

See Us In Action!

Upcoming Presentations

Jan 13: [AHHQI's Future of Home Health Symposium: Tackling Critical Issue for the Future of Home and Community Based Care](#)

Jan 14: [PACCR webinar series: INTERACT Program: Tools to Manage your PAC Population](#)

Jan 29: [California Hospital Association PAC Annual Meeting](#)

Previous Engagements

Dec 9: [PACCR webinar series: Advancing Excellence: A National Campaign](#)

Nov 30: APOSIM, [Second Meeting of the International Society for Restorative Neurology](#)

Nov 12: [VHA Population Health Symposium, Effective Post-Acute Care Management](#)

Happenings at **pacrr**

We are thrilled to share with you another issue of our monthly Circular as we continue growing and preparing for an exciting 2015. We are hearing really important feedback from you, so keep it coming. You can share your thoughts on what is helpful or what you want more information about by dropping us a line at pacrr@pacrr.org. After one presentation, the sponsoring organization said, "...the content was excellent and the presentation was full of meaningful details and actionable recommendations." We also heard "...it was a top presentation...reminded me how great your work is and how much it's needed in healthcare." On the other end of the feedback received from a recent webinar, "...felt it could have [had] more substance and tactics." The knowledge variation about PAC trends is just as varied as the actual utilization of PAC trends we see in the markets! If you want more depth in content and how to implement any of the tools discussed, we are happy to host a separate webinar or meeting just for you and your colleagues.

Speaking of variation of PAC, we will be releasing a new map series on Acute and PAC resources- IRFs, SNFs, LTCHs throughout the United States. We are really excited about this and would be happy to take a closer look at specific communities that interest you.

In the meantime, have a wonderful Holiday Season and we look forward to working with you in 2015.

Faculty Spotlight

Each month we highlight a PACCR faculty member, in conjunction with a webinar on their nationally recognized research. This month we are delighted to highlight Dr. Joseph G. Ouslander, M.D., who is Professor and Senior Associate Dean for Geriatric Programs, and Chair of the Department of Integrated Medical Science at the Charles E. Schmidt College of Medicine of Florida Atlantic University. He is an internationally recognized geriatrician, past-President of the American Geriatrics Society, and current Executive Editor of the Society's Journal. Dr. Ouslander has a long list of accomplishments in quality improvement programs and serves on numerous CMS technical expert panels. Over the last seven years, he has led a multidisciplinary team in the development of the INTERACT (Interventions to Reduce Acute Care Transfers) program. Dr. Ouslander currently is the principal investigator on an NIH-funded randomized trial with over 200 nursing homes, and is a collaborator on multiple CMMI Innovations projects involving INTERACT.

A Closer Look at Taiwan's PAC System

"As the U.S. goes, so goes the world..." Other countries are watching the changes taking place in the US healthcare markets. Last month, our own Dr. Gage was invited to Taiwan to consult with their Health Ministry on developing an integrated system for their post-acute and long term care populations. This is part of a larger effort underway in Taiwan and currently led by Dr. Ye Fan Glavin, from the Taiwan University and Case Western University, to meet the needs of their burgeoning elderly population. Over the past several years Taiwan has brought in consultants such as Uwe Reinhardt of Princeton, William Hsiao of Harvard, Mark Rothman of Kindred (formerly of Kaiser), as well as experts in long term care system

Upcoming PACCR Webinar: *INTERACT Program: Tools to Manage your PAC Population*

PACCR's next webinar on January 14 is the second in a series focusing on quality improvement issues in post-acute care. Dr. Joseph Ouslander will discuss the nationally recognized INTERACT (Interventions to Reduce Acute Care Transfers) quality improvement program that was initially developed with the support of CMS, and used in the Advancing Excellence campaign discussed last month. The INTERACT Program is useful across the PAC spectrum for improving communication and using evidence-based protocols to decide when a patient needs to be transferred to the hospital. The INTERACT Program was designed to improve the early identification, evaluation, documentation, and communication about changes in the status of residents in skilled nursing and assisted living facilities and home health programs with an overall goal to reduce the frequency of transfers to the acute hospital.

INTERACT offers a wide variety of tools to manage complex PAC populations in the following areas:

- Quality Improvement (e.g. Quality Improvement root cause analysis tool)
- Communication within the Nursing Home (e.g. "Stop and Watch" Early Warning Tool)
- Communication between the Hospital and Nursing Home (e.g. Acute Care Transfer Checklist/Envelope)
- Decision Support (e.g. Change in Condition/Care Paths Pocket Guide)
- Advance Care Planning (e.g. Identifying Residents Appropriate for Hospice or Comfort Care)

Join us on **January 14, 2015 from 12:00 – 1:00 p.m. EST** to learn more about how INTERACT tools can help improve the care of PAC patients. [Register now!](#)

development, such as Robyn Stone of Leading Age, Lisa Alecxih of Lewin, and Richard Bresdine of the Benjamin Rose Institute at Case Western University. Taiwan has modeled its system after the US' approach to health reform. They already have a DRG-based system for paying hospitals, a long term care system is under development, and they are currently designing a long term care insurance system. Dr. Gage provided expertise on payments and system integration for these high cost populations who need services across the spectrum. Taiwan, like the US, is trying to better integrate their health system and the long term care needs of their populations to build a strong, person-centered, cost-effective system.

