IHCA Welcomes Prescription Cost Management as New Preferred Vendor!

IHCA is always looking for ways to enhance the benefits of your membership. One major way we do this is through our Preferred Vendor program. Preferred vendors offer exclusive agreements that are designed to help you save dollars and offer other benefits. We are so excited to announce the addition of our newest IHCA Preferred Vendor—Prescription Cost Management!

Prescription Cost Management (PCM) is a pharmaceutical services company focused exclusively on long term care and skilled (SNF) centers. **PCM is 100 percent focused on helping providers reduce costs, reduce risk, and reduce workloads.** The company was created to help nursing and rehab centers get the best prices and lowest costs for every prescription, for every patient. Their program allows facilities to keep all of their legacy pharmacies in place; nothing has to change.

For more information on how Prescription Cost Management can help you save on your pharmaceutical costs visit [www.rxcostmanagement.com](http://www.rxcostmanagement.com) or feel free to contact Edsar Calaguas, Partner/COO, at 641-583-3068 (mobile) or Dr. Rockford Anderson, CEO at 515-205-1717 (mobile).

IHCA Members Only – Medicaid Managed Care Expansion 101 Web Seminar – Free!

IHCA is offering a **free web seminar** for **IHCA members only** on the upcoming statewide managed care program rollout. Join us on Wednesday, November 1, 2017 for **Medicaid Managed Care Expansion 101: What You Need to Know.** Presented by Matt Hartman, IHCA VP Public Policy, Matt Werner, MWerner Consulting and Neville Bilimoria, Duane Morris, this session will give a comprehensive overview of what providers need to know before the program begins.

[Click here](#) to view the brochure/registration form.
Questions Game Makes End-of-Life Planning Easier

Researchers from the Penn State College of Medicine have developed a game designed to help players plan for end-of-life care in advance. Though spending time planning your end-of-life care is not exactly a pleasant or entertaining activity, it is an important one. And, according to the research team from Penn State, playing a game designed to spur conversation about advance care planning may be a more enjoyable way to ease into the process.

The game, called “Hello,” calls for participants to take turns drawing cards and reading them out loud. Each card has a question based on an end-of-life issue (e.g. What do you fear most: experiencing the worst pain of your life or not getting the chance to say goodbye to your family?). Participants then consider the question and write down their answers before sharing with the group.

For a recent study, the researchers wanted to see if playing the game actually resulted in people changing their behavior and engaging in advance care planning. They had individuals with chronic illness and caregivers of those with chronic illness play the game. Results showed that three months after playing the game, 75 percent of the participants had gone on to complete some form of advance care planning.

“Our findings suggest that not only is the game a positive experience, but it also helps motivate players to engage in advance care planning behaviors,” said Lauren J. Van Scoy, an assistant professor of medicine and humanities in the Penn State College of Medicine. “Whether it was completing an advance directive or looking up hospice information, they were engaged in some of the necessary psychological work needed to take the next step and be prepared for decision making.”

To find out more about this research, click here to read the full article from Futurity.org.

Patients’ Hearing Loss May Mean Poorer Medical Care

A recent study suggests that many seniors may not hear everything that their doctors tell them, which could raise the risk of medical errors.

"In our study of 100 patients 60 and older, 43 reported mishearing a doctor or nurse in an inpatient or community health care setting, lending vulnerability to unintended error," said researcher Simon Smith, from the University College Cork School of Medicine, in Ireland.

Smith also noted that solving the problem is not just a matter of doctors speaking louder, that the “ability to separate speech from background noise is more intricate than volume alone.” Additionally, hearing tests don’t capture the complexity of how patients process medical information, so hearing aids may not be the answer.

The entire process that leads to miscommunication that begins with hearing loss needs further study in order to help patients better understand what’s being told to them and to help doctors better communication, said Smith.

In their study, Smith and his colleagues found that 57 out of the 100 seniors who participated had some degree of hearing loss and 26 of them used a hearing aid. Moreover, 43 of the participants said that they misheard a doctor, nurse, or both in a primary care office or hospital.

The main types of mishearing included misunderstanding what was said to them, not correctly hearing a doctor’s diagnosis or advice and general breakdown in doctor-to-patient communication, Smith explained.

