



Advancing Healthcare Quality in Arizona through leadership, education and communication.

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## AZAHQ SUMMER CONFERENCE

Population Health Across the Healthcare Continuum  
**7/31/15**

9: 30 am Registration

10 am – 3 pm Program

Flagstaff Medical Center’s McGee Auditorium

1200 Beaver Street, Flagstaff AZ 86001

NOTE: Register now because seating is limited.

4.0 CPHQ credits pending.

Please use our online registration [here](#).



## NAHQ

### NEWS

#### Webinars.

Whether you are new to the world of healthcare quality or if you

have been here for over a decade, NAHQ has an event that is perfect for you. Learn healthcare quality basics in our Introduction to Healthcare Quality courses, take the next step and prepare for your CPHQ credential with a CPHQ Review Course, or simply gain overall quality knowledge within the industry by attending the Annual Educational Conference. [Click here](#) to view a list of educational webinars.

## UPCOMING AZAHQ EDUCATIONAL EVENTS

Check our [website](#) for ongoing information about our educational events.

## AZAHQ FALL CONFERENCE

Topic - to be announced

SAVE THE DATE!



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## **INDEPENDENCE AT HOME PRACTICES SUCCEED IN IMPROVING CARE, LOWERING COSTS**

The Centers for Medicare & Medicaid Services (CMS) recently announced positive and promising results from the first performance year of the Independence at Home Demonstration, including both higher quality care and lower Medicare expenditures.

The CMS analysis found that Independence at Home participants saved over \$25 million in the demonstration's first performance year – an average of \$3,070 per participating beneficiary – while delivering high quality patient care in the home.

According to CMS' analysis, all 17 participating practices improved quality in at least three of the six quality measures for the demonstration in the first performance year. Four participating practices met all six quality measures. Medicare beneficiaries who are participating in Independence at Home practices, on average:

- Have fewer hospital readmissions within 30 days;
- Have follow-up contact from their provider within 48 hours of a hospital admission, hospital discharge, or emergency department visit;
- Have their medications identified by their provider within 48 hours of discharge from the hospital;
- Have their preferences documented by their provider; and
- Use inpatient hospital and emergency department services less for conditions such as diabetes, high blood pressure, asthma, pneumonia, or urinary tract infection.

Read the rest [here](#).

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## **PERSPECTIVES FROM THE NATIONAL QUALITY FORUM: “IMPROVING QUALITY AND SAFETY ACROSS THE HEALTHCARE CONTINUUM”**

*By Mark Patton, CPHQ, CSSGB (President Elect – AzAHQ)*

In April I had chance to attend the National Quality Summit for NAHQ in Philadelphia. The focus was on leading care transitions with an emphasis on improving quality and safety across the healthcare continuum. Presenters at the summit provided attendees with an array of ideas, theories, case examples, tools, and resources that could be applied in any healthcare setting. This recap will provide learning points gained from select sessions.

“Don't Reinvent the Wheel” – Dr. Eric Coleman shared a vast number of resources and best practices from various societies and organizations. Key learnings – Engagement of providers, patients, and families is a



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critical piece to applying any resources. Optimizing “teach back” principles in care transitions is a way to ensure “understanding” by the receiver of information, especially the patients.

“Promote Patient and Family Engagement” – Pamela Greenhouse, Executive Director of the PPCC Innovation Center, took us on a journey of “shadowing”. Key learnings – “Shadowing” is repeated real time observation of patients and families as they move through each step of their healthcare journey. Potential changes for improvement are easier to see through this concept. Anyone in a healthcare entity can “shadow”.

“Role of Primary Care Physician and Specialist in Transitional Care” – Neil Kirschner, PHD, and senior associate of Health Policy and Regulatory Affairs, reviewed the elements of the “medical neighborhood”. Key learnings – Changes in procedures for both the sending and receiving practices are imperative to sustain improvement in transitional care. “Closing the loop” with timely consultations and referrals using various communication channels whether face to face must be employed.

“How the National Health Care Policy Is Shaping Our Strategy to Improve Quality and Safety of Transitional Care” – Cheri Lattimer, Executive Director of the National Transitions of Care Coalition, explored the historical path and the implications for the future. Key learnings – Prioritize patient centered care, develop skills and competencies for effective partnerships, align financial models, maximize use of resources such as technology, and accelerate a cultural change to addressing care across all healthcare entities.

“Financial Elements: Bending the Curve, Creating a Business Case and Working with Senior Executives” - Henry Osowski, Managing Director of the Strategic Health Group, reminded us how important the senior executive roles are and to connect mission, strategy, and financial viability. Key learnings – Build internal alliances in the organization to include the C Suite, use research to support the business case, and monitor agreed upon metrics.

