TMF Health Quality Institute’s core mission continued in 2016 to focus on improving health care and the health care system to better the health, well-being and experience of patients and caregivers. TMF’s programs and services—ranging from quality improvement consulting and technical assistance to research, data analysis and medical review—engage all aspects of health care and caregivers. Our programs have worked directly with thousands of physicians and other health care providers across the United States, impacting millions of people from children to senior citizens.

TMF supports federal government agencies, federal contractors, state and local government agencies and other organizations to accomplish the Department of Health and Human Services’ National Quality Strategy. We continued to expand our responsibilities during this past year, adding new tasks to our Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network Quality Improvement Organization (QIN-QIO) scope of work, covering Arkansas, Missouri, Oklahoma, Puerto Rico and Texas. Our new QIN-QIO initiatives include promoting microbial stewardship in communities and providing technical assistance to Merit-Based Incentive Payment System (MIPS) eligible clinicians, in addition to two new Special Innovation Projects focusing on chronic care management and behavioral health treatment. TMF also leads the Comprehensive Primary Care Initiative National Learning Network and provides comparative Medicare claims data reports to providers nationwide, in addition to supporting Texas’ Community Transformation Grant and the Vaccines for Children program.

Additionally, TMF will engage hospitals to foster a culture of safety as a partner to two new Hospital Improvement and Innovation Networks. We also provide support under a federal grant to increase the use of medication-assisted treatment for opioid use disorder in rural primary care practices.

For more than 45 years, TMF has helped health care providers and practitioners improve care for their patients. In 2016 we continued our commitment to performing exemplary work, supporting numerous efforts to improve health care quality throughout the country.
Throughout each of our initiatives, TMF focuses on the important role that patients and caregivers play in their health care and the health care of loved ones. TMF works to accomplish better care, better health for people and communities and more affordable care through quality improvement.

We promote and facilitate an active role for patients as managers of their own health. In 2016, TMF continued working with our Patient and Family Engagement Coalition. Comprising patients, caregivers and advocates, this coalition plays an integral role in advising TMF’s initiatives, outreach and understanding of the needs and preferences of patients.

In our ongoing efforts to engage patients, caregivers, physicians, health care providers, advocates and other stakeholders in a collaborative community, TMF continues to enhance our online Learning and Action Networks, which now include more than 14,000 users nationally and internationally. These networks provide a forum for positive interaction, learning and sharing of resources and best practices.

"It is an honor to sit on the TMF Patient and Family Engagement Coalition. The Louise H. Batz Patient Foundation believes that families, patients and caregivers have to work together as a team to help ensure that patients have the knowledge they need to successfully navigate their own health care. The medical world is very complex and it requires a concerted effort by many individuals from many backgrounds. Only by working together with a common purpose and vision can we continue to bring change and improvements in tangible forms and implement them through programs and services that will improve the patient’s experience. TMF has created a diverse group of patient advocates from all over the country to help achieve this goal."

Laura Townsend
Co-Founder and President of the Louise H. Batz Patient Safety Foundation
Improving the Quality of Health Care

Improving Patient Care

Strengthening the quality of health care for patients is at the core of TMF’s mission to measurably improve the quality and delivery of health care. Working with health care providers to improve care and safety for patients is a major component of TMF’s work, including the following efforts:

• Reducing infections
• Improving quality through quality reporting programs and support for clinicians in the Quality Payment Program
• Promoting quality reporting of data
• Promoting cardiac health
• Improving nursing home care
• Reducing unnecessary use of antibiotics
• Improving early detection and management of sepsis
• Improving medication safety
• Improving medication adherence
• Increasing screening for depression and alcohol use disorders, reducing readmissions from inpatient psychiatric facilities (IPF)
• Transforming clinical practice
• Strengthening the delivery of primary care
• Chronic care management

Reducing Infections

Healthcare-associated infections (HAIs) are a threat to patient safety and a major cause of morbidity and mortality in the United States. On any given day, about one in 25 hospital patients has at least one HAI. Through September 2016, TMF continued to work with 176 hospitals and other providers throughout Arkansas, Missouri, Oklahoma, Puerto Rico and Texas to develop an evidence-based, patient-focused approach to preventing and reducing HAIs in the intensive care unit (ICU) and non-ICU settings as part of the QIN-QIO duties.

