Severe Flu Season Expected

U.S. health officials are bracing this year, nearly 100 years after a flu pandemic decimated the world’s population, for a severe influenza season now that the annual vaccine has proven ineffective in stemming an outbreak in Australia. Each year, Australia provides an indicator of what the U.S. can expect for the flu season. Having just emerged from their winter season, Australia recorded a record 59,000 cases and close to 200 deaths—making it the biggest outbreak in Australia since 2009.

According to a recent update from the CDC, seasonal influenza activity has already increased in the U.S. The proportion of people seeing their health care provider for influenza-like-illness (ILI) has already risen above the national baseline this year. Additionally, in a recent New England Journal of Medicine article, researchers at the National Institutes of Health warned that Americans—even those who have been vaccinated—should prepare for a severe flu season.

“You really can’t definitively say because things change with influenza, but all the stars are aligned for that to happen,” Dr. Anthony Fauci, the head of the National Institute of Allergy and Infectious Diseases, told The Washington Times. He also noted that the flu virus is unpredictable and rapidly mutating, which makes inoculation difficult.

To find out more about influenza, and the recommended precautions to take, click here.

Discussing Death Doesn’t Harm Doctor-Patient Bond

Talking through bad news can be good for the doctor-patient relationship, according to recent research. These results differed quite a bit from previous studies, which showed that talking about life expectancy can disrupt the doctor-patient relationship.

For this investigation, researchers from the University of Rochester Medical Center’s Wilmot Cancer Institute worked in collaboration with a team of scientists from the University of California, Davis. The researchers used consented audio recordings of real interactions between patients and doctors in western New York and in northern California. Data was collected from 265 patients, all of whom had advanced cancer that was defined as either stage 3 or stage 4 cancers with a relatively short life expectancy.

The team cited as one example a difficult question from an actual conversation in an oncologist’s office: “Have you had thoughts about stopping the chemotherapy and focusing more on comfort and quality of life?”
The results showed that patients who took part in honest discussions, including questions like that one from their doctors about prognosis and end-of-life care, rated their doctor-patient relationships more favorably than patients who had fewer discussions about prognosis.

To find out more, click here to read the full article from Futurity.org or click here to read more about the research findings from the Journal of Clinical Oncology.

**Don’t Delay Hip Fracture Surgery**

A new Canadian study has shown that seniors with a fractured hip need to have surgery as soon as possible or they could suffer life-threatening complications. Researchers have found that having the surgery within 24 hours not only decreases the risk of hip-fracture related death, it also lowers the odds of problems such as pneumonia, heart attack and blocked arteries.

“We found that there appears to be a safe window, within the first 24 hours,” said lead researcher Daniel Pincus, a doctoral student with the University of Toronto. "After 24 hours, risk began to clearly increase."

Current U.S. and Canadian guidelines recommend hip fracture surgery within 48 hours of injury, Pincus noted, but it’s likely that many people don’t receive care that quickly. Often, there is no operating room or surgeon available, or other patients are waiting for surgery, Pincus explained.

Delay can also occur because doctors approach elderly patients with a great deal of caution, noted Dr. Harry Sax, executive vice chair of surgery for Cedars-Sinai Medical Center in Los Angeles.

“The perception is that if you're old and you've broken your hip, that you're going to have a lot of other [health problems],” said Sax, co-author of an editorial accompanying the new study. "Therefore, I need to spend several days running tests on you to try to make sure I can get you through the hip fracture surgery."

To see how delays can affect the health of hip fracture patients, Pincus and his team evaluated data from more than 42,000 people treated for hip fracture at more than 70 hospitals in Ontario between April 2009 and March 2014. The average age of the patients was 80. The investigators compared patients based on whether they had surgery before or after 24 hours.

