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Good afternoon my name is Lindsay and I will be a conference operator today. At this time I'd like to welcome everyone to the national learning and action network call. All lines have been paced on mute and after the speaker's remarks there will be a question-and-answer session. If you would like to ask a question at this time press star then the number one on your telephone keypad. To withdraw your question press the pound key. Thank you. You may begin your conference.

Thank you very much and thank you everyone for joining us today. And the deputy at the quality innovation network and also at the NCC. We appreciate you joining our national learning and action network call today where we are sharing knowledge and improving healthcare. We are focusing today on the QIO program in action. We support the local quality and innovation—we call them QIN-QIO and we provide that support: the education, communication, facilitation, connection, and expertise to provide value and improvement support to your partners and patients as well. Similar to the title of the discussion, our team supports a national structure and your local quality improvement organization or QIO will help you translate this to your local action and values. We are all hoping to achieve the three-part aim for Medicare, better health and smarter spending.

Just to get into some housekeeping for today, we'd like to thank you for joining the webinar portion of the event. Registration was required and we maxed all of our seats. The slides will be made available if you are only on the audio line. The slides will be made available to you on qioprograms.org if you have joined us in the training center and not event center. Please use your registration confirmation email and ID in order to get into the WebEx. The slides are being emailed to all registered attendees as we speak. If you are on the WebEx portion, you can download them directly and I will give you instructions to do that.

If you look at the top of the screen you see tab for national L-A-N—LAN. Go to File and save it and make sure to save it to PDF with instructions in a checkbox as well. If you are not able to access it through the webinar, you should receive it via email and it will be posted along with the recording in any of the comment materials on our website.

Just to give you an idea of the purpose of the series: If you are a joining us today we want to stress that you are part of something very powerful and transformative. All a piece of the puzzle in terms of the organization. To give you an idea of who we have aligned today we invited patients, community, and healthcare providers, local, regional and federal partners, and anyone who has partnered with the quality improvement organization program over the years. We required registration so we have an understanding of our audience makeup. That helps us tailor content to you today and in the future.

Getting into the purpose: with an eye to offering these learning and action network events is virtual training opportunities focused on healthcare quality improvement topics and trends in healthcare delivery transformation. We are hoping to connect a lot of these national themes with a lot of the related local services, resources and support you have available through your own quality improvement organization. We are holding ourselves accountable to providing timely and relevant content for you. We hope you'll be able to gain knowledge that is directly applicable to your work in healthcare quality. Getting information that can be easier shared with their teams' community organization and anyone who has a vested interest in quality improvement.

We would also love to hear from you. If you have ideas for future calls, please feel free to reach out to us or your local QIO, who would be happy to take these topics into consideration and just make sure that we are getting near the content that is giving you the content you need.

For holding ourselves accountable to creating relevant content to you, we would like you to commit to being a few ways today: We hope you will be very attentive and—if you can—avoid multitasking and really be present with us on the call today; we have a lot of information to cover, so being attentive will really help with that. We hope you will be an active participant. We have a colleague who will be monitoring the chalkboard and he will also see questions coming from Steve all throughout the presentation. We would love to hear from you. Comments questions or anything that strikes you. We would like you to be actionable and think about what you are hearing and the impact it has on your daily work now and in the future. We would like for you to share your commitment by typing Yes in the chat. I see quite a few people doing that, so we appreciate it.

Getting into the goals and objectives of today's session. We hope that by the end of the call you will be able to identify three ways that your partnership with the QIN-QIO program will help you meet your improvement goals for your organization. We value the impact of storytelling and how this method of sharing can move us all

forward in terms of its practices. We hope you will be able to recognize your organization's impact or you as a patient on healthcare by participating with us in creating a story that translates the impact for your customers. Whether that's a patient, resident, beneficiary, or your friend or family member or friends, too. Then we will clearly be able to understand how you can share that with your local QIN-QIO by September 1 and incidentally be highlighted on a future column. And potentially be highlighted on a future call.