In 2016, CMS announced changes to the QIN-QIO and Hospital Engagement Network programs, which included transferring oversight of the HAI prevention and reduction work to the newly established Hospital Improvement and Innovation Networks (HIINs). The HIIN program launched in September 2016 with the national aims of achieving a 20 percent decrease in overall patient harm and a 12 percent reduction in 30-day hospital readmissions (as compared to 2014) in participant hospitals. TMF is partnering with two HIINs, Premier Healthcare Services, Inc., and Vizient, Inc., to help accomplish these important aims by providing one-on-one consultation to hospitals to support their performance improvement efforts. TMF also provides subject matter experts for specified HIIN topics and developing educational materials and meaningful, usable, provider-level reports to motivate hospitals to achieve their performance improvement goals.

CMS created the Quality Payment Program to measure the quality of care and value physicians and clinicians provide. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced the Sustainable Growth Rate formula with the Quality Payment Program. Under the Quality Payment Program, physicians and clinicians can choose from two payment paths: the Merit-based Incentive Payment System (MIPS) or the Advanced Alternative Payment Models (APMs). Eligible physicians and clinicians can participate in one of these two programs, which allow them to choose measures and activities that are applicable to the type of care they provide.

Quality Improvement through Quality Reporting Programs and Support for Clinicians in the Quality Payment Program

“Now that we have an organization [TMF Health Quality Institute] that helps to maneuver the complex field of EHR for submission of meaningful use measures and PQRS reporting, [managing my] physician practice will be a little easier.

“Reporting PQRS and meaningful use attestation took so much of my practice time, but TMF Health Quality Institute made it easier on me physically and mentally. My EHR is complex and TMF was able to unravel its complexity for meaningful use attestation and PQRS reporting.”

Olakunle D. Ajanaku, MD
Internist, Okmulgee, Oklahoma
MIPS merges aspects of the Physician Quality Reporting System (PQRS), the Value Modifier Program and the Medicare Electronic Health Record (EHR) Incentive Program.

In our role as QIN-QIO, TMF works to help physicians and clinicians throughout Arkansas, Missouri, Oklahoma, Puerto Rico and Texas make the transition to MIPS and successfully advance through the program’s performance categories. TMF seeks to help 60 percent of eligible professionals and clinicians across the region transition to MIPS and assist them with quality reporting and identifying opportunities to improve care coordination and performance improvement on measures that will be used in MIPS.

Along with value-based payment and quality reporting programs, CMS is encouraging eligible physicians, physician groups, hospitals and other health care settings to provide higher quality and more efficient care for beneficiaries at a lower overall cost. As a QIN-QIO, TMF provides technical assistance to help these health care providers throughout Arkansas, Missouri, Oklahoma and Texas improve quality of care and meet the goals of quality reporting and incentive programs. These include the CMS hospital and physician value-based payment and quality reporting programs, Physician Feedback Program and use of the quality and cost measure information contained in the confidential Quality and Resource Use Reports.

Currently we have recruited 9,760 individual physicians/eligible professionals, 159 hospital inpatient facilities, 337 physician group practices, 138 ambulatory surgery centers, 50 inpatient psychiatric facilities, 45 critical access hospitals, one Prospective Payment System Cancer Hospital and 80 stakeholders across the TMF QIN-QIO region. We continue to assist these health care providers with their quality reporting needs to help them avoid penalties and redeem reimbursements for which they are eligible. We also assist physicians and clinicians as they transition to MIPS with the new Quality Payment Program.

Heart disease and stroke are the first- and fourth-leading causes of death, respectively, in the United States, according to the Centers for Disease Control and Prevention (CDC). The Million Hearts initiative, established by the U.S. Department of Health and Human Services, aims to prevent 1 million heart attacks and strokes by the year 2017. To address these issues and support the Million Hearts initiative, TMF, in our role as QIN-QIO,
Improving Nursing Home Care brings together an online community of patients, caregivers, physicians and physician practices, health care professionals and community stakeholders to identify and implement solutions to improve cardiac health throughout Arkansas, Missouri, Oklahoma, Puerto Rico and Texas.

