



Project Patient Care Newsletter - September 2019

Project Patient Care: Bringing the voice of the patient, family, and caregiver to improve health and healthcare locally, nationally, and globally.

Greetings!

This is typically a busy time of the year for Medicare beneficiaries and healthcare providers with Open Enrollment and New Regulations going into effect.

October 15 through December 7 is Open Enrollment period for Medicare beneficiaries. Open Enrollment means that Medicare Beneficiaries already enrolled can:

- Can switch to a Part C plan from Medicare Parts A and B
- Medicare Part C beneficiaries can switch back to Parts A and B
- Beneficiaries who have or are signing up for Medicare Parts A or B can join, drop or switch a Part D prescription drug plan
- Beneficiaries with Medicare Part C can switch to a new Part C plan

As October 1 is the beginning of the federal fiscal year, there are typically many Medicare changes that occur including new regulations and changes in reimbursement.

For this month, we have highlighted the following:

- Patients engaged in many aspects of healthcare transformation
- CMS Conditions of Participation focused on discharge planning
- Interactive Opioid Trend Data
- New CMS Infographic
- CMS Technical Expert Panels In Need of Patients – Deadlines Approaching
- 11th Anniversary of World MRSA Day

In October Newsletter we will have a focused discussion on the expanding role of caregivers.

Patients Engaged in Transformation

It is becoming increasingly common to have Person, Family, and Caregiver Engagement in just about every aspect of healthcare delivery and development. At the National Association for Healthcare Quality (NAHQ) Annual Meeting held on September 16, Pat Merryweather-Arges presented on the evolving role of person, patient, family, and care giving involvement in:

- Personal Care - Patients, families, and caregivers actively engaged in their own care and shared decision-making.
- Organizational - Hospitals, Practices, and other healthcare providers are engaging patients as Patient and Family Advisors (PFAs), Patient and Family Advisory Council (PFAC) members, and in governance, including board leadership.
- Policy - Patients and patient advocates are involved in creating and advancing policies on a range of issues including diseases, access, costs, and transparency.
- Research - Most research grants and initiatives are including patients that are increasingly representative of the population under study from co-creation to co-evaluation. This includes disease based studies, behavioral patterns, information technology, health literacy and numeracy, and research and conference poster evaluations.
- Measure Development and Assessment - As noted in the PPC newsletter, there are many opportunities for patients and patient advocates to get involved in measure development and evaluation through CMS, National Quality Forum, National Committee on Quality Assurance, and many other national and local programs.
- Healthcare Meetings or Conferences - It is now a rare occurrence to be at a national or state healthcare meeting and there are not patients involved. In almost every healthcare meeting, there is a patient or patients providing a presentation and actively engaged in the meeting.
- Community - Persons, families, and caregivers are becoming more actively engaged in community or population health working with healthcare providers. Some are also taking on activist roles on environmental issues effecting health; prevalent community diseases and disparities; and prevention education. Community Health Workers are also playing a major role in advancing community or population health.
- Safety - Patients, families and caregivers continue to be involved in healthcare safety and have become emboldened as a result of the World Health Assembly Resolution on Patient Safety that was adopted in May 2019.
- Certified Peer Specialists - Former patients and family members that have experienced a similiar disease are part of a growing field of Certified Peer Specialists. Peer Specialists can be found in behavioral health emergency and routine care settings and as peer mentors to other patients or parents.

While the integration of persons, patients, families, and caregivers is growing - we know there are still so many areas where their expertise can be so valuable.

As Valerie Billingham said over 20 years ago, "Nothing about me, without me" - we are forging ahead and creating successful pathways to improved outcomes with patient engagement from co-creation through co-evaluation.

"Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world."
Harriet Tubman

CMS Conditions of Participation: Focus on Discharge Planning

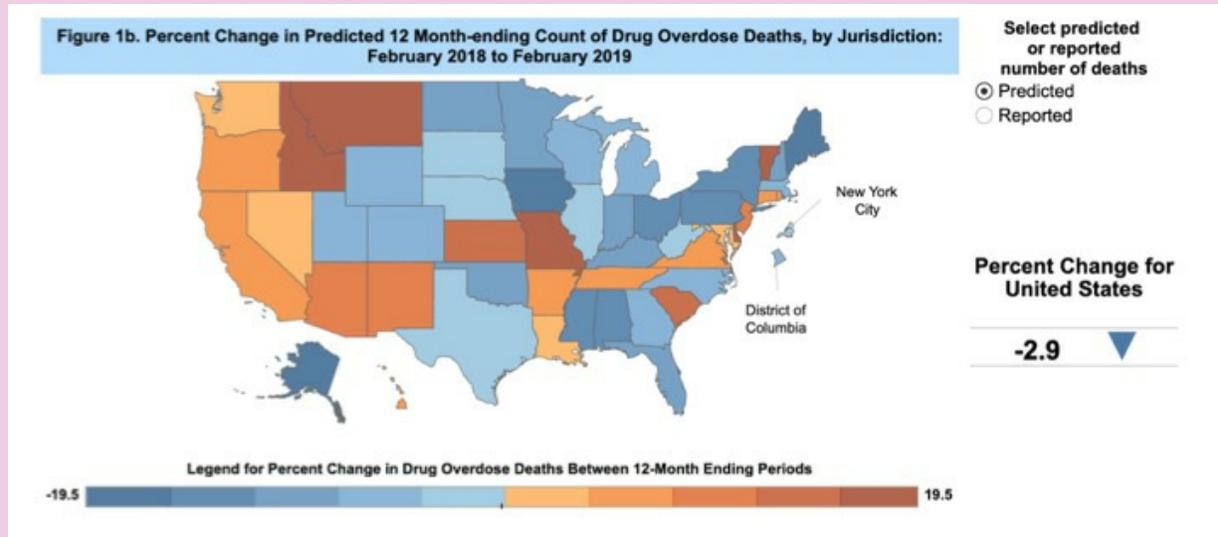
On September, 30, 2019, CMS published the **final rule on discharge planning** for all categories of hospitals effective November 29, 2019. The final rule calls for a hospital's discharge planning process to identify patients that are most likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning. The process is to be started at an early stage of hospitalization.

In developing a joint patient and healthcare provider discharge plan, the provider must take into consideration the patient's goals and preferences. The final rules also include provisions for the caregiver to be involved at the direction of the patient. The patient and if applicable, caregiver, must be provided quality and performance information on any post

acute care providers that align with the goals and preferences of the patient. If a hospital has any financial relationship with a post acute care provider, they must disclose that to the patient. Patients also are to be given their medical records and information upon request.

As many post acute care providers vary in their services, many hospitals routinely receive a Nursing Home Capabilities List from their nursing homes. If a patient is being transferred to a skilled nursing facility, it is critically important that the list is current as many services are dependent upon staff capabilities. If a patient has a wound or pressure ulcer, one would want to go to a nursing home where there is a certified wound care specialist and possibly an infection preventionist. As there is a national movement by nursing homes to reduce therapists, one would want to ensure that a nursing home has a therapist that can provide a continuum of therapy if therapy is expected and noted in the discharge plan.

CDC NATIONAL VITAL STATISTICS SYSTEM



The Centers for Disease Control and Prevention (CDC) National Center for Health Statistics has a division charged with providing vital statistics on key health indicators. The data provided on persons that died of opioids is considered 'provisional' and 'estimated' but are a valuable source of timely trends and information. The patients with opioid overdose death information is available at national and state levels and presented in maps, graphics, tabular, and downloadable formats.

