Greetings!

While this is typically a time for last summer barbeques and gatherings before school is in fully swing, we find ourselves thinking about those that are seeking shelter from Hurricane Dorian. It will not be enough just to think about them, as always there are ways to get involved or to make donations to organizations.

At times like this, we also think of our first responders who also put their lives on the line -- and that includes our healthcare providers! With this dangerous hurricane that is threatening so many people along the coastline, we know that so much preparation and springing into action is going on with emergency responders, hospitals, nursing homes, dialysis centers, clinics, and many more. As many people depend on emergency and ongoing healthcare support and treatment, the amount of preparation to safeguard so many people during this hurricane is tremendous. We are fortunate that our providers all have emergency disaster plans in place and prepare for these situations....and we do thank them for their service during emergency and non-emergency times!

Let’s keep the residents and responders all in our thoughts and prayers and also be ready to take action to assist during the recovery.

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We have the following focused articles:

- Patients, Families, and Caregivers Take Center Stage With Their Providers
- CMS Focus on Improving Quality and Safety of Nursing Home Residents
- NEW CMS Market Saturation and Utilization Tool
- CMS Technical Expert Panels In Need of Patients – Deadlines Approaching
Patients, Families, and Caregivers Take Center Stage with Their Providers!

August 7 was a Groundbreaking Day at the Center for Medicare and Medicaid Services (CMS) Transforming Clinical Practice Initiative (TCPI) Exposition in Baltimore where patients and practices engaged in an All Teach - All Learn Interactive event.

Groundbreaking as the patients opened the day with a plenary session highlighting transformation experienced by patients as a result of the four-year TCPI program involving 140,000 clinicians. Patients also had plenary panel discussions on the value of being engaged as partners in their health and healthcare. Patients explained how the Person and Family Engagement (PFE) interventions improved clinical outcomes of care; reduced the patient, practice, and health plan cost of care; and improved their patient experience.

Special thanks and appreciation to the patients, family members, caregivers, practice clinicians and care teams, TCPI Faculty, Practice Transformation Networks, Support and Alignment Networks, DMI Team, and of course, CMS for creating the TCPI opportunity and paving the path to transformation!

"Service to others is the rent you pay for your room here on earth." — Muhammad Ali

"No one has ever become poor by giving.” Anne Frank

CMS Focus on Improving Quality and Safety of Nursing Home Residents

In April 2019, CMS Director Seema Verma announced a major initiative focused on improving and ensuring quality and safety in nursing homes with the expectation that every nursing home resident is treated with dignity and respect.

To achieve these goals, CMS shared CMS's five part approach:
1. Strengthen Oversight
2. Enhance Enforcement
3. Increase Transparency
4. Improve Quality
5. Put Patients over Paperwork

Director Verma outlined CMS intent to address ‘Strengthen Oversight’ in the CMS Blog that is publicly available and where she will be highlighting the other parts of the safety and quality improvement approach in nursing homes.

In ‘Strengthening Oversight,’ CMS will continue to work to strengthen the State Survey Agencies in their survey and oversight responsibilities and to ensure all state survey agencies are conducting and documenting surveys in a standardized approach. CMS updated the 'Immediate Jeopardy' survey standards and actions to be taken by State Surveyors. Immediate Jeopardy findings are important to assess and address as they are ‘serious injury, harm, impairment or death as a result of a nursing home’s noncompliance with one or more health and safety requirements.’

CMS is also addressing infrastructure issues such as moving to an innovative single survey computer-based process. As the results go to CMS, CMS staff are able to analyze results and provide technical support, resources and guidance to state surveyors as needed. Additionally, CMS is looking at how the Network of CMS Regional Offices can also be of assistance and leverage some of their resources and relationships.

CMS is also reviewing the timing of surveys to assess if high performing nursing homes can be surveyed every 30 to 36 months, which if adopted, would allow CMS and State Survey Agencies (SSAs) to devote more resources and visits to lower performing nursing homes. All complaints will be still be investigated no matter the nursing home's 'star' or level of performance.

With approximately 15,000 nursing homes nation-wide, it is important to target resources where they are most needed. On average, SSAs conduct over 70,000 surveys per year. If
they moved to targeted low performing nursing home surveys more frequently, the SSAs have an opportunity to improve the quality and safety of all nursing home residents in all nursing homes. CMS also intends to change nursing home fines as CMS would rather see the funds go toward performance improvement by nursing homes.