TMF supports more than 10,500 providers in submitting PQRS cardiovascular measures and almost 90 home health agencies in reporting cardiovascular measures through the Home Health Cardiovascular Data Registry. Our consultants also assist participants in our online community with data analysis and improving performance on aspirin therapy, blood pressure management, cholesterol management and smoking assessment and cessation counseling.

An estimated 1.4 million Americans live in nursing homes. Approximately 1 in 5, or 22 percent, suffers harm during their stay. Because nearly 60 percent of these incidents are deemed preventable, TMF continues to facilitate local, state and national efforts to improve the quality of care in almost 1,600 nursing homes and skilled nursing facilities throughout our QIN-QIO region of Arkansas, Missouri, Oklahoma, Puerto Rico and Texas. Our work includes decreasing antipsychotic medication use, healthcare-acquired complications and potentially avoidable hospitalizations. Another important focus area is preventing HAIs, specifically Clostridium difficile infections (CDI).

In 2016, TMF introduced a Quality Assurance and Performance Improvement initiative to support nursing homes submitting data into the CDC’s National Healthcare Safety Network databank, which provides analysis and creation of a national baseline for CDI in nursing homes. Tracking infections helps facilities identify and treat problems earlier and, ultimately, achieve the overarching goal of improving quality of care and outcomes for residents.

Reducing Unnecessary Use of Antibiotics

Antibiotics are among the most commonly prescribed drugs and save millions of lives each year. However, widespread, long-term use has led to an alarming rise in antibiotic-resistant bacteria that, in the U.S. alone, cause 2 million illnesses and 23,000 deaths each year. The CDC and the World Health Organization have declared antibiotic resistance to be a serious national and global health problem. In response, TMF will be working with more than 700 outpatient providers in our states and territory to develop and strengthen existing antibiotic stewardship programs to combat antibiotic-resistant bacteria. This coordinated initiative promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance and decreases the spread of infections caused by multidrug-resistant organisms.

Improving Early Detection and Management of Sepsis

Each year, more than 1.6 million Americans contract sepsis, a dangerous disease process that kills 258,000 people and leaves thousands of survivors with lifelong aftereffects. Difficult to diagnose and treat, sepsis is also a frequent cause of acute-care readmissions.

In September 2015, in our role as QIN-QIO, TMF launched the Improve Early Detection and Management of Sepsis program in an area of Texas with a 70 percent higher rate of sepsis and septic shock than the state as a whole. Working with an established network of community partners, TMF educated staff in multiple health care settings about the signs and symptoms of sepsis and how early detection and treatment are crucial to

“Sixty to seventy percent of our resident population is wheelchair- or bed-bound, placing them at risk for pressure ulcers. Ultimately, by instituting these interventions [TMF taught us], our program had a positive effect on 100 percent of our population, ensuring every resident is checked to prevent the development of pressure ulcers.”

Justin Batson
Administrator, Madisonville Care Center, Madisonville, Texas
improving survival rates and avoiding long-term complications. By June 2016, hospitals had already experienced a 15 percent relative improvement in sepsis-related mortalities. Through education, one-on-one technical assistance and shared resources and tools, TMF has the goal of helping to reduce the number of sepsis cases and deaths by 20 percent in this area by the end of the project.

National estimates suggest that adverse drug events (ADEs) contribute an additional $3.5 billion to U.S. health care costs. Given the U.S. population’s large and ever-increasing magnitude of medication exposure, the potential for harm from ADEs is a critical patient safety and public health challenge. Through our QIN-QIO efforts, TMF is working with providers, pharmacists, pharmacies and stakeholders to reduce and monitor ADE rates in Arkansas, Missouri, Oklahoma, Puerto Rico and Texas. To reduce and prevent ADEs, TMF assembled community groups throughout the region that treat Medicare fee-for-service beneficiaries taking three or more medications, including at least one of these high-risk medications: anticoagulants, diabetic agents and/or opioids.

In 2016, the U.S. Department of Health and Human Services outlined the priority for medication safety in the HHS National Action Plan for Adverse Drug Event Prevention. CMS has added new work and funding to expand this task to track and support improvements in safety for the three high-risk medications. To date, TMF has recruited 4,765 providers, pharmacies, physicians, stakeholders and home health agencies from across the region to reduce ADEs for Medicare beneficiaries. Goals for this effort include reducing ADEs by 35 percent per 1,000 screened Medicare FFS beneficiaries by 2019.

