Payroll Based Journal (PBJ) Manual Update – IMPORTANT CHANGE

PLEASE NOTE: IMPORTANT CHANGE

Payroll Based Journal (PBJ) Manual Update
On April 21, 2017, the Centers for Medicare and Medicaid Services (CMS) issued S&C: 17-25-NH on the Payroll-Based Journal (PBJ). In the memorandum, CMS notes that it will provide feedback to each facility through monthly Provider Preview reports available in CASPER to help with improved data submission. Providers are encouraged to review this data and make corrections for upcoming submission deadlines. CMS is also working on developing an off-site and on-site audit process that will be utilized to verify the accuracy of the data that is submitted.

CMS recently updated the PBJ Manual. In this update, CMS has made a couple of important changes that LTC providers need to be aware of:

- The last accepted submission received before the deadline will be considered the facility’s final submission. Facilities may view their data submitted through Certification and Survey Provider Enhanced Reports (CASPER) and via the PBJ Online System. Please note, once the final data file is uploaded, the facility must check their Final File Validation Report, which can be accessed in their CASPER folder, to verify that the data was successfully submitted. It may take up to 24 hours to receive the validation report, so facilities must allow for time to correct any errors and resubmit, if necessary. The PBJ system will accept submissions after the deadline. However, these submissions will not be considered timely and will not be used to calculate a facility’s staffing measures.

- Entering dates in the Hire Date and Termination Date fields are now considered Optional; however if facilities still want to enter dates in these fields, please refer to 2.1.b and 2.1.c for further instructions.

- The Labor and Job Codes and Descriptions section was modified to make the reporting of Dental Services, Podiatry Services and Vocational Services Workers Optional.

- Additionally, CMS noted that Nursing Home Compare now has an indicator reflecting whether providers have submitted data by the required deadlines. Providers that do not submit data for the two consecutive deadlines - February 14, 2017, and May 15, 2017 - will have their overall and staffing Five-Star ratings suppressed. Starting in 2018, CMS will utilize data submitted in PBJ for staffing measures in Five-Star.
So it's clearly in your best interest to forward accurate information to the government — on time and in the manner it's required. If this all feels a bit overwhelming, the American Health Care Association (AHCA) has developed a helpful compliance checklist. You can access it here. Also, please note that the January 1-March 31 PBJ Reporting Period due date is May 15, 2017. Providers are also encouraged to visit the CMS PBJ website and download/review the updated PBJ manual and FAQs.

**Busting 3 Common Myths Associated With Alcohol-Based Hand Rub (ABHR)**

Hand hygiene saves lives. In fact, it's the single most important measure for preventing the spread of pathogens. Alcohol-based hand rubs are the global standard for hand hygiene in healthcare facilities, including long-term care.

Even though ABHRs have been around for more than 20 years in healthcare, misperceptions still exist about their use. Too often, we assume that healthcare workers (HCW) know the basics about these life-saving products, but oftentimes they don't. When educating HCW, I like to bust common myths and provide them with the science behind why these products are critically important and why they are preferred. The following are the three most common ABHR myths.

**Myth #1: Soap and water is better at removing germs than ABHR**

The truth is that ABHR are the most effective products for reducing the number of germs on hands. In fact, according to the Centers for Disease Control and Prevention, they work even better than antimicrobial soap.

That's why both the CDC and World Health Organization recommend them preferentially over soap and water, except when hands are visibly soiled or contaminated. Not only are ABHR more effective than soap and water, they can be conveniently placed where needed and reduce the amount of time HCW spend in front of the sink washing and drying their hands.

**Myth #2: ABHR dries out my skin**

The truth is that ABHR does not dry out your skin, if it is a well-formulated product; actually it has very little impact on the skin. And, well-formulated ABHR contain moisturizers and emollients that remain on skin after the product has dried.

Why do so many people believe that ABHR dries out their skin? Because when skin is already damaged (usually due to over-washing with soap and water or due to environmental factors) ABHR burns when it is applied. Think about what happens when you get a paper cut and you put ABHR on your hands — it hurts! But you don't blame the ABHR for causing the paper cut. ABHR adds insult to injury.

When soap and water is over-used, not only does it lift and suspend oil, dirt and other organic substances from hands, but it can also remove the natural components of the skin that keep it healthy, activating nerve receptors in our skin and creating the burning sensation we experience.

To avoid skin damage, HCW should use ABHR for the majority of hand hygiene events, and reserve soap and water for when it's truly warranted. This can be a tough habit to break! It's also important to apply lotion frequently to hands, especially in cold, dry climates.

**Myth #3: It's necessary to wash my hands after using ABHR a certain number of times**

The truth is that the recommendation to wash hands with soap and water after a certain number of ABHR uses (e.g. 5) is outdated and originated from when ABHR were first introduced into the market and build-up of emollients was problematic. Fast forward to today, ABHR have come a long way. Well-formulated products can more effectively deliver skin care ingredients without resultant “sticky-tacky” buildup, so the need to wash after a certain number of ABHR uses is no longer necessary.

