Carol Wagner:

Hi, Don. Carol Wagner from Washington State.

Dr. Donald Berwick:

Hi Carol. Nice to see you.

Carol Wagner:

In Washington, we've worked hard on many initiatives. And our results are good compared to the rest of the United States. And in particular, some of our rehospitalization rates are really good. And yet we know that there's a lot more we can do.

On some of these initiatives, such as the one we're talking today, it almost appears that the efficient states or the efficient hospitals are not being rewarded with resources to make them even better. Which we know we can still do. Is there a way we can help those hospitals also?

Dr. Donald Berwick:

Well, as I say, there are investments in the new law toward innovation. I look forward to closer and closer partnerships and relationships with all of the leaders who want to really help changes be made. I'm very familiar with those, as you know, that are happening in Washington, I'll be there in two weeks and am looking forward to that.

So, I think us staying in touch with you about all of the innovation opportunities that appear in the law is one answer to that question. The innovation center, the dual eligibles work, the demonstration projects that will be emerging like this one as that law plays out, that should really help.

There also is – there is a reward system. Value-based purchasing that is now going to enter the hospital industry where if we measure properly and are sophisticated about what we're measuring, hospitals, in your case, Carol, hospitals that get, that are more and more successful will find themselves that that will be linked to the level of payment that they receive.

And on the downside, hospitals that aren't working as effectively on readmissions or on patient safety, for

example, will find themselves actually getting less of money. There will be a much closer relationship between the performance we want, the output we want and what people get paid.

I think that we're going to see our whole industry, not just Medicare and Medicaid, but the private sector move much more towards purchasing what we're after which is better health and better care and lower cost and rewarding places for that.

Kristina Lunner:

Good morning. Kristina Lunner, with the American Pharmacists Association.

Dr. Donald Berwick:

Hi

Kristina Lunner:

Hi. We appreciate what the agency has been doing with medication therapy management services in the Medicare Part D prescription drug benefit and we are very excited about how the new ACA, you know, the new health care reform law, reflects medication use and the need to address that. We just encourage the agency to continue to look to pharmacists in the long term care hospital and community centers, to address the medication needs and the prices that patients face right now.

We're concerned that many of the models of the demonstration programs rely upon Fee-For-Service, Medicare Part B payment. And as you know, with the DRG payment, they're not – pharmacists, clinical services are not currently reimbursed. So, as we look forward in innovative and using, you know, health care providers at their highest level of their license, and you know, optimizing the entire team, we just encourage you to continue to keep in mind the pharmacists and what they can bring to the table.

Dr. Donald Berwick:

Thanks for that. I mean, there is no word in the whole field of change we're in that's more important than the

word team, especially for the chronically ill. They experience us as a unit, whether we're doing it together or not, and the concept of everyone getting together around the patient – the patient and family – with the person at the center is crucial to the kind of innovations we need. Every one of the disciplines that can bring help to the patient needs to be able to do that and to do it as part of one single system. Pharmacy is certainly central to that and all of my work on patient safety through the past two or three decades, I can't tell you how often it's been the pharmacists that's come to the floor to help actually make the care safer and to lead that. So I thoroughly support anything you guys can do around building (inaudible). Any others? Is there a telephone connection with some questions on it?

Linda Magno:

Operator, could you open the phone lines, please?

Operator:

At this time, if you would like to ask a question, please press star followed by the number 1 on your touchtone phone. Please state your name and organization prior to asking your question. To remove yourself from the queue, please press the pound key.

And your first question comes from the line of Paul Funaro. Your line is open.

Jim Riley:

Hi, good morning. Thank you. This is actually Jim Riley. I'm calling from NewCourtland, in Philadelphia, Pennsylvania. We are an organization that has heavily invested in the transitional care models in the – for long term care facilities. My question is, technology, remove monitoring biometric sensors and those types of devices. Would there be any preference or any additional consideration given to organizations who actually leverage that type of technology?

Dr. Donald Berwick:

Thanks, Jim. One of the delightful things that has happened to me in terms of my knowledge base since

I've arrived at CMS is that I have become more familiar with the modern views of the proper use technology and monitoring the kinds of things that Jim was referring to. I'm so excited about it. I think that as we really think about progressive, ambitious, exciting change… change which changes the game in terms of better health, better care, and lower cost through improvement. These abilities to extend knowledge and information much more widely than we ever thought before could be pathfinders. So, I am very enthusiastic about the kinds of experimentation that you may want to engage in terms of safe and secure but really, ambitious and new forms of telemedicine and monitoring and connections like that, I'm pretty excited about that field. That may turn out to be one of the biggest tools we've got.

Linda Magno:
We have time for one more question from the telephone.

Operator:
Your next question comes from the line of Kerry Conway. Your line is open.

Rosemarie Dougherty:
Hello. My name is Rosemarie Dougherty, I'm a AAA case manager here in Bloomington, Indiana. And I just – we had great difficulty in hearing Dr. Berwick, and I was wondering if there is any way for people listening remotely to give some kind of feedback during a presentation, so that we can truly hear everything that is said. Thank you.

Dr. Donald Berwick:
Thank you so much, ma'am. Sorry, you had trouble hearing it. Is this meeting being recorded now?

Linda Magno:
This meeting is being recorded and it will be available on the CMS website within the next few weeks. So, for those of you unable to hear any part of the meeting, we're sorry for that. And I hope that the recording of the meeting, will work out what is apparently happening with the audio.

We're also some trouble sometimes hearing the questions here. But please bear with us and we will try to speak slowly and into the microphones and we will try to continue to monitor the sound. Thank you.

Dr. Donald Berwick:
Thanks. I'm sorry for the difficulty, Rosemarie. Thanks for your feedback.

Linda Magno:
Please join me in thanking Dr. Berwick for making time in his schedule to be here today.