Results showed that overall, around 12 percent of hip fracture patients died within a month of their surgery. However, those who received surgery within 24 hours were 21 percent less likely to die during that month than those who had a delay in surgery. Those who received surgery within that 24 hour range had lower complication rates—they were 82 percent less likely to develop a blood clot in the leg veins, 61 percent less likely to have a heart attack and 49 percent less likely to develop pneumonia in the month following surgery.

Individuals with a loved one facing hip fracture surgery should ask the health care team to get the patient into surgery as soon as possible, with as little testing as possible said Pincus and Sax. And, they noted, the patient would be best off in a hospital that has a specific program to manage elderly people with hip fractures.

To find out more, click here to view the full article from HealthDay.

**Improper Fee-for-Service Medicare Payments at Lowest Level Since 2013**

Improper fee-for-service payment rates in the Medicare program dropped to 9.5 percent in 2017, down from 11 percent in 2016—the lowest rate since 2013, according to CMS. This meant a $4.9 billion drop in the past year. This also signified the first time since 2013 that the improper FFS payment rate has gone below the 10 percent compliance threshold that was laid out in the Improper Payments Elimination and Recovery Act of 2010.

CMS was quick to note that improper payments aren't always an indication of fraud, or claims that should not have been reimbursed. The majority (17 percent) of the payments that led to monetary loss to the program stemmed from medical necessity, followed by incorrect coding at 10 percent. A total of 66 percent of improper payments made were “unknown,” or were not supported with proper documentation to prove whether they resulted in monetary loss, CMS explained.
The agency said it plans to continue to address vulnerabilities within the Medicare program while minimizing burden for our partners.

Click here to read the full article from McKnight's.

**Genomes and Patient Transfers Reveal Superbugs' Spread**

Using information from a 2008 outbreak of one of the most feared “superbugs” and modern genetic sequencing techniques, a research team from Rush University medical Center in Chicago and the University of Michigan Medical School has successfully modeled and predicted the way the organism spread among dozens of health care facilities.

This approach can tell if the bug is spreading within a hospital, nursing home or long term acute-care hospital, or if a new patient transferred from another facility brought it there. “In other words,” stated a recent article on Futurity.org, “if fighting superbugs is like a horror movie, the approach can tell if the call is coming from inside the house, or if the killer is lurking outside and about to barge through the door.”

For this project, the research team used data from a 2008 outbreak of carbapenem-resistant Klebsiella pneumonia (CRKP) in the upper Midwest.

“These organisms permeate regions, but it hasn’t been understood in detail how that happens—why they spread like wildfire in one region and don’t make headway in another,” said Evan Snitkin, assistant professor specializing in bioinformatics and systems biology at the University of Michigan. “Because this was the first outbreak of CRKP in the Chicago region, we decided to try to trace its initial movements based on patient transfers and whole-genome sequencing of samples. If we can understand what drives transmission in a region, we hope to be able to intervene to prevent further spread.”

After identifying the second case of CRKP in the region, a research team from Rush Hospital, led by Mary K. Haden, an infectious disease physician, published their own investigation of the outbreak. They noted that transfers of patients among these facilities—for example, from an LTACH or nursing home to a hospital for short-term acute care, and then back again—emerged as a major driver of spread. A single LTACH was fingered as a key hub for transmission.

At that time, the techniques available did not allow the team to determine the timing and direction of the spread for many cases, explained Hayden. Thankfully, they saved the isolates with the hope that a more discriminating technique would become available in the future. Hayden’s team reached out to Snitkin’s team, and together they were able to create a “family tree” of the outbreak, back to the first patient.

“This approach might be particularly useful in identifying pathways of transmission soon after emergence of a superbug in a region,” said Hayden. “The earlier we can intervene to contain an outbreak, the more likely it is that we can eradicate it.”

To find out more about this research, and what it could mean in the future, click here to read the full article from Futurity.

**December 2017 Observances**

*December 3-9 is National Influenza Vaccination Week:* This week is National Influenza Vaccination Week (NIVW), a national observance that was established to highlight the importance of continuing the influenza vaccination. Have you gotten your flu shot this year? Click here for more information.