This article was written by Megan DiGiorgio with GOJO Healthcare and reprinted from McKnight’s.
National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (March 2017)

The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The National Partnership has a mission to deliver health care that is person-centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual’s need. CMS promotes a multidimensional approach that includes; research, partnerships and state-based coalitions, revised surveyor guidance, training for providers and surveyors and public reporting.

CMS is tracking the progress of the National Partnership by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington’s Disease or Tourette’s Syndrome. In 2011Q4, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 33.2 percent to a national prevalence of 16 percent in 2016Q4. Success has varied by state and CMS region, with many states and regions having seen a reduction of greater than 30 percent. Illinois’ progress has remained static at 19.2 percent over the last three quarters. Illinois is ranked 47th in the nation (lower is better).

A four-quarter average of this measure is posted to the Nursing Home Compare website at https://www.medicare.gov/nursinghomecompare/.

For more information on the National Partnership, please send correspondence to dnh_behavioralhealth@cms.hhs.gov.
To see the detailed data for the graphs above, click here to view the full article.

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**Important Regulations, Notices & News Items of Interest**

1) The following new federal Survey and Certification (S&C) Letter was released since the last issue of *Regulatory Beat*:

- **S&C 17-24 - All** - Notice of Proposed Regulation Changes for Accrediting Organizations (AOs) Transparency and Termination Notices. CMS published a proposed regulation Medicare Program; Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2018 Rates on April 14, 2017. CMS Proposed Changes: CMS proposed two changes within the NPRM open for public comment. These changes include a requirement for AOs with CMS-approved accreditation programs to post survey reports, as well as changes in termination notices for and Ambulatory Surgical Centers (ASCs), Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Organ Procurement Organizations (OPOs), outlined below. The regulation is available for display on the Federal Register at [https://www.federalregister.gov/public-inspection](https://www.federalregister.gov/public-inspection).

- **S&C 17-25 – NH** - Electronic Staffing Submission - Payroll-Based Journal Update. Mandatory staffing data submission through the Payroll-Based Journal began July 1, 2016. Providers are reminded that they have until the 45th day after the end of each quarter to submit data. To help providers improve their submissions, CMS is providing feedback on each facility's data through their monthly Provider Preview reports. The Nursing Home Compare website now reflects whether providers have submitted data by the required deadline. Additionally, providers that have not submitted any data for two consecutive deadlines will have their overall and staffing star ratings suppressed. We are updating the data submission requirements related to hire and termination dates, and converting three job codes as optional for submission.
2) Federal HHS/CMS released the following notices/announcements:

- **Skilled Nursing Facilities: Proposed FY 2018 Payment and Policy Changes.** CMS issued a proposed rule (CMS-1679-P) outlining proposed FY 2018 Medicare payment rates and quality programs for Skilled Nursing Facilities (SNFs). Additionally, CMS released an Advance Notice of Proposed Rulemaking (CMS-1686-ANPRM), which solicits comment on potential revisions to the SNF payment system, based on research conducted under the SNF Payment Models Research project. Proposed Rule Details:
  - Changes to payment rates under the SNF Prospective Payment System (PPS)
  - SNF Quality Reporting Program
  - SNF Value-Based Purchasing (VBP) Program
  - End-Stage Renal Disease Quality Incentive Program
  - Request for Information
  - Survey team composition

For More Information:
- **Proposed Rule**: CMS will accept comments until June 26
- **Advanced Notice of Proposed Rulemaking**: CMS will accept comments until June 26
- **SNF PPS Payment Model Research** webpage
- **SNF QRP** website
- **SNF VBP Program** website

See the full text of this excerpted [CMS Fact Sheet](#) (issued April 27).

- **Inpatient Rehabilitation Facilities: Proposed FY 2018 Payment and Policy Changes.** CMS issued a proposed rule (CMS-1671-P) outlining proposed FY 2018 Medicare payment policies and rates for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) and the IRF Quality Reporting Program (QRP). In addition to the proposed rule, CMS is releasing a Request for Information to welcome continued feedback on the Medicare Program. Proposed Rule Details:
  - Proposed updates to IRF payment rates
  - Proposed removal of 25 percent payment penalty for late transmissions of the IRF- Patient Assessment Instrument
  - Proposed refinements to the 60 percent rule presumptive methodology
  - Solicitation of comments regarding the criteria used to classify facilities for payment under the IRF PPS
  - Proposed technical IRF process revisions
  - Proposed changes to the IRF QRP

For More Information:
- **Proposed Rule**: CMS will accept comments until June 26
- See the full text of this excerpted [CMS Fact Sheet](#) (issued April 27).

