



Fact Sheet: Partnership for Patients: Better Care, Lower Costs

Doctors, nurses and other health care providers in America work incredibly hard every day to deliver the best care possible to their patients. Unfortunately, an alarming number of patients are harmed by medical mistakes in the health care system and far too many die prematurely as a result.

The Obama Administration has launched the *Partnership for Patients: Better Care, Lower Costs*, a new public-private partnership that will help improve the quality, safety and affordability of health care for all Americans. The Partnership for Patients brings together leaders of major hospitals, employers, health plans, physicians, nurses, and patient advocates along with State and Federal governments in a shared effort to make hospital care safer, more reliable, and less costly. The Partnership will help save 60,000 lives by stopping millions of preventable injuries and complications in patient care over the next three years and has the potential to save up to \$35 billion, including up to \$10 billion for Medicare. Over the next ten years, it could reduce costs to Medicare by about \$50 billion and result in billions more in Medicaid savings. Already, more than 500 hospitals, as well as physicians and nurses groups, consumer groups, and employers have pledged their commitment to the new initiative.

The two goals of this new partnership are:

- *Keep patients from getting injured or sicker.* By the end of 2013, preventable hospital-acquired conditions would **decrease by 40%** compared to 2010. Achieving this goal would mean approximately 1.8 million fewer injuries to patients, with more than **60,000 lives saved** over the next three years.
- *Help patients heal without complication.* By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be **reduced by 20%** compared to 2010. Achieving this goal would mean more than **1.6 million patients** will recover from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.

Improving Patient Safety

In 1999, the landmark Institute of Medicine study, “To Err is Human,” estimated that as many as 98,000 Americans die every year from preventable medical errors. Despite progress in some areas, meaningful improvement was not made in the decade that followed. Numerous patients continue to get injured or sicker from preventable, adverse events after being admitted to a hospital. Patients are also vulnerable once they leave the hospital to continue healing at home, in an assisted living facility, or in other care settings; many are readmitted due to preventable complications.

- A study published in April, 2011 in the journal *Health Affairs* found that on average, 1 in 3 patients admitted into a hospital suffer a medical error or adverse event – nearly 10 times greater than previously believed.
- On any given day, about 1 in every 20 patients is affected by an infection related to hospital care.
- On average, 1 in 7 Medicare beneficiaries is harmed in the course of care, costing the government an estimated \$4.4 billion every year.

- Nearly 1 in 5 Medicare patients discharged from the hospital is readmitted within 30 days – that’s approximately 2.6 million seniors at a cost of over \$26 billion every year.

Successful efforts to improve patient safety have shown that collaboration and use of innovative practices to target specific types of medical errors and complications work. For example, a collaborative effort in Rhode Island between insurers and hospitals reported a 42 percent decrease in central line-associated bloodstream infections. In New Jersey, approximately 150 health care facilities reduced pressure ulcers by 70 percent. And more than 65 Institute for Healthcare Improvement Campaign hospitals reported going more than a year without a ventilator-associated pneumonia in at least one unit.

Partnership for Patients – A Common Commitment

Achieving the goals of the Partnership for Patients will take the combined effort of many key stakeholders across the health care system – physicians, nurses, hospitals, health plans, employers and unions, patients and their advocates, as well as the Federal and State governments. Many important stakeholders have already pledged to join this Partnership in a shared effort to save thousands of lives, stop millions of injuries and take important steps toward a more dependable and affordable health care system. They include:

- **Hospitals and national organizations representing physicians and nurses:** America has the best-trained and equipped health care system and workforce in the world, striving hard every day to care for patients. These providers are committed to improving their care processes and systems, and enhancing communication and coordination to reduce complication for patients.
- **Patient and consumer organizations:** Patients and their families are deeply affected by the harms from preventable health care complications. These organizations are committed to raising public awareness and developing information, tools and resources to help patients and families effectively engage with their providers to avoid preventable complications.
- **Employers, unions, health plans and States:** Employers, unions, health plans and States can provide the incentives and support that will enable clinicians and hospital to deliver high-quality health care to their patients, with minimal burdens.

Members of the Partnership will identify specific steps they will take to address reduce preventable injuries and complications in patient care. For example, the Association of American Medical Colleges also launched a complementary harm reduction effort – Best Practices for Better Care – a multi-year initiative to improve the quality and safety of health care. More than 200 teaching hospitals and health systems have joined the effort, and are pledging to take simple steps such as using surgical checklists for safer surgery and using proven practices to reduce central line infections. In addition, Partnership member California Public Employees' Retirement System (CalPERS), has already implemented an integrated care program that has reduced hospital readmissions by 22 percent, and has pledged to continue its efforts to improve patient safety.

To see which organizations have already joined the Partnership, visit partnershippledge.HealthCare.gov.

Investing in Better Care

Using up to \$1 billion in new funding provided by the Affordable Care Act, the Department of Health and Human Services (HHS) will work with a wide variety of public and private partners to achieve the

two goals of this partnership – keeping patients from getting injured or sicker in the health care system and improving transitions between care settings.

- **Preventing Harm:** The new Innovation Center at the Centers for Medicare & Medicaid Services (CMS) will dedicate up to \$500 million to test different models of improving patient care and patient engagement and collaboration in order to reduce hospital-acquired conditions and improve care transitions nationwide. The Partnership will target all forms of harm to patients but will start by asking hospitals to focus on nine types of medical errors and complications where the potential for dramatic reductions in harm rates has been demonstrated by pioneering hospitals and systems across the country, including preventing adverse drug reactions, pressure ulcers, childbirth complications and surgical site infections. The Innovation Center will help hospitals adapt effective, evidence-based care improvements to target preventable patient injuries on a local level, developing innovative approaches to spreading and sharing strategies among public and private partners in all States.
- **Improving Care Transitions:** The new Community-based Care Transition Program at the CMS Innovation Center will provide \$500 million in funding to community-based organizations partnering with eligible hospitals for care transition services that include timely, culturally, and linguistically-competent post-discharge education, medication review and management, and patient-centered self-management support within 24 hours of discharge. Starting April 12, 2011, eligible community-based organizations and acute care hospitals that partner with community based organizations can begin submitting applications for that funding. Applications are being accepted on a rolling basis. Awards will be made on an ongoing basis as funding permits. Those interested in applying should visit:
www.cms.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1239313

The programs announced today are just two of the many ways the Affordable Care Act is helping improve the health care system. Last month, HHS announced the first-ever National Quality Strategy, which will serve as a tool to help coordinate quality initiatives between public and private partners as well as to leverage and coordinate existing efforts by federal agencies and departments to improve patient care. HHS also announced new rules to help doctors, hospitals, and other providers better coordinate care for Medicare patients through Accountable Care Organizations (ACOs). By 2015, a portion of Medicare payments to the majority of hospitals will be linked to whether hospitals are delivering safer care, using information technology effectively and meeting patient needs. Payment incentives and supports to improve quality and lower costs will also be available to State Medicaid programs.

For more information about the Partnership for Patients, visit www.HealthCare.gov/center/programs/partnership/index.html. For more information about the Community-based Care Transitions Program funding opportunity visit: www.cms.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1239313.