“Palliative Care Meets Transitional Care” – Russell Portenoy, CMO of MJHS Hospice and Palliative Care, shared about the burden of care in the aging population. Key learnings – Understand the available services and incorporate levels of care to include palliative services in individualized care plans where appropriate.

This summit served as a reminder that transitional care should be a center piece of strategy for every healthcare entity and professional. The ability for all to embrace and engage available resources will be a step in the right direction on this continuous journey.

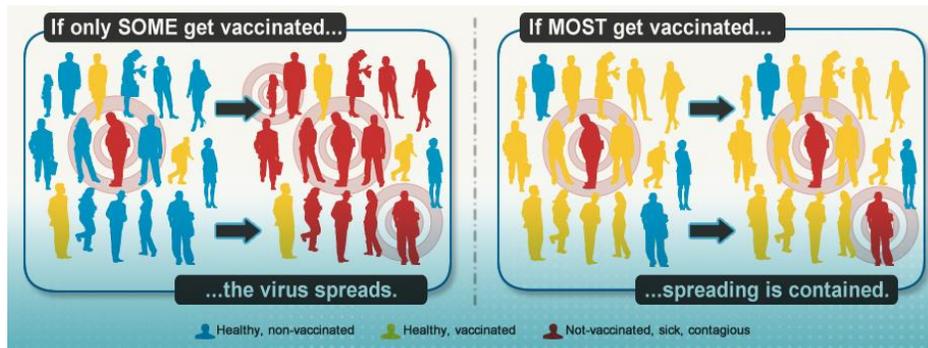


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## EVIDENCE-BASED TECHNIQUES TO IMPROVE VACCINE COMPLIANCE

By Audrey Benenati, MHA, CHPQ, CHTS

There appears to be a growing anti-vaccine movement, and alarmingly so. This sentiment flies in the face of the fact that we have [evidence—now more than ever—that vaccines are safe and effective.](#)



### A final example: What could happen

We know that a disease that is apparently under control can suddenly return, because we have seen it happen. In 1974, about 80% of Japanese children were getting pertussis (whooping cough) vaccine. That year there were only 393 cases of whooping cough in the entire country, and not a single pertussis-related death. Then immunization rates began to drop, until only about 10% of children were being vaccinated. In 1979, more than 13,000 people got whooping cough and 41 died. When routine vaccination was resumed, the disease numbers dropped again.

The chances of your child getting a case of measles or chickenpox or whooping cough might be quite low today. But vaccinations are not just for protecting ourselves, and are not just for today. They also protect the people around us (some of whom may be unable to get certain vaccines, or might have failed to respond to a vaccine, or might be susceptible for other reasons). And they also protect our children's children and *their* children by keeping diseases that we have *almost* defeated from making a comeback. What would happen if we stopped vaccinations? We could soon find ourselves battling epidemics of diseases we thought we had conquered decades ago. (Source: [CDC](#))

Here are some helpful resources to improve flu vaccination this year:

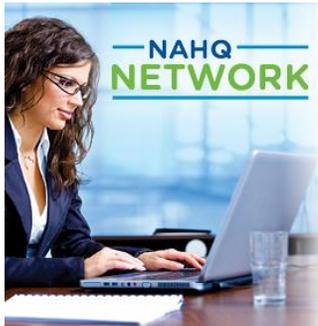
- [Infection Control in Health Care Facilities](#) (Centers for Disease Control and Prevention (CDC))
- [Influenza Training](#) (CDC)
- [Clinical Description & Lab Diagnosis of Influenza](#) (CDC)
- [Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#) (CDC)
- [Seasonal Influenza Vaccine Safety: A Summary for Clinicians](#) (CDC)
- [Influenza Vaccination Information for Health Care Workers](#) (CDC)
- [Influenza Application for Clinicians and Health Care Professionals](#) (CDC)
- [A Toolkit for Long-Term Care Employers](#) (CDC)
- [Performance Improvement Guide](#) (Pave Resources)

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## HAVE YOU JOINED A SIG YET?



If not, you're missing out on great opportunities to network and share ideas! NAHQ Members are invited to join any of NAHQ's special interest group (SIG) discussion communities on the NAHQ Network. Visit [www.NAHQ.org/sigs](http://www.NAHQ.org/sigs) for instructions on how to sign up for a SIG. You can choose to receive no emails (and read all posts online), daily e-mails or a digest of messages. Take advantage of this popular member benefit and sign up today!

