CMS Revisions to the Five-Star Quality Rating System

Changes to the CMS Five-Star Quality Rating System take effect tomorrow, February 20, 2015. By now you should have been able to preview your facility's new rating. For more information on these changes, please click here to view the summary from AHCA. You can also click here to view the CMS 5-Star memo from James Muller, AHCA’s Sr. Director of Research. In the memo he presents estimates of the number and percentage of facilities that will change their Five-Star ratings due to CMS’s February 2015 Five-Star revisions, as well as information on quality metrics for the last three years.

AHCA has a number of resources available on their Five-Star web page (www.ahcancal.org/FiveStar), including template letters to explain the changes to payers, this presentation from the member call on Friday and instructions on how to access the Five Star reports. Check it out today and keep going back for new materials as they become available. Click here to go to CMS’ Five-Star Technical Users Guide.

Certain Heart Medication/Antibiotic Combination Proves Fatal for Seniors

A recent study found that the combination of a widely prescribed heart medication and a commonly used antibiotic more than doubles the risk of sudden death in seniors. The heart medication, spironolactone (Aldactone), is a diuretic often used in treating heart failure. It works to protect the heart by blocking a hormone that causes salt and fluid buildup.

After a lengthy study to test the potential hazards of this drug combined with the common antibiotic trimethoprim-sulfamethoxazole (Septra, Bactrim), it has been found that that using the medications together can cause a dangerous rise in blood potassium levels, which can cause irregular heart rhythms that can be dangerous and potentially fatal. For the study, researchers tracked more than 200,000 patients over the age of 65 who were prescribed spironolactone. Nearly 12,000 people died suddenly in the course of 17 years.

Researchers also found that this particular drug combination increased the risk of sudden death nearly 2.5 times more than the combination of spironolactone and another popular antibiotic, amoxicillin. Individuals being treated with spironolactone should be closely monitored to ensure that their potassium levels don't rise too much and the choice of antibiotics also perscribed should considered closely. Click here for more.

10 Most Important Factors in Palliative Care

A recent research project, the Measuring What Matters (MWM) aimed to recommend a concise portfolio of valid, clinically relevant, cross-cutting indicators for internal measurement of hospice and palliative care. Researchers working on MWM
took the initial 75 indicators under consideration, which were based on what patients and family members believed to be important, and narrowed them down to the following 10 factors that matter most when helping palliative or hospice patients to avoid unnecessary physical and emotional suffering.

The 10 Measures that Matter Most

1. Palliative care and hospice patients receive a comprehensive assessment (physical, psychological, social, spiritual and functional) soon after admission.
2. Seriously ill palliative care and hospice patients are screened for pain, shortness of breath, nausea, and constipation during the admission visit.
3. Seriously ill palliative care and hospice patients who screen positive for at least moderate pain receive treatment (medication or other) within 24 hours.
4. Patients with advanced or life-threatening illness are screened for shortness of breath and, if positive to at least a moderate degree, have a plan to manage it.
5. Seriously ill palliative care and hospice patients have a documented discussion regarding emotional needs.
6. Hospice patients have a documented discussion of spiritual concerns or preference not to discuss them.
7. Seriously ill palliative care and hospice patients have documentation of the surrogate decision-maker's name (such as the person who has healthcare power of attorney) and contact information, or absence of a surrogate.
8. Seriously ill palliative care and hospice patients have documentation of their preferences for life-sustaining treatments.
9. Vulnerable elders with documented preferences to withhold or withdraw life-sustaining treatments have their preferences followed.
10. Palliative care and hospice patients or their families are asked about their experience of care using a relevant survey.

“We identified the best available set of measures to help us evaluate whether we are delivering the very highest quality care to patients who have palliative care needs and their families,” Sally Norton, associate professor in nursing and palliative care at the University of Rochester, stated in a recent article (click here to read) on Futurity.org.

“As a researcher, it is promising to me because this portfolio of measures will help us build the ‘science’ of palliative care, which is still young,” added Norton. “But much more importantly, we wanted to pinpoint the measures most meaningful to patients and families, and give providers tools they can use to systematically evaluate effectiveness, develop strategies to keep improving, and ensure that patients and families get the very best care possible.”

Number of Hip Replacements Has Skyrocketed in the U.S.

