**The Bree Collaborative**

**Potentially Avoidable Readmissions (PAR) Workgroup Charter**

**(Updated 10/26/12)**

**Problem Statement**

Potentially avoidable readmissions (PARs) are common and costly events. It is estimated that nationally, the cost for unplanned or PARs in 2004 was $17.4 billion. The PAR rate is increasingly seen as a reflection of a local health care system’s ability or inability to coordinate care for patients across the health care continuum, and a high PAR rate is often a sign of inadequate discharge planning during transitions of care. Reducing PAR is an opportunity to improve quality and reduce health care costs in Washington State.

**Aim**

To reduce the number of potentially avoidable readmissions in Washington State.

**Purpose**

The purpose of the PAR workgroup is to propose recommendations to the full Bree Collaborative on how to reduce PARs within the following three general strategies identified by the Bree Collaborative:

1. Alignment with local readmissions activities. Identify alignment opportunities where the Bree Collaborative can promote and augment current evidence-based, quality improvement initiatives aimed at reducing PARs, including effective communication, coordination of care and ‘patient hand-offs’ during transitions in care settings.
2. Measurement, Transparency, and Reporting. Support use of current process and outcome measures for reducing PARs and transparency of methodologies and readmissions rates, by hospital and physician group, in a semi-public manner.\*
3. Accountable Payment Model. Research and recommend components and structures essential to creating a successful PAR accountable payment model that aligns incentives, including warranty pricing, bundled payments, and other innovative payment methodologies.

**Duties & Functions**

The PAR workgroup shall:

* Report directly to the Bree Collaborative; present recommendations in a report.
* Provide updates at Bree Collaborative meetings.
* Research national and regional readmissions quality improvement initiatives and strategies that better align incentives, reduce costs, and improve quality of care.
* Consult members of WSHA, WSMA, other stakeholder organizations and subject matter experts for feedback.
* Create and oversee subsequent subgroups to help carry out the work.
* Post recommendations on the Bree Collaborative website for public comment prior to sending to the Bree Collaborative for approval and adoption.

*\** Semi-public refers to the direct sharing of results with provider organizations, purchasers of health care (employers, union trusts), health plans and other health-related organizations directly working on these initiatives.  It does not include posting results to a public website or other distribution vehicles that result in the information being broadly shared with the general public.

**Structure**

The PAR workgroup will consist of individuals appointed by the chair of the Bree Collaborative, and confirmed by the Bree Collaborative steering committee. Individuals must have in-depth knowledge and expertise in at least one of the following: readmissions, payment reform, the health care delivery system, benefit design, and quality improvement. There must be at least one representative from each stakeholder group: employer, health plan, hospital, provider (including a specialist), and quality improvement organization.

The chair of the PAR workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative project manager will staff and provide management and support services for the PAR workgroup.

Less than the full PAR workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to the Bree Collaborative.

**Meetings**

The PAR workgroup will hold meetings as necessary.

The PAR workgroup chair will conduct meetings and arrange for the recording of each meeting, and will distribute meeting agendas and other materials prior to each meeting.

**PAR Workgroup**

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| **Name** | **Title** | **Organization** |
| Susie Dade | Deputy Director | Puget Sound Health Alliance |
| Sharon Eldoranta, MD | Medical Director, Quality and Safety Initiatives | Qualis Health |
| Joe Gifford, MD | Chief Strategy and Innovation Officer for Western Washington | Providence Health and Services |
| Mary Gregg, MD | Director, Quality and Patient Safety | Swedish Health Services |
| Tony Haftel, MD | VP Quality & Associate Chief Medical Officer | Franciscan Health Systems |
| Bob Mecklenburg, MD | Medical Director, Center for Health Care Solutions | Virginia Mason Medical Center |
| Kerry Schaefer | Strategic Planner for Employee Health | King County |
| Peter Valenzuela, MD | Medical Director | PeaceHealth Medical Group |
| **Committee Staff** | | |
| Steve Hill | Chair | Bree Collaborative |
| Rachel Quinn | Project Manager | Bree Collaborative |