

WellStar

Community Healthcare Connections

Meeting Minutes

Meeting Name	Location		Minutes Taken By	
CHCC	WellStar Development Center, Allatoona Room		April Stutler	
Date	Facilitator	Leaders	Actual Start Time	Actual End Time
12.15.15	Kamela Sooknanan	Kamela Sooknanan Dr. Thomas McNamara Gaetane Wilder	9 a.m.	10:30 a.m.

Meeting Purposes/Objective: Coming Together to Improve Care in the Community

- ✓ Improve communication and patient care across the continuum
- ✓ Assist all facilities in meeting goals for Medicare quality improvement measures
- ✓ Discuss and implement efforts to increase communication between providers and settings
- ✓ Recognize current work and reward creative thinking.

DISCUSSION / Getting Started

Introductions and Updates

- Gaetane Wilder – urged providers to take the best care of patients
 - We don't want a condition to happen to us i.e. C-diff, pressure ulcer, etc.
 - The data shows that Issues are still occurring so we are not getting the best coordination of care and safe transitions
 - Look at what you learn today and bring it back to your facilities, provides. Share the information
- Updates since last meeting - Dr. McNamara – VPMA
 - Update Tenet: 90 days until the end of February. On track as planned. WellStar is unsure of how that will impact this group. However, we will continue collaboration but may incorporate more hospitals.

DISCUSSION – Topics & Updates

Impact Presentation – Presentation included focus on each level of post-acute service type, LTAC, HH, SNF and Hospice, personal Care. Items covered were all the proposed new metrics and future indicators that will be publicly reported.

- Impact Law – Dr. McNamara
 - Fall 2014 / October 1st 2015 – recording outcomes that will be reported “Improving Medicare Post Acute Care Transformation”
- Timelines
 - 2015 – 2016 Quality Data
 - 2017 More Formal reporting structure / standardized quality and resource use
 - 2019 Standardized assessment data required, penalties for those not reporting
 - 2020 ... 50 percent of payment will be tied to outcomes
 - 2022 CMS report on prospective PAC payment
- Impact – LTAC Quality Reporting Program – Dr. McNamara
 - Find out whether hospitals that get MC funding for patient care prevent poor outcomes
 - Measure health gains made by patients cared for in hospitals
- Purpose drives and Agenda
 - Quality reporting – Public reporting
 - Impact Act Payment Analysis
 - Cutting Costs
- Agenda Produces Feedback
 - Feedback: Public Reporting
 - LTAC (Claudi, Clabsi, Pressure Ulcer) Quality reporting like nursing home compare
 - Site Neutral Patients
 - All patients with a psychological or rehab primary diagnosis

- LTAC Criteria Patients
 - Admit from short stay acute
 - 3 days ICU stay
 - 96 hours more ventilator care
 - Dual Payment System
- Steps to Survive Criteria Changes:
 - Be proactive and know the changes that are being proposed
 - Analyze opportunity to increase compliance, build QI programs (PPS/IPPS)
 - Identify toolbox needed to meet challenges of PPS/IPPS
 - Education and training to all team members
- Understand Current Market Environment
 - Patient Criteria Actions:
 - Payer Mix
 - Patient Criteria
 - Referring / Admitting patterns
 - Post-acute integration
 - Decrease length of stay
 - Decrease read missions
 - Bundled payment

Pruitt Health – Impact Act - Alice Lambo

- IHI Triple Aim
- Change lack of integration
- Foundational concepts link Payment & Quality
- Keeping in mind the ideal state measurement across all systems
 - 5 key components
 - Pressure Ulcers
 - Special Services
 - Cognitive Status
 - Functional Status
 - Quality Measures
 - Hospitalization
 - Discharge to community
 - Pressure Ulcers
 - Medication reconciliation
 - Incident of major falls
 - Functional status
 - Patience preference
 - Efficiency Measures – average total Medicare spent per beneficiary, NQF endorsement required

Camellia Hospice – Chris Shipman / Jennifer Edwards

- Mandated Survey
- Increase Medical Review
 - Long length of stay on service greater than 180 days (6 months)
 - 1 patient long length of stay will trigger review
 - 40-60% will trigger survey
- Payment cap
- Survey Q over 36 months (previous Q 6 years many overdue) 2007 survey less frequently, 2013 no improvement
- Local state agencies to survey for next 10 years
- 2/3 die within 21 days of admission
- Proposed Payment Update

WellStar Home Health – Robin Elliott, Accreditation Coordinator Home Health

- Better Health, Better Healthcare, Lower Cost
January 2017
- Qty Skin Integrity
- Qty Medication Reconciliation
- Resource use measures can lose or gain 8% of our revenue based on outcomes

Personal Care -BrightStar – Louise Evans

- Private pay does not accept Medicare

Wrap up – Kamela Sooknanan

- Kam ask for volunteers to sponsor breakfast at these meetings
- Thinks about how we want to proceed in 2016 and educational opportunities that will serve the team best
- Come up with ideas on the best ways to gain more knowledge on in 2016

- As always, encourage participants to share a new step in your process to reduce readmissions or any aspect of your care that improves healthcare. Please notify Gaetane Wilder at Gaetane.Wilder@alliantquality.org
- Thank you to WellStar System for hosting the meeting and providing the refreshments.

NEXT MEETING

NEXT STEPS

Party Responsible	Activity	Due Date