HEALTHTECH S3
strategy solutions support

CEO UPDATE

September 2016

Special points of interest:

- Upcoming webinars
- Regulatory Update
- Shortage of Health Care Providers
- Population Health - Part 6 of 7

HTS3 Working for YOU!

Keeping You Informed

September 20, 2016: Advance Care Planning Process and Reimbursement Opportunities
12:00 – 1:00 p.m. CDT
Hosted By: Faith M Jones, MSN, RN, NEA-BC

There is more to advance care planning than asking the question “do you have an advance directive?” Assisting patients in developing and documenting their end of life wishes is an important aspect of primary care. These conversations take time, must be done by qualified clinicians, and now are reimbursable.
This session will provide an overview of the regulations for reimbursement, educational resources to obtain qualification, and best practices for integrating advance care planning into your wellness visit and chronic care management processes.

September 30, 2016: Overview and Key Elements of Population Health Management
12:00 – 1:00 p.m. CDT
Hosted By: Diane Bradley, PhD, RN, NEA-BC, CPHQ, FACHE, FACHCA

In order to understand population health, one must determine how the term is defined. Is there a difference between care management, public health and population health? This webinar will explore such differences and how each can contribute to improving health and wellness among vulnerable populations.
Similar to any initiative, there are key elements that one must consider when developing a population health management program. The facilitator will discuss each of the elements and their significance for building a model that can work for your organization.

October 7, 2016: Community Health Needs Assessment: Setting Priorities
12:00 – 1:00 p.m. CDT
Host: Carolyn St.Charles, RN, BSN, MBA, Regional Chief Clinical Officer

Setting priorities for improving community health is one of the requirements for completion of a Community Health Needs Assessment. Our webinar will focus on:
1) Who should be involved in determining priorities? How do you get the right people to the table?
2) How do you interpret and synthesize the primary and secondary data for presentation to the group setting priorities?
3) What criteria should you use for choosing priorities?
4) How do you begin developing strategies to address each of the prioritized needs?

October 13, 2016: Pokemon finds MACRA
12:00 – 1:00 p.m. CDT
Hosted By: Michael Lieb, Regional Vice President

Deadlines are looming to change the way providers get paid. What do you need to know to be ready? Join us for an overview of the MACRA legislation and its timelines, what it means for clinicians, and how the financial restructuring of the Fee-for-service schedule could impact their practices and the hospitals that they serve.
This Webinar is designed to let providers and their employing hospitals and groups understand MACRA; what it is, what it isn’t, and how it all works – and by when.

To Register for any or all of the webinars, go to the HTS3 website:
healthtechs3.com

Regulatory Affairs

Each month an updated snapshot of regulations, proposed rules/regulations and opportunities to highlight your initiatives is provided. The list is clearly not all-inclusive, but the most applicable information is offered.

CMS News: CMS has issued the final rule for emergency preparedness. The final rule requires Medicare and Medicaid providers and suppliers to comply with the "best practice standards" for emergency preparedness once the regulations in the final rule become effective which is 60-days after being published in the Federal Register. Once the regulations are effective, Medicare and Medicaid providers will have one year to address the four new standards which are based on emergency planning, policies and procedures, a communication plan, and training and testing programs consisting of the following elements:

1. An emergency plan with an all-hazards approach based on risk assessment
2. Policies and procedures centered around the emergency plan and risk assessment
3. A communication plan in accordance with federal and state laws
4. A training and testing program, which must include initial and annual trainings, and drills that can put the emergency plan to the test.

CDC News: CDC calls sepsis a medical emergency; encourages prompt action for prevention, early recognition. Sepsis is caused by the body's overwhelming and life-threatening response to an infection and requires rapid intervention. It begins outside of the hospital for nearly 80 percent of patients. According to a new Vital Signs report released by CDC, about 7 in 10 patients with sepsis had used health care services recently or had chronic diseases that required frequent medical care. These represent opportunities for healthcare providers to prevent, recognize, and treat sepsis long before it can cause life-threatening illness or death.

