
CQI Meeting

Thursday, February 23, 2017

Meeting Notes

Association Advocacy & Education

Gina presented on the Association's advocacy efforts and regulatory changes she is following in Concord this year. She encouraged the group to consider joining the legislative committee. The committee reviews bills and decides on association positions among other tasks. There is also an opportunity to attend the advocacy conference in Washington in April.

State Bills of note

- [Senate Bill 152](#) - currently employers can't make a final offer of employment until the final background check has been completed. Agencies complain that the system is far too slow. The bill would allow for provisional employment offer while you wait. Agencies are unlikely to send a person into a home without the criminal background check. The Home care association made the argument that this is just a band aid. The whole process needs to be fixed so they can be returned quicker.
 - In 2016 [Senate bill 413](#) would have 'banned the box' on employment applications to allow people with a criminal history the opportunity to compete for job. The bill would have prevented employers from asking potential employee candidates about criminal records, until later in the interviewing process with a possible exception for health care. It failed last year.
 - HCANH is following the [Gov. budget](#), specifically the Medicaid waiver program Choices for Independence. It looks like home care might be excluded from the mix. The Governor specifically spoke about the Homemakers and PCA care. Asking for semi annual reimbursement increases tied to the market basket. ([House Budget bill](#),
 - A bill that would allow [ANY next of kin](#) to request medical records, Supported by the trial lawyers association. Hospital association is treading lightly, home care has not taken a position.
 - Establish a [Minimum wage](#) in New Hampshire
 - Senate bill 161, Establish a [commission to evaluate](#) the direct care workforce needs in regards TBI and dementia
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Federal Bills of note

- Senate [bill 445](#), introduced by Susan Collins of Maine, expand the duties and responsibilities of some advanced care nurses, including nurse practitioners signing off on care
- Senator Collins (R-ME) has also introduced a bill to expand the 3% rural add-on to the HHPPS payment
- [COP revision](#), [NAHC](#) has made a statement

Discussion on CFI

The [Choices for Independence waiver](#) is renewed with CMS every 5 years. The new waiver includes language that an MDS or OASIS could be submitted. Most agencies have not been collecting this info on their waiver clients. Dawn commented that OASIS isn't appropriate for this population, but that the MDS data would give a better benchmark.

Please pass on backlog information to Gina. There has been a backlog for a long time, but the turnaround is even longer now. Gina looked into the DHHS data and there has been a real downward trend. Lisa Holms at Franklin has a client who has been waiting to hear from [KePro](#), the processor in Maine. She commented that Service Link is very helpful, she has called Cheryl Bergeron on a few cases that had safety concerns.

The group felt that DHHS is asking (and expecting) PCP's to do far more than what their scope of practice would allow. They want to save money by substituting PCSP care for the LNA hours, but it isn't appropriate. PCSP's have very little training.

The waiver currently does allow participants to receive care or by family, but that caregiver must be hired, and then overseen, by an accredited agency. There is a movement afoot to allow the patient to hire directly and pay with HCBC waiver funds. It seems those drafting the language were unaware of the several agency regulations and the protections in place.

Education Opportunities

Clear Path program for behavioral health clients will have a [full day training](#) for new practitioners, and a [½ day intensive](#) for experienced behavioral care nurses.

[COP - 7 part series](#) has begun. It is recorded and available through April.

[New England Conference](#) is in Manchester May 16, 17 & 18 . Detailed [brochure](#) is now available.

Check out other offerings listed on the HCANH website: <http://homecaenh.org/9219-2/>

Face to Face Mtg

The face to face meeting with the hospital association and Shelly Bernardini left everyone thoroughly confused. Davina voiced frustration that they don't allow the exchanged to be recorded, or supply handouts. Too much is left to interpretation.

Advocacy

Carylon would like to learn more about who the group could contact to comment on regulatory issues. Gina suggested the health aides of the congressional delegation is a great place to start. Also, we've had success with "Dear Colleague" letters that the delegation would sign onto.

RAC Call

Barbie from Homemakers was on the call. The big take away is to avoid the appeal process by talking with Preformant upfront. They don't use the discussions against you in the appeals process.

How to get the board involved in QI - June Gallop

In addition to each dept having a QAPI team, by has gotten her board involved with QI by putting them on the team. Her agency builds the QI team by including one person from every department, plus one board member.

[Link to June's presentation.](#)

LEAN and the Team

- **Lean Learning Activity**
- [One piece flow v. batching video](#)

The group examined batching, and did an experiment testing if batching is more efficient way to process stuffing envelopes. It was clear that it is actually slower by between 25-50%. The more times each paper was handled at each step the more the process was slowed down.

Sherry suggested we all look at workflow. In some cases batching may make sense. There may be situations where it is unavailable. It seems to be the way more physicians operate their practices. However we can increase productivity by eliminating steps and waiting where possible.

- Understand the individual office
- Who has the hardest time fulfilling what I need?
- Treat each office as a customer
- Examine rghw process in house, upstream and downstream.
- The literature says it can take 7-10 years to transform an entire system. Sherry said they are 5 years in, and agrees with that assessment.

STAR Rating Improvements Where are we now?

Everyone to bring CASPER Data (Process measures and Outcome Measures 3 bar reports) to collect data. Time period Oct 2015- November 2

- Medication Education
- Frequency of Pain Interfering
- Improving numbers for Flu Vaccination
- NEW MEASURE Acute Care Hospitalizations

QIO Handout

Group looked at the Hospital Readmit numbers

Critical access hospitals do not get dinged

CMS is really drilling down, and looking at their smaller population numbers, not fee for service

Next Meeting

March 23, 2017

9:15- 11:45



Please bring CASPER Data (Process measures and outcome measures 3- bar reports)

Jan 2016-December 2016