



In this Issue:

- Quality Measures Spotlight
- CDC Update
- Intermountain Healthcare
- SNF 3-Day Rule Waiver
- Health Care Workers Returning to Work
- Reminders

Visit our Website
www.silverstateaco.com

Contact Us:
(702) 800-7084
(775) 391-6484
Compliance Line:
(702) 751-0834

SilverStateACO@
SilverStateACO.com

QUALITY MEASURES SPOTLIGHT

Controlling High Blood Pressure

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 measure related to Controlling High Blood Pressure in patients with Hypertension. CMS requires patients with an active diagnosis of Essential Hypertension and who are between the ages of ages 18-85 to have an adequately controlled blood pressure reading at the patient's most recent visit. For this particular measure CMS requires that the ACO report the last blood pressure reading taken during the calendar year.



SPOTLIGHT

CMS considers an “adequately controlled” blood pressure reading to be 139/89 mmHg or lower. If no blood pressure reading is documented during the most recent visit, the patient's blood pressure is assumed to be “not controlled.”

When auditing your charts for measure compliance, your assigned Quality Coordinator will first confirm the patient has a diagnosis of hypertension 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 review the most recent patient visit for a documented blood pressure reading.

If there are multiple blood pressure readings documented on the same day, Quality Coordinators will use the lowest systolic and diastolic reading to report.

Next Practice Meetings:

Tentative Schedule:
Southern Nevada:
Wednesday, Nov. 4th
Northern Nevada:
Thursday, Nov. 5th

Visit our Website

www.silverstateaco.com

*Newsletters, who we are,
who our members are,
preferred providers,
hospitalists, board of
directors, management,
results*

Contact Us:

(702) 800-7084

(775) 391-6484

Compliance Line:

(702) 751-0834

SilverStateACO@

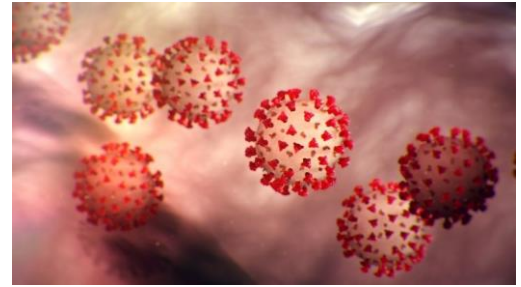
SilverStateACO.com

Alyssa, Ashlee, Dineen,
Heather, Jessica A., Jessica
S., Larry, Leeann, Linda,
Martha, Rena, Rhonda,
Savannah, Sharon, Tina,
Tommy



**End of summer,
beginning of fall...**

CMS continues to monitor the impact the COVID-19 public health emergency has on practices and recognizes the increase in telehealth services that clinicians are providing. After reviewing the impact this emergency has had on the practices ability to collect and report on certain quality measures, CMS will now allow a blood pressure reading from a telehealth encounter to meet the “Controlling High Blood Pressure” measure that the ACO is required to report for 2020.



Per CMS, a blood pressure reading taken by either a clinician, or a remote monitoring device (see definition below) and conveyed by the patient to their clinician is acceptable as long as it is the most recent blood pressure reading documented for the patient.

CMS has defined a “remote monitoring device” **as either a home device or a device brought by a visiting nurse or caregiver utilized to take the patient’s blood pressure.**

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

CDC Update on COVID-19

The Centers for Disease Control and Prevention (CDC) highlights and focuses on “Mitigation Protocols” in connection with the COVID-19 pandemic. They are tasked with stopping the spread of the virus and protecting vulnerable populations. Directives and guidelines are geared toward keeping the entire population safe. That’s why it’s so important for everyone to do his/her part. The CDC continues to recommend social distancing, wearing a mask, avoiding crowds, avoiding indoor crowded spaces, and washing or sanitizing hands frequently. Visit cdc.gov/coronavirus for more information.



