FR22- Medical Director Collaboration to Yield a More Meaningful Meeting (and Fun) for all Participants

Friday, March 23
3:30 PM- 5:00 PM

Session Description

While federal and state regulations require quality assurance performance improvement (QAPI) meetings, which are often led by the administrator or medical director, the full potential of the meetings is often limited by individuals’ contributions to the meetings, interprofessional relationships, and follow-up of identified issues. Interdisciplinary team (IDT) members may struggle with understanding the value of their roles during QAPI meetings and how to better participate in a productive manner. The collaborative relationship among the medical director, administrator, and director of nursing provides the foundation for leading productive and efficient QAPI meetings. In this session, sponsored by the American Board of Post-Acute and Long-Term Care Medicine (ABPLM), experienced IDT members build upon the previous years’ session to assist the triad of leadership in nursing facilities in their goals of improving QAPI meetings and subsequent care outcomes, resident experience, and the quadruple aim. Based on trends and past performance, create a vision and direction for your facility which guides QAPI meeting.

Learning Objectives

Build a foundation for a productive QAPI meeting and subsequent performance by developing and/or improving skills in collaboration among the Medical Director-Administrator-Director of Nursing leadership triad. Based on trends and past performance, create a vision and direction for your facility which guides QAPI meetings.

Develop a plan to maximize the value of technology, such as an EMR, in a facility’s QAPI meeting. Leverage value of each individual members’ participation in the QAPI meeting.

Presenter(s): Thomas Edmondson, MD, CMD; Denise Wassenaar, RN, MS, NHA; Frank Caruso, LNHA; Eric Hutchins, LNHA, MBA; Richard Rethorst, MD, CMD

Presenter(s) Disclosures: Thomas Edmondson, MD, CMD: Has a financial disclosure; Philips Healthcare: Full-time/Part-time Employee; Denise Wassenaar, RN, MS, NHA: Has a financial disclosure; MatrixCare: Employed; Frank Caruso, LNHA: Bridgemark Healthcare, LLC, Employee; All other speakers have reported they have no relevant financial relationships to disclose.
Medical Director Collaboration to Yield a More Meaningful QAPI Meeting (and Fun) for all Participants

Moderator: Tom Edmondson, MD, CMD
Immediate Past Chair, ABPLM (Sponsor of this session)

Speaker: Frank Caruso, LNHA,
Senior Director of Post-Acute Services, Bridgemark Healthcare

Speaker: Eric Hutchins, LNHA, MBA, CDP, CADDCT
VP of Operations, Certus Healthcare Management

Speaker: Denise Wassenaar, RN, MS, LNHA
VP Clinical & Regulatory Affairs, CCO, MatrixCare

Speaker: Richard Rethorst, MD, CMD
Medical Director, Bridgemark Healthcare

Learning Objectives

By the end of the session, participants will be able to:

• Build a foundation for a productive QAPI meeting and subsequent performance by developing and/or improving skills in collaboration among the Medical Director-Administrator-Director of Nursing leadership triad
• Based on trends and past performance, create a vision and direction for your facility which guides QAPI meetings
• Develop a plan to maximize the value of technology, such as an EMR, in a facility's QAPI meeting
• Leverage value of each individual member's participation in the QAPI meeting
• Provide medical directors with the tools to participate meaningfully and productively in the QAPI process

Medical Director + Leadership Team = Excellence

Showing the bird’s eye view; Then zoom in:

• Bird’s eye view:
  - Medical Director experience
  - Pre-medical training, post-grad, specialty, practice, etc.
  - “Certified Medical Director” achievement
  - Leadership, management, regulatory, clinical, etc.
  - Medical Director priorities
  - Create a “seek first, then be understood” perspective

• Then zoom in:
  - Determine focused projects
  - Define time-lines
  - Designate roles/responsibilities/resources
Creating a Vision & Direction for Your Facility to Guide QAPI

Eric Hutchins, LNHA, MBA, CDP, CADDCT
VP of Operations & Business Development
Certus Healthcare

QAPI Objective Topics: Residents, Staff & Facility

- Reduction of antipsychotic drug cost
- Improved Outcomes for Residents
- Improved Outcomes for Facility
- Improved Outcomes for Staff
Antipsychotic Use and Cost

- Reduction of costs for facility and CMS
- CMS reports that, nationwide, 39.4% of nursing home residents who had cognitive impairments and behavior problems but no diagnosis of psychosis or related conditions received antipsychotic drugs. [1]
- Antipsychotic drugs are expensive, particularly the new atypical antipsychotic medications, which have largely replaced conventional antipsychotic drugs. Annual revenues for all antipsychotic drugs are $14.6 billion. [2] Atypical antipsychotic drugs cost more than $13 billion in 2007, “nearly 5 percent of all U.S. drug expenditures.” [2] They are a major expenditure for Medicare Part D. [3]