According to recent government statistics the number of hip replacements performed in the U.S. has increased significantly, and the procedure has become more common in younger people. For the study, researchers looked at hospital statistics on total hip replacement from 2000 to 2010 focusing on patients ages 45 and older (which represented 95 percent of the procedures).

In this time period, the number of procedures performed more than doubled—from 138,700 in 2000 to 310,800 in 2010—and grew by 92 percent among elderly patients ages 75 and older. The number of procedures performed on those ages 45 to 54 grew by an astonishing 205 percent in the same time frame.

These numbers reveal several issues. First, they show the rapid evolution of the procedure, which, “remains one of the most dramatic and cost-effective ways to improve the quality of life for patients,” said Dr. Mark Pagnano, chairman of the department of orthopedic surgery at the Mayo Clinic in Rochester, Minn (who was not involved with the actual study).

Secondly, these results lead researchers to believe that osteoarthritis is becoming more common, though the statistics themselves don’t show why the procedures are taking place. An uptick in the number of cases of arthritis is a major factor in this trend. More active people equals more people showing signs of degenerative arthritis.
Additionally, the report showed that the average hospital stay for total hip replacement has gone from nearly five days in 2000 to just under four days in 2010. The recovery time involved in the procedure has dropped due to improved rehabilitation options, better pain management options and better control of blood loss during the survey.

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

February 2015 Observances

**This week is Alzheimer's and Dementia Staff Education Week:** Organized by the National Council of Certified Dementia Practitioners, this week (February 14-21, 2015) is meant to bring awareness to the importance of long term care professionals being properly trained to care for residents with Alzheimer’s disease and/or dementia.

**February is AMD/Low Vision Awareness Month:** More than 2 million Americans age 50 and older suffer from age-related macular degeneration. This month, take the time to learn about vision aids and other innovative tools that help fight vision loss. For more information, visit the Prevent Blindness America website.

AHCA/NCAL Information

**NCAL Awards Program**

**AL members:** Do you have an outstanding assisted living nurse or administrator? Last year, did your community celebrate National Assisted Living Week with excellent programming based on the "Magic of Music" theme? Do you have fantastic staff in the dietary, housekeeping or maintenance departments that go above and beyond the call of duty? If you answered yes, then check out NCAL's 2015 Awards Program. This program gives awards in four categories:

- Administrator of the Year
- Nurse of the Year
- Noble Caregiver in Assisted Living
- National Assisted Living Week Programming

Winners will be recognized during NCAL Day at the 66th Annual AHCA/NCAL Convention & Expo in San Antonio, Texas in October.

For more information or to submit a nomination, please visit www.ncal.org. **Completed nominations must be submitted no later than Friday, May 15, 2015.**

**Provider Magazine Now Accepting Nominations for their 20 To Watch!**

Provider is now accepting nominations for its third annual 20 To Watch list. AHCA/NCAL is looking for rising stars from member facilities—from housekeeping staff to CEO—who exemplify the dedication, hard work and compassionate care required for a commitment to improving the quality of life for all residents. Finalists will be featured in a summer issue of Provider and commemorated on our special “20 To Watch” website. **Nominations are due April 17.** For more information on how to submit nominations, click here.

National Nursing Home Week 2015

It’s never too early to start planning for this year’s National Nursing Home Week (NNHW)—May 10-16, 2015! The festivities will be here before we know it. Are you ready to Bring on the Fiesta?

Your facility staff and residents are sure to have a good time focusing on “Familia, Vida and Amor” (family, life, love) throughout the week. Look for the Planning Guide and Product brochure in mid-February and check out the NNHW webpage here.
Don’t Forget About the AHCA/NCAL Online Store!

The AHCA/NCAL Online Store has a variety of resources available for purchase that can assist you in the day-to-day operation of your center(s).

New for 2015! Health Reform: What Small Businesses Need to Know Now. This comprehensive guide written by Janemarie Mulvey, PhD, an award-winning author and economist with more than 25 years of experience brings clarity to the often-confusing implications of the Affordable Care Act (ACA). By referencing this guide's up-to-date and easy-to-follow explanations, checklists, worksheets, as well as links to other useful resources, small-business owners can begin to wrap their heads around the complexities of the ACA. Find this and more by visiting www.ahcapublications.org!

