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CAHPS Surveys

“Satisfaction Guaranteed?” Revisited

When Congress passed the Affordable Care Act (ACA), the focus was on both getting better results and reducing costs. Results can have two components – actual clinical results, as well as perceived results – how satisfied the patient is with the process, the care, and the ultimate outcome.

As presented in the March SSACO Newsletter, the Centers for Medicare and Medicaid Services (CMS) calculation of whether an ACO is successful includes both clinical results and outcomes, as well as patient satisfaction. ACO beneficiaries are Medicare fee-for-service patients and CMS understands that they must be satisfied with their care. Ultimately, this may lead to patients heading their doctor and, therefore, better results.

Each year, ACOs are required to engage (and pay for) a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey which addresses numerous aspects of how patients perceive a practice. CMS shares the results of the survey, but only as an overall score for the whole ACO. This makes it impossible for Silver State ACO to identify which of our Participants are doing an excellent job of keeping their patients happy, versus which of our Participants could use some help in a particular area.

In an effort to give Participant Practices meaningful feedback, Silver State ACO has engaged a private company to perform an additional patient satisfaction survey, completely independent of CAHPS. Surveys were to have begun in March but were postponed due to the COVID-19 pandemic.

Surveys will be conducted via email, addressed on behalf of your practice. Once the patient is engaged, he/she will receive a follow-up text message with a link to the survey. For



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additional details and a sample email, see the March newsletter, available on our website: www.silverstateaco.com.

Your only involvement at this point is to assist your Silver State ACO (SSACO) Quality Coordinator with a list of email addresses and cell phone numbers for your attributed patients.

Results will be shared with you so you get a better picture of how your patients perceive their care and relationship with your



practice. We trust this can help lead to improvements and, therefore, higher quality scores. Quality scores are a substantial component used in calculating Shared Savings and the percentage of that Shared Savings that CMS will share with SSACO (and

which SSACO will distribute to you – the Participants), should it be earned.

SNF 3-Day Rule Waiver

In the past, CMS has required that a patient be in an acute facility for at least three days before being transferred to a Skilled Nursing Facility (SNF). Otherwise, CMS would not pay for services at the SNF. About two years ago, CMS announced that ACOs could apply for a waiver of this requirement. They understood that there are circumstances when the best setting for a patient is a Skilled Nursing Facility, even though the patient is not in the hospital / has not required an inpatient stay. Quite the contrary, allowing a patient who needs *some* extra care to go directly to a SNF might help avoid exacerbation of a condition and, thereby, avoid an admission to the hospital.

CMS did *not* issue a blanket waiver. ACOs were required to apply for the waiver and describe the protocols they would follow.

In addition, an ACO had to identify exactly which Skilled Nursing Facilities they would use, and contract with those facilities. CMS requires that the ACO's SNF partners have and maintain an overall Star Rating of 3 or higher.



Last year, Silver State ACO applied for, and was granted, a SNF 3-Day Rule Waiver, effective January 1, 2020.

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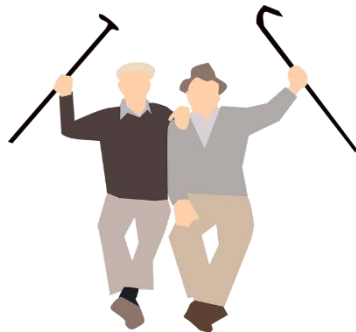
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The waiver allows a patient to be transferred to a SNF, without a three day stay in an acute setting, directly from the hospital (after one or two days), from an Emergency Room or Hospital Observation, from home (referred by a home health agency), or directly from a PCP's office.

In the past, you might have seen a patient in your clinic who you identified as a risk to return home. Yet, they didn't really require hospital care. Those were your two choices. Now, you may have an additional choice. You can initiate a request to have the patient transferred to a SNF. As mentioned, there are requirements, including that the patient be medically stable, have



chronic conditions, and be an SSACO attributed patient. The patient must agree to go to one of the SNFs with which Silver State ACO has contracted, as approved by CMS. In an effort to make this possible for our Participating practices, we have created an implementation plan which will be

coordinated by Silver State ACO and /or US Health Systems, SSACO's care coordination team.

If and when you identify a patient who would benefit from going to a SNF directly from your clinic instead of going to the hospital or returning home, please call USHS (US Health Systems) at (833) 208-0588 and ask for Tarra or Sadie. Or, call Rena or Sharon at Silver State ACO directly, at 702-800-7084. We will immediately begin reviewing the request, confirming eligibility, and implementing the workflow required to have the patient transferred.

A few additional points to note:

- In connection with the COVID-19 Public Health Emergency (PHE), a blanket waiver has been granted to all Medicare providers. This blanket waiver works on *basically* the same principles as SSACO's 3-Day SNF Rule Waiver. **HOWEVER**, it will expire when the PHE expires. Silver State ACO's waiver will not!
- This is available to both our Northern and Southern Nevada practices. The list of approved Skilled Nursing Facilities includes SNFs throughout the state.



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- CMS requires that a SNF *maintain* a 3 star rating. If the SNF drops below that at any point, we are required to remove them from our approved list. Please be sure to check the current listing, posted on the SSACO website (www.silverstateaco.com).
- This is a new feature and benefit to Silver State ACO practices. Even those physicians who are aware that Silver State ACO has been granted the waiver, are not sure of the steps to take or how to implement it. Please share this information with your providers. Also, understand that the first time you initiate a request to use the waiver, it may take a bit more effort or time. Firsts always do. We believe that it will be worth it. Certain patients now have a better opportunity to get the right care at the right time and in the right setting. And, it might avoid a hospital admission which is beneficial for the patient and the entire ACO.