Resident Benefit of Reduction of Antipsychotic Drug Usage

- Reduction of Behaviors Affecting Others
- Better Quality of Life: Reduction in the possibility of Cardio Vascular Disease, Early Death, CAD, Stroke, Diabetes
- Increased Ability for the Resident to Adapt to their “New Norm.”
- Decreased Family Caregiver Burden while Resident is in the Nursing Home
- Decreased calls to First Responders, trips to the Emergency Department (ED)
  - Visits from First Responders and trips to ED typically increase agitation and behaviors

Improved Facility Outcomes

- Improved Communications between all IDT
- Improved Quality Measures (QM)
- Improved 5-Star
- Decreased Risks associated with Behaviors
- Decreased Reportables to State (SRI)
- Decreased Return to Hospital (RTH) visits
- Increased Knowledge of Care
- Reduction in First Responder Calls

Improved Outcomes for Staff

- Improved KSAs: Knowledge, Skills and Abilities
- Increase in Teamwork when everyone understands the Behavior/Illness
- Decrease in call offs d/t staff not wanting to work with specific residents
- Decrease in turn-over when staff are educated on how to handle a behavior crisis. Crisis Intervention Training

Vision & Direction

- Executive Director/Administrator collaboratively develops vision goal with the IDT Team
  - Based on market needs, the community, and internal resources
- Tools to achieve the vision
  - Collaboration among leadership: Medical Director, DON, & Administrator
  - Use of QAPI by the IDT to aim for the vision for the facility
- IDT collaborates to implement a Standard of Expectations to achieve agreed upon vision goal

Vision/Direction for Community

- QAPI is imperative in relation to your immediate community
- Allows you to speak to your community and provide data that have been accumulated from your hands-on experience
- It has the ability to transform your image from a nursing home that handles behaviors and psych to a facility that has the potential to be the community leader in Behavioral Health/Mental Illness or other Clinical Capabilities
- Communicate effectively to your local hospitals referencing your outcomes, QMs, 5-Star
  - Delinate where you were, where you are and where you are going
- Trend & Track Analysis
Vision/Direction for the Facility

• Allows you to share your data with management and front line staff during monthly in-service meetings
• Show staff what opportunities are available to the facility as a whole and their potential career
• Creates positive feedback from staff as they feel part of the decision making process with their respective input
• Creates a sense of ownership with staff
• Encourages staff to speak with Medical Director about concerns making them feel valued

Creating a Vision to Guide QAPI

• Ensure all members of the management team and IDT team are present and acknowledging the importance of all involved, including the Medical Director
• Review of all Past and Present facility data in reference to Quality Measures (QM)
• Identify any Trends during the QAPI meeting; place identified trends in a QAPI
• Utilize State or Fed averages to Benchmark your new Vision Direction; if under the norm
• Put a Plan in Place that has been developed by IDT to include the Medical Director
• Implement Plan

Creating a Vision to Guide QAPI

• Communicate regularly with DON, Medical Director, & IDT team
• Review QAPI Monthly and fine-tune our performance based on new data for the month
• Collaboration among the Medical Director, DON and Administrator to identify residents for admission and any needed education or training
• Medical Director should be encouraged to reach out to peers with their respective medical specialties discussing current outcomes and pathways for future growth

Blending Your Vision Utilizing QAPI

• Transparent data to all internal staff
• Create an “All for One” culture utilizing education & training
• All staff have a voice
• Function as a team to meet the vision goals
• Provide feedback from external customers to your internal team members

Blending Your Vision Utilizing QAPI

• Present your research from past and present data sharing your vision to both internal & external sources
• Utilize the QAPI data to generate meetings with local specialists to discuss outcomes, pathways, clinical capabilities, new service lines and potential new partnerships

Building Upon Your Vision to Guide QAPI

• Once vision is in place, QAPI is the perfect place to discuss potential new service lines when working with Behavioral Health/Mental Illness
• Neurodegenerative diseases can be a direct correlation to develop new service lines
• Huntington’s, Parkinson’s, MS, ALS, End-stage Dementia and other progressive degenerative diseases
• All are terminal diagnoses requiring End of Life discussions
• All required Advanced Care Planning
• Potential need for Hospice
Summary: Creating a Vision Guiding QAPI

- Utilize an interdisciplinary approach
- Buy in from Medical Director, Administrator/ED, DON
- Respect knowledge base from all involved – creates a vision
- Understand your QAPI numbers and how to use them for your vision
- Communicate, Communicate, Communicate

Develop a plan to maximize the value of technology, such as an EMR, in a facility QAPI meeting

DENISE WASSENAAR, RN, MS, LNHA
VP CLINICAL & REGULATORY AFFAIRS & CCO
MATRIXCARE

QAPI Requires all Quality Meeting Members to:

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<th>Identify opportunities for improvement;</th>
<th>Address gaps in systems or processes;</th>
<th>Develop and implement an improvement or corrective plan; and</th>
<th>Continuously monitor effectiveness of interventions</th>
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How each role uses data?