We outlined that we created this a few years ago and hopefully you were all be able to access the documentary on the YouTube channel. If not, the link is on the slide for you and you'll also be able to get that from the chat box. To give you an idea of some highlights in case you are not able to view the video to show you how Medicare became part of Social Security coverage. We developed standards of care. It's good high-quality healthcare in terms of best practice in clinical standards. Then developed physician review organizations, where there was more case review happening on an individual care level. We also know that the work is very data-driven and we are looking at systematic approaches to improving care targeting efforts accordingly and developed quality improvement organizations for the Medicare program. This has changed shape a little bit throughout the years as we will see in that documentary, but we look at a very multidisciplinary approach for it. We are constantly looking for improvement in quality. We develop learning and action networks similar to the event you are attending today. You also have many opportunities at the local level. We are also very much aligned with the National Quality Strategy. We are very focused and collaborative to make sure that we are streamlined and moving in the right direction.

You may have also been hearing that Medicare was put into law in 1965, and July 30 was the 50th anniversary of the Medicare and Medicaid program. A lot of you may have even seen a lot of information, articles in celebration through different news and media outlets. These programs have been promoting providing and protecting the health and well-being of many American families. It's really something to celebrate. It set the standard for quality healthcare delivery and plans for the future to see how we can work together, improving healthcare for generations to become.

Just to highlight a few key milestones: Back in the '60s was really when we started looking at Medicare and Medicaid and started growing immediately. Moving into the '70s there was kind of an expansion feel. There was an inclusion of individuals under 65 years of age looking at those with long-term disabilities or end-stage renal disease. There were also startup grants and loans to develop HMOs. It increased quality oversight in the '70s and '80s of into the '90s. I think it's interesting that we move to a connection or outreach phase where there's more of that connection with beneficiaries through the Internet or through the toll-free phone lines.

Into the 2000s we're looking at more of a service base. Increasing Medicare payments to providers and decreasing some of those co-pays for beneficiaries and also the improvement of prescription drug coverage with the Medicare Prescription Drug Improvement and Modernization Act. Just a few key milestones to be aware of.

You are part of something impressive. I will go through a few details about the program in a minute, but I also want to let you know about what you're seeing for those who may be following along on hardcopy slides, we're on number nine. This is where you find your local support. You should see Quality Innovation Network or QIO on that map. Every state is covered and we have 14 QIOs and QIO-QINs. We look to see which area you are representing yourself. You look on the map and put into Chat what state you are from and we welcome everyone across the country. Thank you to all of you who are representing healthcare providers and patients.

I'm seeing a lot of great responses.

I will just get into what Quality Innovation Network-QIOs really do. We are covering 45 million beneficiaries, so it's very substantial. We hope to provide local infrastructure that helps implement nationally based quality initiatives that you might hear about. We are charged to help align efforts to streamline the support and also become, really, your quality improvement expert and coach.

QIOs are working with patients, providers, and then practitioners. We are focused on sparking and spreading rapid-scale improvement in healthcare. This is the equivalent of peer-to-peer sharing, so we are glad that you are with us today. We are looking at evidence-based clinical interventions. The tried-and-true practices. Really trying to be your objective expert, helping you identify resources that are working well. Can also act as a facilitator or coach or a convener for partners, providers and stakeholders who have similar goals.

So what can your QIO do for you? We just want to give you a good idea about all of the different things that QIOs can help you do. We can help at the local level, results-oriented change, we're looking at data-driven approaches to healthcare improvement—again, things that are tried-and-true supported by the data. Active engagement with patients and other partners. It's so important to hear from the individual actually receiving care, from the beneficiaries. We are looking to identify and spread innovation. Your QIO will help you facilitate opportunities for learning and action that could be through a learning and action network event, could be any other strategy to help connect individuals, and it's all-teach, all-learn. You will have the answers, which you will spread from site to site, partner to partner.

We can help to motivate improvement. Remember why we do this work. What is the reason that you are there? Why are you motivated for that? QIOs are acting as technical experts and will provide consultation and education. And help to manage all of the knowledge that we are gaining. So learning is never lost. They will help you apply that to your day-to-day. And a lot of communication in helping you communicate things effectively. There's a lot of opportunities for learning, activating patients, and sustained behavior change. If there's anything important that is going on with Medicare policy, we will be able as QIOs to help share that information with you. Some of you may already know this if you have worked with QIOs in the past.

Some of you may just be getting started and hopefully this gives you a little bit of a flavor, and your local QIO may have additional information as well. If you talk to them they could give you a good idea of things they can do to help you in terms of quality improvement.