- **Medicare Hospice Benefit: Proposed FY 2018 Updates to the Wage Index and Payment Rates.** CMS issued a proposed rule (CMS-1675-P) that would update FY 2018 Medicare payment rates and the wage index for hospices serving Medicare beneficiaries and releases Request for Information within the proposed rule. This proposed rule would update the hospice wage index, payment rates and cap amount for FY 2018. Proposed Rule Details:
  - Routine annual rate setting changes
  - Discussion and solicitation of comments regarding sources of clinical information for certifying terminal illness
  - Hospice CAHPS® Experience of Care Survey
  - Quality measure concepts under consideration for future years
  - New data collection mechanisms under consideration: Hospice Evaluation & Assessment Reporting Tool (HEART)
• IRF/LTCH/SNF QRP Data Due May 15. The following Quality Reporting Program (QRP) data for Inpatient Rehabilitation Facilities (IRFs), Long Term Care Hospitals (LTCHs) and Skilled Nursing Facilities (SNFs) is due May 15:
  ○ IRF-PAI, LTCH CARE Data Set, and SNF Minimum Data Set assessment data for the fourth quarter of CY2016
  ○ IRF and LTCH data submitted to CMS via the Center for Disease Control and Prevention’s National Healthcare Safety Network for discharges from the third and fourth quarters of CY 2016

The list of measures required for this submission deadline can be found on the QRP websites:
  ○ IRF Quality Reporting Data Submission Deadlines
  ○ LTCH Quality Reporting Data Submission Deadlines
  ○ SNF QRP Measures and Technical Information

Run validation/output reports prior to each quarterly reporting deadline to ensure you submitted all required data.

• Revised CMS-588: Electronic Funds Transfer Authorization Agreement. Providers and suppliers must use the revised CMS-588 form (Electronic Funds Transfer Authorization Agreement) beginning January 1, 2018. CMS will post the revised form on the CMS Forms List by early summer. Medicare Administrative Contractors will accept both the current and revised versions of the CMS-588 through December 31, 2017. Visit the Medicare Provider-Supplier Enrollment webpage for more information about Medicare enrollment and the Electronic Funds Transfer (EFT) requirements. Changes to the form include:
  ○ New indicator shows if the EFT is for an individual or a group/organization/corporation in Parts 1 and 2 (Reason for Submission and Account Holder Information)
  ○ Now optional to list the financial institution’s contact person
  ○ Four digits added to the "Provider’s/Supplier’s/Indirect Payment Procedure Entity’s Account Number with Financial Institution," making it consistent with the industry standard

• SNF QRP Quick Reference Guide Now Available. A new Quick Reference Guide for Skilled Nursing Facilities (SNFs) is available. This guide includes frequently asked questions, information on Quality Reporting Program (QRP) help desks, and helpful links to additional resources for the QRP.

• Beneficiary Notice Initiative: New Email Address for Questions. Send questions about Fee-For-Service beneficiary notices to BNImailbox@cms.hhs.gov. Continue to send questions regarding the Medicare Outpatient Observation Notice to MOONMailbox@cms.hhs.gov.

• Antipsychotic Drug use in Nursing Homes: Trend Update. CMS is tracking the progress of the National Partnership to Improve Dementia Care in Nursing Homes by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington’s disease or Tourette’s syndrome. In the fourth quarter of 2011, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 33.2 percent to a national prevalence of 16 percent in the fourth quarter of 2016. Success varies by state and CMS region; some states and regions have seen a reduction greater than 30 percent. A four-quarter average of this measure is posted on the Nursing Home Compare website.
Psychiatry and Psychotherapy CMS Provider Minute Video. Proper payment and sufficient documentation go hand in hand. The CMS Provider Minute: Psychiatry and Psychotherapy video includes pointers to properly submit documentation for these services. Learn about:

- Use of add-on codes when billing for same day evaluation and management and psychotherapy services
- Three factors needed for sufficient documentation

This video is part of a series to help providers of all types improve in areas identified with a high degree of noncompliance.

Hospice Election Statements Lack Required Information or Have Other Vulnerabilities. After a stratified random sample review of hospice election statements and certifications of terminal illness, the Office of the Inspector General (OIG) reports that more than one-third of hospice General Inpatient (GIP) stays lack required information or had other vulnerabilities.

Hospice election statements did not always mention – as required – that the beneficiary was waiving coverage of certain Medicare services by electing hospice care or that hospice care is palliative rather than curative. In 14 percent of GIP stays, the physician did not meet requirements when certifying that the beneficiary was terminally ill and appeared to have limited involvement in determining that the beneficiary’s condition was appropriate for hospice care.

