs in an outpatient setting that it will use in the process. But what Scott says the project needs-and what she hopes to learn from the Innovation Advisors program-is how to make a seamless chronic-care program last over time.

"We'll need to use decision-support tools and then all kinds of reengineering processes for hospitalists and nurses to mitigate transitions of care," Scott said. "And then we have to decide on the care-management model that is sustainable in the future. There is a lot of research on chronic-care models, but they haven't been sustainable."

Pamela Duncan

Last July, Pamela Duncan was hired by Wake Forest Baptist Medical Center to improve post-acute services and integrate care with social service agencies in an effort to reduce the system's hospital readmission rate. To do this, Duncan, director of transitional outcomes at Wake Forest Baptist and professor of neurology at Wake Forest School of Medicine, both in Winston-Salem, N.C., emphasized "breaking down silos" to transition from healthcare to community-based services.

"It will require that we examine how we reimburse and how we function as teams," Duncan said, adding that some of the focus will be on how individuals perform at the top of their game. "For example, physical therapists or nurse practitioners or physician assistants can accept a lot of responsibility for coordinating and managing care for the patient."

Duncan has dedicated her long career to academic research and how to manage patients in a post-acute setting. Now she wants to learn more about economic incentives and policies in healthcare. In November 2010, Duncan traveled to Singapore, where she saw how individuals at the Ministry of Health were able to integrate care-which caused her to wonder why this isn't happening in the U.S.

"Everything is driven by policy and resources and the ability to provide the incentives and leadership to innovate," she said. "You may have it at the federal level and the state level, but as we will demonstrate-it will be a commitment at the grassroots level as well."

Dr. Anna Flattau

Dr. Anna Flattau, director of the wound healing program at Montefiore Medical Center in New York, hopes the Innovation Advisors program will help develop her idea of providing home-based services for patients with pressure ulcers (more commonly known as bed sores).

Flattau's program calls for an integrated partnership among physicians, physician assistants and home nurses to care for patients.

"The goal is to develop this as a way that allows us to do this officially and measure outcomes," Flattau said. "It depends on the approval from the hospital and it needs to be funded," she added. "So it's making sure a business plan is acceptable to Montefiore."

Flattau said she'll bring back what she learns in a few ways, such as teaching others during clinical rotations and publishing results of outcomes in the future. She said the program description excited her because the patients she sees-those with complex diseases-need a better healthcare delivery system that brings care to them.

"You must have the clinical knowledge, but you need to speak the language of a business plan," Flattau said. "And I think there is good reason for that-because if you don't have one, you're not financially sustainable."