I'd now like to give you an overview and QIO program priorities. We will review quickly some of these ideas. It's a five-year effort, and we are a year in. A lot of these QIOs started in August 2014. It will move forward to July 2019 and we truly hope that you sustain any of your improvements far beyond that. There will be a lot of information and details. With a lot of words on this slide, but this is an all-encompassing effort and we are looking to achieve that three-part aim. Don't worry if you don't capture all of these details, but hopefully you'll be familiar with the areas you are working on personally either with your QIO or individually. The intent here is to help make some connection and provide this as a reference or resource for you in the future as any of the areas become relevant for you or if you have really incredible experience with any of these areas too.

We hope that you will be able to share these parts—best practices with everyone. The first task and focus that we will be getting into is improving cardiac health and reducing cardiac healthcare disparities. I will give you an idea of some of the overall components of the work. We're spreading implementation of evidence-based practices to improve on the ABCS. Aspirin therapy, blood pressure control, cholesterol management, smoking assessment and cessation, working with current users of the physician quality reporting system—some of you know that as the PQRS—electronic health records and also the users who aren't necessarily on electronic health records yet. We are also staggering racial and ethnic minorities with Medicare beneficiaries but also beneficiaries who are dual eligible for Medicaid and Medicare.

We are targeting home health agencies to utilize best practices developed in—some of you may be familiar with—the home health quality initiative. Signing up home health

agencies with the cardiovascular data registry that was developed through the quality initiative. QIOs are also working with providers and beneficiaries to implement the evidence-based practices we talked about primarily to support in this area the Million Hearts initiative. The goal is to prevent 1 million heart attacks and strokes by the year 2017.

Moving ahead—for those of you following along with hard copies, we're on 514. Looking at disparities in diabetes care. With the Everyone With Diabetes Counts effort. Here, just to summarize some of the work, looking at health literacy and Medicare and dual-eligible beneficiaries with diabetes by providing and facilitating diabetes self-management education—some of you know that as DSME training. Looking to improve clinical outcomes of HbA1c, lipids, blood pressure, and weight control and decrease the number of beneficiaries who require lower extremity amputation due to any complications resulting from poorly controlled diabetes.

We'll give you an idea of some of the success metrics. We are tracking clinical outcome data to complete the diabetes self-management education classes in the total number of physician classes required to participate in the Everyone With Diabetes Counts effort and the total number of new beneficiaries completing that effort. The next area I will talk about is improving prevention coordination through meaningful use of health information technology or HIT. To summarize the work, here we are looking to increase the number of what we can consider to be eligible professionals who are engaged with patients through the use of the patient portal to improve care coordination. Also, looking at the disparities of accessing healthcare services for managed care beneficiaries by promoting IT-enabled tools with a collection of demographic data in the underserved population.

Next I will talk about reducing healthcare associated infections, and some of you noticed that as your HAIs, and in this area we are looking to reduce the number of these HAIs. Some of the results will also help us to initiate quality improvement efforts in both intensive care and non-intensive care participating units. Data outcomes help us to form results that are truly impacting Medicare directly. We are looking for reductions in central line and bloodstream infections, and catheters with the urinary tract infections as a couple areas of focus.

Next will talk about HACs—reducing healthcare acquired conditions in nursing homes. Here we are improving the quality of resident-centered care in nursing homes in particular. Improving the rate of mobility in long term nursing home residents and improving the targeted rate in reduction of unnecessary antipsychotic medications with people with dementia living in nursing homes. Also noted that some of them are in the clinical provider settings.

The next area is a community-based effort around promoting effective communication and coordination of care. We're looking for a few different areas here, first to raise hospital readmission rates for Medicare beneficiaries by 20% by 2019. Similarly, we're looking to reduce hospital admission rates by 20% to reduce the prevalence of adverse drug events to contribute significant patient harm and also contribute to emergency department visits and stays in those hospital admissions or readmissions occurring as a result of the actual care transition process.

To increase community tenure as well, which we translate to increased number of nights spent at home for Medicare beneficiaries by 10% within 2019.

Moving ahead in quality improvement, the value-based payment quality reporting and the physician feedback reporting program. Here we are looking to increase national performance levels on those measures by at least 15% annually over the baseline period of performance and increasing the performance of hospital outpatient departments and improvement of quality of care by 50%. These are related quality improvement initiatives.