Hospices should improve their election statements and ensure that physicians meet requirements when certifying beneficiaries for hospice care. Resources:

- Hospice Payment System Booklet: Includes a section on the hospice election statement
- Hospices Should Improve Their Election Statements and Certifications of Illness OIG Report
- Documentation Requirements for the Hospice Physician Certification/Recertification MLN Matters® Article
- Sample Hospice Election Statement MLN Matters Special Edition Article

Medicare Shared Savings Program Call: Audio Recording and Transcript — New. An audio recording and transcript are available for the April 6 call on the Medicare Shared Savings Program. During this call, find out how to prepare to apply for the January 1, 2018, program start date, including the Medicare Accountable Care Organization Track 1+ Model and Skilled Nursing Facility 3-Day Rule Waiver.

SNF Billing Reference Booklet — Revised. A revised SNF Billing Reference Booklet is available. Learn about:

- Medicare-covered Skilled Nursing Facility (SNF) stays
- SNF payment and billing requirements

Provider Compliance Products Fact Sheet — Revised. A revised Provider Compliance Products Fact Sheet is available. Learn:

- How to avoid common billing errors and other erroneous activities when dealing with the Medicare Program
- Provider-specific compliance tips

Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course — Revised. With Continuing Education Credit. A revised Diagnosis Coding: Using the ICD-10-CM Web-Based Training course is available through the Learning Management System. Learn about:

- International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) coding tips, information and resources
- ICD-10-CM structure, format and features
How to find correct ICD-10-CM codes

- **PECOS FAQs Booklet — Reminder.** The PECOS FAQs Booklet is available. Learn about:
  - Information you need before you begin enrollment via the Provider Enrollment, Chain and Ownership System (PECOS)
  - Enrollment application issues
  - Revalidations

- **CMS Releases Medicare Advantage Quality Data for Racial and Ethnic Minorities.** The CMS Office of Minority Health released data detailing the quality of care received by people with Medicare Advantage by racial or ethnic group. “This is the first time that CMS has released Medicare Advantage data stratified by race and ethnicity. Increasing understanding and awareness of disparities and their causes is the first step of our path to equity,” said Dr. Cara James, director of the CMS Office of Minority Health. “While these data do not tell us why differences exist, they show where we have problems and can help spur efforts to understand what can be done to reduce or eliminate these differences.”

3) The federal [Agency for Healthcare Research and Quality (AHRQ)](https://www.ahrq.gov) reports on the [Development and Applications of the Veterans Health Administration's Stratification Tool for Opioid Risk Mitigation (STORM) to Improve Opioid Safety and Prevent Overdose and Suicide](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6542283/). Opioid pain medications carry high risk for adverse drug events and misuse. Due to climbing rates of opioid use and associated adverse events, the Centers for Disease Control and Prevention released new guidelines for prescribing opioid medications for chronic pain. These guidelines do not apply to patients receiving cancer treatment, palliative care or end-of-life care. The authors recommend using opioids for chronic pain only if nonopioid medications and nonpharmacologic approaches to chronic pain are not effective and prescribing immediate-release instead of long-acting medications. For acute pain, they recommend limiting duration of therapy, stating that more than 1 week of medications should rarely be needed. The guidelines also suggest minimizing concurrent use of opioids and other sedating medications and dispensing naloxone to prevent overdoses. A previous [WebM&M commentary](https://www.webmm.com) describes an adverse event related to opioids.


5) There were no notices released by the [Illinois Department of Healthcare and Family Services (HFS)](https://www.hfs.illinois.gov) since the last issue of [Regulatory Beat](https://www.hfs.illinois.gov/RegulatoryBeat).

6) The Illinois Department of Public Health (IDPH) released the 2017 IDPH Town Hall Meeting schedule. Letters will be sent to the individual facilities in the regions prior to each meeting. Instructions for responding (will be included in the letter) or you can RSVP (at least three days before the scheduled meeting) to Lisa Reynolds via email at: [lisa.reynolds@illinois.gov](mailto:lisa.reynolds@illinois.gov). Please include the date and location of the meeting in the Subject Line.

- May 23, 10 AM-Noon | Norridge Healthcare & Rehab Center | 7001 West Collum, Norridge IL, 60706
- June 13, 1-3 PM | Marion Regional Office | 2309 W. Main St., Marion, IL 62959
- July 13, 1-3 PM | CCNH/Brookens Building-Champaign | 500 South Art Bartell Drive, Urbana, IL 61802
- August 30, 1-3 PM | Willows Health Center | 4054 Albright Lane, Rockford IL 61103
- September 19 or September 21 (PENDING) | Friendship Village | 350 W. Schaumburg Road, Schaumburg, IL 60194
- September 28, 1-3 PM | Washington County Hospital | 705 South Grand Ave, Nashville, IL
- October 24, 1-3 PM | Knox County Nursing Home
- November 30, 1-3 PM | Dupage Convalescent Center | 400 North County Road, Wheaton IL 60817

7) The [Illinois Department on Aging (DOA)](https://www.aging.illinois.gov) recently published the updated [Residents’ Rights for People in Long-Term Care Facilities Brochure](https://www.aging.illinois.gov/residents-rights-brochure). Facilities can download the brochure at [www.illinois.gov/aging](https://www.illinois.gov/aging) in the “News and Publications” section.