March Webinars
AHCA/NCAL offers webinars each month on a variety of important topics. March webinars include:

- Affordable Care Act: Clearing up the Confusion for Employers in 2015!
  March 5, 2015 – 2:00 p.m. EST
- What Employers Need to Know Regarding ACA Reporting and Tax Requirements
  March 25, 2015 – 2:00 p.m. EST

IHCA Public Policy Update
The following update was sent to IHCA members from Matt Hartman yesterday following the Governor’s Budget Address:

Today Governor Rauner gave his first Budget Address to a joint session of the General Assembly.

Going into the address, we knew that it would have to be predicated upon some significant cuts. One factor of Illinois law that the Governor’s office has to deal with in regards to the budget address is that the proposed budget has to be based upon available revenues. With the first lapse in the income tax occurring in January after the legislature and the previous administration’s failure to preserve the 5 percent income tax level, an immediate shortfall of nearly $2 billion existed. Initial discussion and the political rumor mill indicated that there were requests to various state agencies from the administration for projections of reductions at the 20 percent level.

Prior to the address the Governor’s office reached out to IHCA and other long term care providers for a pre-briefing on what to expect in regards to long term care in the address. That happened this morning on a conference call with the interested parties. Per the briefing, long term care was being targeted for rate cuts in the area of 12 percent, with an approximate reduction of $230 million. These cuts would be realized in a few ways, including:

- $123 million in funding from the hold harmless that had been put into place for the implementation of the RUGs reimbursement methodology
- $93 million in additional funding put in place by SB741 for support rate increases and rate add-ons
- $7 million in savings realized in a movement of the Determination of Need score from 29 – 37 across all agencies and provider types

As the Governor began his address to the chamber at noon, a number of familiar themes started off the speech. His opening statements focused on past shortcomings of the budget making process, corruption of the system and bullying of the process by special interests. He then segued to references of the immediate budget shortfall in this fiscal year of $1.6 billion, and stated that it was the priority. He did not offer specifics on how that would be achieved. After that, the Governor noted that the next fiscal year would see an additional shortfall of $6.2 billion. His speech and proposal focused on how he intended to address that problem, referencing various cuts and a need for revenue, with a warning that any revenue approaches must come following substantial reforms..
The outline of the plan began with a focus on the ever present pension pressures the state budget faces. He noted that regardless of the Supreme Court SB1, which overturned earlier efforts to address the issue, the state was still $111 billion in the hole. The address continued the theme of overpaid, over-benefited state employees. According to the address, the initial proposal would eradicate the $2 billion faced by taxpayers and the changes in health care coverage would result in an additional $700 million in savings. As part of this portion of the speech, the Governor referenced the fact that much of the reform on pensions would have to be accomplished at the bargaining table with employee unions, one of the central tenets and targets of the administration to date.

The speech briefly focused on a few other issues, including changes to local governments fund transfers, the astronomical costs of public transportation programs and reformation of the criminal justice system.

Finally, the address focused on the Medicaid program. Of note is the fact that the Governor used exactly three sentences to describe his intentions regarding reformation of the Medicaid program:

“For Medicaid, our budget reduces costs significantly while maintaining eligibility levels for most lower-income Illinoisans.

We plan to re-implement many of the Medicaid reform measures that were enacted just a few years ago, but have already been undone.

By re-instituting the SMART Act and prioritizing our re-determination efforts, we will save hundreds of millions of dollars.”

These statements and the outline in the plan provided to us (linked below) do not differ from the briefing we were given this morning.

Of particular note for long term care, and a very real possible impediment to our efforts regarding the problematic surveyor ratios, is the call in the plan for INCREASING nursing home surveyors beyond even the present levels.

The Governor ended on the one area of the budget that will actually see increases if his proposed budget were to come to fruition, education. Per the proposed plan, early childhood education would see increases of over $300 million. Higher education would see some reductions, though not nearly at the levels of other areas, and with some programs remaining untouched.

The full address and an outline of the Governor’s plan can be seen here. As of this writing, the full budget plan is unavailable to the public. We were given word that the full proposal would be available for public consumption Monday. As soon as it is available, we will share it with all IHCA members.

It’s important to keep in mind that the Governors proposed budget is always an opening gambit in the budget battle. The final outcome of the budget will not be known soon, and will involve discussions with the administration and legislative leadership. There are many other tangentially related issues, which can and will be brought to bear in this process, and the final outcome won’t be known until session begins to draw to a close. IHCA will continue to work towards holding the line on Medicaid funding for long term care providers, while also examining other approaches to mitigate the damage to our reimbursement levels. We will keep you well informed as we continue to navigate these waters on behalf of our members. If you have any questions about the budget and budgeting process, please don’t hesitate to contact me.

