



MI STA*AR

State Action on Avoidable Rehospitalizations

Sept. 27, 2010

MI STA*AR (Michigan's State Action on Avoidable Rehospitalizations) is Expanding Statewide

Dear Colleague:

In May 2009, Michigan was one of three states selected by the Institute for Healthcare Improvement (IHI) to participate in a four-year statewide initiative to reduce avoidable rehospitalizations by 30 percent. The following month, 10 independent Michigan hospitals and select hospitals within five Michigan health systems were chosen for a pilot collaborative to test interventions and develop reliable processes to reduce avoidable rehospitalizations.

To date, the MI STA*AR pilot has succeeded in bringing together a coalition of the largest insurers, including Medicaid and Medicare to provide standardized data to hospitals on individual rehospitalization rates. The comprehensive data now being collected represents 80 percent of the insured citizens in the state.

Most participating hospitals have formed cross continuum teams made up of physicians, community members and others who provide care after discharge to reduce unplanned, related rehospitalizations and have begun to implement focused interventions.

The program is on schedule to expand into a statewide initiative — making it our pleasure to formally invite your hospital to participate in the MI STA*AR initiative. Involvement in MI STA*AR will provide your facility with an understanding of the underlying issues that lead to avoidable rehospitalizations and implementing interventions, and redesigning processes to reduce avoidable rehospitalizations in preparation for the reimbursement reductions outlined in the recently passed federal health care reform.

Participation in MI STA*AR offers the following opportunities:

- Network with similar facilities and learn from the pilot hospitals on successful strategies to reduce avoidable rehospitalizations. These teams include not only your colleagues in Michigan, but also Massachusetts and Washington state.
- Receive support and assistance from the Michigan Health & Hospital Association (MHA) Keystone Center for Patient Safety & Quality/MPRO team.
- Receive all-payor facility-specific rehospitalization reports and comparison reports.

MI STA*AR is co-led by the MHA Keystone Center and MPRO, Michigan's Quality Improvement Organization, with support from the IHI. A multistakeholder steering committee provides high level oversight to the initiative and is assisting in the statewide implementation. The steering committee consists of leaders who have experience in reducing rehospitalizations or are from organizations whose membership has an impact on reducing rehospitalizations.

Reducing avoidable rehospitalizations has been at the forefront of the debate on the Patient Protection and Affordable Care Act (PPACA), signed into law by President Barack Obama in March 2010. Section 3025 of Title III of the PPACA, "Improving the Quality and Efficiency of Health Care" requires the U.S. Department of Health and Human Services Secretary to establish a hospital readmissions payment reduction program involving certain payment adjustments for readmissions to the same hospital or another hospital, effective for discharges **on or after Oct. 1, 2012.**

Addressing rehospitalizations is a complex issue that requires combined efforts and collaboration from across the health care continuum, including acute and post acute care settings, physicians, caregivers, patients and their families, and the community. Not the least of which is emphasizing the difference between unavoidable and avoidable rehospitalizations. To achieve success, the health care community must continue to educate stakeholders,

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elected officials, media and the general public about what rehospitalizations are within the control of the health care continuum.

While hospitals should not need to hire additional staff for this initiative, depending upon the size of the participating hospital, the IHI estimates roughly 1.5 to 2.0 full-time equivalents (FTEs) (portions of FTEs from participating leaders and front-line staff) will be required to support the improvement work. Additionally, a small amount of financial support will be needed for staff to attend the two-day training seminar on Feb. 28 and March 1, 2011, although there is no registration fee associated with the seminar.

No grant funding is being provided to the MI STA*AR initiative to offset costs that may be incurred by the lead organizations, participating Michigan hospitals or providers across the health care continuum. It is also important to note that under current reimbursement models, hospitals are generally rewarded for increased volume; therefore, the short-term impact of reducing hospital readmissions may actually be a reduction in revenue.

Hospitals that join the effort are required to develop a transitions team that will be asked to identify those in their community with whom they share patients. This includes physician groups, long-term care and home health providers, patients and caregivers, and other community organizations, with the intent of developing local partnerships to improve patient transitions, thereby preventing avoidable rehospitalizations.

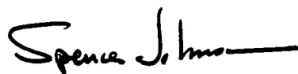
Timeline and activities for participating hospitals include:

- Completion of the pre-work, and development of a transitions team by January 2011.
- Attendance at the MI STA*AR statewide kickoff meeting Feb. 28 and March 1, 2011.
- Testing of interventions and redesigning process on one or two initial units and spreading the reliable processes hospital-wide.
- Active participation in monthly conference calls, webinars and listserv discussions, which will be facilitated by expert faculty and improvement advisors.
- Submission of monthly data and quarterly status updates.
- Commitment to, participation in, and contributions toward a strong learning community.

Once again, Michigan hospitals have the opportunity to take a leadership role in providing safer and more efficient care for all patients. We strongly urge you to participate in the MI STA*AR initiative by completing and submitting the enclosed letter of commitment. **A special webinar is taking place from 10-11 a.m., Oct. 14, to share information about MI STA*AR and answer your questions; we look forward to your participation** (see enclosed announcement).

If you have any questions about the initiative, please contact Sam R. Watson, executive director, at (517) 323-3443 or swatson@mha.org at the MHA Keystone Center or Nancy Vecchioni, RN, vice president, Medicare Operations, at (248) 465-7454 or nvecchio@mpro.org at MPRO.

We look forward to working with you on this critical effort. Thank you.



Spencer Johnson
President
MHA



Robert Yellan
President and Chief Executive Officer
MPRO

Enclosures

cc: Chief Operating Officer
Chief Financial Officer
Chief Nursing Officer
Chief Medical Officer
Chief of Staff
Director of Patient Safety
Director of Quality