9) The Illinois Health Care Association (IHCA) is offering an MDS Basics & Advanced Training program on May 23 and 24, 2017 in Springfield. Click here to view the brochure and registration form.

10) The latest Telligen events/announcements can be found at https://www.telligenqingio.com/.

11) The University of Chicago recently published a white paper entitled, Healthcare Payer Strategies to Reduce the Harms of Opioids. Payers can help to combat the opioid crisis by identifying and sharing strategies, such as reimbursement and coverage policies, conditions for provider plan participation, and dissemination of information to a variety of audiences, to address the large-ranging issues that lead to fraud, waste and abuse in the healthcare system. Such interventions are particularly suited to payers due to their relationships with providers of healthcare services, pharmacies, insured patients, employers and law enforcement (in cases where potential fraud is identified). Payers collect and administer a large amount of healthcare information that can be used to identify and intervene on behalf of patients at risk of opioid-related harm, as well as to target fraud, waste, and abuse in opioid prescribing.

12) Medpage Today reports that Meds Contribute to Falls in OA. Low-extremity osteoarthritis (OA) patients who use opioids or antidepressants have a greater risk of repeated falls, researchers found.

13) Fresh Water Cleveland reports that a High Tech Tool Helps People and Families Coping With Dementia. The Benjamin Rose Institute on Aging has launched a new program that allows early-stage dementia patients to participate in their own care planning, potentially easing the burden for both the person with dementia and their concerned family members. Known as SHARE, the program outlines a care plan for loved ones to follow as the condition progresses. Based on two decades of research by Benjamin Rose, the SHARE toolkit includes an iPad app that lists tasks in a set of color-coded circular diagrams. Under the guidance of SHARE counselors, duties can then be assigned to caregivers, whether they’re family, friends or professional service providers.

14) The BBC reports Experts Excited by Brain ‘Wonder-Drug’. In 2013, a UK Medical Research Council team stopped brain cells from dying in an animal for the first time, creating headline news around the world. But the compound used was unsuitable for people, as it caused organ damage. Now two drugs have been found that should have the same protective effect on the brain and are already safely used in people. “It’s really exciting,” said Prof. Giovanna Mallucci, from the MRC Toxicology Unit in Leicester. She wants to start human clinical trials on dementia patients soon and expects to know whether the drugs work within two to three years.

15) News-Medical reports that a Combination of Aerobics and Resistance Exercises Drastically Improve Brain Health in Older Adults. The British Journal of Sports Medicine has published online the most complete review of the available evidence to date, that a combination of aerobics and resistance exercises can drastically improve brain health in adults over 50 years, irrespective of the current brain health status of the individual.

16) MedicalXpress reports:

- Common Drugs, Uncommon Risks? Higher Rate Of Serious Problems After Short-Term Steroid Use. Millions of times a year, Americans get prescriptions for a week’s worth of steroid pills, hoping to ease a backache or quell a nagging cough or allergy symptoms. But a new study suggests that they and their doctors might want to pay a bit more attention to the potential side effects of this medication. People taking the pills were more likely to break a bone, have a potentially dangerous blood clot or suffer a life-threatening bout of sepsis in the months after their treatment, compared with similar adults who didn’t use corticosteroids, researchers from the University of Michigan report in a new paper in the British Medical Journal (BMJ).

- New Study Shows That Antipsychotic Medications can be Reduced in Dementia Patients. The use of antipsychotic medication in nearly 100 Massachusetts nursing homes was significantly reduced when staff was trained to recognize challenging behaviors of cognitively impaired residents as communication of their unmet
needs, according to a new study led by Jennifer Tjia, MD, MSCE, associate professor of quantitative health sciences. Results of the study were published in JAMA Internal Medicine on April 17. “This is the largest study to show that it is possible to reduce antipsychotic use in the nursing home population,” said Dr. Tjia. “This intervention focused on treating the residents as human beings with needs, not as patients with problems. We don’t medicate babies when they cry or act out, because we assume that they have a need that we need to address. However, when people with dementia are unable to communicate, the current approach medicates them when they have undesirable behaviors.” The off-label prescription of antipsychotics for nursing home residents with dementia is common, despite numerous studies that have shown it increases risk of stroke and death and is only minimally effective in controlling behavioral symptoms of dementia.

17) **Medical News Today** reports on **Osteoarthritis Linked to High-Fat Diet**. In the first study of its kind, a link is found between the consumption of animal fats and an increased risk of osteoarthritis. The findings were published in the journal Scientific Reports.

18) **Eurekalert** reports:

- **Can Virtual Reality Help Us Prevent Falls in the Elderly and Others?** Every year, falls lead to hospitalization or death for hundreds of thousands of elderly Americans. Standard clinical techniques generally cannot diagnose balance impairments before they lead to falls. But researchers from the University of North Carolina at Chapel Hill and North Carolina State University have found evidence that virtual reality (VR) could be a big help – not only for detecting balance impairments early, but perhaps also for reversing those impairments and preventing falls.