Other experts agree. Dr. Darius Kohan, director of otology/neurotology at Lenox Hill Hospital in New York City, stated that Smith’s findings bring “into focus a major problem that patients and families and health care providers share in common: the flow of communication among the parties involved.”

"It's important that we assess hearing and treat hearing loss, because hearing loss also affects our memory and our brain stimulation,” said Dr. Maria Torroella Carney, chief of the division of geriatric and palliative medicine at Northwell Health, in New Hyde Park, N.Y. “So when we lose that sensation of hearing we also lose information access and that can cause slowing of our mental function.”
Carney also added that hearing loss may lead to feelings of isolation and can affect their quality of life, so it is important to test older patients’ hearing and find the best ways to help because restoring hearing can help keep patients mentally alert.

To read more on this topic, click here to see the full article from HealthDay News.

**Nano ‘Capsule’ Flu Shot Could Fight Changing Strains**

Researchers have created a new kind of quick-acting and long-lasting flu vaccine aimed at fighting pandemic influenza A. A recent article posted on Futurity.org likened a seasonal flu shot to a local weather forecast—“based on the conditions elsewhere and the direction of the prevailing wind, a meteorologist can give the public a pretty good idea of what to expect in the near future. Experts who track influenza’s intercontinental travels basically do the same thing.”

Epidemiologists monitor what strains of influenza are circulating in Southeast Asia, explained David Putnam from Cornell University, and they predict what the prevailing circulating strains will be. These predictions are usually right—but not always. “And it changes every year because proteins in the virus mutate,” said Putnam.

However, certain proteins in the influenza virus remain constant year after year. Putnam and his colleague Matt DeLisa have taken one of these conserved proteins, Matrix-2 (M2) and, “packaging it in a nanoscale, controlled-release “capsule” in an attempt to create a quick-acting, long-lasting, multi-strain vaccine against pandemic influenza A.”

Influenza A is a moving target—it changes every year. It has the potential to morph into a pandemic strain that can put the general population at risk. Putnam and DeLisa are leveraging the versatility of a membrane-based nanostructure (the OMV), which have shown promise against other pathogens, to create a single-shot vaccine.

Using the M2 protein, found evolutionarily in the influenza sequence in birds, pigs and humans, allowed for testing that covered all the bases. They tested mice infected with the influenza A virus and found that they developed high antibodies just four weeks after vaccination, compared with eight weeks from a typical multishot (prime/boost) vaccine regimen, and the protection was long-lasting.

Additionally, since the vaccine cocktail is encapsulated in a bacterial vesicle, there’s no need for an adjuvant—an agent that’s added to most vaccines to boost the body’s immune response—so the formulating and manufacturing of controlled-release OMVs should be more cost effective. The immune response is enhanced by the bacteria from which the OMV is derived.

“Even if we have to give a booster shot every 10 years, like tetanus, that’s still very good,” he says. “Theoretically it should last a long time.”

For more information, click here to read the full article.

**Protecting Your Community from Inappropriate Use of Social Media by Employees**

At an educational session held during AHCA/NCAL’s 68th Annual Convention & Expo, Kristi Eldredge, RN, JD, CPHRM, senior patient safety consultant at medical liability insurance company MMIC discussed social media best practices in long term care. A recent article from McKnight’s Senior Living discussed Eldredge’s presentation, and gave tips on how providers can handle this issue.

Inappropriate use of social media in the workplace isn’t new, Eldredge pointed out, “but the pace of reporting has really picked up, and we don't know why.” It could be because regulators are being more vigilant, or because the problem is getting worse due to people increasingly accessing social media from their smartphones. Either way, she noted, it's not going away... it's just getting worse.

Part of the problem is generational, noted Eldredge. “I hate to sound like my mother, but I think the generation that's currently predominantly working in long-term care, they're younger and they are used to instant gratification. They're used to posting everything about their lives at any moment in time, and that's their norm,” she said. “But when we're dealing with a vulnerable population, we have to be careful about how we use social media.”
Clear policies and procedures are needed to let employees know what is acceptable, and also to protect employers. Additionally, there should be a response plan in place if an incident should occur. “If you have a response plan in place, you're going to know exactly what to do.”

