STAAR Initiative
STate Action on Avoidable Rehospitalizations

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STate Action on Avoidable Rehospitalizations

- Commonwealth Fund-supported initiative to reduce avoidable rehospitalizations, taking states as unit of intervention
  - May 1, 2009 launch
  - Anticipated 4-year initiative

- State-based Initiatives
  - Public, non-governmental, and/or private sector leadership focused specifically on rehospitalizations
  - 3 states selected to receive Commonwealth Fund-IHI supported technical assistance (Massachusetts, Michigan, Washington)

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Why a state-based strategy?

- Must work across organizations, entities
- Data
- Financial implications
- Engaging payers
- Patterns and utilization of care (ie advanced directives, palliative care)

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State-based initiatives in health system reform

Public sector

- Health reform legislation
- All-payer data
- Licensing, regulation
- Convener
- Public payer
- Purchaser

Private / non-governmental sector

- Provider networks, history of successful prior initiatives
- Ability to iteratively test innovations
- Ability to pilot payment innovations
- Some hospital associations manage all-payer databases
- Convener
- Mobilize front-line providers, interest, and will

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"Sense-making" and evaluating interventions

Will / Incentives

- Who is motivated to make this change?
- Are there incentives and adequate ways to pay for this intervention?
- Are there winners and losers or a potential for win-wins?

Degree of Belief / Impact

- Level of evidence for the change
- Availability or awareness of credible "best practices"
- Impact on reducing rehospitalizations

Degree of Difficulty to Implement or Replicate

- Alignment with other local and national quality initiatives
- Relative ease of implementation & measurement
- Are there partners (national and within the region) to assist with implementation and spread?

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High-leverage opportunities for action

1. **Improve Transitions for *All Patients***
    a) Transitions “out” of the hospital
    b) Reception “in” to home (home health, office practice)
    c) Reception “in” to skilled nursing (post-acute rehab, NH)

1. **Proactively Address the Needs of *“High Risk”* Patients**
    a) Enhanced services for high risk patients
    b) Local market assessment of plausibility of payment

1. **Engage Patients/Caregivers**
    a) Proactive role, navigating/advocacy skills
    b) Shared care plans
    c) Proactive advanced care planning

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Goals

- Reduce avoidable rehospitalizations in a state by 30%
- Increase patient /family satisfaction with care

Methods

- Support state-based initiatives to improve care transitions and reduce avoidable rehospitalizations
- Provide technical assistance in 2 areas:
  - Front-line process improvements in transitions of care
    - Transitions “out” and Reception “in”
  - Address systemic barriers to improving transitions in care
    - State-wide data/ measurement
    - Payment/policy reforms
    - Financial implications on providers
    - Working / communicating across continuum

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May 2009 to Fall 2010

- Front-line process improvement technical assistance
  - May 2009: identify 15-20 hospitals in MA to improve transitions out
  - June-August 2009: hospitals and cross-continuum partners complete prework*
  - September 2009: Transitions Out collaborative launch in MA
  - October 2009-Dec 2010: process improvements active phase
  - Fall 2010 (proposed): Reception In collaborative launch in MA
  - Fall 2010 (proposed): Second wave of Transitions Out collaborative

- Targeted technical assistance to address systemic barriers
  - May 2009 launch inter-state technical assistance workgroups
  - Workgroups will have 120-day cycles
  - Facilitate inter-state learning, intra-state convening, leverage external expertise on common challenges
  - Provide targeted state-specific technical assistance when needed

*prework includes reviewing rehospitalization data, plan in MA to coordinate with DHCFP 3M PPR pilot hospitals if desired

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States in STAAR Initiative

- Massachusetts
  - Ranks 41st in US on Medicare 30-day readmissions
  - Focus of robust public-private-nongovernmental attention and coordination
- Michigan
  - Ranks 40th in US on Medicare 30-day readmissions
  - Effort led by MI Hospital Association Keystone Center and MI QIO
  - Building on history of state-wide process improvement successes
  - Stated goal is to be best state in US
- Washington
  - Ranks 18th in US on Medicare 30-day readmissions
  - Effort led by Washington State Hospital Association
  - Building on unique case for attention/change: state-wide bed capacity challenges

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Massachusetts STAAR Initiative

- Coordinating with following entities/organizations
  - EOHHS
  - Massachusetts Hospital Association
  - Care Transitions Forum/ Care Transitions Steering Committee
  - DHCFP 3M PPR pilot
- Aligning with following entities/organizations
  - INTERACT
  - MOLST
  - HCQCC
  - Other complimentary efforts, such as medical home pilots, priorities of the State Quality Improvement Institute

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Resources:

1. How-to Guide: Creating an Ideal Transition Home
2. Guide for Field Testing: Creating an Ideal Transition to the Office Practice
3. Guide for Field Testing: Creating an Ideal Transition to a Skilled Nursing Facility
4. Reducing Avoidable Rehospitalizations: Applying Early Evidence and Experience in Front-Line Process Improvements to Develop a State-Based Strategy
5. Effective Interventions to Reduce Rehospitalizations: A Survey of the Published Evidence
6. Effective Interventions to Reduce Rehospitalizations: A Compendium of 15 Promising Interventions
7. Reducing Avoidable Rehospitalizations: A Tool for State Policy Makers
8. Reducing Avoidable Rehospitalizations: Data and Measurement Issues for the Initiative

Available at www.ihi.org or www.commonwealthfund.org in May 2009

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