All of the display areas will have a quality improvement-based approach, thinking about things that are data-driven, so you are looking at root cause analysis, and here the QIN-QIOs will partner with another support entity within the program providing technical assistance to healthcare providers and clinicians helping to improve quality of care provided and working with administrative and medical staff to provide information, develop, implement, and monitor initiatives in the process.

We are getting there. I know this is a lot of information to cover. Slide 21, we're now also looking to improve immunization rates. Improving the initial assessment of patients' vaccination status with their clinical providers and especially focused on minority and underserved populations. Then increasing the documentation of Medicare beneficiaries in immunization status in the registries where available.

The last focus area we'll cover today in terms of the areas that the QIOs are looking at is improving identification of depression and alcohol use disorder in primary care and care transition for behavioral health conditions. We are looking to increase screening for depression and alcohol use in primary care and reducing thirty-day readmissions and increased follow-up care after discharge from any inpatient psychiatric care. We have six QIN-QIOs who are contracted to work with psychiatric practices to meet the initiative objectives by July 2019.

And you've been hearing quite a bit from me and I'd like to hear from you to talk about what your improvement goals are. Feel free to put any of your responses in Chat, we would love to hear from you and a few of the questions that might encourage you to continue considering, in which of these focus areas are you working on. Perhaps individually or alongside your QIN-QIO, and some of these learning and action networks, and more importantly, what successes have you had in your organization or community? Tell us what has impacted the way that you deliver care or the specific quality delivered to your patients if you have any early success with your story that you would like to share. Perhaps there's an area you would like to continue improving as well. I think the initiatives that your team, organization or community has implemented—what have you learned from those initiatives? And I will give you a minute to think about that and put anything you have into Chat.

I have seen quite a bit in the Chat, hopefully you will be able to see that as well. For those of you that are only on the phone, it is really amazing. I'm also hearing from folks that didn't realize that there was a presence in their state. We go back to the data request site and we can find your local support system and we are seeing a lot of folks who are chatting and about the areas that they are focused on, so the utilization of wellness visits, all measures, we have healthcare acquired conditions, HAI, total influenza rate, so looks like we are really running the government. Looks like you are working alongside us as a partner. It's really incredible all the work that you are doing, so we thank you for the commitment.

So next we would like to call you to action. We would love to hear from you in terms of sharing your story. We want to hear about your patient-centered safe and coordinated care effort. We would love for you to share your experience in terms of promising practices, successes, stories and ideas, so please feel free to submit your story to your local QIN-QIO, and we are challenging you to do that by September 1. So that is that we can share your story directly with us at the National Coordinating Center and maybe you will be highlighted on a future national call. We really hope you'll be able to talk to us about what you find so successful networking in the program. We would also encourage you to stay in touch with us. There's some interesting things nationally that are happening in this learning and action network, and we welcome your participation every single quarter. We have a communication and support team that helps develop and disseminate a lot of information about the program to our audiences including partners and beneficiaries. One of the most regularly published products is *QIO News*. You can find the latest issue on that QIO program website is devoted to the topic of prevention. If you would like to subscribe, click on the [Subscribe Now](#). You can also hear about success stories. The communications team also manages that QIO program from YouTube and Twitter. You can find icons to link to these channels about this site as well. Its twitter handle is

@qioprogram and your local provider will have channels to encourage the local representation and participation as well.

At this time it's my pleasure to announce our guest speaker today, and he is Dr. Dennis Wagner. And he is with the Centers for Medicare & Medicaid Services. Dennis has a great presentation for us today.

Thank you. Congratulations on your on-time delivery. I'm totally impressed. I think it came in on your program time within 30 seconds or something like that. I'm delighted to be here on this call with Laura and the other members of the faculty. And all the folks that are tuned in from across the country, too, I do want to acknowledge, as a broad geographic presentation of people were typing in the chat we are monitoring very closely here. Are you see—I'm seeing folks from all over the United States. I'm also seeing Pamela and she's from the great state of Montana. I want to call that out because I grew up in Montana. Now here I find myself in Baltimore, Maryland, working for Medicaid services. I want to take a moment to introduce two colleagues of mine that are here in the main site with me and invite them to say a few words of introduction as well. The deputy director of the Quality Improvement Innovations group, Janine is here.

Hi everyone, I'm glad to join you and hear about the success that's going on.

