

Minutes

LTC Subcommittee for Your Healthcare Plus

May 6, 2010

11:00am Central Time

Dial in: 1-877-455-8688

Participant Code: 869196

Participants:

Kara Norkus	Ben Friedman	Mary Miller (HFS)	Dr. Carrie Nelson (McK)
Cathy Cimo	Dr. Sandra Wells	Shirley Whitcup (HFS)	Kathleen Warnick (McK)
Cindy Schwechter	Alisa (Meridian)	Sandra Young (McK)	Caryn Jacobi (McK)
			Karen Bonner (McK)

Discussion items

Item	Notes
NP Care Program	<ul style="list-style-type: none">• Introduction of new NP Care personnel<ul style="list-style-type: none">▪ Kara introduced Cathy Cimo who is the new Director of Operations. Welcome.• Continuing to go well in existing facilities that have an NP placement. We are currently live in about 36 facilities and have 13 NPs with pending hires of 5 more.• An overview of the work that NP Care does for the Your Healthcare Plus (Medicaid only) population in LTC was provided. Residents in the NP Care case load have been identified through claims, and further risk stratified to identify those with the greatest risk. There are nearly 11,000 YHP LTC residents throughout the state, and not all will need NP services.• A big thank you to the LTC Association folks for including an article about this program in their newsletter• Condition verification<ul style="list-style-type: none">▪ Through our work with NP Care, we have found situations where there are discrepancies between claim level diagnoses and those found in the MDS or medical record. NP Care has been working with physicians who, for the most part, have been appreciative of getting the diagnosis information that may not have been included in information when the resident was admitted from the hospital or other location. In many instances the diagnosis has been confirmed, and in a few instances the physician did not think the resident had the condition despite multiple claims with that diagnosis having been previously submitted. The NPs will continue to work with providers when this discrepancy is noted. A summary of the findings was included in with the meeting agenda materials.▪ As a result of the analysis of this issue, changes have been made to the claims condition identification process which now does not include Category of Service claims for transportation and selected other services which increases the sensitivity of the process.
Itinerate YHP Staff Visits	<ul style="list-style-type: none">• NP Care cannot be everywhere, so the YHP team is available to work with any non-NP Care staffed facility to support identifying where there are gaps in care for residents with diabetes, heart failure, CAD, COPD or asthma. The goal is to support improvements in the clinical measures for residents with these conditions.• Two staff who are YHP team supervisors have extensive LTC backgrounds.<ul style="list-style-type: none">▪ Karen Bonner has visited briefly with the DON and administrator at Glencrest. She has shared the quarterly report and has follow-up visits planned.▪ Sandra Young has reviewed the quarterly clinical report with the ADON and pharmacist manager at Burnham. They are looking at the records for 5 of the residents for the status of the clinical

	<p>measures. Sandra will have a follow-up visit at this site.</p> <ul style="list-style-type: none"> • This YHP nurse support is available to any facility that is not staffed by NP Care and has residents who Medicaid only – contact Adair Galster, Carrie Nelson or Mary Miller if you or someone you know is interested.
Pharmacy Reviews	<ul style="list-style-type: none"> • A brief description of the YHP pharmacist review process was included in the attachments. This service, based on information from claims, has been provided to 91 facilities over the past 15 months. Since the pharmacist does not have access to the resident medical record, there may be missing information and the returned faxed replies are appreciated. • Periodically the YHP team has been doing a re-review of the claims for these members to monitor changes even if the fax form was not returned. The summary results for one of the re-reviews was shared and included in the attachments. • As always, if you have feedback regarding this or any other initiative, please let us know.
Statewide LTC task force	<ul style="list-style-type: none"> • Mary Miller shared that she has been serving on a LTC task force that was created as directive from the governor's office. This task force which is tasked with looking at the broader LTC world, has come up with 40 recommendations. These recommendations have been forwarded to multiple state agencies such as IDPH, DHS, DoA (AGE) and others for consideration. From there a set of suggestions have been developed for implementing the recommendations. Mary has been serving on a subcommittee that is looking at psycho-pharmaceutical usage. Some of the YHP interventions may be leveraged in this work. Discussions are ongoing, and there is an active bill in the legislature regarding how to support this initiative. There are multiple strategies under consideration.
Feedback from LTC Community	<ul style="list-style-type: none"> • Ben Friedman who is currently the administrator at Berkshire, offered feedback on the added value that the nurse practitioners provide in LTC care. He said it really fills a gap for on-site support for good medicine for residents and offered that this resource would be valuable everywhere.
Next committee meeting	<ul style="list-style-type: none"> • Scheduled for August 5, 2010 at 11am CT • Please spread the word to others – we are always looking for additional subcommittee participants to join us on these calls. • <i>NOTE: We do not have contact information for Dr. Sandra Wells. We'd like to share these minutes and add her to the committee distribution list, so if you know how we can contact her, please let us know. Thank you.</i>