Be sure to sign up for the CMS Blog to stay current with the additional areas of focus and more improvements.

NEW - CMS Market Saturation and Utilization Data Tool

CMS has released new data tools for usage by the public. The Medicare Fee for Service (FFS) claims and the federal and state licensed facilities are graphically displayed using drop down and easy to navigation tools.

According to CMS, the Market Saturation and Utilization Data Tool was developed to allow CMS to monitor market saturation as a means to help prevent potential fraud, waste, and abuse (FWA). One is able to compare information by state and by county within state. The annual data are automatically calculated and by hovering over a state or county, data will readily be displayed.

Additionally, any state or county that has a moratorium on new licenses for specific facility type or service are displayed in dark blue (such as in the graph above on home health agencies by state).

There are various metrics available including counts by facilities, FFS usage, total payments, average usage by FFS members, and other metrics. Data can be displayed annually with data available from October 2014 through March 2018.

The data are useful for planning as it is helpful in understanding facility counts, trends, and variations among states and within counties. Keep in mind that the utilization information is available through the Medicare FFS claims data. So when reviewing the data, remember Medicare Advantage claims are not included. This is important as wide variations can exist as the percent of Medicare Advantage has an impact on FFS utilization. For example, in 2018, in Illinois, 22% of Medicare beneficiaries were in Medicare Advantage Plans while Minnesota had 56% of their Medicare population in Medicare Advantage Plans. Medicare Advantage Plan claims data are not available or included in the utilization information. (To see Medicare Advantage penetration by state, click here.)

The following map illustrates dialysis centers by state with a deeper dive into counties in Illinois. Illinois' counties are highlighted in both map and tabular formats.
Several Opportunities for Patients, Families, Caregivers and Consumers to be Involved

PPC often hears about opportunities for patients, families, and caregivers to get involved in research, measurement development, or sharing their story. We would like to make you aware of these opportunities as they become available.

**CMS Technical Expert Panel.** CMS has several Technical Expert Panels (TEPs) they are recruiting for and are interested in having patient, family, or caregiver participants on the TEPs. The TEPs and the self-nomination deadlines are listed below:

- Patient Safety Measure Development and Maintenance - **Deadline September 4, 2019**
- Hospice Quality Reporting Program Patient Assessment Instrument and Quality Measure Development - **Deadline September 30, 2019**
- Behavioral Health Measures: Development, Reevaluation, & Maintenance - **Deadline September 27, 2019**

To find out more about the CMS TEPs and how to apply to be a patient representative, [click here](#).

**PROJECT PATIENT CARE PODCASTS**

Project Patient Care Podcasts are publicly available to you and everyone you wish to share them with.....We feature monthly podcasts with our Champion Change Agents that are available by clicking [here](#).

Featured Podcasts include:

- Sue Sheridan - *Driving Change Through the Patient Story and 'What Ifs'* - June 2019
- Beth Daley Ullem - *Advancing Quality Improvement and Safety through Improved Performance of Governing Boards* - May 2019
- Project Achieve - *Driving Quality Improvement and Health Outcomes Through Improvements in Care Transition* - April 2019

A series of 3 Podcasts:

- **Part 1** - *Care Transitions: Project Achieve’s Research and Findings* featuring Suzanne Mitchell, M.D., M.S. and Terry Davis, Ph.D. and Patient
- **Part 2** - *Project Achieve Care Transitions: Importance of Strong and Effective Partnerships* featuring Jane Brock, M.D., M.S.P.H.; Paul Cantrell, Area Agency on Aging Consultant; and Christine Larocca, M.D.
- **Part 3 – Project Achieve’s Findings from Surveys of Patients, Families, and Caregivers* featuring Carol Levine, Caregiver Advocate; Kathy Rust, Caregiver; and Joann Sorra, Ph.D.
We know you will be inspired by these featured podcast programs and learn from the stories and experiences the presenters share - [www.projectpatientcare.org](http://www.projectpatientcare.org)

We are always happy to hear from you - please feel free to contact us at any time.
Contact us at:
Telephone: 312-445-6477
E-mail: Pat Merryweather-Arges
pmerryweather@projectpatientcare.org

Thank you