- **Medicare Recipients Using Rehabilitation Services Report Major Functional Improvements**. A new study showing significant patient-reported functional improvement among Medicare recipients who utilize rehabilitation services offers hope for America’s 65-and-older set, which is expected to double by 2050. That’s assuming Medicare – the nation’s largest federal health insurance program for seniors – survives recent talk of its demise.

19) **MedlinePlus** reports:

- **Flu Season All But Over in U.S.** This year’s flu season is rapidly winding down and is expected to end within the next couple of weeks, U.S. health officials predicted recently. It was a year much like the past few flu seasons, when the H3N2 virus was the most prevalent strain. That strain usually is hardest on the elderly and the very young. But this flu season there was a slight twist – middle-aged people were more affected than children, said Lynnette Brammer, an epidemiologist with the U.S. Centers for Disease Control and Prevention. “We are not done yet, there’s still flu out there, but it is declining,” she said. “This is the first week that influenza A and B are both going down.”

- **Docs May Miss Major Cause of Vision Loss in Seniors**. It’s the leading cause of permanent vision loss for Americans, but a condition called age-related macular degeneration (AMD) may be going undiagnosed too often, new research suggests. The new study involved 644 people aged 60 and older who were found to have normal eye health in their most recent examination by either a primary eye care ophthalmologist or optometrist. However, when re-examined by a research team at the University of Alabama at Birmingham, about 25 percent of the study participants showed evidence of age-related macular degeneration. Just why initial exams didn’t always pick up the condition remains “unclear,” wrote a team led by the university’s Dr. David Neely. But, “as treatments for the earliest stages of AMD are developed in the coming years, correct identification of AMD in primary eye care will be critical for routing patients to treatment as soon as possible so that the disease can be treated in its earliest phases and central vision loss avoided,” the study authors said.

20) **Kaiser Health News** reports:

- **How to Help Alzheimer’s Patients Enjoy Life, Not Just ‘Fade Away’**. Alzheimer’s disease has an unusual distinction: It’s the illness that Americans fear most — more than cancer, stroke or heart disease. The rhetoric
surrounding Alzheimer’s reflects this. People “fade away” and are tragically “robbed of their identities” as this incurable condition progresses, we’re told time and again. Yet, a sizable body of research suggests this Alzheimer’s narrative is mistaken. It finds that people with Alzheimer’s and other types of dementia retain a sense of self and have a positive quality of life, overall, until the illness’s final stages. They appreciate relationships. They’re energized by meaningful activities and value opportunities to express themselves. And they enjoy feeling at home in their surroundings.

- **Nursing Home Aide Shortage Causing Admission Denials Across the U.S.** *Kaiser Health News* reports on “shortages of home health aides and nursing assistants” occurring across the country. The problem “is driven by low wages” and a small “pool of workers willing to perform...physically and emotionally demanding work.” David Gifford, senior vice president of quality and regulatory affairs for the American Health Care Association, warns that “things are only going to get worse” as the country’s senior population increases. The piece goes on to detail problems in Wisconsin, where “70 percent of administrators reported a lack of qualified job applicants,” resulting in 18 percent of long term care facilities declining care “to more than 5,300 vulnerable people.”

21) **Senior Housing** reports that *Senior Living Costs Increased 2.9% Last Year*. *Senior Housing News* reports, “senior living costs are rising at a slower rate than health insurance premiums, hospital service costs and recent home sale prices,” according to data from A Place for Mom. Costs rose 2.9 percent in 2016, which translates to a $110 per month increase. In addition, New York, Boston and Washington, D.C., were the most expensive places for assisted living and memory care, and Tampa, Miami and Detroit were the least expensive.

22) **Provider Nation** reports that *Information Technology Can Help Reduce Hospital Readmissions*. Steven Scott, president and CEO of PointRight, writes in a piece for *Provider Nation* that information technology “has never been more important to the” health care profession, particularly for post-acute care. Scott argues that “having a strong post-acute network in place is pivotal” for hospital administrators, who therefore “must have a very strong sense of the quality of the post-acute providers upon which they rely.” Scott explains that “hospitals can use analytics to better understand the post-acute facilities in their area that may be most adept at serving certain types of patients,” which “will greatly decrease the likelihood of readmission.” Scott points to the American Health Care Association’s Quality Initiative as evidence of how “technology innovation” can help reduce hospital readmissions.

23) **Reuters** reports that *As People Grow Older, Common Risk Factors for Depression Change*. *Reuters* reports that as people grow older, “common risk factors for depression change,” researchers found after analyzing “data on more than 2,000 adults participating in two long-term studies of depression and anxiety.” The study also revealed that “when a risk factor is uncommon among peers – like widowhood or poor health in youth – it can have an outsized effect on depression risk.” The findings were published online April 7 in the *American Journal of Geriatric Psychiatry*.

