MAUN-LEMKE
Changing the Results of Healthcare
SOLUTIONS
The Newsletter for Healthcare & Human Services

April 1, 2020

We want to help you shine your best!

During my 28 years with Maun-Lemke, I have interfaced with a vast array of specialty healthcare consultants that provide strategic information to aging services providers. However, too often independent providers have budget constraints that limit their ability to access data systems and analytics to better direct and fine-tune their marketing efforts, recruiting, and quality improvements.

Maun-Lemke recently partnered on a project with **Jeff Steggerda**, President of Brighton Consulting Group (BCG). If independent providers are looking for an information resource to help fill the *technical service gap* for a limited dollar investment, my recent conversation with Jeff could provide some answers.

The following is an interview I recently had with Jeff to learn more about his company and its services.

-Kathy Cain, Vice President -Maun-Lemke Speaking and Consulting, LLC

Kathy:
Jeff, I know you love data and creating new ways to document your findings. Our clients are using BCG reports from the CMS 5-Star raw data sets and comparative reports from PBJ data sets. Would you elaborate on these reports and what other services you can provide the independent provider?

Jeff:
Kathy, it's always a great experience collaborating with Maun-Lemke. I'm glad your clients have realized the value of our data services. Thanks for the opportunity to acquaint your readers with BCG. We founded **Brighton Consulting Group** in 1994 offering *financial and cost reporting services* which have expanded into *strategic consulting* and *specialty outcome reporting* including:

- Patient and Resident Surveys

- PBJ Coordination
- OIG Compliance Support
- Data Analytics (5-Star and PBJ)

Our company's goal is to show value for our customer's investment in data. BCG customers are updated with information which allows them to navigate their operations through this constantly changing profession. We think ahead for what is the *next big thing* and develop tools for them to assess their own capacity or performance in a variety of areas.

Kathy:
I know healthcare organizations are striving for information on the customer's perception of their organization with direct feedback on their quality of service-delivery. Would you elaborate on what survey information BCG can provide for them?

Jeff:
You're right on. The information a survey will provide is vital for a healthcare organization to remain competitive and sustain revenue. In 2001, we began conducting Patient Surveys. Our customer base worked with us to implement both Short-Stay and Long-Stay programs. Success and growth have been driven by customer feedback to make our system most effective. BCG survey programs were developed through the **American Health Care Association** and is endorsed by the **National Quality Forum**.

Kathy:
I know you are dedicated. Can you tell us about pricing and cost efficiency?

Jeff:
We are cost-effective because we are continually updating our methods for mining information. BCG pricing is based upon the amount of time spent preparing, inputting, compiling responses, and transmitting the results. Our standard independent provider and small group fees for 2020 are:

- CoreQ Long-Stay (resident and family) — $475 per survey
- CoreQ Short-Stay (discharge) — $700 per survey
- Assisted Living (resident and family) — $425 per survey
- Staff Surveys — $350 per survey

BCG will adjust pricing for very small and large groups. We apply all of the CoreQ* processing requirements and the results include scoring for each question and a Satisfaction Rate. Our survey tool adds a few additional questions, including the *big one*, "Would you recommend this facility to others?" Combined, all this information provides a comprehensive representation of each location.

- **CoreQ consists of 5 sets of customer satisfaction questions which provides consistent measurement across long-term and post-acute settings, endorsed by the National Quality Forum (NQF).*

Kathy:
Having worked with you on past projects, I know the loyalty your clients feel for BCG. Why do you think that is?

Jeff:
Thank you Kathy. I appreciate you saying that. We believe providers select BCG for Patient Surveys for several reasons:

1. Our simple and direct process
2. Low administrative requirement
3. Cost effectiveness
4. Clear results
5. Flexibility, on-time delivery, and integrity of the process

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We wish to thank Jeff for his insight into BCG. To learn more about what BCG can offer your organization, contact Jeff at:

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"There's no competitive advantage in being just like everyone else."
—Daniel Burras

The Pressing Need for Geriatric Healthcare Professionals

Without a doubt, the coronavirus pandemic will burden the U.S. healthcare system and further strain the healthcare workforce shortage. So, this only compounds and increases the need for qualified medical specialists in nursing homes and long-term care settings.

The Benefits of Geriatric Specialization

As you likely already know, geriatric medicine is a specialty that focuses on healthcare of elderly people. It aims to promote health by preventing and treating diseases and disabilities in older adults. Although not every elderly person needs the specialized knowledge of a geriatrician, the benefits of such training and knowledge are very important for many long-term care and nursing center residents. Here are just a few of the key benefits geriatricians can bring to your facility:

- **They focus on and treat the whole patient, not just one body system or illness.** Moreover, geriatricians focus on what's important to patients, with both short and long-term health goals in mind. For example, recognizing and treating something simple like constipation can help quickly alleviate discomfort, and in the long term, it can help prevent several serious problems like urinary retention.

- **They set realistic expectations with patients and families.** Geriatricians help create realistic expectations about prognosis and improvement for patients

and their families. They discuss prognosis and goals of care early and often. Geriatricians are equipped to help educate and prepare patients and their families with death, so it doesn't feel like a surprise or the result of poor care.