There is an ongoing discussion about who should be tested for the coronavirus, and when. The CDC recommends the following:

For someone with symptoms of COVID-19:

If symptoms are mild:

- Health care provider (physician, nurse practitioner, pharmacist, etc.) *may* advise a COVID-19 test.
- If test is positive for COVID-19 or person is not tested:

Next Practice Meetings:

Tentative Schedule:
Southern Nevada:
Wednesday, Nov. 4th
Northern Nevada:
Thursday, Nov. 5th

Visit our Website

www.silverstateaco.com
Newsletters, who we are,
who our members are,
preferred providers,
hospitalists, board of
directors, management,
results

Contact Us:
(702) 800-7084
(775) 391-6484
Compliance Line:
(702) 751-0834

SilverStateACO@
SilverStateACO.com

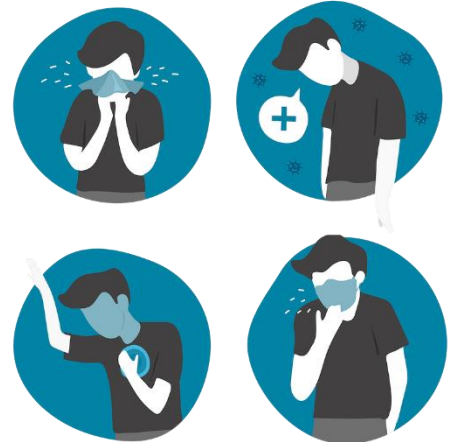
Alyssa, Ashlee, Dineen,
Heather, Jessica A., Jessica
S., Larry, Leeann, Linda,
Martha, Rena, Rhonda,
Savannah, Sharon, Tina,
Tommy



End of summer,
beginning of fall...

Self-isolate for at least 10 days after symptom onset and at least 24 hours after the resolution of any fever (without the use of fever-reducing medications).

- If self-isolation is not possible: strictly adhere to CDC mitigation protocols especially if interacting with a **vulnerable individual** (for example an elderly person or an individual with an underlying health condition). Follow CDC guidelines to protect vulnerable individuals with whom you live.
- If **vulnerable individual** lives with you, he/she should be tested.
- If your symptoms are severe or become severe, you should contact your health care provider immediately or seek emergency care.
- If test results are positive, test does not have to be repeated, unless your illness required hospitalization. You can return to normal activities, including work or school, after the passage of 10 days from the onset of symptoms and 24 hours from when any fever has subsided on its own (without the aid of any fever-reducing medications).



For someone who has no symptoms but has been in close contact (within 6 feet) of a person with a COVID-19 infection for at least 15 minutes:

- It is not necessary to be tested unless you are a vulnerable individual or your health care provider or state or local public health officials recommend it.
- Monitor for symptoms. If symptoms develop, evaluate using the considerations, above.



- Strictly adhere to CDC mitigation protocols, especially if interacting or living with a **vulnerable individual**.

Next Practice Meetings:

Tentative Schedule:
Southern Nevada:
Wednesday, Nov. 4th
Northern Nevada:
Thursday, Nov. 5th

Visit our Website

www.silverstateaco.com
Newsletters, who we are,
who our members are,
preferred providers,
hospitalists, board of
directors, management,
results

Contact Us:
(702) 800-7084
(775) 391-6484
Compliance Line:
(702) 751-0834

SilverStateACO@
SilverStateACO.com

Alyssa, Ashlee, Dineen,
Heather, Jessica A., Jessica
S., Larry, Leeann, Linda,
Martha, Rena, Rhonda,
Savannah, Sharon, Tina,
Tommy



End of summer,
beginning of fall...

For someone who does not have COVID-19 symptoms and has not been in close contact with someone known to have a COVID-19 infection:

- No test is needed.
- If **you** decide to be tested, you should self-isolate at home until your test results are known. This does not apply to routine screening or surveillance testing at work, school, or similar situations.

For those in a high COVID-19 transmission area and who have attended a public or private gathering of more than 10 people (without widespread mask wearing or physical distancing):

- No test is necessary except for vulnerable individuals or if recommended by a health care provider or State or local public health officials.
- Monitor for symptoms. If symptoms develop, evaluate using considerations, above.
- Strictly adhere to CDC mitigation protocols, especially if interacting or living with a **vulnerable individual**.