CMS Update: ACO Proposed Rule

The Centers for Medicare and Medicaid Services (CMS) released proposed rule updates to the Medicare Shared Savings Program (MSSP) for Accountable Care Organizations (ACOs) on December 1, 2014. The most significant update to the program is the ability for ACOs to remain in the one-sided risk model for an additional three years—translating to deferrals in financial penalties for ACOs. Yet, this three year extension does come with a caveat. ACOs will gain less in shared savings—up to 40% in savings, rather than the traditional 50%—for opting to continue in the one-sided risk model. With the Pioneer ACO Model coming to a close in 2016, CMS introduced the "Track 3" model for ACOs. This new model, similar to the Pioneer program, will allow for greater savings for ACOs (no more than 75% of savings), while simultaneously being at a higher risk (up to 15%)—if an ACO's performance level falls short of Medicare expectations. CMS is seeking proposals on amending the financial benchmark for ACOs. Additionally, the proposed rule strives to facilitate improved data-sharing among various provider sites, in its goal to improve care coordination—while still maintaining the provision of beneficiary's ability to decline having data shared. CMS would like to create changes to the two-step procedure in assigning beneficiaries to ACOs. These are all proposed rules, and as such, public comment on the rules will be accepted until February 6, 2015.

Recap of December Webinar: Advancing Excellence: A National Campaign

PACCR hosted Dr. Cheryl Phillips, of LeadingAge- who is a leader in the Advancing Excellence Campaign to present on *The Advancing Excellence: A National Campaign* webinar, held on December 9, 2014. Dr. Phillips framed Advancing Excellence in the context of CMS' QAPI (Quality Assurance and Performance Improvement) program which serves as a foundation for quality improvement, and also touched upon the numerous measures CMS posts on the Nursing Home Compare website. Dr. Phillips provided information on the role Advancing Excellence is playing as CMS strives to decrease the utilization of antipsychotic medications in nursing facilities. She notes that part of the current problem is the lack of knowledge about caring for those with demented illnesses. Both CMS and the Advancing Excellence Campaign have made appropriate drug utilization, particularly antipsychotic drug use, a key issue. By the end of 2015, CMS plans to reduce medication use by 25 percent. As highlighted in a recent NPR story, a memory care and nursing home facility in Minnesota improved social interactions among residents who were weaned off antipsychotic drugs. While the drugs provide some relief for those who have severe mental illness, the FDA finds that these same drugs can place those with dementia at a greater risk of death. And yet, approximately 300,000 nursing home residents are being administered antipsychotic medications. Dr. Phillips underscored the usefulness of quality improvement tools, like Advancing Excellence, for identifying high performing nursing homes for one's network. The types of goals outlined by the Campaign range from reducing staff turnover rates, to decreasing pressure ulcers in residents. The Campaign, which includes more than 62% of nursing homes across the country, seeks to provide support to advancing person-centered care, quality measures, positive staff outcomes, and good clinical results. The entire webinar is available to view on our website.

2014: A Year in Review

As 2014 comes to a close, activity in the Post-Acute Care space continues to increase. Outlined below are just a few of the highlights.

- January 2014:
 - CMMI Bundled Payment for Care Improvement Initiative launches
 - Better Care, Lower Cost Act introduced, Senator Wyden
- February 2014:
 - CMS issues a RFI on episode-based payments focused on complex and chronic disease management, as well as outpatient procedures administered by specialists
 - CMS announces BPCI expansion
- March 2014:
 - President Obama releases 2015 budget – includes PAC bundling savings
- May 2014:
 - Bundling and Coordinating Post-Acute Care Act (BACPAC) introduced, Rep. McKinley and Rep. Price
- August 2014:
 - MedPAC proposes site-neutral payments for SNF and IRF settings, for hip & femur procedures and joint replacements
 - Genesis HealthCare and Skilled Healthcare Group merge
- October 2014:
 - IMPACT Act signed into law by President Obama
 - CMS revealed two initiatives to advance quality, via improvements to home health regulations and the nursing home Five-Star Quality Rating System
 - Kindred Healthcare and Gentiva Health Services merge
- November 2014:
 - HealthSouth buys Encompass Home Health and Hospice

Aside from the provider and payer activity outlined above, research on PAC is increasing too. Several articles from a variety of publications received attention this past year.

- January 2014:
 - "Kindred seeks to shake up post-acute care continuum", Modern Healthcare
- February 2014:
 - "Post-acute Care Reform – Beyond the ACA", NEJM
 - "Post-Acute Care – The Next Frontier for Controlling Medicare Spending", NEJM
- March 2014:
 - "Geographic Variation in Medicare Spending", HealthAffairs
 - "The Best of Reform: Postacute Care Bundling", AJMC
- May 2014:
 - "Keeping the Promise: Site of Service Medicare Payment Reforms", The Brookings Institution
- December 2014:
 - "Rise of Post-Acute Care Facilities as a Discharge Destination of US Hospitalizations", JAMA
- 2014:
 - "Medicare Post-Acute Care Episodes and Payment Bundling", MMRR



Powered By



Subscribe to our mailing list!

Need more information?

Visit us at PACCR.org or contact us at PACCR@PACCR.org

[Follow us on Twitter! @PAC_CR](#)