If you have any questions about the SNF 3-Day Rule Waiver or how to implement it, please do not hesitate to call or email for additional clarification.

QUALITY MEASURES SPOTLIGHT

Diabetes: Hemoglobin A1c Poor Control

The Centers for Medicare and Medicaid Services (CMS) requires the ACO to report several Quality Measures on behalf of our participant practices. This month we are focusing on the Diabetes Hemoglobin A1c measure.

For this measure CMS requires patients with an active diagnosis (or documented history of Type I or Type II diabetes) and who are between the ages of ages 18-75 to have an HbA1c completed during 2020. Patients with a diagnosis of secondary diabetes due to another condition will *not* be included.

This measure focuses on “poor control” and is “reverse weighted”, meaning the lower your score – the better. Throughout the year, Quality Coordinators will review lab results periodically to update the measure, as CMS requires we report the most recent result. CMS considers HbA1c to be “controlled” if it is 8.9% or lower.



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When auditing your charts for measure compliance your assigned Quality Coordinator will first confirm the patient has a diagnosis of diabetes using the patient's active problem list/diagnosis list or the diagnosis listed in an office visit encounter. Once the diagnosis and age parameter are confirmed, the Quality Coordinator will then verify that the patient has had an HbA1c completed during 2020.



Having the official lab result in the patients chart will usually meet the CMS documentation requirements. The documentation **must** include the date the test was performed (or the date the lab result was received) and the HbA1c result in order to meet the CMS requirements. CMS will also accept HbA1c finger stick tests administered by a healthcare provider at the point of care and will accept "patient reported" results. Documentation of the test may be completed during a telehealth encounter or an in office visit.

Please reach out to your Quality Coordinators if you have any questions or need help meeting this measure.

Recognizing "Quarantine Fatigue"

When the pandemic was first announced, our brains saw COVID-19 as a new threat, which motivated us to take precautions. But time has passed and outbreaks still continue to dominate the news with no definite end date. And, so, the brain (particularly of those who have remained healthy) begins to assume that the threat is diminishing. That, in turn, creates a more relaxed perception of the danger, leading us to let down our guard and relax our protocols. Voila! The definition of what is being labeled "quarantine fatigue".

It is imperative that we recognize the signs of quarantine fatigue. These include taking shortcuts with safety procedures, skipping steps in protocols, finding excuses for not following directives ("nothing we do can really help"). It is very important that we engage it swiftly and decisively. This weariness can be very dangerous.

Experts suggest "repackaging" information. Adding more warnings or directions to existing notices or posters may be ignored or perceived as "more work". Instead, create a new poster



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which reintroduces the safety measures in new terms. This should get more attention and remind your staff how important it is to continue being vigilant in order to ensure the health of patients and other staff members.

Be sure your staff understands *facts* about the pandemic, but don't overload them. Remind and encourage them to relax and keep socially active while maintaining physical distancing.

It's worth repeating:



Hello? Are We on the Same Page?

If you're reading this newsletter, you're aware of what Silver State ACO is and how we help your practices as well as the benefits you gain from working with us as a team.

Unfortunately, in far too many cases, many of your providers and staff members are not as well educated about us. In fact, our care coordination team is sometimes told by patients, "the staff at my doctor's office told me *not* to talk to you."



PLEASE educate your practice. Explain that Silver State ACO is part of the team that helps care for your Medicare Fee-for-Service patients. In essence, we are additional "hands" to provide extra time in following up with your Medicare patients. This may free up your staff to spend more time with other patients.

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Feel free to share this newsletter or to let us know if you'd like anyone added to the circulation. Also, feel free to request a call or meeting (virtual, for now) so that we can make a presentation to your staff, explain who we are and answer any questions.

REMINDERS:

Practice Meetings

Silver State ACO's June practice meeting was held virtually but was one of the most outstanding meetings we've had. The next practice meeting will also be virtual. It is scheduled for 11:30 a.m. on Wednesday, September 2nd. Watch for an email with Zoom instructions. Remember to RSVP and log in to be credited for attending.

This meeting will be recorded and will be available to those who cannot "attend". Ask your Quality Coordinator or send an email to Sharon@silverstateaco.com.



Public Health Emergency (PHE) Extended

The current Public Health Emergency (PHE) was set to expire July 25th. A few days earlier, the Department of Health and Human Services (HHS) extended the expiration by 90 days.

Remember that waivers in connection with the PHE may not all be extended to the same extent. Stay alert to changes in order to avoid unpleasant surprises. For

additional current details on the waivers, see:

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>.

Additional information about COVID-19 and reopening can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> and at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.

Governor Sisolak's guidance on face coverings can be found here: <https://nvhealthresponse.nv.gov/wp-content/uploads/2020/06/6.22-Guidance-on-Improvised-Facial-Coverings-JH-V1.pdf>



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The Valley Health System

Universal Health Services (UHS, known in Las Vegas as the Valley Health System) is a partner and the preferred provider for acute services for Silver State ACO. If possible, please be sure to direct your patients to one of their facilities (Centennial Hills, Desert Springs, Henderson, Spring Valley, Summerlin and Valley Hospitals in Southern Nevada and Northern Nevada Medical Center in the Reno area).

Quote worth Requoting:



“To reach a port we must sail, sometimes with the wind, and sometimes against it. But we must not drift or lie at anchor.”

Oliver Wendell Holmes, Sr., (1809-1894), physician, poet, and Professor of Medicine at both Dartmouth and Harvard Medical Schools. His son, Oliver Wendell Homes, Jr. (1841-1935) served as a justice on the United States Supreme Court.

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