And also talk to Paul McGann.

I'm excited to be with you here. Will try to mix it up a little bit today. Some of you may know for the last four years we have watched some new quality improvement projects out of the CMS Innovation Center, so we'll be mixing in some concepts from what we've learned through this model test as we go through the presentation today.

I see somebody is on the chat from Baker, Montana my hometown. Can you believe that? Get going. [laughter]

[Indiscernible-multiple speakers] We will charge forward now. As we do that I have a sense of who is on the call geographically, but it would be helpful if you're from a nursing home or working in a nursing home, and you can type that are working in the hospital, we could type that they're clinical practice or QIO. [Indiscernible-multiple speakers] Let us know who you are. We are seeing that. Thank you for doing that, it gives us a sense of who we are on with. Laura if we can advance to the next slide we'll get cracking here. These are the three questions we will be running on over the course of the next few minutes or so:

How can the program better support your quality improvement initiatives, and how could we benefit from learning about other successes, and what can you do to advance the goals and smarter spending this is a national all teach all learn learning environment and you and the call really have the answers to these questions and we want to prompt her thinking. I will be putting out some answers to the questions of what is CMS doing to improve -- what of the collective results and how can we make more of that happen. I will be working to answer some of those questions but as we do that I encourage you to be actively developing your own answers to these three questions because your answers to these questions are what is going to drive improvement forward and will help us do our work collectively together better. We would love as we get near the end of this call to hear some of your answers if we can do that live on via the web chat so we will charge forward if we can move to the next slide so this really is our end goal for all the work that we are doing together and hope to do together over the course of the next four years are the QIO program offer and continuous network of committed experts in quality improvement that means you working together in partnership with multiple entities patients and families. We have a lot to learn from the patients and families we serve to improve healthcare and achieve the goals of better health care people and communities and smarter spending. We are all about changing a nation. We are deep into the rows of healthcare transformation. I think this is the most exciting time for both of us -- most of us in healthcare. The pace of change is breathtaking and it's exciting. We have a lot of indications that these changes are making -- they are for the better. Maybe before we move Dr. Magana myself -- Dr. McGann and myself both the proponents of goals.

We believe here at CMS and the quality improvement group the aims create systems. In aim as easily -- usually quantitative. We got an example of that and we had a name their 40% reduction in 20% reduction of readmissions. By the end of 2014. It's even more powerful when you add a date to it. If you want is historical example of how powerful and aim to be think to President. Kennedy in 1962 or 63 he gave a very simple speech and in that speech is held by the end of this decade the United States will put a man on the moon and returning him safely to earth. He created the entire space industry in the United States and all the invention for came from it. The powerful of the name when you commit to it. We are telling all of our people and all of our projects whatever they are please set in aim at the beginning because it will guide and probably work in the future.

One of the things about working with the QIO is that they are very data Saturday -- savvy to know how to use names and goals to track progress and I can count measure and help providers to can measure things in powerful ways. I think you are very fortunate to be teamed with the QIO network. So there's this question how do we change the nation had only reach the goal that we described here. I want to supply an

answer the question that comes from the perspective of leadership management influence quality improvement. If we could advance to the next slide I am the student of all those things?

Leadership management influences all the improvement methodologies I study. I collect models as part of my work and apply those work desk models to achieve powerful results. Some of us do this in our work together. I'll just say in the last three months we have learned from some of the best practitioners of technology. The CEO data care in northern Wisconsin are coaching a team on the data—we learned about the use of true North scorecards but I want to share here with you and my experience the model that I have found to be the most powerful model I have ever encountered.

You see on the sheet a very powerful model called stimulus and response. This method is really at the heart a scientific method for social sciences. You apply some kind of a stimulus and it generates some kind of response. While certain behaviors are more of something in the world and we pay for it and that stimulus causes a lot more of it to come into being or, from the flipside, we want to see less of something, we might apply a stimulus in the form of a penalty like the readmission tendencies and not generate a penalty. And that generates another kind of response. This is a powerful model but in my experience—we can advance to the next slide. This model was first generated by the man whose picture you see in the lower left-hand corner of the slide. Victor Frankel was a mental health professional. He headed the mental health department in Austria. He was a student of Sigmund Freud early in the field of psychiatry. The other thing he was, was a Holocaust survivor. He was Jewish, was imprisoned in a [NULL] concentration camp. He lost his wife and most of his family members in the Holocaust, and it was that experience coupled with his professional training in mental health that led him to develop this model.