These policies should include how the company or community will communicate with residents, families, staff members and the media, added Eldredge. And, providers should be aware that the Office of the National Coordinator for Health Information Technology, a division of the U.S. Department of Health and Human Services, has a HIPAA risk assessment tool on its website to help you determine whether a HIPAA breach occurred.

Policies should be reviewed periodically and be sure to educate employees as part of their orientation, and sign a document indicating they have read them and understand them. Although a company or community can't control what residents post on social media, residents should be educated about rules affecting employees so they are certain what behavior is appropriate.

To see more tips from Eldredge, click here to view the full article.

**October 2017 Observances**

**October 28 is Make A Difference Day:** Each year on Make A Difference Day millions of volunteers around the world unite in a common mission to improve the lives of others. Since its inception in 1992, Make A Difference Day has become one of the largest annual observance days nationwide. Make A Difference Day shows that anyone, no matter of age or background, can make an impact on their community. For more information visit [www.makeadifferenceday.com](http://www.makeadifferenceday.com).

**AHCA/NCAL Information**

**AHCA/NCAL Elects New Board of Governors, Directors**
At the AHCA/NCAL 68th Annual Convention & Expo in Las Vegas, a new AHCA Board of Governors and NCAL Board of Directors were elected for the 2017-2018 term. Additionally, a new chair was selected for each board—Michael Wylie, Pennsylvania will serve as the AHCA board chair and Ashley Blankenship, Arkansas will chair the NCAL board. Congratulations to our own Fred Benjamin, Lexington Health for being elected to AHCA board and to Rod Burkett, Gardant Management for being chosen to continue to serve on the NCAL Board. For more information, check out the association’s [press release](#).

**National Quality Awards 2018—Submit Intent to Apply by November 9!**
Applicants are strongly encouraged to submit an Intent to Apply. The [Intent to Apply](#) is not mandatory to apply for the Quality Award, but members who submit an Intent to Apply benefit by saving money on their overall application fee and receive weekly tips on submitting a successful application. [Click here](#) for more information.

**IHCA will be hosting an interactive workshop AT NO CHARGE to assist you in the award application.** If you are interested in attending, please fill out the registration form (click on the appropriate link below) and return it to Debbie Jackson at [djackson@ihca.com](mailto:djackson@ihca.com) or fax to 217-528-0452.

- [Bronze Quality Award](#) | November 28, 2017
- [Silver Quality Award](#) | November 29, 2017

**AHCA/NCAL Convention Videos Showcase Members, Efforts to Deliver Quality in 2017**
During the recent AHCA/NCAL Convention and Expo, attendees had the opportunity to learn about caregivers, residents, activities and other significant events occurring over the past year within the long term and post-acute care profession through a series of videos. These videos – which were featured during the Opening and Closing general sessions and Quality Awards Ceremony – show just how committed our members are to delivering solutions for the best quality care. [Click here](#) to find out more and to access the videos.

**The Call for Presentation for the 2018 AHCA/NCAL Convention & Expo is Open**
Complete Submission Guidelines and Information can be found [here](#). Presentation proposals will be accepted from September 1 through November 30. You can only submit through the link above. No proposals will be accepted via regular mail or email.
The 2018 AHCA/NCAL Annual Convention will be held in San Diego, CA from October 7-10, 2018. Submitters will be notified by April 2018 as to the status of the submission. Please hold all convention dates until you receive news of your submission status.

IHCA Information

IHCA’s New Publisher—E&M Consulting, Inc.
IHCA recently changed publishing companies from Naylor to E&M Consulting Inc. A member of the E&M team may have already reached out to you regarding ad sales for the 2018 IHCA Membership Directory & Buyers’ Guide. **They are wrapping up the ad sales for the directory soon.** In the next few weeks, they will be contacting all of our members with advertising opportunities. If you have any interest in advertising this year, please contact a sales associate at E&M or sign up online at [http://www.emconsultinginc.com/adreservation/IHCA](http://www.emconsultinginc.com/adreservation/IHCA). Click here to view rate card for more information. The team at E&M is very professional and they produce a high quality publication. Don’t hesitate to call if you have any questions. As always, your support of the Illinois Health Care Association is greatly appreciated!