24) The **Washington Post** reports:

- **Balance Can Decline With Age.** In “Health & Science,” the *Washington Post* reported that experts say balance can decline with age. The article quotes Luigi Ferrucci, a senior investigator at the National Institute on Aging, who said, “You can be otherwise perfectly healthy – without any diseases – but still unable to maintain your balance.” The article also quotes James F. Battey Jr., the director of the National Institute on Deafness and Other Communication Disorders, who said, “Falls due to balance problems are more common in the elderly, and can lead to fractures, especially hip fractures.” Battey added that the biological signals that are crucial to balancing can decline with age. “Signals from all three systems – vision, proprioception and the vestibular – all converge on the brain, and when these cells begin to die, the signals get disrupted.”

- **Older People Can Benefit Greatly From Exercise.** In “Health & Science,” the *Washington Post* reported older people can benefit greatly from regular exercise, according to Richard J. Hodes, the director of the National Institute on Aging. Hodes said, “Exercise has shown to be beneficial at all ages. In fact, you have more to lose by not exercising.” Hodes added that research has shown “that interventions like exercise might really help even our oldest adults.”
25) HealthDay News reports that Green Spaces May Increase Seniors’ Mental Well-Being. HealthDay reports that research suggests "green spaces in cities" may increase "older people’s mental well-being." The study indicated participants "benefited from being in green spaces and preferred them because they were calming and quieter." The findings were published in the International Journal of Environmental Research and Public Health.

26) Provider Magazine reports:

- Individuals With Intellectual Disabilities Less Likely to Receive Cancer Screenings. Provider Magazine reports that an observational study published online in the American Journal of Preventive Medicine "suggests that individuals with intellectual disabilities are less likely to receive recommended preventive screenings for colorectal cancer." For the study, "researchers at the University of Missouri School of Medicine compared colorectal screening adherence rates of individuals with either blindness or low vision, an intellectual disability, or a spinal cord injury to the general U.S. population." The study found that "about 48 percent of the general population reported receiving routine screenings, compared with 46 percent of individuals with blindness or low vision, 44 percent of individuals with spinal cord injuries, and only 34 percent of individuals with an intellectual disability."

- Special Diet May Reduce Alzheimer’s Risk. Provider Magazine reported that a special diet, called the Canadian Brain Health Food Guide, has shown promise in reducing the risk of Alzheimer’s. Research from the University of Toronto found the diet "produced a 36 percent reduction in the risk of developing AD." The brain-health diet is based on the Mediterranean Diet with alterations to make the diet easier to follow for Westerners.

- Post-Acute Spending Drops Under Medicare ACOs. Provider Magazine reports that a study published in JAMA Internal Medicine showing that "accountable care organizations (ACOs) participating in the Medicare Shared Savings Program (MSSP) saw a 9 percent reduction in post-acute spending by 2014, mostly as a result of reductions in discharges to facility-based care, length of facility stays, and acute inpatient care." The study examined "fee-for-service Medicare claims from a random 20 percent sample of beneficiaries" that were "analyzed by conducting difference-in-difference comparisons of beneficiaries served by ACOs with beneficiaries served by local, non-ACO health care professionals before and after entry into the MSSP."

27) Oncology Nurse Advisor reports:

- Involving Informal Caregivers in Discharge Planning Process of Elderly Patients May Reduce Risk of Hospital Readmissions. Oncology Nurse Advisor reports that a meta-analysis suggests "involving informal caregivers in the discharge planning process of elderly patients reduces the risk of hospital readmissions." The findings were published in the Journal of the American Geriatric Society.

- New Assessment Tool May Offer Way to Measure Pain in Critically Ill Patients Who Cannot Verbally Communicate. Oncology Nurse Advisor reports that research suggests "a new assessment tool called the Behavior Pain Assessment Tool (BPAT) provides a way to measure pain in critically ill patients who may be unable to verbally communicate." The findings were published in the journal PAIN.

- CQGS Releases Standards for Surgical Care of Older Adults. The Coalition for Quality in Geriatric Surgery (CQGS) released its standards of surgical care in older adults with the goal of ensuring high-quality and safe surgical care for older adults in an interdisciplinary setting. The guidelines were published in the Annals of Surgery.

28) McKnight’s reports:

- GAO Finds “Substantial” Medicaid Overpayments, Recommends CMS Involvement in State Programs. McKnight’s Long Term Care News reports the US Government Accountability Office "found ‘substantial’ overpayments" in state Medicaid programs. The GAO report said CMS needed "to step up its involvement in states' Medicaid integrity programs in order to strengthen oversight," and suggested the agency should develop a system for sharing the "most ‘promising’ Medicaid integrity practices" between states.
• **Study Finds Physical Exercise Better For Brain Health Than Mental Exercise.** *McKnight’s Senior Living* reports on a study conducted by researchers at the Institute for Successful Longevity at Florida State University that found physical exercise to be superior to brain games to produce "beneficial structural changes in the brain and boost its function."