**Long Term Care Application Process**

The [February report](#) on the long term care application backlog was provided to the group at this month’s LTC Application meeting. Added to this report was a breakdown of pendings and the amount of cases in each category. Twenty additional LTC case workers were recruited to regions 3 and 5 and another twenty to region 2 to work down the remainder of those cases not yet moved to the hubs. Below you will find additional information on the ongoing issues the groups discusses. As always, if you have additional questions please contact [Matt Hartman](#) or [Ashley Snavely](#).
Appeals
Per our request, the Department provided a very helpful LTC Appeals update and FAQ sheet that we encourage members to review in order to help clarify the appeals process.

Redeterminations Notification
Members will soon see a provider notice reaching out to individual facilities to provide a secure email address, and other needed information, in order to receive a monthly redetermination list from the department. This program is not mandatory; however, it is yet another piece to providing clear communications on redeterminations. The notification process will serve as an interim procedure until a permanent one is fully developed.

Income Adjustments
A solution to income adjustment delays has yet to be developed. Please keep careful track of possible overpayment and continue to document changes in MEDI.

Reporting Requirements
As a reminder to facilities on reporting requirements, HFS has created a draft provider notice that accumulates previous notices over the past two years on the issue. This draft will be finalized next week and should be sent out to providers soon after.

LTC Application Forums
Yesterday you received a provider notice with the dates, times and locations for the Long Term Care Application Forums. These forums are a great training opportunity for staff to learn the procedures and ask any questions they may have with the process.

The full IHCA legislative tracker lists the legislation that is of interest to the long term care profession. This link will continue to be updated as legislation is drafted and filed through February 22.

IHCA Association Information
The 2015 IHCA Membership Directory & Buyers’ Guide is Headed Your Way!!
The 2015 IHCA Membership Directory & Buyers’ Guide is set to ship later this week. You should be receiving your copy soon. If you do not receive a copy, or if you need extra copies, please contact IHCA. Don’t forget—this publication contains a wealth of information on your fellow IHCA members, vendors, legislators and more!

Time is Running Out to Register for the IHCA Destination Education Cruise to Alaska!!!
Are you ready to set sail? Register by March 1, 2015 to participate in this seven-night cruise aboard the Carnival Legend! The cruise will depart Seattle, Washington on July 14, 2015 and head up north to Alaska with several stops along the way. Education sessions with our “educator in residence” for the trip, Susan Gardiner, will cover various aspects of quality in long term care and participants can earn 10 CEs for attending. Click here to view the brochure for more information.

IHCA Member Spotlight
IHCA Associate Member – Professional Medical Supply, Inc.
Founded in 1968 by Terry Barnes, a former respiratory therapist with the drive to help people get the medical supplies they needed, Professional Medical Supply Inc. (ProMed) has been fully committed to providing incomparable service and quality medical equipment and supplies to their customers. Based in New Lenox, Illinois, the company has grown over the years to meet the needs of their ever expanding customer base while remaining family owned and operated.

When customers choose ProMed, they are getting more than just a medical supply company—they are getting a partner who will help them to improve quality of care and reduce costs. They work with their customers to develop a plan to achieve their financial, operational and clinical goals, providing them with the resources, education and products
they need to get it done. Many ProMed customers have benefitted from their Collaborative Cost Management (CCM) program, which focuses on finding the “blind spots” within the individual facilities and helping to eliminate them by applying solutions that reduce risk, time and costs. ProMed also offers programs designed to simplify the ordering process and assist in staff training and education, as well as innovative resources that can help streamline everyday operations within facilities. Additional information about all of ProMed’s products and resources is available on the company’s state-of-the-art website, promedsupply.com.

**Interested in Seeing Your Company or Facility Featured in Our IHCA Member Spotlight?**

IHCA is proud of our diverse membership and all of your successes and accomplishments. Has your company recently celebrated a milestone? Accomplished a goal? Undergone a major change? Do you have positive stories or news to share? Would you just like to get your name out there among your fellow IHCA members? If you would like to see your company or facility recognized in *Members Only*—Associate Members, Facilities, Corporations alike—contact acaldwell@ihca.com.

We look forward to hearing from you!