

THE WINDOW



A round-up of JHF news, events, milestones, publications, and more.

Inside this issue

The Merits of Proactive Patient Care: Reflecting on Our CMMI-Funded Initiatives

Results are in from three major demonstration projects in which the Jewish Healthcare Foundation (JHF) and the Pittsburgh Regional Health Initiative (PRHI) were involved. All were put in motion by the Affordable Care Act (ACA) of 2010. The ACA dramatically reduced the number of uninsured Americans and strengthened prevention-focused coverage. But the law also sought to test new models to improve patient care, lower costs in a health system that consumes nearly a fifth of the country's GDP, and better align payment systems to support both.

The ACA created the Center for Medicare & Medicaid Innovation (CMMI), as part of the Center for Medicare & Medicaid Services (CMS), to serve as a testing ground for new models of care.

With \$10 billion to support its activities between 2011-19, CMMI embarked on a highly competitive process to select partner organizations from around the country. JHF and PRHI were honored to be among the organizations selected as either primary or partner investigators.

Three different projects. Three different patient populations. Three different care settings. But one goal: to show that proactively caring for patients can improve or preserve health status and quality of life, and cut healthcare costs.

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The Primary Care Resource Center (PCRC) Project

As primary investigator, PRHI led this three-year, \$10.4 million project which sought to show that a hospital-based support hub—called a Primary Care Resource Center (PCRC)—staffed by nurse care managers, a pharmacist, and an administrative assistant with full access to their institution’s array of specialty services, could improve care for patients with three common chronic illnesses. Based on our prototype at Monongahela Valley Hospital, a network of six additional independent regional hospitals adopted their own PCRCs.

The care teams worked to improve patient care and reduce total cost of care for patients with chronic obstructive pulmonary lung disease (COPD), congestive heart failure (CHF), and/or acute myocardial infarction (AMI). The PCRC teams provided 30 minutes of inpatient disease management education and teach-back, motivational interviewing, and discharge medication reconciliation. The teams then bridged the patient’s transition from hospital to home by providing post-discharge nursing and pharmacy consults, ensuring that a prompt follow-up appointment with the patient’s PCP, and making home visits to patients with particularly challenging life circumstances.



A Primary Care Resource Center team member shows a patient how to properly use her inhaler. As part of the PCRC project, enrolled patients received in-depth disease management and medication reconciliation services.

In the event of a patient readmission, the teams conducted a root cause analysis and put in place the home supports— often provided by community-based organizations—to prevent subsequent admissions. The PCRCs utilized often excess hospital space, while also enabling small, resource-limited physician practices to offer their patients supports that are critical to chronic disease management.

PRHI’s internal evaluation of the nearly 9,000 patients seen at the PCRCs, no matter their insurance, shows that average 30-day readmissions dropped by 25% and 90-day total cost of care declined by \$1,000 per patient. CMMI contracted with NORC at the University of Chicago to conduct an evaluation of the PCRCs’ impact on Medicare Fee-for-Service (representing about 30% of the total patients seen at the PCRCs during the project). For patients with AMI among this subgroup, NORC found significant drops in total cost of care (by nearly \$8,000 per patient) from avoided hospital and ER visits and better primary care.

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RAVEN (Reduce Avoidable Hospitalizations using Evidence-based interventions for Nursing Facility Residents)

With \$19 million in CMMI funding, the RAVEN initiative aimed to improve the quality of care and reduce avoidable hospitalizations among long-stay nursing home residents at 18 facilities in western Pennsylvania. JHF serves as the lead education partner for the initiative, which is guided overall by UPMC.

Interventions included having nurse practitioners on-site to work with nursing staff to provide preventive services, improve care for residents' medical conditions, and provide advance care planning and palliative care at end-of-life for those who choose it. Customized tools improved communication among providers. Specialists improved management of residents' prescription drug use, and telemedicine enhanced

communications among facility nursing staff, physicians, acute care clinicians, and nurse practitioners. JHF staff provided training on issues like geriatric syndromes, dementia care, palliative care, quality improvement, communication and team-building, and advance care planning.

Four years on, the project's evaluator reports that RAVEN sites in western PA lowered avoidable hospitalizations among long-stay nursing facility residents by 24%, readmissions by 22%, and ER visits by 41%. Combined, these improvements resulted in an almost 12% reduction in Medicare spending and helped countless frail nursing home residents avoid the trauma of a hospital transfer and stay.

CMS renewed the RAVEN initiative through 2020, with JHF again serving as the education lead during the second phase of the grant. Nursing facilities that participated in phase one of the grant will receive enhanced payment and continued interventions from the RAVEN model. New participants will pilot a new payment model, and will take part in a learning collaborative that JHF created on Tomorrow's HealthCare™, the Foundation's online learning, communication, and leadership platform.



JHF Quality Improvement Specialist Stacie Bonenberger, MOT, OTR/L, explains the process-mapping techniques that RAVEN nursing home staff can use to prevent falls among residents.

