MAUN-LEMKE
Changing the Results of Healthcare
SOLUTIONS
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Clint Maun's MOTIVATIONAL MINUTE

Here is a motivational minute from Clint that stands the test of time.

Have you ever reached a place in your life where you felt that you were entitled to take it easy from that instant on?

It's nice to imagine a magical point in time where you can take it easy for the remainder of your life. But let's face it, that moment in time is pure fantasy. Even the people wealthy enough to *kick back* don't buy into the illusion of a nirvana retirement where they do nothing the remainder of their lives. These people, like most of us, are always looking for the next activity or challenge.

Do you have people at your workplace or maybe even someone in your own home that decided to *retire*? From the outside, it looks like their new purpose in life is to just *hang around for the ride* and let everyone be their servant.

These people aren't looking for new challenges. They are not interested in improving things. They don't think about their competition. The have no concern for their co-workers. These folks appear to have checked out from everything and everyone, including their family, co-workers, customers, employees, and friends.

This is *coasting* behavior. The minute you begin coasting, you begin to lose your value. Anyone who starts *coasting* has to be going downhill. It is impossible to coast uphill.

Let's face it - what we accomplished yesterday is *water under the bridge/water over the dam/old news*. We cannot coast on yesterday's successes!

It's what you are doing today and planning to do tomorrow that has importance. No success is final - no success lasts forever. Look at Michael Jackson. When he decided to give

recording a rest, he completely lost touch with what was happening in the music world and what his fans were interested in hearing. His comeback attempt never came close to the success he once enjoyed. If you are enjoying success, you have to keep planning new ways to keep succeeding.

As each goal is accomplished, look for a new one and keep going. When you feel that you've got it made, watch out! It's the first step into a rut. Each next step gets easier and easier. When you're dead, (we think but aren't certain) you can afford to stop peddling. The reality is that when that day comes, you don't care if you're going uphill or down.

Remember, "A rut is nothing more than a grave with the ends kicked out!"

The Leading Edge

Why Hospitals Are Starting to Think Like LTC Providers & SNFs

You're probably well aware that the population of Americans requiring long-term care is significantly increasing. Indeed, millions struggle every day with health and safety challenges such as chronic disease, falls, and mental health issues. According to the National Council on Aging about 80 percent of older adults have at least one chronic condition and 77 percent have two. Some research and experts suggest that 75 percent of the aging population will require some form of long-term care and 40 percent will need care from a skilled-nursing facility.

It's this trend and these staggering numbers that sparked the American Hospital Association to highlight the topic in a recent brief to its members (you can **read the brief**). The AHA is encouraging hospitals to operate in a more *age-friendly* fashion. The association argues that doing so is crucial for health systems as it redeploys and prioritizes existing hospital resources, and it also puts hospitals ahead of the curve in preparing for the impending market shift.

The new, age-friendly care approach focuses on a "4M model" which includes focusing on what matters to each older adult, using age-friendly medications for those individuals, keying in on mental activity (mentation) to manage depression and other cognitive concerns, and maximizing mobility.

The AHA cites that these factors call for a differently designed care delivery model that responds to older patients' personal preferences, medical needs and values. The AHA's members are already testing these methods in their own hospitals, and post-acute, long-term care, and assisted living facilities. Some hospitals are transforming some of their floors skilled nursing facilities, while some hospitals have established *age-friendly champions* who help bolster patient education while reducing patients' length of stay.

So, what are LTC providers and SNFs to take away from all of this? Well, first it's probably important to call out that hospitals are now being encouraged to think and strategize like an LTC provider or SNF. They're seeing the need and financial opportunity to serve this population while adding value, coordination of care, and

convenience for their patients. LTC providers and SNFs would be well-served to pay attention to this shift and respond by finding ways to better anticipate needs and partner with the community. Maybe this means harnessing technology to cater to the needs of older adults or providing care in more convenient fashions. Or, perhaps it means you partner with hospitals and providers you've never considered before.

"When everything seems to be going against you,
remember that the airplane takes off against the wind, not with it."
—Henry Ford

Employees Matter

CMS Discusses Goals & Obstacles in 2018

As with anything in healthcare, goals, regulations, obstacles, and metrics are ever-changing. Earlier this year, representatives from CMS shared their updated goals as well as some of the key burdens that are standing in the way of providing optimal patient care. The CMS has outlined four strategic goals for 2018. Here's a look at those goals along with some insight as to how the CMS plans to achieve them:

- **Empowering patients and doctors to make decisions about their health care.** CMS's focus in this category will be an initiative to increase access to health data via mobile applications. Further, they will hone in on *liberating data* and getting as much information as possible to beneficiaries and providers to increase access to better treatments and to improve patients' ability to manage their own care. CMS officials have also recognized that Medicaid members are more *digital* than ever, and are beginning to recognize these technology skills in its communications.

