CCME’s Value to Partners in Health Care

Testimonies throughout the years as a QIO. . .

“Since its inception, the NC Quality Center’s relationship with The Carolinas Center for Medical Excellence has grown into a strong partnership. Both organizations strive to combine resources on projects and bring North Carolina health care providers exceptional performance improvement initiatives that will make the provider successful in its improvement efforts. Together we are definitely making health care in North Carolina safer, more efficient, the highest quality, affordable, and patient-centric. The NC Quality Center couldn’t ask for a better partner on this journey.”

—Carol Koeble, MD, MS, CPE
Executive Director
NC Quality Center

“We value the organization’s tireless service to improving care for our underserved communities, ultimately leading to improved care for all Carolinians. We trust that we will have the opportunity to continue our collaborations with CCME’s seasoned staff.”

—Graham L. Adams, PhD
Chief Executive Officer
SC Office of Rural Health

“CCME has been working in partnership with our staff to achieve the CMS Quality Improvement Program and Government Performance and Results Act goals of reducing pressure ulcers and restraint use. In the fall of 2012, we provided collaborative training to nursing home providers, ombudsman, surveyors and other health professionals to improve dementia care for our residents. We support common initiatives to implement consistent assignment among nursing assistants. We look forward to furthering our combined efforts in the roll out of the Quality Assurance/Performance Improvement guidance and tools.”

—Beverly Speroff
Chief
NC DHHS Nursing Home Licensure & Certification Section
“The Carolinas Center for Medical Excellence (CCME) has partnered with Triangle J Area Agency on Aging to co-convene a state chapter of the national Advancing Excellence in America’s Nursing Homes Campaign. This chapter, the North Carolina Local Area Network for Excellence (NC LANE), has successfully convened a network of long term care stakeholders to work together to recruit additional nursing homes and long term care consumers to participate in this national campaign. This partnership also led to the creation of the North Carolina Action Collaborative for Excellence (NC ACE). This initiative is sponsoring a five-part series of learning collaboratives across North Carolina to improve the quality of life and care of residents in long term care.

CCME’s commitment to excellence in all these endeavors has been noteworthy. Their enthusiasm and knowledge have helped us tremendously in achieving the desired outcomes of these initiatives.”

—Carmelita Karhoff
North Carolina Regional Long-Term Care Ombudsman
NC LANE Co-Convener

“The South Carolina Primary Health Care Association (SCPHCA), the membership organization for the Community Health Centers (CHC) in South Carolina, and CCME have established an exciting partnership with the goal of optimizing our resources to better serve primary care providers across the state. The CHCs in South Carolina provide care for more than 320,000 low income, uninsured, and vulnerable patients across the state. In the summer of 2011, CCME’s partnership with SCPHCA enhanced participation in our Clinical Network Retreat, a conference conducted annually to provide continuing education opportunities for health care professionals working in the primary care setting. Currently SCPHCA is collaborating with CCME to enhance participation of CHC’s in the Learning Action Network (LAN) and are partnering to facilitate primary care practices in the transformation to patient-center medical homes.”

—Janet Viars, MPH, RN
Clinical Quality Improvement Manager
SCPHCA
“In collaboration with The Carolinas Center for Medical Excellence (CCME), Wake Forest Baptist Health led efforts to develop a root cause analysis of our high 30-day hospital readmission rates. The leadership of CCME was instrumental in facilitating community health systems, post acute providers, community agencies, and payers to partner in this root cause analysis to determine the primary drivers of readmissions and the subsequent systems changes required. The CCME leadership and partnerships were the catalyst for successful funding of a care transitions grant. In addition, WFBH used the root cause analysis to expand our post acute programs, develop health home models of care in primary care, and partner with the Community Care of North Carolina to implement integrated care management programs for the highest utilizers of the hospital and emergency room. We are continuing our collaboration with CCME in 2013 to bring their quality improvement programs for skilled nursing homes into our newly created skilled nursing home transitional care units. The selection of the skilled nursing facilities for development of innovative models of care was informed by our CCME route cause analysis. Wake Forest Baptist Health’s re-engineering of post acute services for improved transitional care and to reduce 30-day readmissions would have been impossible without the support and leadership of the CCME.”

