



**For immediate release**

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## **Acumentra Health selected to improve healthcare quality for Oregon Medicare**

**Portland, Ore. — August 16, 2011** — Acumentra Health has renewed its contract with the Centers for Medicare & Medicaid Services (CMS) to serve as Oregon’s Medicare Quality Improvement Organization (QIO). Under the three-year contract, extending through July 2014, Acumentra Health will work with Oregon healthcare providers to promote patient-centered care, make care safer and more affordable, and improve population health.

Healthcare quality improvement activities conducted by state-based QIOs are a key component of the National Quality Strategy to improve the quality and safety of medical care while lowering costs. In more than 20 years as Oregon’s QIO, Acumentra Health has worked as a convener and change agent with hospitals, nursing facilities, and physician practices throughout the state to develop and apply proven strategies for delivering safer, more efficient care.

“Our work with Oregon partners has succeeded in improving care for Medicare beneficiaries, and by extension for all Oregonians,” said Stacy Moritz, director of Medicare Quality Services for Acumentra Health. “We are proud of the real, measurable improvements made by the providers that have taken part in our Medicare initiatives.”

Moritz points to recent achievements in improving hospital patient safety, care for nursing facility residents, and preventive care delivered by primary care clinics, which are summarized at [www.acumentra.org/impact](http://www.acumentra.org/impact).

Acumentra Health’s new three-year work program for CMS began August 1, 2011. The major strategic aims of the program include:

**Improve care for individual patients:** The Centers for Disease Control and Prevention estimates that at least 1.7 million healthcare-associated infections occur each year and lead to 99,000 deaths. Adverse drug events cause more than 770,000 injuries and deaths each year. Acumentra Health will work to reduce hospital-acquired infections; prevent adverse drug events; prevent pressure ulcers (bedsores) and avoid use of physical restraints with nursing facility residents; and help hospitals report on clinical measures that Medicare will consider in value-based purchasing (pay for performance).

**Integrate care for populations and communities:** Studies estimate that 1 in 5 Medicare patients discharged from the hospital is readmitted within one month, mostly due to avoidable circumstances. The CMS program seeks to eliminate 1.6 million unnecessary rehospitalizations per year. Acumentra Health will support this goal by working to improve care transitions between healthcare settings (for example, between hospitals and nursing facilities or home health agencies) to reduce preventable readmissions to the hospital by 20% over three years.

**Improve health for populations and communities:** The National Quality Strategy identifies heart disease as a priority condition in preventing and treating the leading causes of death. Eligible healthcare professionals and hospitals can qualify for federal incentive payments when they use certified electronic health record (EHR) technology to achieve specific objectives for improving care. Acumentra Health will work with physician offices to improve cardiac population health and measures of preventive care, such as immunizations and screening, and will support physicians in reporting quality measures through EHR systems.

In an effort to drive rapid, large-scale change, Acumentra Health will lead several community partnerships called learning and action networks. The organization has begun recruiting partners in these initiatives from communities across the state.

“We’re excited that CMS has called on us to coordinate community-wide approaches to improving patient care, which will draw on Medicare beneficiaries as well as providers,” Moritz said. “Oregon has enjoyed a collegial, collaborative environment in healthcare for many years, and continuing that level of effective partnership will be the key to achieving our ambitious goals for quality improvement.”

Acumentra Health will continue to directly assist Medicare beneficiaries by reviewing concerns about the quality of their medical care and about the duration of skilled healthcare services they receive. To deal with specific concerns, Acumentra Health will guide individual providers in completing quality improvement plans, and will review appeals of discharge notices and other cases on behalf of beneficiaries and their families.

Oregon Medicare beneficiaries who have complaints about the quality of medical care should call the Beneficiary & Family-Centered Care National Coordinating Center at 1-855-472-4440. The national intake center will refer appropriate complaints to Acumentra Health.

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