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## JOINT COMMISSION LEADERS IN JAMA: PHYSICIANS & HEALTH CARE ORGANIZATIONS MUST TAKE NEW APPROACH TO QUALITY AND SAFETY IMPROVEMENT

The May 15 issue of the Journal of the American Medical Association (JAMA) calls on physicians to acquire the skills necessary to become leaders for quality improvement and safety in an increasingly complex health care environment. The article recommends use of three high reliability strategies for achieving excellence.

1. State simply and clearly that the ultimate goal is zero harm for patients and health care workers. This means always delivering effective care, freedom from complications of care, and elimination of care that has no value (overuse).
2. Physicians and organizations should master the tools, methods and science that businesses outside of health care have used to facilitate the magnitude of such improvements. These tools of Lean, Six Sigma and change management, along with the science of high reliability, provide this capability.
3. Accrediting and certifying organizations must develop new programs to foster, identify, and publicly recognize consistent excellence. These should be seamlessly integrated with the traditional – and necessary – accreditation functions.

[Read more here.](#)



### AZAHQ'S LINKEDIN GROUP

<http://www.linkedin.com/groups/Arizona-Association-Healthcare-Quality-3895572/about>

The AZAHQ LinkedIn Group is now available to all. Please take a moment to invite your colleagues and other LinkedIn connections to join the group.

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## EVIDENCE NOW INITIATIVE

The Department of Health and Human Services recently announced awards of \$112 million to regional cooperatives to work with about 5,000 primary care professionals to improve the heart health of their nearly 8 million patients. Heart disease is the leading cause of death for men and women in the United States.



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EvidenceNOW: Advancing Heart Health in Primary Care will help primary care practices in both urban and rural communities use the latest evidence to encourage Better Care, Smarter Spending, and Healthier People. Today's awards are aligned with the Department's Million Hearts® national initiative to prevent heart attacks and stroke.

The EvidenceNOW initiative establishes seven regional cooperatives composed of multidisciplinary teams of experts that will each provide quality improvement services to up to 300 small primary care practices. These services include onsite coaching, consultation from experts in health care delivery improvement, sharing best practices, and electronic health record support. This initiative will help small primary care practices incorporate the most recent evidence on how best to deliver the ABCS of cardiovascular prevention into their patients' care—**A**spirin use by high risk individuals, **B**lood pressure control, **C**holesterol management, and **S**moking cessation.

For more information about AHRQ's EvidenceNOW initiative, [click here](#). For tools and information about Million Hearts, [click here](#).

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## **NEED HELP ATTAINING THE CPHQ CREDENTIAL?**

AzAHQ offers a grant annually to assist one member with attaining his/her professional goals. The AzAHQ Certification Grant is offered to all active AzAHQ members who have not obtained the CPHQ or do not have an active CPHQ status and who are not current AzAHQ Board of Directors.

**Purpose:** To award financial assistance to AzAHQ members who have not yet obtained the CPHQ or have an inactive status.

**Amount of Grant:** Registration for ONE (1) AzAHQ CPHQ Review course and ONE (1) CPHQ exam. ONE (1) grant recipient will be determined annually by the AzAHQ Board of Directors. The recipient of this grant must complete the AzAHQ CPHQ review course & exam within one (1) year of receiving the grant. The recipient is also required to submit an article for the AzAHQ newsletter within the year after attaining certification.

### **Eligibility Criteria:**

1. Open to all quality professionals who are individual AzAHQ members in good standing, excluding current AzAHQ Board of Directors.
2. The applicant must be currently working in the healthcare quality field.
3. The applicant should not have the CPHQ credential (current or inactive) at the time of grant submission.
4. Those applying for the Certification Grant are not eligible for the AzAHQ Memorial Scholarship fund.



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**Deadline:** Applications are accepted annually at AzAHQ's Office and must be received by September 30. Additional details and a [place to download the application are available on the AzAHQ website.](#)

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## HEALTHCARE QUALITY WEEK 2015

This year's Healthcare Quality Week will take place on October 18-24, 2015. This week long celebration highlights the work of healthcare quality professionals and their influence on improved patient care outcomes and healthcare delivery systems.

In 2015, we are celebrating Healthcare Quality Week by recognizing the influence that healthcare quality professionals have in healthcare delivery systems and their impact on positive patient outcomes. Ensure all of your efforts are honored. Define what Healthcare Quality Week means to your organization by highlighting your contributions to the field and sharing them with your internal and external stakeholders.