"When sepsis occurs, it should be treated as a medical emergency," said CDC Director Tom Frieden, M.D., M.P.H. "Doctors and nurses can prevent sepsis and also the devastating effects of sepsis, and patients and families can watch for sepsis and ask, 'could this be sepsis?'" Certain people with an infection are more likely to get sepsis, including people age 65 years or older, infants less than 1 year old, people who have weakened immune systems, and people who have chronic medical conditions (such as diabetes). While much less common, even healthy children and adults can develop sepsis from an infection, especially when not recognized early. The signs and symptoms of sepsis include: shivering, fever, or feeling very cold; extreme pain or discomfort; clammy or sweaty skin; confusion or disorientation; shortness of breath and a high heart rate.

CDC is working on five key areas related to sepsis:

1. Increasing sepsis awareness by engaging clinical professional organizations and patient advocates.
2. Aligning infection prevention, chronic disease management, and appropriate antibiotic use to promote early recognition of sepsis.
3. Studying risk factors for sepsis that can guide focused prevention and early recognition.
4. Developing tracking for sepsis to measure impact of successful interventions.
5. Preventing infections that may lead to sepsis by promoting vaccination programs, chronic disease management, infection prevention, and appropriate antibiotic use. Source: cdc.gov

TJC News: TJC is requiring hospitals to report on five chart abstracted measures and six electronic clinical quality measures (eCQM) reporting for ORYX in 2017. Hospitals may chose six eCQMs from the 13 of the 15 eCQMs which are available in the CMS 2017 Hospital Inpatient Quality Reporting Program. Further information can be obtained using the following link: **jointcommission.org/performance_management.aspx**

DNV-GL News: Why ISO 9001 for healthcare? Improving quality and enhancing patient safety through the implementation of a quality management system is the best way to provide patient centered care. ISO 9001 provides a model for a quality management system which focuses on the effectiveness of clinical, business and support processes to ensure high quality care is provided. The standard promotes the adoption of a process approach emphasizing the requirements, added value, process performance and effectiveness, and continual improvement through objective measurements.

Shortage of health care providers

A recent article by Dr. Peter Buerhaus, a renowned economist and nurse researcher, proposes some answers regarding the future of primary care physicians and nurses and whether there is or will be a shortage of these providers. When asked whether there is a shortage of nurses in the country, Dr. Buerhaus does identify that some states are experiencing nurse retirements sooner than expected. He also reports that “the number of nurses being produced” has grown considerably since 2002. With the anticipated number of nurses retiring, the acquired knowledge that seasoned nurses have will also be retiring. That experiential knowledge has not been acquired by novice nurses which leaves a considerable gap in detecting patient problems before they become a crisis.

According to the “United States Registered Nurse Workforce Report Card and Shortage Forecast” published in the January 2012 issue of the American Journal of Medical Quality, a shortage of registered nurses is projected to spread across the country between 2009 and 2030. It is forecasted that the shortage will be greatest in the South and the West.

Buerhaus, along with other researchers, suggests that allowing nurses to practice to the full extent of their license can alleviate some of the anticipated shortage, particularly primary care physicians. Restricting scope of practice can only be a detriment to patients, yet the argument whether to lift restrictions continues at the state and federal levels. Currently, the federal government is discussing whether to allow nurse practitioners to practice to the full extent of their scope of practice due to the shortage of physicians within their facilities.

Rural areas can be frequently affected by discussions at the state level since many nurse practitioners work in areas where there is difficulty recruiting physicians, and the shortage of primary care providers already exists. It seems logical that organizations would want to maximize their nursing resources to assure that communities receive necessary services. Restricting practice defeats that purpose.

Graduating nurses vary in clinical competence. Some are willing to jump into the clinical arena yet others are interested in the 12-hour shift and nothing more. Organizational leaders must reach out to universities and colleges that produce graduate nurses as a recruitment methodology. Developing internship programs as a means of identifying those students who will be competent employees is essential and is cost-effective. Research supports the fact that personnel stay in an organization because of their manager. With that in mind, the mentoring of graduate and new Registered Nurses is critical to retention. Internal staff are the best ambassadors; if a nurse enjoys his/her work, that message will be shared with friends and family as will the converse. Human Resource (HR) personnel must be involved in recruitment efforts. The HR specialist should attend professional conferences to highlight the reasons why a new nurse should work at your organization. The CNO must work collaboratively with the HR Specialist to assure the right fit for a candidate. Similar to finding your niche in service provision, the same is true for recruitment. Ask yourself, what makes my organization special. Clearly, retention is the key to reducing recruitment costs. A happy nurse will commit to you for his/her career. Developing professional growth opportunities and educational programs are the second satisfier for employees, so a review of your salary and benefit package should be accomplished to determine whether you are competitive.