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COMPASS (Care of Mental, Physical and Substance Use Syndromes)

PRHI and our partners began working several years ago to improve the capacity of primary care practices to identify and treat patients with depression. The COMPASS project built on this work by helping primary care practices treat adult patients with depression together with cardiovascular disease and/or diabetes. PRHI was one of eight partners on the \$18 million COMPASS project, led by the Institute of Clinical Systems Improvement.

PRHI was responsible for project management, practice recruitment, training and coaching, implementation, community engagement, and sustainability in Pennsylvania. PRHI enrolled the second-highest number of patients (more than 700) among COMPASS partners.

COMPASS demonstrated that screening and treating patients for depression with an expanded primary care team, including a care manager and consulting psychiatrist, can improve outcomes for patients. For the Pennsylvania COMPASS patients who had an uncontrolled disease at enrollment, 44% achieved depression remission or response. Twenty-three percent controlled previously high blood sugar, and 50% achieved blood pressure control. CMMI's evaluator finds the decreases to be significant project-wide, and also finds preliminary evidence of lower rates of hospitalization and ER visits among patients enrolled with Medicare fee-for-service insurance.

PCRC, RAVEN, and COMPASS demonstrated that proactive care can improve patient health status regardless of whether they are hospitalized patients, primary care patients living at home, or nursing home residents. The projects further demonstrated that providing better care yielded healthcare cost savings.

Importantly, all three of these projects will continue to improve patient care and decrease healthcare



Patty Rennels, RN, care manager at Excela Health Medical Group, and JHF/PRHI Director of Government Grants and Policy Robert Ferguson. Ferguson served as the COMPASS program manager for PRHI.

A BIPARTISAN PATH FORWARD

[“Beyond the Beltway Blathering on Health Care”](#)

In the [Pittsburgh Post-Gazette Sunday Forum](#), JHF and PRHI President and CEO Karen Feinstein outlines a bipartisan path to better, lower-cost health care.

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costs. At the conclusion of the PCRC grant, for example, four of the partner hospitals decided to self-fund their centers and expand services to patients with other chronic conditions. RAVEN will continue through at least 2020, adding the payment redesign components required to sustain and spread the model. And all three of the primary care practices that partnered with PRHI will continue to use elements of the COMPASS model in Pennsylvania to treat patients with both behavioral and physical health conditions.

We are honored to partner with dedicated healthcare organizations and frontline providers to imagine, develop, and implement effective new models of care. Through such innovation and experimentation, the U.S. is discovering a path to eradicate the country's pervasive health disadvantage, and deliver value.

Women's Health Activist Movement Global Announces "Big Idea" Challenge with \$10,000 Prize to Improve Women's Health in Western PA

The Pittsburgh chapter of the Women's Health Activist Movement Global ([WHAM Global](#)) has issued a request for video applications for its 2017 "Big Idea" Challenge, which will award a \$10,000 prize and the guidance of WHAMGlobal network members to a non-profit organization that identifies a strategy for improving women's health and health equity in western Pennsylvania. The deadline for video submissions is **April 30, 2017**.



WHAMGlobal is looking for one-minute video submissions that outline a pressing women's health issue in western Pennsylvania, as well as a solution for solving that problem. The categories for video submissions include: Mental Health or Substance Misuse; Patient & Consumer Activation (safety, quality, access, equity); Social & Environmental Determinants of Health; Violence; and Women's Health Issues.

To learn more about the video submission criteria and contest timeline, please visit the [WHAMGlobal website](#) (www.whamglobal.org/bigideachallenge). To submit a video for the contest, please fill



Learn more about WHAMGlobal and the Big Idea Challenge on WHAMGlobal's YouTube page (click on the image above to view).

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out this [short online form](http://www.whamglobal.org/big-idea-form/view/form) (www.whamglobal.org/big-idea-form/view/form). Organizations can submit multiple videos for consideration.

A group of independent judges will select the top video submissions, and finalists will pitch their idea during for improving women’s health and healthy equity in Western PA during an event at the August Wilson Center on June 26, 2017.

Established in 2016, WHAMGlobal is a “network of networks” designed to empower and cultivate female leaders who advance health care systems that are transparent, respectful, accountable, and equitable. WHAM Global advances this mission through an online community, boots-on-the ground chapters in cities across the U.S. that feature in-person events, and the establishment of champions programs that empower communities to unify behind addressing a specific health issue.

WHAM Global was co-founded by Karen Feinstein and Joanne Conroy, MD, CEO of the Lahey Hospital and Medical Center, and is supported by JHF and the Heinz Family Foundation.

2017 Fellowship on Death and Dying Helps Prepare Young Professionals to Discuss, Improve End-of-Life Care

A talk with three siblings, torn on the treatment that their elderly father wishes to receive should his heart disease worsen. A care planning conference for a nursing home resident just diagnosed with colon cancer. A heart-to-heart with the single parent of a cancer-stricken child. A discussion with a couple in their thirties, planning for the future in the event of a life-limiting illness.