Medication adherence is particularly critical for medications prescribed for chronic conditions. Cardiovascular complications resulting from diabetes, hypertension and hyperlipidemia lead to substantial disability, morbidity and mortality. Lack of medication adherence causes approximately 125,000 deaths, 10 percent of hospitalizations, a substantial increase in mortality and morbidity rates and $100-$289 billion in costs to the U.S. health care system each year. Health information technology-enabled care delivery systems, such as e-prescribing, are powerful tools in combating...
medication non-adherence. Currently, only 28 percent of physicians in Puerto Rico are e-prescribing, despite the extensive benefits to prescribers, pharmacies and patients, according to Ponce Research Institute.

Through a two-year QIN-QIO Special Innovation Project, TMF and the Puerto Rico Health Information Technology Regional Extension Center, Ponce Research Institute at Ponce Health Sciences University, are working with providers, pharmacists, pharmacies and stakeholders to increase e-prescribing among physicians, electronic messaging to physicians from pharmacies and medication adherence rates among Medicare beneficiaries for diabetes, hypertension and hyperlipidemia in six Puerto Rico municipalities: San Juan, Carolina, Bayamón, Guaynabo, Trujillo Alto and Cataño.

TMF has recruited 310 physicians and 61 pharmacies, exceeding the recruitment goal of 250 physicians and 50 pharmacies. To date, e-prescribing usage among recruited physicians has increased by 73 percent.

According to the National Council for Behavioral Health and the Institute of Medicine, nearly 1 in 5 Medicare beneficiaries lives with one or more mental health or substance use conditions. However, less than 40 percent of these older adults receive treatment. In the Medicare population, depression has a higher inpatient readmission rate than all other conditions except for heart failure.

A concern in the medical community is the prevalence of undetected or misdiagnosed alcohol use disorders (AUD) and depression in the U.S. Alcohol is the most commonly abused substance and can cause serious complications. This is magnified among older adults as AUDs and depression often go undetected due to other physical ailments and the absence of typical symptoms.

As a QIN-QIO, TMF is addressing these issues through its Behavioral Health project, which began in June 2015. By organizing a community coalition of primary care physicians, inpatient psychiatric facilities (IPFs), hospitals, additional medical providers, partners and other stakeholders throughout Arkansas, Missouri, Oklahoma, Puerto Rico and Texas, TMF aims to increase screening for depression and AUDs in primary care settings and reduce the 30-day readmission rate for patients discharged from IPFs.

Over a four-year period ending in August 2019, health care
providers and partners who participate in our project will work to screen 75 percent of Medicare beneficiaries receiving care at primary care practices annually for depression and AUD. Participants will work to reduce 30-day readmission rates for Medicare beneficiaries discharged from IPFs.

Additionally, the 2016 Quality Strategy includes an objective to improve quality of and access to behavioral health care. In support of this objective, TMF is recruiting cohorts from existing Behavioral Health Learning and Action Network members to participate in a new Special Innovation Project focusing on treatment of depression and AUD and integration of behavioral health into primary care through Project ECHO (Extension for Community Healthcare Outcomes) and the Mental Health Integration model.

Project ECHO connects specialist teams at an academic hub with primary care physicians in local rural communities. TMF has partnered with the Dell Medical School at The University of Texas at Austin to provide behavioral health subject matter experts who will mentor physicians and give feedback on patient cases. At the core of the initiative are weekly teleECHO clinics. In these clinics, physicians develop the skills they need to treat a particular behavioral health condition.

In December 2015, TMF began an additional QIN-QIO project through which we provide support for Practice Transformation Networks (PTNs) and clinician practices participating in the Transforming Clinical Practice Initiative (TCPI). TCPI intends to change the way practices deliver care by integrating quality and process improvement to build on and spread existing change methodologies, practice transformation tools, published literature, key learnings and technical assistance.

TMF plays a key role in assisting PTNs and their practices with the administration of clinical practice readiness assessments and ongoing periodic assessments to determine the practices’ progress through the TCPI phases of transformation. To date, TMF has assessed more than 300 practices containing more than 1,200 clinicians for the PTNs in our service area. TMF will continue to assess PTN-recruited practices throughout the remainder of the initiative.