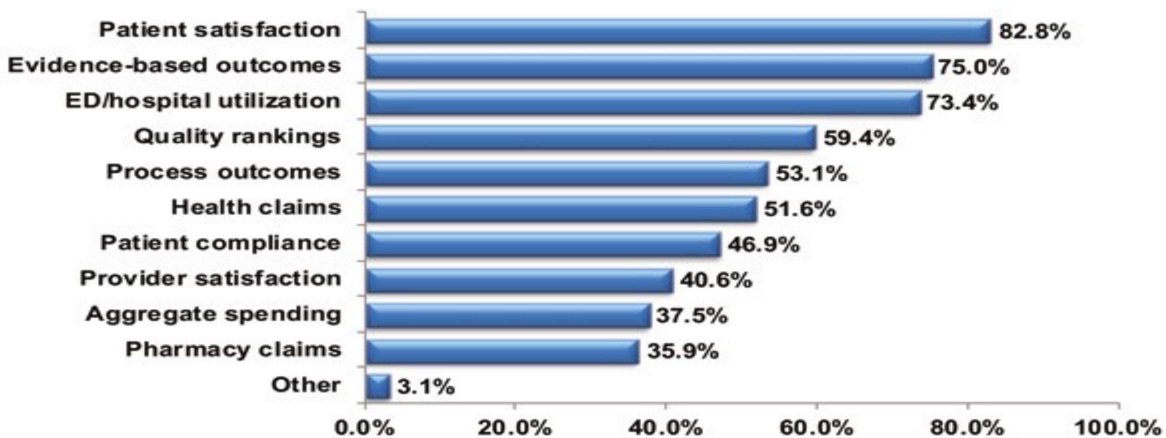
The Association of American Medical Colleges (AACM) predicts that the demand for physicians continues to grow faster than supply. There are projections that physician supply will have a moderate growth between 2013 and 2025, demand will grow more than supply. It is anticipated that total physician demand will grow by up to 17 percent, with population aging/growth accounting for the majority. According to the AACM, “full implementation of the Affordable Care Act accounts for about 2 percent of the projected growth in demand, and by 2025, demand for physicians will exceed supply by a range of 46,000 to 90,000.” Buerhaus agrees with the estimate, and states that “primary care could account for a shortage of as many as 36,000 doctors.” Growing local talent for medicine, especially in rural areas, is an important recruitment effort. Additionally, lobbying for loan forgiveness based on service to rural areas can impact ease of recruitment provided there are opportunities for the family in the area.

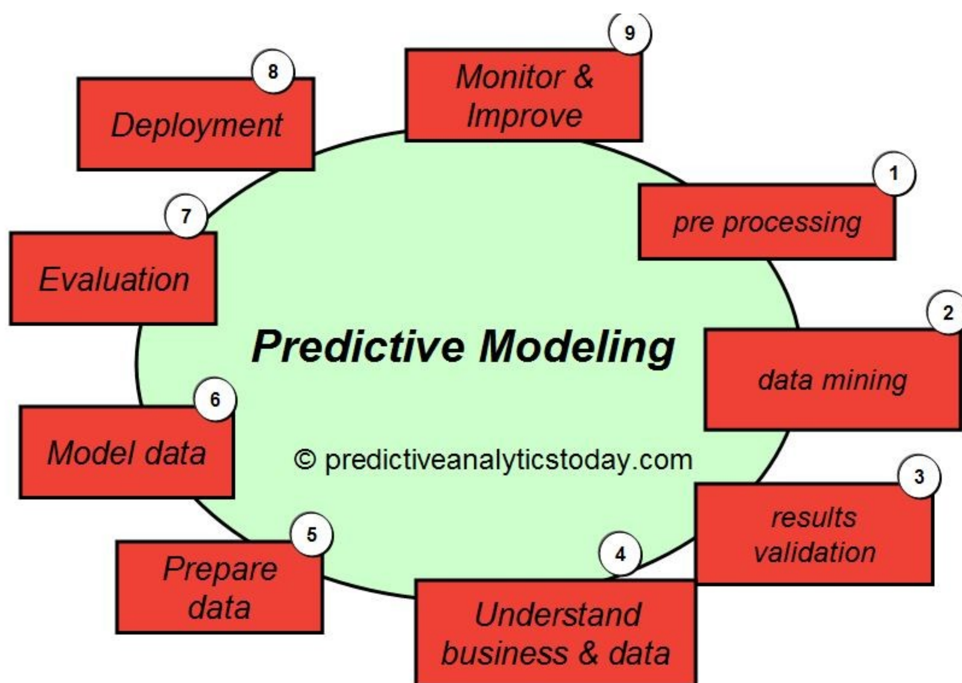
In addition to the projected shortages, the physician and nursing workforce of the 21st century differ considerably from their predecessors. More and more physicians want and expect balance between work and other life activities. Some only commit to parttime work. The expectation of “balancing life” is not unique to physicians; it seems to be an expectation of many workers, including nurses.