These are among the difficult, yet paramount conversations that healthcare professionals may have with patients and loved ones who are confronting decisions about end-of-life care. They’re conversations that frequently take place too late, if at all. Eighty percent of Americans feel it’s important to discuss end-of-life matters with their doctor, but less than 10% actually do, according to a 2012 survey conducted by the California Healthcare Foundation. Ninety percent want to plan for such situations with family, yet only 30% specify those plans.



During the Death and Dying Fellowship finale on March 27, Fellows engage in practice end-of-life conversations with JHF staff.

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JHF and Health Careers Futures' 2017 Fellowship on Death and Dying focused on this disconnect. The 29 multidisciplinary students and health professionals who participated are now more prepared to engage in those conversations with patients, families, and colleagues, helping to bridge the divide between the end-of-life care that people desire and what they receive.

The Fellowship, which took place over seven sessions beginning in January, culminated with a final event on March 27 during which the Fellows practiced end-of-life conversations through different patient and family scenarios. They also developed action plans to translate what they learned during the Fellowship into improved communication and care in their personal and professional lives. The Fellows' action plans centered on four components of end-of-life care: policy, practice of medicine, professional education, and patient engagement.

During the Fellowship, students and professionals with backgrounds in medicine, nursing, social work, pharmacy, public health, occupational therapy, healthcare administration, and business learned about the legal, medical, social, cultural, familial, and spiritual components of death and dying from experts in the field.

The Fellows discussed advance care planning and the legal aspects of death and dying at UPMC Shadyside; toured the Shadyside ICU and learned about Pennsylvania Orders for Life Sustaining Treatment (PA POLST); explored pediatric palliative care, spirituality, and family dynamics at Children's Hospital of Pittsburgh of UPMC; visited West Penn Hospital to discuss hospice services; learned about



During a session held on March 20, the Death and Dying Fellows learn about the experience of families and caregivers coping with end-of-life matters at the Good Grief Center—Ursuline Support Services.

4/16: NATIONAL HEALTHCARE DECISIONS DAY

JHF promotes advance care planning and end-of-life conversations year-round through its [Closure](#) education, planning, and outreach program, leadership of the Coalition for Quality at the End of Life (CQEL), and educator role in the RAVEN skilled nursing initiative.

But National Healthcare Decisions Day (NHDD) provides a platform for individuals to discuss and document their end-of-life care preferences with loved ones and medical professionals. This year, NHDD is on April 16. To learn more, please visit nhdd.org.

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community resources and options at end of life at the Jewish Association on Aging; and listened to family caregivers talk about their experiences at the Good Grief Center—Ursuline Support Services.

The March 27 Fellowship Finale at the QI²T Center provided the Fellows an opportunity to prepare for challenging end-of-life situations that they may one day face. Fifteen community partners and JHF staff members volunteered to participate in role-playing scenarios and provide feedback to the Fellows.

“Being an ICU nurse, we’re usually focused on the machines and how we can use them to ‘fix’ someone in the ICU,” one of the Fellows said during the last session. “I like being able to step into different situations, and I learned something about myself during the role plays. It’s about your willingness to be emotionally brave. I felt so comfortable with everyone in my group.”



The 2017 Fellowship on Death and Dying participants, along with JHF staff.

Several Fellows noted that they recently accepted jobs focused on aging and improving end-of-life care, and that they’ll use the upcoming National Healthcare Decisions Day on April 16 to help raise awareness among their peers, family members, and patients.

“This Fellowship got me in the door,” said a fellow recently hired by a local health system. “I now have the responsibility to take what I’ve learned, and spread it.”

Health Activist Network Launches on April 27 with Speakers Series Event Featuring Community Catalyst’s Rob Restuccia

PRHI’s Health Activist Network—an in-person and online hub for physicians and other medical professionals to connect, collaborate, and create the health system that they want—is about to take flight. PRHI will hold the inaugural Health Activist Network Speakers Series on Thursday, April 27 from 5:30 p.m. to 7:30 p.m. at the ACE Hotel (120 S. Whitfield Street, Pittsburgh PA, 15206).

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During the event, attendees will engage in a “fireside chat” with Rob Restuccia—one of the leading activists in health reform—and learn how to mobilize campaigns through the Health Activist Network. Cocktails and hors d’oeuvres will be provided.

The Health Activist Network empowers health professionals to create the health system they want to work in by accelerating health policy and care delivery improvements. Through the Network, interdisciplinary

health professionals who are passionate about patient safety, quality, and affordability have the opportunity to attend in-person and virtual events, learn from national health reform advisors, and join Champions Programs, which provide tools and training to lead improvements in their work settings. PRHI manages the Health Activist Network, with funding from the DSF Charitable Foundation and JHF.