You may also hear from E&M regarding the 2018 issues of *LTC Today* magazine. For more information about purchasing an advertisement our magazine, check out the *LTC Today* Media Kit and/or the *LTC Today* Rate Card.

IHCA VCast – Involuntary Discharges with Regulatory Director Bill Bell
Have you been watching our IHCA VCast videos?? This new feature is a brief video message that comes to you every week on a specific topic. **This week’s episode** features IHCA Regulatory Director Bill Bell discussing involuntary discharges. **Coming soon:** Past issues of the weekly VCast emails, with all of the appropriate links, will be available in the IHCA Resource Center. To access the resource center, simply log in to the member portal and click on Resources.

**Time to Renew Your Commitment to Serve on IHCA’s Standing Committees!**
Each year, IHCA asks members of their standing committees and task force groups to renew their commitment to serve for the coming year. This is also a great opportunity for anyone who would like to join a committee to sign up. IHCA standing committees are tasked with the responsibility of reviewing the policy of all IHCA functions. IHCA encourages all members to consider serving on one of the following committees:

**2018 Standing Committees and Task Force Groups**
- Administration/Finance and Operations
- Awards Task Force (IHCA Excellence Awards)
- Education, Convention & Trade Show
- IHCA PAC (Political Action Committee)
- Legal Committee
- Public Policy Committee
- Workforce Development Task Force

For more information about these committees please visit [www.ihca.com/committees](http://www.ihca.com/committees). You can sign up/renew your commitment for any of these committees by completing [this form](http://www.ihca.com/committees) and sending it to Gina Alex or by completing our online commitment form ([click here](http://www.ihca.com/committees)). Your commitment will be to attend four to six meetings a year, in person or by telephone conference call depending on the committee. If you have any questions, please feel free to contact IHCA.

**Convention CE Certificates are Now Available for Download!!**
If you attended the 67th Annual IHCA Convention & Expo last month in Peoria, your CE Certificates are now available online. To download your certificate, simply [click here](http://www.ihca.com/committees) and enter your first and last name as it was entered on your convention registration. **You will need to print your certificate off and keep it for your own records.** If you have any changes or corrections to your certificate, please send them, in writing, to Kelli Showalter ([kshowalter@ihca.com](mailto:kshowalter@ihca.com)) no later than November 10, 2017.

**Infection Preventionist Specialized Training (IPCO) Now Available!**
IHCA has partnered with AHCA to bring you a new quality improvement resource that will meet the new Infection Preventionist specialized training requirement finalized by CMS in the Requirements of Participation (RoP) for long term care centers. The Infection Preventionist Specialized Training (IPCO) course provides specialized training for healthcare professionals who seek to serve as Infection Preventionists. Through this course, individuals will be specially trained to effectively implement and manage an Infection Prevention and Control Program at their nursing center.
IHCA and AHCA are committed to ensuring nursing centers are fully prepared to meet the rigors of the new RoP requirements. This course is an online, self-study program with 23 hours of training. It includes online lectures, case studies and interactive components taught by an array of experts from around the country. To learn more, see the Infection Preventionist Specialized Training (IPCO) slides. To register, just click here.

**LTCNA Simulation Education for Nurses! Now Offering A La Carte Sessions!**

LTCNA is now offering a la carte competency training sessions with their simulation mannequin, Geri Manikin! Get your nurses the training they need right in your center! The cost will be dependent on the amount of time spent in the center. Charter Memberships are also still available for centers. The fee for the membership is $2,000 and the center will receive 24 hours (4 6-hour days) of simulation time over the course of the year. For more information contact Debbie Jackson at djackson@ihca.com or 800-252-8988.

**IHCA Member Spotlight**

**Calling IHCA Members – We Want to Feature Your Company Here!!!**

Are you looking for a way to reach our members? Well, this is a great way to do just that! Our Member Spotlight gives our members a space to let us know what their company (or facility) is all about! (And to brag a little too if you want to!) Your Company Information could be seen here in a future issue!!

Has your company recently celebrated a milestone? Do you have positive stories or news to share? Would you just like to get your name out there among your fellow IHCA members?

Ready to sign up for a member spotlight?! Contact Ashley Caldwell! Email acaldwell@ihca.com or give her a call today!