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HHS Puts \$1 Billion Into Reducing Readmissions

BY MARY ELLEN SCHNEIDER

ederal officials are pouring a \$1 billion into a new initiative aimed at reducing hospital readmissions and preventable injuries.

The "Partnership for Patients" brings together physicians, nurses, hospitals, patient advocates, insurers, and employers for a 3-year project that will help spread the lessons of successful quality improvement initiatives across the country and provide tools for health care providers.

Many hospitals have already had success in reducing readmissions or nearly eliminating hospital-acquired infections, but those initiatives have not been adopted widely enough, Health and Human Services Secretary Kathleen Sebelius said at a press conference to launch the Partnership for Patients.

"The challenge is how to figure out how to make these models spread and accelerate this care improvement," she said.

The goal of the program is to reduce preventable hospital-acquired conditions by 40% compared to 2010 rates by the end of 2013. And officials are also

seeking to reduce hospital readmissions within 30 days of discharge by 20% compared to 2010 rates. HHS officials estimate that the quality initiative will save

60,000 lives and up to \$35 billion in health care costs, including up to \$10 billion in savings for Medicare alone.

The \$1 billion investment of federal funds comes from the Affordable Care Act. HHS officials said they were making \$500 million available right away through the Community-Based Care Transitions Program to support ef-

forts to improve care transitions between hospitals and physicians in the community. Starting on April 12, hospitals and community-based organizations that team up to provide transition services can submit applications to HHS for funding.

An additional \$500 million will become available from the CMS Innovation Center to fund demonstration projects aimed at reducing hospital-acquired conditions.



Under the Partnership for Patients, HHS officials are asking hospitals to focus on nine types of adverse events including drug reactions, pressure ulcers, childbirth complications, and surgical

'We can no longer site infections.

Officials at Health and Human Services also plan to recruit a group of "pioneer" hospitals that would seek to improve care for all forms of harm and complications, explained Dr. Donald Berwick, administrator of the Centers for Medicare and Medicaid Services.

Dr. Berwick added that these hospitals would go beyond the list of nine conditions set forth and seek to transform themselves into "safer, high reliability organizations."

"By assembling this partnership and committing to these ambitious goals, we're sending a clear message that we can no longer accept a health care system in which only some Americans get the best possible care," Ms. Sebelius said.

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