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## ACCESS TO HEALTH CARE IMPROVING AMONG ALL RACIAL AND ETHNIC GROUPS FOLLOWING AFFORDABLE CARE ACT; SOME DISPARITIES REDUCED TO ZERO

Insurance rates improved substantially after individuals were able to obtain coverage through provisions of the Affordable Care Act, and the gains in access to care were greater among minorities, according to the *2014 National Quality and Disparities Report* released recently by HHS' Agency for Healthcare Research and Quality (AHRQ).

The report, which features annual trends on more than 250 measures of quality, access and disparities covering a broad array of health care services and settings, also found that disparities among racial groups for certain health services have been **reduced to zero**. For example:

- Black children age 19-35 months received one or more doses of the measles-mumps-rubella vaccine at similar rates as other children, compared to 2009 when 88 percent of black children and 91 percent of white children received the vaccine.
- Hispanic adults with obesity received nutrition counseling and advice to eat fewer high-fat foods at similar rates as other adults with obesity, compared to 2004 when 41 percent of Hispanic adults and 50 percent of white adults received counseling.



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- American Indian children received hepatitis B vaccines at similar rates as other children, compared to 2002 when 81 percent of American Indian children and 91 percent of white children received the vaccine. Read the rest [here](#).

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## **AZAHQ MANAGER’S UPDATE – SUMMER 2015**

AzAHQ’s new website host company took over in January 2015. The new site, still at [azahq.org](http://azahq.org), also includes member management. In many ways, the version of the site is similar to the old site – but there are also new features. Event scheduling and member data management is now an integral part of the site. The board members and manager have administrative authority to add or delete information from the site without going through a web master.

Since the last newsletter, the AzAHQ site has also become mobile friendly, aka ‘a responsive website’. That means you can access the site on any type of device and it (the site) will adjust for the differences in window size & functionality. No, there is not a specific ‘app’ to download from the online application stores but you can do anything on any device (phone, tablet, etc.) that you could do on a regular computer – PC or MAC.

AzAHQ needs every member’s input to ensure the site functions correctly. If you have problems with any functionality that does not correct itself by closing the web browser and starting over, please send an e-mail to [azahq@juno.com](mailto:azahq@juno.com) with details of the issue – with screen shots if possible.

Having website access problems? Site access issues are typically related to the IE version that is in use (and/or restrictions that your organization has in place if accessing from work). If you are using IE 6 or 7 at work, Microsoft will not be support those versions after Jan 2016 so little work is being done to fix problems related to use with those versions. You might try using a different PC at work or, if allowed, download Google Chrome, Firefox, or Safari to use. Those browsers work much better. The other option is to try from home where you are not subjected to limitations by the organization. However, the browser issues will remain the same if working with IE 6 or 7.

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## **CONTRIBUTE AN ARTICLE OR IDEA FOR THIS NEWSLETTER**

We are seeking articles and ideas for our next newsletter! Please [email them to Audrey Benenati, Communications Team Lead](#).

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## AZAHQ 2015 BOARD MEMBERS

POSITION	NAME	Credentials	Employer	Work Title
President 2014 - 2015	Michelle Bagford	RN, MA, CPHQ	Phoenix VA Healthcare System	Chief of Quality Safety & Improvement
President Elect (vacant even years)	Mark Patton	CPHQ, BS		
Past President 2012-2013	Susie Duffy	R.N., MBA/HCM, CPHQ	HonorHealth Medical Center	
Secretary 2015-2016	Regan City	MSHS, PA-C, CPHQ	Scottsdale Medical Imaging Ltd	Quality Manager
Secretary Elect (vacant odd years)				
Treasurer 2015-2016	Andrew Kopolow	MPA, MSW, CPHQ, PMP	UnitedHealth Care	Senior Project Manager
Treasurer Elect (vacant odd years)				
Communications Team Lead	Audrey Benenati	MHA, CPHQ, CHTS	Aetna Medicaid	Quality Manager
Communications Team Lead Elect	Ellen Kane	RN, MSN, CDE, CPHQ	St Joseph's Hospital and Medical Center	Quality Specialist
Education Team Lead	Benjamin Keeler	RN, BSN, PCCN	Flagstaff Medical Center	Quality Manager
Education Team Lead Elect	Jennifer Tonges	BA, CPHQ, CSSGB	Cenpatico	QI Specialist
Membership Team Lead	Alexis Megeath	BSIE, CPHQ, PMP, CSM	Matrix Health	
Member at Large	Jeanne Stueland	RN, BSN, MPA, CPHQ	HonorHealth Medical Center	
AzAHQ Association Manager	Holly Grems	RN, BS, BSN, MHA, CPHQ	HonorHealth Deer Valley Medical Center	