Basically what Frankel's models is, is there—even under their extreme conditions—the kind of things you would encounter in a concentration camp, you can develop your own—you can choose your own response to the stimulus that gets applied to it. You can choose your own response no matter how bad or how good that stimulus might be, we have control over how we choose to respond to conditions that exist in the world.

So how is this relevant to health care? How is this relevant to the work that we're doing in the QIO program? Here's my challenge to you and it's about the systematic application of the model. CMS stands for the three aims: better care, better health, and lower cost. The American people need that the patients that we serve through Medicare have better health and lower costs. We are being asked to deliver that. My experience in working with providers and caregivers is that all of us want to do that.

That is something that we want to do, so my request to you is that you own these three aims of better care, better health, and lower cost, and that you look for ways to operationalize them every single day. There's nothing that we do that is more important than making that decision in making that choice. I think it's more important than transforming clinical practice initiatives, I think it's more important than value-based purchasing, because it's more important than a lot of the stimulus we get. Be creative to drive change is the individual choice and decision that each of us can make as leaders in healthcare providers to have better care, better health, and lower cost, and to build that into our everyday work. A lot of pressures in the world drive us in other directions. I know, Dr. McGann, that your experience as an aside is that you had regular meetings that are called by other people in the hospital that you worked in not to talk about lower cost.

As a business it is in place for the main reason—to generate revenue. Business cases and good stable business practices are very important. But the real big discovery—and medical quality improvement in the last 10 years has been proof positive—that we can generate better quality cost for our patients and we don't know how many years or decades we will still be able to do that easily. We are getting low hanging fruit first, obviously, but we are still very much in a phase where it's pretty easy if you look around and generate better care and realize cost savings.

We want you to join with us in owning that in every fiber of your being on working out ways to make that happen. That's the heart of the improvement. This is kind of the one-slide summary of the National Quality Strategy. You see there in the upper left corner there, health: better care at lower costs, the three aims we've been talking about. In the lower left some of the foundational principles for how we seek to do that work in partnership with QIO's and providers across the country. And then the six strategy goal beginning with making care safer all the way through making care affordable.

Here's a question: Is it getting better? We have been on this journey for a number of years now, are things getting better? I would like to share with you at least one answer to that question. This next slide is all about the first National Quality Strategy goal of making care safer. And what you see here is what the overall level of hospital safety—with the overall level of hospital stays to test safety was that the benchmark of 2010. At that point in time our best estimates were that there were 145 harms per 1000 discharges. In one moment we will talk about the derivation of this number. This is the most powerful data we can muster at the federal level in terms of making accurate assessments about the true state of harm in U.S. hospitals. You see that it got better very slightly in 2011. It got 'way better in 2012 with a 9% reduction. In 2013 at 121 harms per thousand discharges, this represents a 17% reduction in U.S. hospitals.

All 5000 acute short stay U.S. hospitals, 121 harms per thousand discharges. This equates to an estimated 50,000 lives saved—saved from the baseline year and \$12 billion in savings. This is a direct result of the work of committed providers like those of you on this call applying systematic quality improvement to your work to make things better for the patients that we care for. If there's one thing I would like to say about this slide it would be thank you for the work you are doing and the way you are doing it. Let's look at where these numbers come from.

I'm so glad Dennis is highlighting this for you because it shows us that it's possible. When we first launched a series of programs in the Affordable Care Act to try to target this, the most common thing from the vast majority of people said it just is impossible. We are just so happy to be able to show you these four years of data that summarize these numbers, and the 2014 calendar year summary will be available in just a few weeks, and I can't wait to see that number. These are generated from the most reliable way we know. Most of our critics—this is controversial among some circles—some of them have accused us of using data that is inaccurate. I want you to hear from us that 92% of the information that is calculated here on these common patient harms at the hospital, which we know are preventable, come from individual chart review data extraction, chart by chart. Trained clinical nurse extractors go through the chart from beginning to end and count the harms that are documented on the sample of patients from hospitals. So there's just under 1000 hospitals taken in to the sample and it's over 30,000 charts that are studied to drive these numbers. This is by far the most accurate. In my estimate a patient hardly have in the United States and he can see the results generated by you and your colleagues of the last three years are fantastic and just a few weeks from now we will know what they can test with the answer for calendar year 2014. That's very exciting.

