



Attendees listen to the virtual presentation on **Leading Care Transitions: Improving Quality and Safety Across the Healthcare Continuum** at the MAHQ Spring Program at St. Joseph's in Bangor on April 23<sup>rd</sup> and 24<sup>th</sup>. The presentation was sponsored by the National Association for Healthcare Quality.

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“The secret of getting ahead is getting started.”

Mark Twain

## Spring Program Recap – by Sue Curtis and Shelly Shibles

### Day One

#### **Palliative Care Meets Transitional Care: Improving Quality and Safety at the Interface**

Russell Portenoy, MD the Chief Medical Officer at Hospice and Palliative Care and Director, at the Institute for Innovation in Palliative Care, Metropolitan Jewish Health System presented what is Palliative Care and how can increasing access to palliative care help with the goals of the triple aim. Dr. Portenoy expressed that when patients are referred to palliative care programs they are assisted with care planning and delivery of resources which helps to control costs, address quality clinical care and better satisfaction for patients.

#### **Fostering Interdisciplinary Collaboration to Improve Quality and Safety During Care Transitions**

Jane Brock, MD, MSPH, Medical Director of Telligan, stressed that a team approach to care transitions is vital for success. Providing strong communication at each hand off helps

build a safety net for patients as they transition from one setting to the next.

#### **Financial Elements: Bending the Curve, Creating a Financial and Business Case and Working with Executives to Make Quality Transitions a Priority**

Henry W. Osowski the Managing Director for Strategic Health Group, LLC discussed the growing push to meet the cost component of the triple aim. He provided insight in to the role of the CEO, COO and the CFO and how they use data and quality to help develop strategic plans to shift the influence from costs to savings. He touched on examples such as employed physicians and population health management. He recommended building alliances within facilities with the finance, clinical, informatics and key executives to help meet the new challenges in healthcare. Mr. Osowski did an excellent job discussing the value of clinical leaders and financial leaders working together.

## MHA Summer Forum & MAHQ Summer Program

**Thursday June 18<sup>th</sup> at the Samoset in Rockport.**

Plus: the 25<sup>th</sup> Annual Allied Professionals Luncheon and MAHQ Distinguished Member Recognition.

Register at [maineahq.org](http://maineahq.org)

## Day Two

### **How the National Health Care Policy Landscape is Shaping our Strategies to Improve Quality and Safety of Transitional Care**

Cheri Lattimer, RN, BSN, the Executive Director at the National Transitions of Care Coalition presentation provided a look back at transitions of care and where we are today. She reviewed the Accountable Care Act and what impact that is having now and what it will look like 5 years from now. She also included the importance of physician engagement and the pharmacist in care transitions. Her recommendations for care transitions is to focus on the patient and family, build effective teams and integrate behavioral health care with primary care.

### **The Role of the Primary Care Physician and Specialist in Transitional Care**

Richard Baron, MD, MACP and Neil Kirschner, PHD spoke about how poor coordination of care between primary care and specialty care can contribute to ineffective and inefficient care. Improvements in care coordination will require changes in communication by both practices. They also reviewed many resources available on the internet to help facilitate improvements in transitions of care.

### **Promoting True Patient and Family Engagement as a Primary Strategy to Improve Quality and Safety of Transitional Care**

Pamela Greenhouse, MBA is the Executive director for Patient and Family Centered Care Innovation Center presented some great information on the use of shadowing as an effective tool to observe and evaluate real time care. It helps understand care through patients eyes and provides a different perspective that can lead to improves that are patient and family centered. They actually meet patients and families in parking area to begin the shadowing process.

### **Don't Reinvent the Wheel – A Tour Through a Wealth of Resources**

Eric Coleman, MD, MPH Professor of Medicine and Director of the Care Transactions Program summarized up the day nicely with an extensive review of available resources for improving transitions of care. Many are web based and provide tools, resources and best practice for transitions of care and reducing readmission.

### **American College of Preventive Medicine is proud to be hosting a series of three Health Systems Transformation Regional Meetings**

Northeastern Meeting will be held at the University at Albany School of Public Health Rensselaer, New York  
Thursday, June 18, 2015 (half day)  
\$30 Registration for the Northeast Regional Meeting is open until Friday, June 12<sup>th</sup> 4 CME/MOC credits  
<http://www.acpm.org/?HSTRegionalMtgs>

**Got News?** We need articles/photos for future MAHQ Quarterly newsletters. If you have anything that you would like to share from the world of healthcare quality, please send to Jeff Gregory, MAHQ Communication Chair @ [gregoj@mmc.org](mailto:gregoj@mmc.org)

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NAHQ is offering a one hour long webinar titled **The Journey to Healthcare Transparency through Medical Disclosure of Adverse Events**

**Wednesday, June 17, 2015**

**1pm Eastern**

**Register at  
nahq.org**

**Spring Program** – continued from Page 1

## Day One

### **Measuring the Quality of Care Transitions**

annetti, PhD is a research scientist with the National Committee for Quality Assurance presented information "what is a successful transition?". This presentation included the types of quality measurements and how to build successful measures including the challenges and accountability surrounding data measurement and reporting. Some recommendations she suggested are to look at real time data, incorporate patient goals and usability of the measurements and suggest that we ask "so we want quality measures to alter practice or improve current practice when planning improvements.