Restuccia, executive director of consumer advocacy organization Community Catalyst, is prime example of what a Health Activist Network member could accomplish. His passion and dedication helped create the grassroots movement Health Care For All in Massachusetts, which became a template for the rest of the nation. He continues to affect change across the country through Community Catalyst, an organization that has set a precedent for effective activism by mobilizing campaigns in 40-plus states focused on expanding children’s health coverage, protecting consumers’ rights, and strengthening Medicaid, among other initiatives.

To RSVP for the April 27 Health Activist Network Speakers Series event, contact Ben Johnston (bjohnston@prhi.org) by Monday, April 17 (space is limited).



Health Activist Network
CONNECT COLLABORATE ACT
to create the health system you want

**FRUSTRATED WITH HEALTH CARE & POLICY?
We hear you.**

**WANT TO MAKE AN IMPACT?
Join us.**

#HANFair2017

Join your peers for the launch of the Health Activist Network's Speaker Series!



Learn how to mobilize high-impact campaigns to change the health system from Rob Restuccia, director of Community Catalyst.

Thursday, April 27, 2017 from 5:30pm - 7:30pm
at the **ACE Hotel Ballroom**
(120 S Whitfield St., Pittsburgh, PA 15206)

RSVP to Ben Johnston (bjohnston@prhi.org) by Monday, April 17 to attend. *Food and drinks provided.*

JHF to Host Event on Creating Geriatric-Friendly Health Practices on 5/3

A Silver Tsunami is coming, and Pittsburgh is on the front shoreline. The region's burgeoning population of seniors—ranging from those in relatively good health to those dealing with multiple chronic conditions and cognitive challenges—will require different health care and high levels of support if they are to live well and safely in their communities.

On May 3, JHF will host a “charrette,” or community planning session, to re-imagine the healthcare system and consider ways to make it more responsive to the changing needs of our region's seniors and caregivers. The charrette will bring together thought leaders and practitioners from across disciplines and industries—from health to technology to architecture and beyond—to explore possible practice-based interventions that could be evaluated for inclusion in an age-friendly healthcare delivery model. Through panel discussions and breakout sessions, attendees will delve into the types of technology applications, community-based care programs, practice designs, and communication strategies that promote senior health.



JHF's event on May 3 builds off the success of the Foundation's first charrette on exercise and recreation (pictured here), which was held in August of 2016.

The May 3 event is in support of JHF's larger *Senior Connections* initiative, which aims to strengthen an array of services for older adults, including transportation and housing, exercise and recreational opportunities, health care, and caregiver supports. It also builds off the success of the Foundation's first charrette on exercise and recreation, which was held in August of 2016.

JHF will hold two separate, senior healthcare-focused charrettes on May 3 at the QI²T Center (Centre City Tower, Suite 2600, 650 Smithfield Street). The first session will take place from 8:30 am to 1:00 pm (lunch included). The second session will take place from 4:00 pm to 8:30 pm (dinner included). To RSVP for one of the sessions, contact Ben Johnston (bjohnston@prhi.org) and specify which session that you would like to attend. Due to the level of interest in the sessions, please only RSVP for one of the sessions.

Recruitment Open for 2017 QI²T Health Innovators Fellowship—Explore Tech Trends, Learn from Mentors, Compete for \$5,000 Prize

Advances in health-related technologies have the potential to change every aspect of the health care sector—from prevention, diagnosis, and treatment, to workforce preparation and accreditation, to care

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design and delivery.

To help prepare the next generation for this brave new world, JHF and Health Careers Futures (HCF) have re-established and rebooted the [Quality Improvement meets Information Technology \(QI²T\) Health Innovators Fellowship](#).



During the Fellowship, multidisciplinary graduate students and select undergrads will have the opportunity to learn about emerging digital health trends, work closely with accomplished mentors, and design a future health technology visual for the chance to win a \$5,000 prize.

Working in teams, students will design a future health technology visual centered around one of several themes: using artificial intelligence (AI) as a data aggregator, advancing the role of the citizen scientist, and making AI an important component of the medical professional and education systems.

The QI²T Fellowship will take place over eight sessions, spanning from mid-June to mid-August. The application deadline is May 3. To apply, complete an [online form](#), which requires a personal statement, resume, and letter of reference.

For more information, contact JHF Program Associate Andy Gaul (gaul@jhf.org).

Recruitment Open for 2017 Patient Safety Fellowship—Become a Champion in Quality and Safety, Partner with Frontline Leaders

JHF, PRHI, and HCF are recruiting graduate students in health-related fields for the [2017 Patient Safety Fellowship](#). Students from diverse healthcare disciplines such as policy, medicine, rehabilitation, public health, management, nursing, social work, health law, engineering and other fields who are interested in improving health care are encouraged to apply.

The Patient Safety Fellowship is designed to foster the next generation of healthcare leaders through introduction to PRHI's Perfecting Patient CareSM methodology, a Lean-based quality improvement system that seeks to deliver patient-centered, error-free care to every patient, every time.