The most current provisional predicted information for February 2018-February 2019 shows a decrease of 2.9% and a provisional reported decrease of 3.9%. To utilize the interactive resource and the information methodology, click [here](#)

NEW CMS INFOGRAPHIC Medicare Beneficiary Information 2017

Medicare Beneficiaries AT A GLANCE

WHO'S COVERED BY MEDICARE - 2017:

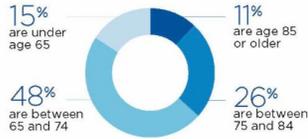


58M
Americans are enrolled in Medicare

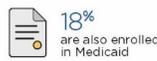


3.8M
are new enrollees

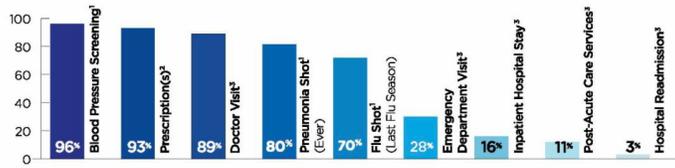
WHO THEY ARE



TYPE OF MEDICARE COVERAGE



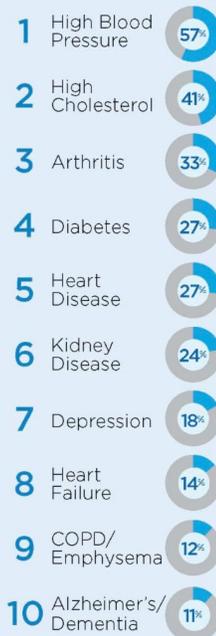
USE OF MEDICARE SERVICES



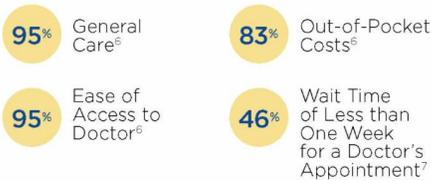
AVERAGE TOTAL PAYMENTS (MEDICARE PAYMENTS + BENEFICIARY COST SHARE)⁴



TOP 10 CHRONIC CONDITIONS⁵



OVERALL SATISFACTION RATES AND ACCESS TO CARE



USUAL SOURCE OF CARE⁸



(*Includes Other Clinic/Healthcare Center, Hospital-Outpatient, ED, Managed Care Center)

1 Based on the Medicare Current Beneficiary Survey data. The percentage reported for flu shot refers to the 2017-18 flu season
 2 Based on Part D Enrollment and Utilization
 3 Based on Fee-For-Service Enrollment and Utilization
 4 Based on Medicare Payments and Beneficiary Cost Share for Fee-For-Service Beneficiaries with Utilization
 5 Based on Fee-For-Service beneficiaries
 6 Excludes beneficiaries who reported "No Experience"
 7 Among beneficiaries who reported an appointment (that was not a standing appointment) with a doctor within the past year
 8 Among beneficiaries who reported having a usual source of care

Congressional Budget estimating that there will be 80 million eligible Medicare beneficiaries by 2035. For information on the methodology used in this graphic, click [Here](#)

CMS Technical Expert Panels In Need of Patients Deadlines Approaching

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:

- Measure Development: Patient-Reported Outcome-based Depression Performance Measure for Use in Primary Care Practices - Deadline October 4
- Reevaluation of Inpatient Claims-Based Outcome Measures - Deadline October 14

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

October World MRSA Month October 2 World MRSA Day

Survivors of MRSA gather in many countries during October in recognition of their survival and to spread MRSA prevention education to others. Jeanine Thomas, founder of the MRSA Survivors Network has developed a video featuring survivors, activists, clinicians, and local media in recognition of World MRSA Day. To view the video, click [HERE](#) and scroll down to October 2 World MRSA Day.



Celebrating Peace Day in Chicago at Daley Plaza on September 23. Thousands of attendees included over 1200 students; consuls and consul generals from over 50 countries; and many local officials. Pat was able to spend some time talking to our newest Mayor of Chicago, Mayor Lori Lightfoot.

Martin Hatlie discussing patient safety with Carolyn Clancy, M.D. at the Crouse Patient Safety Lecture in observance of the upcoming 20th anniversary of "To Err Is Human."

Below is a Crucial Conversation panel of peacemakers held before Collaborations Peacebook event in Austin community in Chicago. Pat participates in the weekend events in building and sharing

peacebuilding strategies across Chicago,
within communities, and within ourselves.



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We Love to Hear From You!

We are always happy to hear from you -
please feel free to contact us at any time.

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Thank you