There are a lot of questions coming in about the calculation that I think you did a nice job about answering them. One additional thing I'll say to Laura is there is a beautiful research brief that was developed that explained all this data.

35 pages long for all your questions will be—

All the derivation and data tests. We'll get you the link to that and he can send it out to everybody that is on the call.

One other thing the famous researcher at Yale University of Madison published this a couple weeks ago and that's a big article by Harlan Krumholz with the curve just a couple weeks ago they show really dramatic improvements in Medicare safety and declines of mortality in Medicare patients. I encourage you to look at that article, which is totally independently derived from what we are showing here.

A quick advance to the next slide, this one comes directly from the deputy administrator with the Chiefs of Staff Administrator, CMS, Janine, Paul, and myself just a couple weeks ago were meeting with these key senior leaders and they outlined here as you can see on the slides and the key priorities that are guiding the work at a national level. I'm not going to drill very deep in this except to say that when you align yourself as a provider or provider organization with the QIO you will align yourself with an organization that is part of the fabric of the CMS system. See, QIO's are deeply versed in the payment methodologies, data collection system, so you have a powerful asset in the form of the QIN-QIO that you are teamed with that is wired into all of the priorities in this kind of work, so I want to thank you for making the decision to team with these QIOs. This is fundamental. I think that we ask you to really share your data and use that data for purposes of quality improvement assisted by a national quality reporting system and Hospital Compare sites and Nursing Home Compare sites, and I just want to invite you to contribute your data freely as part of the improvement work you are doing in partnership with your QIO. On the next slide, I want to turn to my deputy director Janine and invite her to talk a little bit about some of the results that we see with the providers.

The next few slides pinpoints the successes in partnership with you we have achieved. We want to call out some of those achievements, for example the reduction in healthcare associated infections that resulted in 85,000 fewer days with urinary catheters from beneficiaries. We also saw 53% relative improvement in infections.— CLABSI infections. You know how focused the efforts have been in that area and the providers working with QIOs have helped us reach these goals. If you go to slide 35, QIOs working with providers have helped the prevention of 44,000 adverse drug events and a 20% rate of improvement in controlling blood sugar levels. The QIOs are active in getting results that have a broad perspective of areas in which they work and have been successful in many of these areas and really getting marked results.

I thought Laura had asked participants on this call to reflect on the areas that they are working in. Many of the areas you described came up in the Chat and I saw one comment that made my heart sing that the participant who is a woman I don't remember your name. I'm working to decrease the use of Foley catheters.

Keep it up. Slide 36 highlights some of the successes of a trend in targeting the nursing home setting and here you will see 3000+ pressure ulcers, 6000 Medicare beneficiaries and 900 nursing homes restraint free. Over 5000 nursing homes recruited to participate in the national nursing home quality care collaborative. We really attribute the successes to your participation and for those of you who have not participated yet I think these slides capture the essence of why we think that

participation really is important and shows you the work that we are leading in helping you to demonstrate improvement.

If we could advance to the next slide, this makes the point that we have talked about earlier: when you are aligned with the QIO you are aligning yourself with many powerful forces in the American healthcare system. All the way from the Centers for Disease Control to the Agency for Healthcare Research and Quality to some of the new work that is coming out of the CMS Innovation Center around transforming clinical practices and engagement networks. QIO's are wired into a network teeming with all of these powerful partners and have access to the resources that can help you to use to the resources and assets that accompanies any programs and initiatives.

If we can move forward I want to talk a little bit about some of the early work in the 11th Scope Of Work, which was launched August 1, that you are all part of large numbers have been and are going to be impacted with communities that have been recruited for care coordination and transition work. What you see here—I hope this is not too federal and national to make sense to you—but QIO's have systematically teamed with providers to recruit entire communities for providers to work together to provide care transition services. Nearly 7,000,000 beneficiaries will be impacted. Over 2 million of them come from rural areas. We are really excited about that. Texas and Florida have really large impacted numbers. We are excited about these results and that's part of the reason we are sharing them with you because they are your results. We recognize too—I come from Montana. There are only like 700 or 800,000 people in the whole state. I don't know how many Medicare beneficiaries we have in California, Texas, and Florida, as big states where we see big numbers and I just want to acknowledge that we have small states with big numbers as well.