Fellows will also have the opportunity to learn from regional champions for quality improvement who will be honored later this year as winners of the 2017 Fine Awards for Teamwork Excellence in Health Care. This year's Fine Awards will recognize breakthrough work in mental health and substance use

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treatment. The Fellows will conduct on-site observations at Fine Award-winning healthcare facilities and receive mentorship from the winners, equipping Fellows with the skills and knowledge to improve their own workplaces emerge as champions for quality and safety.



The 2016 Patient Safety Fellows.

The Patient Safety Fellowship will take place during eight sessions from June to August. The deadline to apply is May 3. To apply, complete an [online application](#) that includes a personal statement, resume, and letter of reference.

For more information, contact JHF Program Associate Andy Gaul (gaul@jhf.org).

Karen Feinstein Discusses Untapped Potential of Health System Boards during National Pay for Performance Summit

Last month (see page 6 of the [January-February WINDOW](#)), PRHI hosted an event designed to explore a provocative question: In an era of seismic changes in healthcare technology, delivery, policy, and payment, how can health system boards emerge as a competitive asset that helps shape their organization's strategy, goals, and long-term vision?



The 12th Annual Value-Based Payment and Pay for Performance Summit included a session on engaging healthcare boards to improve outcomes, efficiency, and population health. That session featured (L-R): Janet Liang, MHA, president of the Northern California Region of Kaiser Foundation Health Plan, Inc. and Hospitals; Richard Levy, PhD, former CEO and chairman of Varian Medical Systems and past chair of Sutter Health Board; Karen Feinstein; and (not pictured) Elizabeth Mitchell, president and CEO of the Network for Regional Healthcare Improvement.

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On March 9, Karen Feinstein brought that question to a national audience of leaders in the healthcare, government, and non-profit sectors during the 12th Annual Value-Based Payment and Pay for Performance Summit, held in San Francisco, CA. Dr. Feinstein presented and took part in a panel discussion on engaging healthcare boards to improve outcomes, efficiency, and population health.

The mini-summit also featured Janet Liang, MHA, president of the Northern California Region of Kaiser Foundation Health Plan, Inc. and Hospitals; Richard Levy, PhD, former CEO and chairman of Varian Medical Systems and past chair of Sutter Health Board; and Elizabeth Mitchell, president and CEO of the Network for Regional Healthcare Improvement (NRHI).

During the summit, Liang explained that Kaiser holds four-day meetings for board members, allowing for deep dives on important topics and giving the board the time and context necessary to shape organizational strategy. An accomplished entrepreneur, Dr. Levy explained how strong board leadership and commitment helped to position Varian Medical Systems and Sutter Health as nimble organizations on the vanguard of new technologies and trends in health care. Mitchell discussed how NRHI—a network of around 35 regional health improvement collaboratives from across the U.S.— is positioning health system boards to thrive in a tech-centric, less hospital-focused healthcare system.

Karen Feinstein, Jim Lieber Discuss Killer Care, Solutions to Medical Errors

Picture the amount of people that it takes to fill PNC Park, PPG Paints Arena, and Heinz Field to the rafters. Now, double that total. That's about how many Americans—approximately 250,000, according to the BMJ—that perish each year due to preventable medical errors. These errors—borne from issues ranging from poor handwashing and infection prevention protocol, to not following checklists, to performing surgeries on the wrong body part or person—continue to plague the U.S. health system.

On March 23, the Duquesne Club hosted a Literary Society event designed to explore the root causes of medical errors and patient-focused safety advice featuring Karen Feinstein and James B. Lieber, Esq., an attorney, author, and new JHF Board member. Lieber is the author of [*Killer Care: How*](#)



During a March 23 Literary Society event at the Duquesne Club, Karen Feinstein (at podium) explains how PRHI has fought medical errors since its founding in 1997.

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[Medical Error Became America's Third Largest Cause of Death, and What Can Be Done About It.](#)

During the event, Dr. Feinstein explained how PRHI has been fighting medical errors since its earliest days. Founded in 1997 as a regional, multi-stakeholder organization, PRHI remains committed to creating value in the healthcare system by improving safety and efficiency, and rooting out sources of waste. Since its founding, PRHI has trained thousands of healthcare professionals from across the globe in its Lean-based Perfecting Patient CareSM methodology, which has been used to improve patient safety from Pittsburgh to Israel and many points in between.

Lieber shared some of the safety case studies from his book, laying out the dangers associated with hospital stays, and highlighted examples of the healthcare professionals committed to solving the medical error crisis.