• **Inadequate Documentation Crippling Providers With Medicare Denials.** *McKnight’s Long Term Care News* reports that Marilyn Mines, senior manager of advisory services for Marcum, told attendees at the LeadingAge Illinois annual meeting that "untimely certifications, missed or incorrectly billed Change of Therapy documentation, or a lack of documentation supporting a signed physician order for skilled therapy are among the top reasons Medicare claims denials are hitting facilities." Mines also shared examples of poor documentation with the attendees and outlined steps facilities can take to improve their approval rates.

• **GAO Report Finds Providers Use Telehealth to Improve Quality of Care.** *McKnight’s Long Term Care News* reports health care providers are choosing telehealth or remote patient monitoring because they believe "the technology has the potential to improve care quality," a Government Accountability Office report published Friday found. The GAO "also found that demonstration projects, Medicare models and a new payment program may all spur expanded use of" of telehealth.

• **Study Warns That Consolidation May Reduce Quality of Care, Increase Health Care Costs.** *McKnight’s Long Term Care News* reports health care industry consolidation "may be causing health care costs to rise while care quality suffers," a study from Carnegie Mellon University and the Center for Health Policy at the Brookings Institution suggests. Researchers warn that "more consolidation is looming," and urge lawmakers to ensure that there will be "more competition in markets where one or two organizations dominate." The study also suggests methods to increase competition.

• **Sugary Drink Consumption Linked to Alzheimer’s, Stroke Risk.** *McKnight’s Senior Living* reports in continuing coverage on two studies linking sugary beverage consumption to medical conditions. A study published in *Stroke* found consuming artificially sweetened drinks increases the risk of dementia or stroke threefold. A second study published in *Alzheimer’s & Dementia* found sugary drink consumption increases risks for brain conditions that are linked to higher Alzheimer’s risk, such as brain volume.

• **LTC Providers Should Improve Abuse Response Efforts Ahead of QAPI Deadline.** *McKnight’s Long Term Care News* reports Dorri Seyfried, vice president of IPMG Health care Risk Management, spoke at the LeadingAge Illinois’ annual meeting, where she advised long term care providers to increase their focus on abuse response efforts in order to meet the new requirements of participation in the QAPI program. According to the article, "Skilled nursing facilities will have to present a plan for coordinating their abuse response efforts with the QAPI program by Phase 2 of the rule, on November 28, 2017. That QAPI plan will have to be implemented by Phase 3, which hits November 28, 2019."

• **Strength Training Can Boost Senior’s Muscle Strength, Decrease Likelihood of Falls.** *McKnight’s Long Term Care News* reports Christopher Sciamanna, MD, with the Penn State Health Milton S. Hershey Medical Center, "noted in an article posted to Penn State Health News" that "seniors with lower muscle mass and bone density made up the majority of" the "more than 800 Americans" who "suffer a hip fracture each day, many of which were caused by falls." However, "seniors can combat that bone and muscle deterioration through strength training," Sciamanna shared.

• **Study Finds Senior Living Can Cost Less Than Aging in Place at Home.** *McKnight’s Senior Living* reports on an analysis by Jerry Doctrow, based on data from the National Investment Center for Seniors Housing & Care, A Place for Mom, and other sources, that found "residing in a senior living community can be less expensive than aging in place in a traditional home when all costs are considered." Doctrow "conservatively estimated that aging in place at home can cost an older adult with a $150,000 home almost 90 percent of the average cost of an independent living community, and that’s before the cost of any home health care services is factored in."
• **More Than One-Fourth of SNF Residents Colonized With Drug-Resistant Bacteria.** More than 25 percent of skilled nursing facility residents have multidrug-resistant bacteria lurking within them, including E. coli, a new research review has found. Researchers with the Columbia University School of Nursing analyzed 12 studies and found the 2,720 nursing home residents whose data was included in the review had drug-resistant bacteria prevalence rates ranging from 11.2 percent to 59.1 percent. The study found a 27 percent average colonization rate, with E. coli accounting for the largest proportion of colonizations.

• **Exploring the Top 5 Life Safety Code Citations.** Upholding a safe environment for residents and staff is a big concern for skilled nursing facilities. However when it comes to annual facility audits, only a small percentage of providers are found to be deficiency-free. As patients can be at risk when there are deficiencies and their families are privy to the results of inspections, it is important that operators follow routine guidelines to be safe and compliant. Most often it is the maintenance and operations staff tasked with meeting rigorous compliance requirements to ensure first-rate facility safety standards are met to pass inspections.

29) **Interesting Fact:** More than 50 percent of the people in the world have never made or received a telephone call.