Physicians and nurses will be retiring over the next 10 years in numbers never realized in past decades. The baby boomer generation is aging, and will require care thus needing greater numbers of physicians and nurses. Hospitals will always be part of the health care continuum, yet there is a need to prepare both physicians and nurses for the changes in care delivery, much being outside the hospital walls. The time is now to develop new strategies to attract future physicians and nurses to your organization. Waiting can be disastrous.

Population Health

Part 6 of 7: Measuring & Reporting





Population Health

Part 6 of 7: Measuring & Reporting

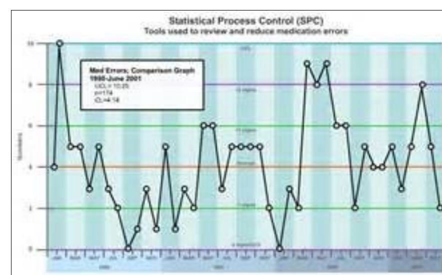
CMS has offered suggestions regarding areas of study for measuring population health management. Some measures seem logical to study due to the impact on populations. Other metrics should be developed based on your specific demographic. Some of the potential areas to manage might include: obesity (both adult and youth), smoking (both adult and youth), diabetes, congestive health failure, hypertension. One needs to determine the specific measure that is being used for each. For example, obesity can use the BMI to determine weight classification.

Identify why this is an important measure for your population. Some indicators to consider could be comorbidities, cost to manage obesity which may include disability, frequent hospitalizations, surgical interventions such as gastric bypass, and un-insurability come to mind. Once the team determines the significance of a measure, a plan must be established to assure positive outcomes. Perhaps thinking through the measures and how they are related to socioeconomic, environmental, personal actions and social determinants of health can be classifications to determine significant measures.

Predictive analytics is one of the least complicated aspects of forecasting clinical outcomes.
—Chad W. Konchak, North Shore University Health System

The essential question to ask is what types and therefore which patients use the vast majority of resources, and is there a better way to address their health concerns that improve efficiencies and reduce cost. Through data analytics, one is able to make that determination.

Reporting volumes of data has not been a challenge for most organizations. The question remains whether the data being reported is the right data and is it meaningful. For example, most of the initial data reporting has been descriptive statistics. What exactly does that mean? Descriptive statistics is the term given to the analysis of data that helps describe, show or summarize data in a meaningful way such that, for example, patterns might emerge from the data. Descriptive statistics do not allow us to make conclusions beyond the data we have analyzed or reach conclusions regarding any hypotheses we might have made. They are simply a way to describe our data.[1] Many quality professionals display data using descriptive statistics. Can you relate? Here is the process: 1) collect reams of information by audit; 2) classify the information, for example, number of falls or number of medication errors; 3) discuss at a committee; 4) make a plan to reduce the errors; 5) check your progress at the next meetings; 6) if you show progress for a quarter, audits may be stopped. So what is wrong with this process or is anything wrong? This writer suggests that overall too much information is collected, and ultimately one does not realize consistent improvement (an example of inconsistency in performance is seen in the diagram below).



Predictive analytics is the next step where looking at historical data as it relates to preventing hospitalizations and decreasing high utilizations ensures that individuals remain in the right place at the right time for the right reason and the right cost. This continued analysis has the most benefit if done concurrently. If done concurrently and correctly, this type of model will shift the course of a unsustainable health care system to one that is sustainable.

HealthTech S3 can help further your understanding of Population Health Management as we begin a three-part series on this topic beginning September 30. Check the HTS3 website, healthtechs3.com, to register.