James B. Lieber, Esq., an attorney, new JHF Board member, and author of *Killer Care: How Medical Error Became America's Third Largest Cause of Death, and What Can Be Done About It.*



Karen Feinstein and JHF Board of Trustees Vice Chair David Ehrenwerth, JD. (Photo credit: Gregg Liberi)

RAVEN Education Day Highlights Partnerships, Interventions that Improve Care and Lower Costs in Nursing Homes

On the heels of a highly successful first phase of RAVEN (see page 3 of the WINDOW for more information), the Centers for Medicare and Medicaid Services renewed the initiative through at least

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2020. On March 31, all of the RAVEN partners gathered for an annual Education Day designed to showcase tools and interventions that will further the project's goal of improving care quality and reducing avoidable hospitalizations among long-stay nursing home residents in western Pennsylvania. JHF serves as the lead education partner for RAVEN.

JHF's Nancy Zionts and Ray Prushnok from UPMC Health Plan kicked off the Education Day with an in-depth session on changing policy at the federal and states levels and the impact that new regulations will have on skilled nursing facilities.

Later, frontline and administrative staff from participating nursing homes learned more about clinical, communication, and data tools that can help them enhance care for the six conditions that are the focus of RAVEN's second phase. During phase two, nursing homes will receive increased financial incentives for reducing avoidable hospital admissions for pneumonia, dehydration, congestive heart failure, urinary tract infection, skin ulcers/cellulitis, and COPD/asthma.



On RAVEN Education Day, JHF was represented by (L-R): JHF Quality Improvement Specialist Stacie L. Bonenberger, MOT, OTR/L; 2016 summer intern Nicole Greer; Quality Improvement Specialist Anneliese Perry, MS; COO/CPO Nancy Zionts, MBA; Medical Advisor Judith Black, MD, MHA; and Program Associate Mara Leff, MPH.

RAVEN staff and administrators rotated through stations that highlighted JHF's education and training offerings for the initiative, including those related to quality improvement, palliative care, POLST (Pennsylvania Orders for Life-Sustaining Treatment), dementia, and Condition-Specific Assessment and Communication Tools (CS-ACTs, used to improve nurse-physician communication).

JHF, FBI, Jewish Federation, UPMC Partner on *Stop the Bleed* Training for Jewish Community, Law Enforcement

Brad Orsini, director of community security at the Jewish Federation of Greater Pittsburgh, stepped in front of more than 50 professionals and lay leaders of the Jewish community and nearly 200 local law enforcement officers gathered for a *Stop the Bleed* training session on March 14 and hit play on a recorder. It was a 911 call from the 2014 Franklin Regional High School stabbing incident, in which nearly two dozen people were wounded.

“By imparting the lesson of *Stop the Bleed*, we all become first responders to these types of incidents,”

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Orsini said, setting the tone for a session at the Monroeville Federal Bureau of Investigation (FBI) training center designed to equip health professionals and the general public with the first responder skills and equipment necessary to stop or slow life-threatening bleeding. The session was part of the larger *Stop the Bleed* outreach, training, and action initiative, which JHF is partially supporting through a \$100,000 grant.

JHF partnered with the FBI and the Jewish Federation of Greater Pittsburgh to offer the March 14 *Stop the Bleed* training, which was led by UPMC trauma surgeons. Participants grappled with makeshift limbs and partners to practice wound stuffing and tourniquet application. At the end of the session, all participants received a certificate of completion and a personal tourniquet, in the hopes they never would need to use it.

“The only thing more tragic than death is a death that could have been prevented,” said Matthew Neal, MD, a trauma surgeon at UPMC who led the overall training effort.



A sampling of the Jewish community members and local law enforcement officers who participated in *Stop the Bleed* training on March 14.

PRHI’s Bruce Block a Featured Speaker during Conference on Boosting K-12 Health Literacy

As a primary care physician and educator over the past four decades, PRHI Chief Learning and Medical Informatics Officer Bruce Block, MD, has sought to help patients and families better understand their health by discussing medicine in a way that’s relatable, jargon-free, and action-oriented. Dr. Block’s work around elevating health literacy includes co-founding the Centers for Healthy Hearts and Souls, a non-profit health promotion organization that has engaged more than 40 churches and community

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organizations.

On March 24, Dr. Block was a featured speaker during a day-long conference at the University of Pittsburgh designed to highlight and build upon proven strategies for boosting health literacy among students, from kindergarten through high school.

Dr. Block and Allegheny County Health Department Director Karen Hacker, MD, MPH, delivered keynote addresses during a conference session centered on the role of K-12 health literacy in addressing local geographic and racial health disparities. Dr. Block also was a panelist during a session about achieving health equity through school programs that enhance health knowledge, behaviors, and outcomes.

The March 24 conference was organized by Advance African Development (AAD) in partnership with a number of local universities, K-12 schools, health systems, community-based organizations, and philanthropic organizations.

AAD is a non-profit community organization that addresses health disparities, social justice, and human rights in the Pittsburgh region and internationally by building stakeholder coalitions and developing intervention programs. AAD's initiatives include providing training and technical support for community health workers, and implementing health promotion and disease prevention programs in Pittsburgh Public Schools.