Care management is one of the critical components of primary care that contributes to better health for individuals and reduced health care expenditures. CMS introduced a non-visit-based payment code for chronic care management (CCM) services on January 1, 2015. Additional CCM billing codes with expanded reimbursement for physicians were available on January 1, 2017. CCM enables clinicians to be reimbursed while offering care to families in the primary care setting. This is accomplished through enhanced care coordination, care management and health information technology supported by multi-payer payment reform. TMF oversees the initiative's National Learning Network that covers seven geographic regions: statewide in Arkansas, Colorado, New Jersey and Oregon, as well as the sub-state regions of New York (Capital District, Hudson Valley), Ohio (Cincinnati/Northern Kentucky) and Oklahoma (Greater Tulsa). Nearly 500 primary care practices and more than 2,000 practitioners are enrolled in CPC, serving more than 400,000 Medicare and Medicaid beneficiaries among the 2.6 million active patients served in the initiative.

In December 2015, TMF began an additional QIN-QIO project through which we provide support for Practice Transformation Networks (PTNs) and clinician practices participating in the Transforming Clinical Practice Initiative (TCPI). TCPI intends to change the way practices deliver care by integrating quality and process improvement to build on and spread existing change methodologies, practice transformation tools, published literature, key learnings and technical assistance.

TMF plays a key role in assisting PTNs and their practices with the administration of clinical practice readiness assessments and ongoing periodic assessments to determine the practices’ progress through the TCPI phases of transformation. To date, TMF has assessed more than 300 practices containing more than 1,200 clinicians for the PTNs in our service area. TMF will continue to assess PTN-recruited practices throughout the remainder of the initiative.

Care management is one of the critical components of primary care that contributes to better health for individuals and reduced health care expenditures. CMS introduced a non-visit-based payment code for chronic care management (CCM) services on January 1, 2015. Additional CCM billing codes with expanded reimbursement for physicians were available on January 1, 2017. CCM enables clinicians to be reimbursed while offering care...
“My role in CPC is dual. I’m a practitioner. I have an office-based practice, and my practice is CPC focused. I’m a medical director for a physician group. I think the difference is really seeing the role of a leader and how leaders can implement change, and then measuring the change at the practice level. And so one of the things I’ve seen at the practice level is that I can tell you my day-to-day functions have changed significantly since I began participating in CPC. When I have a diabetic patient who comes into my office and their A1c is 11, and they need to be placed on insulin, I run. I grab my care coordinator. We spend time with the educational process. I get that patient home safely with the information and knowledge about how to administer insulin. These are things that would have taken me weeks to do before CPC occurred. I see the value of this at the clinic side, which then reinforces the things that we’ve done on the administrative side in a leadership role. So I think it’s been really wonderful to be able to have a foot in each camp around CPC.”

Jeffrey Galles, DO
Medical Director, Utica Park Clinics, Tulsa, Oklahoma

coordination services to their Medicare fee-for-service patients who have two or more chronic conditions.
To help increase the number of practitioners effectively implementing and providing CCM services to their patients, TMF works with physicians, nurse practitioners and physician assistants in Arkansas, Missouri, Oklahoma and Texas. We provide the technical assistance and expertise needed to implement CCM services and better prepare for the beginning of the Quality Payment Program, which was created by MACRA. This QIN-QIO Special Innovation Project launched in September 2016. TMF is actively working to recruit 100 practices to participate.
Despite the risks of deadly diseases like influenza and pneumonia and the availability of effective vaccines, immunization rates for adults remain significantly low, falling well below the Healthy People 2020 targets.

As a QIN-QIO, TMF is working in Arkansas, Missouri, Puerto Rico and Texas to increase influenza and pneumonia immunization rates for Medicare beneficiaries. Our Immunizations project, which began in April 2015, seeks to create a widespread community with representatives from a variety of health care settings, key partners and stakeholders to increase education and awareness of these vaccine-preventable diseases and increase immunization rates for these diseases. Since this project began, we have successfully recruited 1,189 health care providers and facilities caring for Medicare fee-for-service beneficiaries across the region to work with us on these initiatives.

