



# MI STAAR

## State Action on Avoidable Rehospitalizations

May 29, 2009

**COPY: This information was mailed May 29  
CEOs, CFOs, CNOs, CMOs and Directors of Quality  
at Types 1AS and 1A MHA-member organizations.**

Dear Colleague:

### **Your hospital is invited to apply for consideration to participate in the State Action on Avoidable Rehospitalizations (STAAR) initiative**

Michigan is at the forefront of health care transformation. With the establishment of the Institute for Healthcare Improvement (IHI) [STAAR initiative](#), a three-state collaborative to reduce avoidable rehospitalizations, Michigan is poised to advance even further and faster in this regard. The IHI will provide national oversight of the project and only Michigan, Massachusetts and Washington were selected to take part in this initiative.

Despite Michigan hospitals' ranking above the national average in efficiency, as well as their nationally renowned success in effecting patient safety, national public pressure and interest in reducing health care costs continues unabated. Among the more often-cited costs are those related to [avoidable rehospitalizations](#).

Reducing avoidable rehospitalizations is a complex challenge that will require combined efforts from across the health care continuum, including hospitals, physicians, caregivers, patients and their families. In recent months, the issue has gained significant national attention and activities are emerging to find solutions. **It is our pleasure to [formally invite](#) your facility to participate in Michigan's new STAAR initiative.** By agreeing, your hospital/health system will be considered to become one of the 15 hospitals that will begin this effort in Michigan.

According to a recent article published in the *New England Journal of Medicine*, Michigan has a rehospitalization rate of 19.4 percent (rates range from about 13 percent to more than 21 percent). ranks in the third quartile of performance — the state with the highest being 22 percent and the lowest 15.7 percent<sup>1</sup>.

Even within the category of unplanned, related rehospitalizations, there are many factors that make it inappropriate to hold hospitals accountable for all instances, including health care delivery system flaws that are well beyond the control of the facility. Thus, policies to reduce rehospitalizations must take into account the reasons particular patients are returning to the hospital. **Therefore, efforts to reduce them must focus on certain types of unplanned, related rehospitalizations that are avoidable.**

The rehospitalization issue is included among President Obama's various health care reform concepts, proposing Medicare incentives and penalties to encourage hospitals and physicians to cooperate in overseeing care from hospitalization through the first 30 days after discharge. Beyond the immediate benefits to patients that solutions could bring, some public estimates claim a successful approach could save \$26 billion nationally over 10 years.

<sup>1</sup>Jencks SF, Williams MV, Coleman EA. N Engl J Med 360:1418, April 2, 2009 Special Article

The IHI is charged with national oversight of this project under a grant from The Commonwealth Fund. The unique, multistakeholder coalition in Michigan, in partnership with IHI leaders and expert faculty, is working *voluntarily* to develop and implement strategies to dramatically reduce avoidable rehospitalizations.

**No grant funding is being provided to the Michigan STAAR initiative to offset costs that may be incurred by the lead organizations, participating Michigan hospitals or providers across 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 the equivalent of 1.5 to 2.0 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 to be held Aug. 4 and 5 in Lansing. However, there is no registration fee associated with the seminar. 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.

The initiative is planned to launch in June 2009, and project design for the first two years has the following key elements:

- **Technical assistance from IHI leaders and expert faculty**, which includes: 1) coaching to enhance improvement capacity of project leaders at the state level; 2) facilitation of a quality improvement initiative to improve transitions of care after patients leave the hospital; 3) facilitation of work groups to develop strategies to address systemic barriers to reducing avoidable rehospitalizations.

- **Roles and expectations for participating states** include: 1) convening a multistakeholder coalition to develop a written state-specific strategy plan for reducing avoidable rehospitalizations and to drive results in the project; 2) designation of staff resources to lead the project (includes participation in expert training in quality improvement methods and provision of coaching and evaluating the progress of improvement teams); 3) selection of 15 hospitals that have the “will” and “capability” to make process improvements to enhance transitions in care.