Local Health Leaders Get Active, Appreciate Nature during Senior Connections for Recreation and Exercise Preview Event

From helping to prevent obesity and chronic diseases, to staying sharp mentally, to strengthening social ties, the potential benefits of exercise are boundless. It's even becoming trendy for physicians to write "prescriptions" for physical activity. But what if doctors and other healthcare professionals took it a step—or a thousand steps—farther, practicing what they prescribe by breaking a sweat with their patients?

On March 12, Terry Starz, MD, did just



On March 12, several dozen Pittsburghers braved the cold weather to take part in a "walk with a doc" event at Frick Park, which was organized by Terry Starz, MD.

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that. Dr. Starz, an arthritis and internal medicine physician, sponsored a walking event at Frick Park in collaboration with JHF's *Senior Connections* initiative and its partners, Venture Outdoors and the Pittsburgh Parks Conservancy. Around 35 people braved the cold weather and trekked through Frick Park's extensive trails, while a Venture Outdoors guide educated them on the history and ecology of the 644-acre community asset. Afterwards, the Pittsburgh Parks Conservancy hosted the hikers at the newly-rebuilt Frick Environmental Center to hear about more about the Senior Connections for Recreation and Exercise initiative and the Foundation's plans to get more seniors outdoors on our trails and in our parks.

Others in attendance included Dan Butts, MBA, senior director of UPMC Rehabilitation Operations; Caren Glotfelty, executive director of the Allegheny County Parks Foundation; Karen Hacker, MD, director of the Allegheny Couth Health Department (ACHD); Hannah Hardy, MPA, ACHD Chronic Disease Prevention Program manager; Allegheny County Medical Society President Larry John, MD; UPMC internist Louis Leff, MD; UPMC geriatrician Adele Towers, MD; Steve Quick, an adjunct professor of architecture at Carnegie Mellon University; and Venture Outdoors Executive Director Joey-Lynn Ulrich.

JAA, JHF Continue Work to Perfect Patient Care across Range of Senior Services

Recent Jewish Association on Aging (JAA) board and quality committee meetings displayed the ever-growing, more than 20-year-long partnership forged between JHF and the JAA to provide a high-quality continuum of care for seniors. The meetings focused on how JHF and JAA are using Perfecting Patient CareSM (PPC)—the Foundation's curriculum to increase efficiency, eliminate errors, and achieve better outcomes—as a system-wide method for continuous improvement at the JAA.



The JAA's quality committee meeting in mid-March.

Last year, JHF held a series of seven PPC trainings for about 35 total staff members—from senior leadership to management to the frontline—across the JAA's continuum of services. Those trainings, coupled with between-session coursework, helped JAA staff identify a range of ongoing quality improvement projects, including standardizing processes related to wound care on nursing units, improving communication during shift changes, standardizing the room assignment process, clarifying the role of the administrator on duty, and enhancing the resident dining experience.

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JHF Quality Improvement Specialist Stacie Bonenberger, MOT, OTR/L; Manager of Lean Healthcare Strategy and Implementation Jen Condel, SCT(ACT)MT; Quality Improvement Specialist Anneliese Perry, MS, NHA; and Nancy Zionts continue to work with the JAA to implement those QI initiatives.

In addition to JHF's \$35 million commitment to create and sustain the JAA's continuum of senior services, the Foundation has partnered with the JAA to foster ongoing career development among frontline staff (I-WISE); bolster the clinical, communication, and data collection skills of nursing home staff (Long-Term Care Champions); implement and meaningfully use electronic health records (PA REACH); and open dialogue on patients' and loved ones' end-of-life care goals (*Closure*).

Feinstein, Fellow NBME Members Welcome New President

On March 30-31, Karen Feinstein and other select academics, government representatives, licensing professionals, and community stakeholders who comprise the National Board of Medical Examiners (NBME) met in



NBME®

Philadelphia for the organization's annual meeting. The event provided an opportunity for NBME members to welcome new president Peter J. Katsufrakis, MD, MBA.

The NBME develops an array of assessment exams and tools for health professionals. In 2015, Dr. Feinstein was elected to a four-year term as a member-at-large of the NBME.

Community HealthChoices Webinar Outlines Timeline, Goals, Consumer Engagement Strategies

Since the fall of 2015, JHF has convened community partners and stakeholders to ensure a smooth roll-out of [Community HealthChoices](#) (CHC) in southwestern Pennsylvania. CHC aims to increase opportunities for seniors and individuals with disabilities to remain in their homes and communities by using managed care organizations (MCOs) to coordinate physical health care and long-term services and supports. Community HealthChoices will roll out first in western PA in January of 2018.

Those efforts to make CHC a success continue, including through a March 15 webinar featuring Jen Burnett, deputy secretary of the Pennsylvania Department of Human Services' Office of Long-Term

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Living. Burnett provided an update on the CHC timeline, noting that the state is working on readiness review on the three MCOs selected to coordinate services (AmeriHealth Caritas, Pennsylvania Health and Wellness, and UPMC for You).