Our goals include promoting the National Adult Immunization Plan of 1 million previously unimmunized Medicare beneficiaries receiving pneumonia immunizations by 2019. We also plan to align with the Healthy People 2020 goals, realizing national absolute immunization rates of 90 percent for pneumonia and 70 percent for influenza, as well as facilitating adult Medicare beneficiary immunization status assessment, appropriate immunization or referral, documentation and reporting to state or other immunization information systems via certified EHRs or other electronic methods.

In the United States, nearly 13 percent of adults 20 years and older have diabetes, according to the National Institutes of Health and the CDC. More than 25 percent of people 65 years and older have diabetes. African-Americans, Hispanics and Native Americans are nearly twice as likely as Caucasians to be diagnosed with diabetes.

Improving Community Health

TMF Health Quality Institute works with physician practices, health care facilities, health departments and other stakeholders to promote community health. We assist disease prevention and management efforts through quality improvement and health information technology in the following projects:

- Improving immunization rates among Medicare beneficiaries
- Reducing health disparities
- Reducing chronic disease and lowering the cost of care
- Promoting childhood immunizations
- Improving coordination of care

In the United States, nearly 13 percent of adults 20 years and older have diabetes, according to the National Institutes of Health and the CDC. More than 25 percent of people 65 years and older have diabetes. African-Americans, Hispanics and

Video highlighting five facts about the dangers of low immunization rates.
https://www.youtube.com/watch?v=q94uZLDlgVM

Native Americans are nearly twice as likely as Caucasians to be diagnosed with diabetes.

TMF is working in our QIN-QIO region of Arkansas, Missouri, Oklahoma, Puerto Rico and Texas to improve health outcomes and reduce issues of health disparities among people with diabetes. Our Health for Life project, as a part of the national Everyone with Diabetes Counts initiative, engages community partners to help teach Diabetes Self-Management Education (DSME) workshops in underserved populations to improve people’s ability to manage their diabetes and quality of life. We offer participating DSME facilitators and advocates free tools and resources, webinars, conferences and recorded events to help them better care for people with diabetes.

From 2010, when the first Health for Life project began, through the first two years of the third and current project, TMF has enrolled more than 27,200 patients with diabetes or pre-diabetes. More than 19,800 of those patients successfully completed the classes, exceeding project goals. The current
An important component of the diabetes project is sustainability. To that end, TMF has trained more than 1,700 new DSME educators to continue to spread the availability of this life-saving education to more people. Additionally, TMF assists organizations that are interested in meeting criteria to establish an accredited DSME program and assists clinicians interested in becoming Certified Diabetes Educators.

The Transforming Texas: Long Live Texans project was a federally funded initiative through the Texas Department of State Health Services (DSHS) to reduce chronic disease and lower the cost of care through prevention. TMF joined the initiative in the third year of a five-year Community Transformation Grant that the U.S. Department of Health and Human Services awarded to the Texas DSHS. The project was completed successfully in September 2016.

The project focused on addressing prevention and treatment of chronic disease among disparate populations. To accomplish these goals, TMF developed a Web-based Learning and Action Network, through which health care providers and other stakeholders were informed of the latest research, tools and news regarding chronic disease. The Learning and Action Network also highlighted TMF-facilitated opportunities for interactive learning and sharing through webinars, some of which included continuing medical education and community health worker (CHW) continuing education credits.

Additionally, TMF invited CHWs to participate in one of two specific affinity groups: Guiding Clients to Behavior Change or Self-Management Techniques for CHWs. The affinity groups shared learning through webinars and online forums. Between 250 and 350 CHWs regularly participated in webinar education while approximately 70 joined each affinity group. Engaging CHWs is important to advance community education about chronic disease prevention. TMF continues to support CHWs in reaching communities, especially underserved populations that experience disparities in health care delivery and health outcomes.

“[Through TMF’s Diabetes Self-management Education classes] I learned how to empower myself and especially will ask him (her doctor) my A1c percentage; not to tell me I’m fine, but give me my results and explain.”

Lydia Garcia
TMF Diabetes Self-Management Education class graduate

Reducing Chronic Disease and Lowering the Cost of Care

project was expanded to include the new, larger QIN-QIO region and began in August 2014.