To ensure success across the health care continuum, a voluntary steering committee has been convened including the Aging Services of Michigan, Blue Cross Blue Shield of Michigan, Health Care Association of Michigan, IHI, Medicaid Program Operations and Quality Assurance, Michigan Association of Health Plans, Michigan Critical Access Hospital Quality Network, Michigan Department of Community Health, Michigan Home Health Association, Michigan Hospice and Palliative Care Organization, Michigan Osteopathic Association, the Michigan State Medical Society and the University of Michigan Health System. The active involvement of these stakeholders is critical to the success of the initiative.

This steering committee met in April to begin planning for the launch of this effort. In short, the overall project plan includes the focus of improving transitions of care out of the hospital for all patients. Initially, 15 hospitals will be selected to participate, and as the project advances, additional hospitals may be added. Although the process improvement work will start with clinical hospital-based teams, success is dependent upon the inclusion of representatives from across the health care continuum as well as community participants.

As a result of the first stakeholder steering committee meeting, the following goals were set:

- production of a written state-specific strategy plan for preventing avoidable rehospitalizations
- building a multistakeholder network for prevention of unplanned, related rehospitalization
- identification of interventions and measures to improve transitions of care
- testing of interventions for statewide implementation
- implementation of statewide measurements

Participating hospitals will be required to take part in the Transitions Home Collaborative which will aim to improve the transition out of the hospital for all patients. Medical and surgical units will focus on achieving:

- enhanced assessment of post-discharge needs
- enhanced teaching and learning for patients by the acute-care team
- enhanced communication at discharge between the hospital and the provider assuming care for the patient
- timely follow-up after hospital discharge

As stated above, the coalition will identify and initially recruit 15 hospitals that meet the IHI's and the state's criteria for participation to be enrolled in the first wave of process improvement work. The selection process is designed to ensure balanced representation from various constituencies within the Michigan hospital community, *i.e.*, small rural, large academic, etc. Specific desired characteristics of hospitals include:

- reducing avoidable rehospitalizations is a strategic priority for the organization
- executive leaders are willing to dedicate staff time, resources and leadership at all levels of the organization to redesign processes of care (*refer to page 2 for examples of hospital costs that may be incurred*)
- hospital leaders have a commitment to engaging clinicians and staff across the continuum of care to actively participate in the improvement work
- front-line improvement teams have demonstrated success in implementing and sustaining clinical improvements

In turn, the hospitals that join the effort will be required to develop a transitions team that will be asked to identify those in their community with whom they share patients. This includes long-term care, physicians, home health and others, with the intent of developing local partnerships to improve patient transitions, thereby preventing avoidable rehospitalizations.

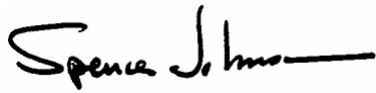
Activities for the hospitals include:

- completion of the pre-work as outlined in the *Creating an Ideal Transition Home How-to Guide* (to be completed in July 2009)
- attendance at the IHI's two-day meeting for the Transitions Home Collaborative for the initial participating hospitals (Aug. 4 and 5, 2009, in Lansing)
- active participation in monthly telephone calls, webinars and listserv discussions, which will be facilitated by expert faculty and improvement advisors
- submission of monthly quality improvement reports from the hospital teams to track progress on the initial sites (reports include all performance improvement activities — testing and implementation of changes and providing trending data for required process and outcome measures)
- commitment to, participating in and contributing to a strong learning community among all hospitals in the project
- development and implementation of a plan to spread successful interventions throughout all units in the hospital
- interaction, as required, with the external evaluation team

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 apply for consideration to participate in the STAAR initiative by completing and submitting the enclosed letter of commitment.

If you have any [questions about the initiative](#), please contact Sam Watson, senior vice president, Patient Safety and Quality, at the MHA at (517) 323-3443 or [swatson@mha.org](mailto:swatson@mha.org) or Nancy Vecchioni, RN, vice president, Medicare Operations, at (248) 465-7454 or [nvecchio@mpro.org](mailto:nvecchio@mpro.org) at MPRO.

Thank you,



Spencer Johnson  
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Enclosures

cc: Chief Operating Officer  
Chief Financial Officer  
Chief Nursing Officer  
Chief Medical Officer  
Director of Quality