The webinar also featured a presentation by Howard B. Degenholtz, PhD, an associate professor of health policy and management and associate director of research for the University of Pittsburgh's Center for Bioethics and Health Law. Dr. Degenholtz leads the Pitt research team that will evaluate the effectiveness of CHC in enhancing community living opportunities, improving service coordination, enhancing quality and accountability, and advancing program innovation and efficiency.

JHF's Nancy Zionts provided an update on in-person and virtual meetings related to CHC during the rest of 2017, which will include a series of webinars hosted by Community Catalyst (including one on April 5 from 11 am to 12 pm focused on consumers' role in ensuring provider network adequacy) and several JHF-hosted events at the QI²T Center (including one in mid-May). Zionts also noted that JHF staff and members of the Foundation's CHC planning coalition will help review CHC communications materials to ensure that consumers understand their choices.

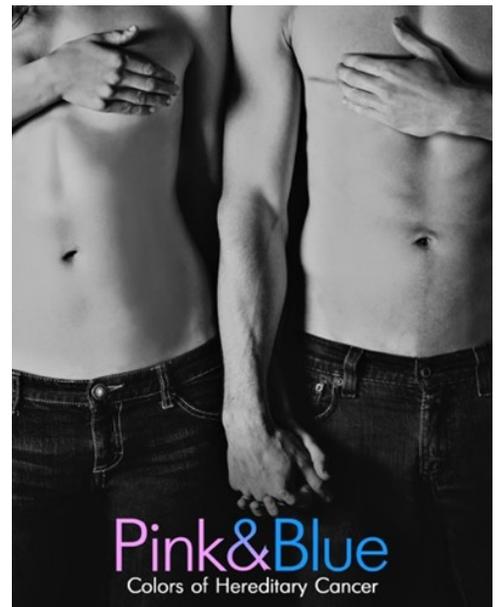
The JHF's Community HealthChoices initiatives are supported by co-funders including The Pittsburgh Foundation, McCauley Ministries, and FISA Foundation.

“Pink and Blue” to be Featured at 2017 JFilm Festival

Over the past year, JHF, JFilm, and the producers of “Pink and Blue: Colors of Hereditary Cancer” have teamed up to make the film available to audiences throughout the Pittsburgh region. Now, “Pink and Blue” is coming to the big screen during the 2017 JFilm Festival.

“Pink and Blue” will be screened on April 23 at 11 AM at the Manor Theatre (1729 Murray Ave, Pittsburgh, PA 15217). The film will be followed by a panel discussion featuring Alan M. Blassberg, producer and director of the “Pink and Blue” film; Bryna Siegel Finer, PhD, peer support group co-leader of Pittsburgh FORCE (Facing Our Risk of Cancer Empowered); Jamie Stern, MD, MPH, clinical associate professor of medicine at UPMC; and Nancy Zionts.

“Pink and Blue” explores the clinical, social, and familial implications of BRCA1 and BRCA2 genetic mutations, which put



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both women and men at a higher risk of developing numerous cancers. Without treatment, women who have a BRCA genetic mutation are seven times more likely to develop breast cancer and 30 times more likely to develop ovarian cancer by the age of 70, according to the Centers for Disease Control and Prevention. BRCA mutations may also increase the risk of pancreatic, prostate, and breast cancer among men. Ashkenazi Jews are at a higher risk of possessing BRCA genetic mutations than the general population.

Jack Krah Honored with Inaugural Allegheny County Medical Society Administrative Executive Leadership Award

The Foundation congratulates PRHI board member and Allegheny County Medical Society (ACMS) Executive Director Jack Krah, who was recently honored as the first recipient of the ACMS Administrative Executive Leadership Award. The award recognizes an individual who has demonstrated exemplary leadership and advocacy on behalf of physicians. Krah and other ACMS Awards Gala honorees were celebrated during an event on March 4 at the Heinz Field UPMC Club. The Awards Gala raises funds for the ACMS Foundation, which supports healthy home and community environments for children and families.



PRHI board member and Allegheny County Medical Society Executive Director Jack Krah receives the inaugural ACMS Administrative Executive Leadership Award during a March 4 ceremony at the Heinz Field UPMC Club. (Photo Credit: Viglione Photography)

Busis Family Honored for Multi-Generation Commitment to Jewish Community

JHF congratulates Sylvia and Sidney Busis and the Busis family, who were honored for their long-standing commitment to the Jewish community during the 2017 Hillel Campus Superstar event held at the Carnegie Music Hall on March 26. Both Sidney and his son, Neil, have been active and loyal members of the JHF board. The Foundation was a sponsor of the 2017 Campus Superstar event.



Sylvia and Sidney Busis (seated) and the Busis family.

Happy St. Patrick's Day, from JHF



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