I would just like to highlight the massive effort that the QIOs are leading and the numbers, the kind of results among beneficiaries out in the states who have been impacted, it really does show you how participation and teaming with the QIO's really can drive national improvement outcomes. It's just a small effort to help a small community. It really works, improving the health care of the entire nation.

If we could advance. One of the areas of focus in the 11th Scope of Work is all-around teaming with nursing homes. The first step is to recruit nursing homes into the work and then to make rapid and substantial progress across a wide variety of health outcome areas including the use of antipsychotics. I saw a lot of reducing the use of antipsychotics inside the nursing home environment and what you see in this slide is some of the raw numbers in terms of the very large numbers of the nation starting—nursing homes that have already signed up for this collaborative this fall. We are very excited about the numbers that we are seen. One of the things that we thought to do

and you'll see in the lower part of the PowerPoint side is to recruit particularly those nursing homes that most need assistance. The one-star nursing homes. [Indiscernible] We are very excited about the large numbers of nursing homes that are joining us. For those of you from nursing homes that have signed up, thank you. We look forward to teaming with you and working with you and generating meaningful results from the patients that we serve. One of the things about the recruitment numbers is we have a target. What you see here is a series of pairs of bars. The lavender bar refers to the overall recruitment target, the overall percentage of nursing homes recruited; the blue bar is the percentage of one-star nursing homes to recruit. Anyone see those bars for the months of October all the way through January? I want to point out the red dashes are those early targets for the QIO community in terms of the percentages in number of nursing homes to be recruited in each of these categories and we can see that the numbers of nursing homes that are joining far exceed the initial targets, which I think we were quite ambitious about. I want to thank those of you who are on the call that contributed to the recruitment efforts on the providers that have joined the effort. Now Dr. McGann, anything you would like to say about this?

I think they always begin with interest and participation. We had goals that quality improvement should always begin at the call. We think it's more powerful and effective when we do it. Here we have all three. We have interest, motivation and end goals. There is now interest in participation, in registration. The next will look at, What are we going to achieve and what are our goals?

We are back to kind of where we started. The questions What could We do to advance the goals of better care, healthier people, and smarter spending. We suggested some answers. One is committed to the three aims. Put your heart mind into it. Go for it. What did you hear that excites you? How are you working with your tQIN-QIO and we would love to see some answers in the Chat room. I will turn it back to Laura.

Thank you all so much for joining us. You give us a really good sense of where we stand in terms of the bigger picture. We greatly appreciate it. Feel free to keep those answers coming in Chat, we would be happy to review them. We would also like to ask for your input. We would love to hear from you. What are your desires to hear about for certain topics moving forward? These learning and action network events will occur on a quarterly basis, and I want to be sure that the content is relevant. The best way to do that is to hear from you. Feel free to submit your questions and chat. I will go ahead and read it for you guys that are on audio only. It is qinncc@area-d.hcqis.org but I'd also like you to save the date for our next event. The topic will be unleashing the power of data. We love our data and we would love to help bring you along with us, and that will be Tuesday, November 3, 2015 and it will be the same time from 3 to 4 PM Eastern time and we would like to remind you that registration is

required. The registration will be the same process we went through this time around. You can go to quality.net.WebEx.com and do/TC for the training center. You can click on Upcoming and register on November 3. We will provide you with more information as the event comes near.

Just one other reminder to share your story. We talked about this earlier in the call. We would love to hear from you and learn about what's going well for you already in terms of any of the focus areas that you guys are working on now or maybe worked on in the past. What are your best practices? What have you learned? What impact have you had for some of the patients or even your organization in general? I challenge for you to do that by September 1, 2015. Share that with your local QIN-QIO visitor program and our website. Anything you share may be presented on a future call. I would also like to let you know we have assessments. We would love for your input on how today's call went for you and what you would like to see more of, less of, or anything different. We will take our cues from you to make sure this was a great call. It should have a lot of value for you. As we are nearing the bottom of the hour I would like to say thank you again to all of our participants for joining us today, all of the facilitators, and Paul and Janine for joining us from the Centers for Medicare & Medicaid Services as well. Thanks much and have a great afternoon.

This concludes today's conference call. You may now disconnect.

[event concluded]