An important component of the diabetes project is sustainability. To that end, TMF has trained more than 1,700 new DSME educators to continue to spread the availability of this life-saving education to more people. Additionally, TMF assists organizations that are interested in meeting criteria to establish an accredited DSME program and assists clinicians interested in becoming Certified Diabetes Educators.
TMF’s Quality Consulting Services staff works with states to educate and evaluate providers participating in the federal Vaccines for Children program. The department conducts individual provider office assessments and assists with quality improvement activities to increase immunization rates for children.

Since we began working to promote childhood immunizations more than 10 years ago, TMF has successfully managed and completed more than 37,000 provider site reviews in multiple states. This year, we completed more than 2,400 site visits.

Today, one in five Medicare beneficiaries will leave the hospital only to return within one month. Avoidable hospital readmissions and patient satisfaction with discharge care are growing problems nationwide.

In our role as QIN-QIO, TMF convenes community coalitions across Arkansas, Missouri, Oklahoma, Puerto Rico and Texas that consist of partners, hospitals, skilled nursing facilities, home health agencies, physicians, payers, patients, caregivers and other stakeholders to address these problems and improve a patient’s transition between health care settings. Our goals include reducing hospital readmission and admission rates in the Medicare program by 20 percent by 2019.

To address these issues, TMF focuses on process of care at a community level to engage providers and stakeholders across the continuum of care, not just in the hospital. We are specifically working with communities that experience a high incidence of adverse drug events, a major contributing factor to high readmission rates. Our goal is to work with communities that represent 60 percent of Medicare fee-for-service beneficiaries across the region to improve 30-day readmission rates and increase medication safety.

To date, we have recruited 46 communities caring for more than 2.7 million Medicare fee-for-service beneficiaries from across TMF’s QIN-QIO region to work with us on these initiatives.

“TMF was instrumental in our receiving funding from the Centers for Medicare & Medicaid Services (CMS) to implement the Amistad Care Transitions PATH. They assisted in the planning and coordination of a community-wide Care Transitions kick-off conference, community coalition formation, intervention selection process, root cause analyses for downstream providers, social network analysis, formation of regional workgroup meetings, data analyses of 30-day readmission rates for hospitals and their downstream providers, along with quarterly readmission metrics and intervention performance strategies.”

■ Andrea Ramirez, LPC, LCDC
Aging, Disability & Transportation Resource Center (ADTRC) Director, Project Amistad

“Valley Baptist Medical Center Brownsville and our sister hospital in Harlingen vary in size and cause for hospital readmissions; therefore, a system-wide look into the issues causing the readmissions was not feasible. TMF provided tailored assistance to help both hospitals determine our respective root causes, and helped us develop a process to track and monitor readmissions concurrently. TMF’s assistance has been a key component of our hospital’s success reducing readmissions.”

■ Leslie Bingham
Senior Vice President and Chief Executive Officer, Valley Baptist Medical Center – Brownsville
The TMF Foundation is the charitable arm of TMF Health Quality Institute with a mission to empower individuals and families with information, strategies and tools to improve health.

The TMF Foundation’s programs and partnerships remained strong in 2016. In partnership with Giddens Elementary School, Camacho Elementary School and Parents and Teachers of the Leander Independent School District (ISD), we continued delivery of our Coordinated Approach to Child Health (CATCH) Amplified program. CATCH Amplified provides high-risk campuses with a no-cost health and wellness curriculum, an organic food-producing garden and weekly support through gardening curriculum, healthy snacks and a strong staff wellness effort.

In 2016, we are proud to have served more than 500 children with CATCH Amplified, helping to bolster health messaging in public schools.

In addition, the TMF Foundation continued My Lunch Rocks! and its associated programs, Go H2O (a healthy hydration education program) and Eat the Alphabet (a whole family challenge to consume 26 healthy bites of food representing each letter of the alphabet for a motivating prize). These programs, in Austin ISD, Leander ISD and Round Rock ISD, have promoted healthy eating in the school lunchroom for more than 25,000 children. Through cheerful stickers and colorful posters, My Lunch Rocks! uses positive reinforcement, a sense of fun and the power of adult volunteer engagement to reward kids consuming the healthy eating choices on the cafeteria tray and in their lunchboxes.
Performing Medical Review and Supporting Program Integrity

Helping Prevent Inappropriate Medicare Payments

TMF assists hospitals and other health care providers nationwide with their compliance and monitoring programs by helping identify risk areas in which they are an outlier compared to other providers. The First-Look Analysis Tool for Hospital Outlier Monitoring (FATHOM) is an application designed to compare providers in areas at risk for improper Medicare payments using Medicare administrative claims data statistics. It is available only to CMS and its Medicare contractors.