*December 3-9 is National Handwashing Awareness Week:* This week is National Handwashing Awareness Week. According to the CDC, “the most important thing you can do to keep from getting sick is to wash your hands. The purpose of this weeklong observance is to spread awareness of the importance of proper handwashing, which can help decrease the spread of infectious disease. Visit www.henrythehand.com for more.
AHCA/NCAL National Quality Awards – Submit Your Application Today!

- National Quality Award Program submissions for all applicants will be accepted online beginning today, December 7.
- All applications and payments must be submitted via the online portal before February 1, 2018 at 8 p.m. EST.
- Application packets are available on the Bronze, Silver and Gold Award pages.

Click here for more information.

Save the Date for Two Upcoming Provider Chats on Twitter!

A Twitter chat is an online organized event where people communicate through tweets (phrases consisting of ≤140 characters). The conversation is typically centered around a topic that is indexed with a specific hashtag (#), which allows the topic and conversation to be easily found and followed on Twitter. Although the chats are scheduled for a specific time and date, they can be found on Twitter and archived on a web page (like this one) for viewing anytime.

To participate, one needs a Twitter handle (aka username) and account. One can also lurk and view the chat in real-time by going to a special twitter account called twubs.com.

**Depression and the Holiday Blues**
*Wednesday, December 13, 2PM ET*

During this hour we will discuss depression among the elderly and the holiday blues, which can touch everyone from elderly residents, to the staff that care for them, to their families and friends. Richard Juman, PsyD, national director of psychological services at TeamHealth, and experts from Serenity HealthCARE, an affiliate of Signature HealthCARE, will share tips on staying connected with loved ones as well as what they do to manage depression in residents and keep the blues at bay.

**The Latest Advances in EHRs**
*Monday, December 18, 2PM ET*

Join Provider Magazine as we discuss the latest advances in EHRs, how care centers are incorporating them into day to day operations, and what this all means for staff and residents. Participants will share tips about EHR software, coordination with staff, and uses beyond the bedside.

Follow and Join both Chats using #ProviderChats

AHCA/NCAL Recognizes Long Term and Post-Acute Care Providers for Quality Improvement

Last week, AHCA/NCAL recognized more than 1,575 skilled nursing care centers and assisted living communities nationwide through the organization’s Quality Initiative Recognition Program, which honors member facilities for their individual work in achieving AHCA/NCAL Quality Initiative goals. The 1,509 skilled nursing center achievers attained four or more of the eight outlined AHCA goals, and the 66 assisted living community achievers attained two or more of the four outlined NCAL goals.

The Association launched the Quality Initiative in 2012 as a national effort to build upon the existing work of the long term care profession. The initiative aims to further improve quality of care in SNFs and AL centers by challenging members with specific measurable targets.

Congratulations to all of the centers who were recognized! Keep up the good work! Click here to access a full list of the 2018 Achievers, including more than two dozen IHCA members!

AHCA/NCAL Trend Tracker Quarter 4 Publication

Next week, Trend Tracker users will be receiving the latest Your Top-Line publication via email. This resource highlights metrics and graphics outlining your facility’s progress on Five-Star performance, the AHCA/NCAL Quality Initiative, and other necessary data to help you achieve your desired goals. The 2017 Quarter 4 edition of Your Top-Line publication will
also include each facility's current Quality Award status, and information regarding the eligibility criteria for all levels of the Quality Award journey.

AHCA to Host New Webinar Series – The Story of How Mountain Valley Achieved Quality Gold... and Beyond
Since its inception, the National Quality Award Program has honored more than 4,000 centers across the US with a Bronze Award, 767 centers with a Silver Award and 31 with a Gold Award. The tenets of the program are based on the esteemed Baldrige Performance Excellence Framework, which is known for its unwavering focus on excellence. At times, centers might feel it’s difficult to achieve this rigorous and demanding set of criteria.