- Analysis interpretation: Integrates results of the RCA process and provides alignment with recommendations
- Identifies, collects, and communicates the interpretation of the data
- Evaluates the effectiveness of the root cause analysis process
- QAPI Activity Implementation: Participates in all meetings, budgets for QAPI activities

What are we trying to accomplish?

- Set Aim: The Aim should be time-specific and measurable. It should also define the specific population of patients or other system that will be affected.

How will we know that a change is an improvement?

- Establish measures:
  - Teams can quantify measures to determine if a specific change actually leads to an improvement.

What changes can we make that result in improvement?

- Selecting Changes:
  - Ideas for change may come from those who work in the system or from the experience of others who have successfully improved

Quality Framework

Act - Plan - Study - Do
The QAPI Effect in Skilled Nursing

Data Sources

Creating measurable metrics

Data Elements: Phase 1 Core Elements

Using the Phase 1 Core Elements, current calculations:
- Count of Antibiotic Drug Orders
- Count of Residents on Antibiotic Therapy/ more than one Antibiotic Therapy
- Count of New Antibiotic Orders (e.g. this month, today, yesterday)
- Total Days Dispensed (Therapy Days)
- Average Days Dispensed (Average Therapy Days)
- Days of Therapy per Resident Days* (per 1,000 days present)
- Total Therapy Days per 100 Admissions*
Value Based Payment Timeline

- **10/1/15** HHS Secretary specifies an all-cause, all-condition readmission measure.
- **10/1/16** HHS Secretary specifies an all-condition, risk adjusted, potentially preventable readmission measure.
- **10/1/17** Public reporting of readmission measure on Nursing Home Compare.
- **10/1/18** VBP begins incentives & penalties begin using 2016 data.

Value Based Care

- Integrate quality metrics data for system improvements.
- Increase physician engagement.
- Staff Competency.

Transfer Data

- State of transfer to hospital
- Time of transfer to hospital
- Clinician ordering transfer
- Primary SS leading transfer
- Primary Dx/Presumed Dx leading to transfer
- Primary contributing reason for transfer
- Outcome of transfer: ED, Admitted

Leverage Value of Each Individual Member’s Participation in the QAPI Meeting

Frank T. Caruso, LNHA
Senior Director of Post-Acute Services
Bridgemark Healthcare, LLC

Richard Rethorst, MD, CMD
Medical Director, Helia Nursing Home
Bridgemark Healthcare, LLC

Leverage value of each individual members’ participation in the QAPI meeting

- Reaffirm roles, collaboration, respect, and understanding
  - Medical Director – medical school training; research methods; trend analysis; clinical expertise; & leadership and management roles
  - Administrator – regulatory knowledge; operational experience; resource allocation/procurement
  - DON – knowledge of residents/patients; understanding of staff capabilities/deficits; systems awareness
  - Staff – intimate knowledge of residents; clear understanding of the ‘real’ situation; vast well of knowledge of systems’ strengths and hindrances
Leverage value of each individual members' participation in the QAPI meeting

• Reaffirm roles, collaboration, respect, and understanding of the purpose
  • Establish a culture of trust and ground rules
    • Before jumping directly into the project
      • This may require an introductory meeting without specific tasks
  • Define the project
    • Topic or issue
    • Timeline
    • Resources

Provide Medical Directors with the Tools to Participate Meaningfully and Productively in the QAPI Process

Richard Rethorst, MD, CMD
Medical Director, Helia Nursing Home
Bridgemark Healthcare, LLC
Provide Medical Directors with the Tools to Participate Meaningfully and Productively in the QAPI Process

Tools for Medical Director
- Leadership Skills
- CMD certification
- Clinical Practice Guidelines (CPGs)

Make QAPI Fun
- **Buy – In**
  - Facility Owner / Admin
- **Communication**
  - DON / Administration → Med Director
- **Data** collection
  - (ex. INTERACT)
  - Enough for Trend Analysis
  - (ex. Last 2 years)
- Consider CMD Certification

Data

Meeting
- **Meeting Structure**
  - Led by Administrator
  - Agenda
  - Review prior minutes
  - Readmission rates
  - Infection rates
  - Skin wound rates
  - Weight changes
  - Falls - Injuries
  - Psychotropic use
  - Timing over lunch

- **Meeting Attendees**
  - Quarterly
    - All departments
    - Lab
    - Pharmacy
    - Dietary
    - PT / OT
  - Monthly
    - Administrator
    - DON
    - MedDirector with APPs
    - In-house departments

Summary
- Build a foundation for a productive QAPI meeting and subsequent performance by developing and/or improving skills in collaboration among the Medical Director-Administrator-Director of Nursing leadership triad
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Thank you

Q & A
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