



805 15<sup>th</sup> Street NW, Suite 650 | Washington, DC 20005 | (202) 466-8700  
[www.CriticalCareRoundtable.org](http://www.CriticalCareRoundtable.org)

*The Critical Care News Summary is an update from The Roundtable on Critical Care Policy. For further information on the Roundtable, please visit our website at [www.CriticalCareRoundtable.org](http://www.CriticalCareRoundtable.org).*

## Roundtable News

Following the tremendous success of the Roundtable on Critical Care Policy's March 8<sup>th</sup> [Congressional Breakfast & Washington Outreach Day](#), the Roundtable is pleased to announce the **Third Annual National Summit on Critical Care Policy on Wednesday, June 8, 2011 at the Ronald Reagan Building and International Trade Center in Washington, DC.**

*Space is limited! Confirm your attendance today by contacting [skubikowski@criticalcareroundtable.org](mailto:skubikowski@criticalcareroundtable.org).*

## Capitol Hill Events and Updates

### [House Appropriations Committee: Homeland Security Subcommittee hearing on the budget for the Federal Emergency Management Agency \(FEMA\).](#)

*The House Appropriations Committee Subcommittee on Homeland Security will hold a hearing on the budget for the Federal Emergency Management Agency Wednesday, April 6<sup>th</sup>, at 10:00am, in Room 2363-A of the Rayburn House Office Building. Witnesses include William Craig Fugate, Administrator, Federal Emergency Management Agency.*

**Date:** Wednesday, April 6<sup>th</sup>

**Time:** 10:00 a.m.

**Location:** 2362-A Rayburn House Office Building

## Federal Activity

Yesterday, the Centers for Medicare and Medicaid issued a proposed rule for implementing section 3022 of the Affordable Care Act, the Medicare Shared Savings Program, which allows health care providers to form Accountable Care Organizations (ACOs) in which they agree to be accountable for the quality, cost and overall care of at least 5,000 Medicare beneficiaries. The goal of the Shared Savings Program is threefold: to improve care for individuals, to improve health for the population, and to reduce growth in expenditures. Under the program, an ACO is allowed to share in the savings it achieves for Medicare if it meets specified quality measures and cost reduction targets. CMS estimates that up to 5 million Medicare beneficiaries will receive care from providers participating in ACOs, and the program could save Medicare up to \$960 million over three years. Specifically, the rule establishes: eligibility requirements for ACOs to participate in the program; requirements for ACOs to commit to a 3-year participating agreement; a methodology for assigning beneficiaries to an ACO; proposed payment methodology for sharing savings (one-sided and two-sided models); and a methodology for

measuring ACO performance. In the rule, CMS proposes 65 quality measures, in the following five key areas: patient/care giver experience of care; care coordination; patient safety; preventative health; and at-risk population/frail elderly health.

To view the view the factsheet on the rule released by CMS, please click [here](#). To view CMS Administrator Dr. Don Berwick's perspective piece on the rule, "Launching Accountable Care Organizations — The Proposed Rule for the Medicare Shared Savings Program," which appeared yesterday in *The New England Journal of Medicine*, please click [here](#).

**["Report Reveals Gaps in Hospital Disaster Plans"](#) *ABC News, March 26, 2011***

A CDC analysis of the 2008 National Hospital Ambulatory Medical Care Survey found only about 68% of 294 hospitals had planned response strategies for six events, including epidemic-pandemic disease outbreaks and bioterror attacks. The survey found 88% of hospitals made patient transfer agreements with other hospitals for adults in case of patient overload, but only 56.2% did for children.

To view the full CDC report, "Hospital Preparedness for Emergency Response: United States, 2008," please click [here](#).

## **News and Reports**

**["Critical \(Re\)thinking"](#) *The Wall Street Journal, March 28, 2011***

The ICU at Montefiore Medical Center in New York runs more efficiently since it began several initiatives such as using critical care specialist teams and intensivists, offering palliative care for terminally ill patients, and treating critical care patients anywhere in the hospital if the unit's beds are full. The changes have improved quality of care and lowered mortality rates.

**["Public Awareness about End-of-Life Care is Essential and Must Not be Discouraged,"](#) (press release) *PR Newswire, March 29, 2011***

A call to action in the form of a new report, *Private Conversations and Public Discourse: The Importance of Consumer Engagement in End-of-Life Care*, stresses the importance of the American public openly discussing care at the end of life. The report points to both real and perceived barriers in people seeking quality care when facing a serious or life-limiting illness. One such example is the common misconception that a patient and doctor have "given up" when they elect hospice. Research has shown that hospice and palliative care improve quality of life and family caregiver satisfaction; and in some cases, patient lives longer than if more conventional "curative" treatments were chosen.