In a new, 6-part webinar series, available exclusively to members on ahcancalED, AHCA tells the story of Mountain Valley—a small, 68-bed rural center in Kellogg, Idaho—and how they received not only the AHCA/NCAL Bronze, Silver and Gold National Quality Awards, but went on to receive the Malcolm Baldrige National Quality Award as well. Click here to find out more.

Registration for the 2018 AHCA/NCAL Quality Summit is Now Open!
Join your fellow long term and post-acute care professionals March 12-14, 2017 in New Orleans for a variety of educational sessions, association updates and networking opportunities! Deadline to Register is March 2, 2018. Click here for more.

Registration for the 2018 AHCA/NCAL Independent Owner Leadership Conference is Now Open!
AHCA/NCAL’s Independent Owner Leadership Conference is Jazzing Up the Path to Success. Join in on the fun March 14-16, 2018 (directly following the 2018 Quality Summit) in New Orleans. Get together with AL and SNF Independent Owners from across the county to discuss the issues that matter most to you. Hot Topics this year will include, ACOs, VBP, QRP measures and more. Earn up to 8.75 CEs for attending. Deadline to Register is March 2, 2018. Click here for more.

IHCA Information

IHCA VCast – Sponsored by HPSI
This week's episode featured Ken Mulle and Rick Leskovisek from HPSI Group Purchasing discussing the IHCA Preferred Vendor Program. 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.

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.

2018 LTCNA Nursing Scholarship Application Deadline December 28!
Each year the Long Term Care Nurses Association (LTCNA) offers up to two (2) $1,000 scholarships to CNAs, LPNs and RNs wishing to advance their education. Click here to download the application.

LTCNA Offering Core Competency 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 Preferred Vendor – Prescription Cost Management

Prescription Cost Management (PCM) delivers “real-time” pharmaceutical services focused exclusively on lowering the overall pharmacy costs & overhead for Long Term Care (LTC) & Skilled Nursing (SNF) Health Centers. Customers using PCM save on average, 20% off all their skilled Medicare A medications and on their Medicaid OTC products. PCM utilizes existing pharmacy relationships; no new pharmacies are required as we seamlessly integrate with your current providers. The PCM platform also reduces workloads by implementing a single, consolidated pass-thru invoicing system. The days of multiple bills, from multiple pharmacies is over. PCM provides full pharmacy transparency (Pricing, Consistency, Control and Monitoring). PCM’s industry leading “Watch-Dog” technology autonomously ensures that your facilities and residents are receiving the lowest & consistent pricing, generic medication usage, packaging control & length of stay billing compliance.

PCM is 100% focused on helping Health Centers to reduce costs, reduce risk, and reduce workloads!

- Significant and Quantifiable Prescription Cost Savings using Dynamic “Real-Time” Prescription Market Pricing
- Consolidated Pass-Thru Invoicing
- No “Out of Pocket” upfront Costs
- UR Analytics & Reporting
- HIPAA Compliant Technologies
- Utilize existing legacy pharmacy relationships & existing in-network PBM contracts

The PCM system is easy to set-up and simple to use. Once active, the facility fully controls their patients’ eligibility in the PCM system. Each patient is enrolled and discharged under a provider code to the program. Your pharmacy will bill prescriptions through the PCM network, and get paid their negotiated low prices. PCM then bills you for those scripts, and we pay the pharmacy. You only pay the exact negotiated price the pharmacy was reimbursed plus PCM’s service fee. That’s it.

To get started, we have developed a simple 2-step implementation:
Step 1 – Sign the PCM contract for your organization
Step 2 – Brief Online Training to set-up Account and then Enroll New Patients. That’s it.

For more information, please give us a call or review our presentation made to the IHCA Board of Directors.

Sign up and start your subscription today!
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Mobile: 641-583-3068

Dr. Rockford Anderson, CEO
Mobile: 515-205-1717

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