- **They scrutinize medications more closely.** Patients who are transferred into nursing centers or long-term care facilities are often taking multiple unnecessary, inappropriate, sometimes overtly harmful medications while hospitalized. Although prescribed with good intentions, these medications often do more harm than good, and they are prescribed by physicians who are presumably just not aware of the risks and intricacies with elders. Geriatricians often first think about stopping medications, rather than adding additional drugs to already huge medication lists. They don't automatically believe that *more is more* when it comes to medical treatments. If they are going to prescribe medication, geriatricians often start low and go slow.

- **They can help educate the rest of your staff.** Most of your elderly patients aren't getting any healthier or less complex, and your practitioners need to know how to give them the best care possible. A savvy geriatrician can help educate less sophisticated attending practitioners in your facility. This can be done by doing just-in-time interventions on specific residents and also by larger-scale efforts such as facilitating team learnings and sharing educational materials around topics like reducing inappropriate medications and improving advance care planning.

Without a doubt, geriatrics will likely never be as desirable to medical students as more compensated specialties like orthopedics and neurosurgery. It indeed takes a special kind of person to choose to work with frail elders. However, the benefits to practitioners, facilities, and ultimately patients, are paramount. With best-in-class geriatricians and staff, you can provide care that helps optimize function, better ensures health priorities and goals, and seamlessly guides patients and their families to make informed decisions about medical treatments.

"Opportunities don't happen, you create them."
—Chris Grosser

The Leading Edge

Key Findings in Review of how SNFs Have Changed Over the Decades

A recent study published in the *Journal of the American Medical Directors Association* reveals how skilled nursing facilities have changed over the past decades since passage of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87). In 1987, the OBRA Act called for a major overhaul of the nursing care quality assurance system. In the study, which is titled, "Thirty-Year Trends in Nursing Home Composition and Quality Since the Passage of the Omnibus Reconciliation Act," the authors analyzed data from the National Nursing Home Survey, Online Survey Certification and Reporting Data/Certification and Survey Provider Enhanced Reporting, and data from

LTCFocus.org.

Key Findings

The researchers found that in the past 30 years, the nursing care industry has:

- Decreased in size from 19,068 facilities to 15,686
- Increased in the number of nonprofit (25 percent to 31 percent)
- Increased in the number of dually certified (33 percent to 97 percent)
- Increased in the number of chain facilities (51 percent to 57 percent
- Increased in the number of with an Alzheimer's special care unit (11 percent to 15 percent)

The demographics of the nursing center population has changed as well, the report said. The authors stated that there are more racial and ethnic minorities in this setting. While the number of long-stay residents has remained stable, the percentage of residents admitted from the hospital has increased by over 15 percent, with more people coming into nursing homes for rehabilitative/post-acute care. The study also cited that the number of residents with Medicaid as a primary payer has decreased, while the percentage of those mostly supported by Medicare has risen.

Other notable findings include the fact that acuity has increased, and more residents have physical and/or cognitive issues and need assistance with various activities of daily living such as bathing and eating. The number of residents with dementia, as well as those with psychiatric diagnoses, has risen considerably. At the same time, fewer residents are bed-bound, according to the study's authors.

"Success is liking yourself, liking what you do,
and liking how you do it."
—Maya Angelou

News You Can Use

New Study Shows COVID-19 may live in patients for up to 37 Days

Recent data reveals that patients and residents confirmed or suspected of having COVID-19 may need to be isolated for nearly 40 days while undergoing treatment in order to prevent its spread. In **a recent study** published online in *The Lancet*, researchers studying data from COVID-19 patients who have died or survived found that the median duration of viral shedding, and time that they remain infectious, was 20 days for survivors, with the longest duration being 37 days.

Investigators argued that the prolonged viral shedding supports strategies that promote isolating infected patients and giving them optimal antiviral interventions to

improve overall outcomes.

The World Health Organization has officially declared the coronavirus a pandemic, with global cases significantly increasing by the day. A Washington state skilled nursing facility, Life Care Center of Kirkland, was the first site of an outbreak in the United States.

The Centers for Medicare & Medicaid Services has **published frequently asked questions** to help state Medicaid and the Children's Health Insurance Programs as they respond to COVID-19. Topics covered under the FAQs including tele-health coverage, prior authorization requirements for quarantined groups, and COVID-19 test detection coverage.

CMS officials have stated they are especially mindful of their beneficiaries with underlying health conditions that make them more vulnerable to the virus.

"Be miserable. Or motivate yourself.
Whatever has to be done, it's always your choice."
—Wayne Dyer

Just For Fun

What NOT to Say in an Interview

I went for a job interview and the interviewer asked me, "What would you consider to be your main weaknesses and strengths?"

I said, "Well, my main weakness would be my issues with reality, being able to tell what's real from what's not."

Then the interviewer asked, "And your strengths?"

I said, "I'm Batman."

I went for an interview for an office job today.

The interviewer told me I'd start on $2,000 a month and then after 6 months, I'd be on $2,500 a month.

I told them I'd start in 6 months.

I went for an interview and was asked about my background. I showed him my phone, with a photo of my dog going for a walk.

I was asked what my greatest weakness was at an interview, and I said, "My stubbornness."

They asked me to give more details... I said "No."

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