- **Ushering in a new era of state flexibility and local leadership.** CMS's focus in this area will be on Medicaid issues. CMS will be focused on increasing flexibility with Medicaid waivers and sharing more information on which state innovations are going well.

- **Improving the CMS customer experience.** CMS's approach here will be to make the agency more *customer-service friendly*. Initiatives aimed at achieving this goal include developing additional educational materials, like MedLearn Matters and video blog postings, and working to make information easier to find. In line with this objective, watch for a program integrity documentation manual that will consolidate various forms in one location.

- **Supporting innovative approaches to improve quality, accessibility, and affordability.** The big focus for CMS in this area will be on transforming from a fee for services model to reflect new payment models. The Center for Medicare and Medicaid Innovation has been active in this area for some time, but a particular focus for 2018 will be on the opioid crisis. For example, working to identify ways to better treat addiction and to better the physician/hospital

alignment for care coordination.

In addition to these specific strategic goals, the CMS is seeking guidance from the provider community on regulatory burdens which are pulling them away from patient care. Here's a snapshot of some of these obstacles and burdens:

- *Improper payments*. An estimated 11 percent of all Medicare Fee-For-Service claim payments are improper, which translates into approximately $41 billion per year in improper payments.

- *Resourcing UPICs*. The Unified Program Integrity Contractors (UPICs) is spread thin and in the midst of consolidation. The CMS has acknowledged that UPICs should not be working cases unless they are truly fraudulent; in other words, UIPCs should send most cases back to the Medicare Administrative Contractors (MACs) for provider education. CMS is currently in the process of awarding contracts for UPICs.

- *Addressing the opioid crisis*. CMS is currently revising and updating its opioid response to reflect the current Administration's priorities and recommendations for the crisis. Current activities include engaging stakeholders in listening sessions and incorporating opioid-related measures in Medicare's Quality Payment Program. CMS has created an *Opioid Drug Mapping Tool* which identifies communities where intervention is most needed by showing the number and percentage of Medicare Part D opioid prescriptions filled at the state, county and zip code levels. The data lags by a few years, but CMS is looking at ways to update the information faster.

CMS will continue to provide updates and information throughout the remainder of the year. Providers can also participate in CMS-hosted listening sessions and subscribing to CMS alerts and announcements. It appears that CMS's ultimate approach in 2018 will be a more provider-friendly one, with a customer focus aimed at reducing provider burden and improving patient care.

"If you can't explain it to a six-year-old, you don't understand it yourself."
—Albert Einstein

News You Can Use

New Study Finds *Observation* Stays Erase Readmission Gains

According to a recent study published in the *New England Journal of Medicine*, policies seeking to reduce readmission may not be as effective as once thought. The study reviewed nine years' worth of hospital admissions and found that calculating outcomes of *observation* patients (who are technically outpatients) would erase most progress recently touted about lowering readmissions. Though the study focused on hospitals, skilled nursing providers are also being incentivized to reduce readmissions and use

their success to attract new provider partners and residents.

According to researchers, observation status has grown among commercially insured beneficiaries, an average of 0.3 percent annually since 2007. By 2015, data from Truven Health Analytics MarketScan Commercial Claims and Encounters database showed that 14 percent of patients with *index* emergency department visits were hospitalized, and 43 percent of those were hospitalized under the observation category. Observation stays do not count toward the three-night minimum required for Medicare-covered skilled nursing services.

While inpatient readmission dropped by 2.3 percent during the study period, the researchers found the rate of readmission after an observation stay increased by 3.9 percent. Many patients also returned for repeat observation stays. **The study** also noted that under current policies, hospitals face no repercussions for unsafe or poorly handled discharges from observations care that may lead to repeat hospitalizations.

"In three words I can sum up everything I've learned about life: it goes on."
—Robert Frost

Just For Fun

Prize-Winning Puns

These puns are sure to tickle your funny bone!

- What happened to the rich guy with the double chin?
  He made a four chin.
- I made a clock mad. *It was ticked.*
- I didn't used to like duct-tape at first, *but then I became very attached to it*.
- The carpenter came around the other day – *he made the best entrance I have ever seen.*
- Telling a demolitionist how to do his job is *destructive criticism*.

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