—Pamela W Duncan PhD, FAPTA, FAHA
CMS Innovations Advisor, Director of Innovations and Transitional Outcomes
Wake Forest Baptist Health

“CCME has long been recognized as a cooperative partner and leader in catalyzing systems change in hospitals to deliver the best care possible for patients.”

—Thornton Kirby
President and CEO
South Carolina Hospital Association

“Their experience working with older adults continues to result in effective strategies that positively change health behaviors.”

—Rebecca Morrison, MSN, CS-FNP
SC DHEC Immunization Division
“CCME has been an important partner to the work of the American Heart Association/American Stroke Association in North Carolina over the years. We have collaborated on many common goals: from supporting policies that prevent cardiovascular diseases, to coordinating care for heart failure and clinical risk management, and to assessing the effectiveness of community outreach. Our partnership has resulted in healthier public policies, improved quality of care for patients, and increased public awareness of risk factors for cardiovascular diseases in North Carolina.”

—Elynor Wilson
AHA/ASA Quality Improvement Director for North Carolina, and
Betsy Vetter
AHA/ASA Government Relations Director for North Carolina

“CCME has had a major impact on setting the course for improved health care in NC hospitals. Their partnership and leadership in statewide activities have been key for the success of quality improvement initiatives within North Carolina. But their impact has not been isolated to solely the provider setting, because ultimately, we have begun to see the impact this QIO has made on our patients. The total estimated number of Medicare enrollees whose lives were improved due, in part, to the work of CCME with our hospitals on improving care for heart attack, heart failure, pneumonia, and surgical care was nearly 4,500 in 2006 alone. We have had an impressive 97 percent of our hospitals work with CCME on initiatives over the past three years.”

—William A. Pully
President
North Carolina Hospital Association

“CCME has played a vital role in helping our state’s physician community define and shape our delivery of care while keeping an eye on our bottom line. They have played an invaluable role in the continuum of quality health care throughout the Carolinas.”

—Christopher Snyder, III, MD
Former Board President
North Carolina Academy of Family Physicians
“CCME shares our passion for the advocacy of older adults. They have an extensive knowledge of the public health arena and the senior population in the Carolinas, and they take their work seriously.”

—Patrick Cobb
Associate State Director, Communications
AARP of South Carolina

“Duke University has collaborated with CCME on a wide variety of rewarding quality improvement projects during the past decade. As North Carolina’s leading academic medical center, we recognize and appreciate the value of working closely with our QIO, a recognized leader in health care quality improvement.

CCME is truly dedicated to assuring quality health care through its expert staff and vision. Without reservation we endorse and support CCME in its current and future projects as the Medicare QIO. We look forward to future collaborative relationships with CCME.”

—Martha B. Adams, MD
Professor Emerita
Duke University School of Medicine

“The focus on Preventing Avoidable Readmissions Together (PART) is a classic example of how multiple organizations can work together. The net result of this partnership is a powerful effort to reduce avoidable hospital readmissions by 20 percent. The partnership is focusing on the community as a whole and working collaboratively through shared resources without duplication, which ultimately leads to better patient care in South Carolina. The South Carolina Partnership for Health (SC PfH)—BlueCross/BlueShield of South Carolina, Health Sciences South Carolina, and The South Carolina Hospital Association—have teamed up with The Carolinas Center for Medical Excellence to not only collaborate as organizations, but also to extend that collaboration to hospitals, skilled nursing facilities, home health agencies, associations, community organizations, etc., to improve care continuums in South Carolina.”

—Jim Deyling
Chairman
South Carolina Partnership for Health