## **Minutes**

## **LTC Subcommittee**

## October 29, 2009 11:00am Central Time

Porticipanto				
Participants: Dr. Cassandra Welch	Dr. Sayyed	Mary Miller (HFS)	Kathleen Warnick (McK)	
Dr. Strnad	Vicki Boyle	Sharon Pittman (HFS)	Dr. Rick Leary (McK)	
Kara Norkus	Sue Gardiner	Ryan Johnson (HFS)	Caryn Jacobi (McK)	
- Nara Horikas	Cuo Curumor	Sharon Pittman (HFS)	Dr. Carrie Nelson (McK)	
Discussion items				
Item	Notes			
Your Healthcare Plus (YH Updates	position as a family pi  Kathleen rel	<ul> <li>Welcome to Dr. Carrie Nelson! She is assuming the YHP medical director position as Dr. Leary moves on to another role with McKesson. Dr. Nelson is a family practice physician with a strong quality background.</li> <li>Kathleen related that recently, when calls were being made to a few LTC facilities, the administrator did not seem recognize the name "Healthcare</li> </ul>		
HFS name recognition	and Famil • Sue said this newsletter • YHP may no in LTC and	<ul> <li>and Family Services".</li> <li>Sue said this is very unusual as that department name is used very often in newsletters and other communications</li> <li>YHP may not be recognized, however. A short description of the YHP program in LTC and how this service is not 'connected' to the HFS regulatory functions will be written for the LTC newsletter.</li> </ul>		
Claims submitted	submitted informatio the about medical re history info admission diagnoses • Good discus medication pharmacis disconned settings. It	<ul> <li>Kathleen shared a presentation about the information available from claims submitted on behalf of Medicaid (only) residents. Included in claims is information about diagnoses, medications and tests; it has been discovered the about 20% of the diagnoses found in claims are not on the LTC facility medical record for these residents. It is thought that the complete medical history information does not always get transferred with the resident upon admission. This information gap results in residents who have medical diagnoses not receiving the appropriate treatment and management.</li> <li>Good discussion from the group, noting that there is a requirement that any medication prescribed must have a supporting diagnosis and that the facility pharmacist is accountable to assure this is in place. There may be multiple disconnects and medication reconciliation is an issue across multiple settings. It is not uncommon that, upon admission to a hospital, patients are taken off all previously prescribed meds.</li> </ul>		
Itinerate YHP Staff Visits	these inclu COPD, dia hard copy Administra been poor.  This is free i nurse is av data in thee It was sugge are not ass A suggestion regional me any events	de the status of (evidence betes, heart failure and CAI of this data is mailed quarte tor to approximately 20 facilities information about diagnoses railable to individually work as e profile reports. The ested that it is important to resociated with the HFS LTC reports and was made that the claims eetings. YHP staff would be to which they are invited ested that it would might be	ble as a free service to LTC facilities; based) clinical treatments for asthma, D for residents with these conditions. A rly to the DON, Medical Director and lities, however, response to date has a found in claims. In addition a YHP with facility personnel to interpret the eiterate that the YHP program services regulatory arm.  / profiling information be shared at a delighted at attend and present at	
ECI NP Care Intervention	existing fa currently t participatii	cilities that have a NP place being provided in 33 facilitie ng.	at things are continuing to go well in ement. These YHP services are s with close to 1200 residents ack from the DONs at these sites.	

Pharmacy Reviews	<ul> <li>YHP is continuing to provide a comprehensive medication review (from claims) for residents who have had 4 or more hospital admissions within the last 12 months. The consulting pharmacist for facilities with 4 or more residents who meet this criteria receive the faxed results of this review and a copy is also shared with the DON.</li> <li>The suggestion was made to ask for the name of the facility consulting pharmacist.</li> </ul>	
LTC Update	Participants indicated there were no LTC updates to share. The HFS regulatory branch continues to conduct MDS reviews and this impacts reimbursement rates which are subject to change every 3 months.	
Newsletter Articles	Sue puts together a monthly clinically focused newsletter. Content is always appreciated and can be sent to Sue/Terry. Is also distributed electronically so attachments can be included.	
Appreciation	<ul> <li>Thanks so much for taking time out of busy schedules to join this conference call. Your feedback is very much valued.</li> <li>Please spread the word to others – we are always looking for additional subcommittee participants</li> </ul>	
Next committee meeting	Scheduled for January 28, 2010 at 11am CT     Please note that the conference line number has changed to:     1-877-684-9625, participant number, 869196#	