"It's also very important for everyone to understand the 'why' of why we're doing this," she says. "We've also learned that what gets measured gets improved. It also is crucial to include frontline staff and everyone involved in the care, and we have to prioritize goals and make them relevant.

"When you have 20 important goals it is hard to get everyone motivated, but if you focus on just a few and show them why it's important, you can get people to make real changes." ■

Health System Applies Lessons from Population Health

Population health initiatives involve broad goals that may not always seem applicable at the hospital level, but a health system in Nevada is finding ways to leverage the lessons learned from a statewide program.

Quality improvement professionals should embrace population health initiatives and look for the ways in which the resulting data can be put to use in-house, says **Anthony D. Slonim**, MD, DrPH, FACHE, president and CEO of Renown Health, a healthcare network serving Nevada and northeast California. He also is president of the Renown Institute of Health Innovation (Renown IHI) in Reno, NV.

Almost two years ago, the state of Nevada initiated the Healthy Nevada Project (HNP), described by HNP as "a first-of-its-kind, community-based population health study combining clinical, genetic, and environmental data with the goal of providing personalized, precision medicine for individuals while improving health statewide." Slonim says the 10,000-person pilot study provided valuable insights that are helping to reshape patient care.

According to HNP's website, the project "is making history again with the opening of phase two genomic sequencing to an additional 40,000 northern Nevadans, bringing the study's total participation to 50,000 residents and making it one of the largest population health studies in the country."

Clinical applications are being developed by research teams with the Renown Institute for Health Innovation — a partnership between Renown and the Desert Research Institute (DRI).

The first goals involve clinical programs and scientific studies focused specifically on Washoe County's high age-adjusted death rates for heart disease, cancer, and chronic lower respiratory disease, which collectively are 33% above the national rate.

"Everyone tends to focus on the genetics, but what we've created is a large data warehouse that has genetic data, clinical data, environmental data, and social data. We know that clinical care is only responsible for 20% of your overall health status, with those other factors making up the rest," Slonim says.

"This is the ultimate strategic planning process for our community, because if you can uncover things that put people's health at risk, our healthcare providers can do appropriate screening and take better care of them aside from their genetics."

Data Guide Better Care

Social determinants, particularly the area in which a person lives, can have more effect on a person's health than any other factors, Slonim says. In the Nevada project, people from lower socioeconomic status were active participants, with 40% coming from state's five most impoverished ZIP codes.

"So we're starting to understand how that factor plays into a person's health risks and how we should respond to that as a health system," Slonim says. "We also are learning a lot about health literacy. Our job is to meet the community where they are with health literacy, both in terms of what they know and understand and also what they want to understand. It is not our place to insist that everyone understand a lot about genetics, but their level of understanding about a lot of these issues can help drive how we care for them."

Renown IHI will soon begin providing advanced calcium score screenings to pilot-phase participants at higher risk for cardiovascular disease, which should allow researchers to examine the link between genetics and calcium build-up in the heart. According to the Healthy Nevada

Project, "In phase two, Renown IHI also will evaluate possible links between genetics and increased susceptibility to respiratory ailments."

Determining Community Needs

The information gained from the population health initiative can directly affect how the health system operates, Slonim says.

"If we find out from this program that a certain percentage of our population has X condition, then I better make sure we have enough doctors to treat those patients five to 10 years from now," Slonim says. "As we identify these conditions, we are identifying which health professionals we need to recruit and bring to town to effectively prepare for those patients."

Nevada ranks in the bottom half of overall health rankings in the United States, Slonim notes, so the project data represent a quality improvement opportunity for healthcare providers.

"You always need an inciting source to get you going and moving. We realized that our population here in Nevada is in effect the inverse of the value proposition in healthcare, with some of the lowest quality and the highest costs," Slonim says. "When we look at specific disease indicators like heart disease, cancer, and chronic respiratory disease, we find that our mortality rates are higher than in comparable states, so this was our call to action. We have to do something different if we want to have a healthier state moving forward." ■

SOURCE

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CMS Proposes Reduction in Quality Metrics

CMS has proposed a new rule that would remove 19 quality measures in an effort to lower the administrative burden on Medicare providers. The rule also would increase overall Medicare hospital payments, increase price transparency, and facilitate access to more provider data for consumers.

Eliminating the quality measures is intended to encourage productivity gains in the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital Prospective Payment System (LTCH PPS), CMS says. In addition to removing 19 measures, CMS is de-duplicating 21 more. Those changes should lead to a savings opportunity of $75 million, CMS says.

"We seek to ensure the healthcare system puts patients first," CMS Administrator **Seema Verma** said in a statement announcing the new rule. "Today's proposed rule demonstrates our commitment to patient access to high-quality care while removing outdated and redundant regulations on providers. We envision a system that rewards value over volume and where patients reap the benefits through more choices and better health outcomes."

The proposed rule removes unnecessary, redundant, and process-driven quality measures from a number of quality reporting and pay-for-performance programs, CMS says. It would eliminate a significant number of measures acute care hospitals are currently required to report, and remove duplicative measures across the five hospital quality and value-based purchasing programs.

"Additionally, CMS is proposing a variety of other changes to reduce the number of hours providers spend on paperwork," Verma's statement says. "CMS is proposing this new flexibility so that hospitals can spend more time providing care to their patients, thereby improving the quality of care their patients receive."

The elimination of 25 total measures across the five programs should result in a reduction of more than 2 million burden hours annually, CMS says.

Verma said the policies in the IPPS and LTCH PPS proposed rule would further advance the agency's priority of creating a patient-driven healthcare system by achieving greater price transparency and interoperability, the essential components of value-based care, "while also significantly reducing the burden for hospitals so they can operate with better flexibility and patients have the information they need to become active healthcare consumers."

CMS is updating its guidelines to specifically require that hospitals make publicly available a list of their standard charges, or their policies for allowing the public to view a list of those charges upon request.