Through the FATHOM application, TMF generates the Program for Evaluating Payment Patterns Electronic Report (PEPPER), which presents provider-specific Medicare data statistics for discharges/services vulnerable to improper Medicare payments. PEPPER is available to hospitals and other health care providers and can support their compliance efforts by identifying where they may be at higher risk for such payments.

During 2016, TMF produced and made available more than 48,000 reports to providers, including short-term acute care hospitals, long-term acute care hospitals, critical access hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, hospices, partial hospitalization programs, skilled nursing facilities and home health agencies. TMF also conducted six webinar training sessions to help various provider groups understand and make best use of their PEPPERS.

Support for Texas Medicaid

TMF performs Surveillance and Utilization Review work involving the retrospective review of medical records to determine compliance with Medicaid policies and identify and initiate the recoupment of any associated overpayments. In addition, we perform prepayment review and adjudicate the claims after reviewing medical records to determine whether or how the claims should be paid. The project interfaces directly with the Texas Health and Human Services Commission — Office of Inspector General.

During the past year, TMF reviewed the medical records to determine compliance with Medicaid policies for more than 35,000 individual claims details.

TMF also assists the state of Texas in determining medical necessity and appropriateness for prior authorization requests, participating in client fair hearings and reviewing medical records and appeal documentation.

“I cannot stress how invaluable this tool has been to our very young agency of only just-over-three-years. I look forward to watching our PEPPER results improve with time.”

— Amie Falgout
Owner, Divinity Home Health Services in Louisiana.
TMF focuses on improving lives by improving the quality of health care through contracts with federal, state and local governments, as well as private organizations. TMF is governed by a board of trustees composed of physicians elected from the TMF membership, business professionals and consumer (Medicare) beneficiary representatives. The company’s day-to-day operations are overseen and directed by senior management.

**TMF Leadership**

Steven L. Gates, DO, FACOI
Chair
Corpus Christi, Texas

John C. McDonald, DO, FACOI
Vice Chair
Longview, Texas

Starr West, BUS, RHIT, CPHQ
Secretary/Treasurer
Austin, Texas

Gary W. Floyd, MD
Officer-at-Large
Roanoke, Texas

James Humphrey, CPA
Non-Physician Representative to the Executive Committee
Houston, Texas

Robert B. Morrow, MD
Immediate Past Chair
Sugar Land, Texas

J. Nile Barnes, Pharm.D, BCPS
Dripping Springs, Texas

Luis M. Benavides, MD
Laredo, Texas

Timothy Graves, MSSW
Austin, Texas

Dee Margo, BA
El Paso, Texas

Kevin H. McKinney, MD
Galveston, Texas

Marilyn Pattillo, PhD, RN
Austin, Texas

Susan Pike, MD
Georgetown, Texas

Melissa Rowan, MSW, MBA
Austin, Texas

Erick Santos, MD, PhD
Corpus Christi, Texas

Russ Stromberg, MBA
Moorpark, California

Michael P. Sullivan, MBA, CPA
Lubbock, Texas

Ronald S. Walters, MD, MBA, MHA
Houston, Texas

**TMF Board of Trustees, 2016–2017**

Kevin H. McKinney, MD
Galveston, Texas

Marilyn Pattillo, PhD, RN
Austin, Texas

Susan Pike, MD
Georgetown, Texas

Melissa Rowan, MSW, MBA
Austin, Texas

Erick Santos, MD, PhD
Corpus Christi, Texas

Russ Stromberg, MBA
Moorpark, California

Michael P. Sullivan, MBA, CPA
Lubbock, Texas

Ronald S. Walters, MD, MBA, MHA
Houston, Texas

**TMF Executive Leadership**

Thomas Manley
President and Chief Executive Officer

Pamela Hoernis, CPA
Chief Financial Officer
References