For those who work in a nursing home or a long-term care facility:

- Tested is required, unless it's already been done as part of the facility's operational plans.
- For those who are symptomatic: Testing must be done and individual must ***not*** go to work until test results are known. If test is positive, unless the illness required hospitalization, one can return to work after the passage of 10 days from the onset of symptoms **and** 24 hours from when any fever has subsided on its own (without the aid of any fever-reducing medications).
- If there is an outbreak of COVID-19 in the facility (i.e., a new COVID-19 infection in any staff or any nursing home-onset of COVID-19 in a resident), all employees will need to be tested immediately and at regular intervals until the outbreak has been mitigated.
- The higher the incidence rate in the county, the more frequently testing will need to be done.



Next Practice Meetings:

Tentative Schedule:
Southern Nevada:
Wednesday, Nov. 4th
Northern Nevada:
Thursday, Nov. 5th

Visit our Website

www.silverstateaco.com
*Newsletters, who we are,
who our members are,
preferred providers,
hospitalists, board of
directors, management,
results*

Contact Us:
(702) 800-7084
(775) 391-6484
Compliance Line:
(702) 751-0834

SilverStateACO@
SilverStateACO.com

Alyssa, Ashlee, Dineen,
Heather, Jessica A., Jessica
S., Larry, Leeann, Linda,
Martha, Rena, Rhonda,
Savannah, Sharon, Tina,
Tommy



End of summer,
beginning of fall...

- Results of testing will be used to inform infection control interventions at the facility, including decisions regarding resident placement and work exclusions.
- Additional guidance and guidelines from state and local public health officials and the Centers for Medicare and Medicaid Services (CMS) must be followed.

State and local public health officials may advise specific people, or groups of people, to be tested. You should follow this advice.

Critical infrastructure workers, health care workers, or first responders may need to be tested, according to employer's guidelines.

In areas where there are a limited number of new cases, state or local public health officials may request to test a small number of asymptomatic "healthy people," particularly from vulnerable



populations. If there is significant spread of the virus in the community, they may request to test more asymptomatic "healthy people".

In certain settings the spread of COVID-19 can be rapid. This is particularly true for settings with vulnerable populations in close quarters for extended periods of time, such as nursing homes and long term care facilities. Those responsible for managing infection in such settings should adopt measures to facilitate the early identification of infected individuals, including initial testing of everyone in the setting, periodic testing of everyone in the setting, and testing of new or returning entrants into the setting.

It is important to realize that one can be infected and spread the virus but feel well and have no symptoms.

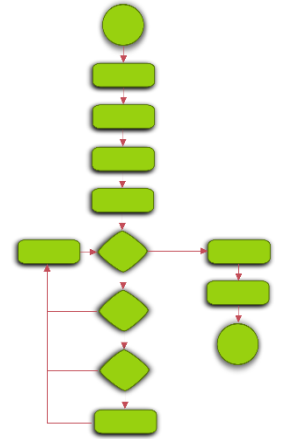
In all cases, keep in mind that a negative test does not mean an individual will not develop an infection from a close contact or public gathering or contract an infection at a later time. Therefore, pay close attention to CDC guidelines at all times. Maintain 6 ft. distance, avoid crowded and indoor spaces, and wash your hands thoroughly and often. Take special care to monitor for symptoms. These remain the best practices for avoiding contracting and/or spreading the COVID-19 coronavirus.

We apologize if repeating it seems redundant. But, we believe that it bears repeating. The sooner we can control the spread, the sooner we can return to more "normal" lives.

Intermountain Healthcare (Previously known as Health Care Partners) Shares

Healthcare Partners, which was recently acquired by and renamed Intermountain Healthcare, has been a Silver State ACO Participant since 2018. They've agreed to share the risk assessment and triage process which they have developed for their clinics in connection with the coronavirus pandemic. As it is very detailed, it is far better viewed as a full document and is included on the last page of this newsletter. Be sure to review it.

Many thanks to Intermountain Healthcare for sharing. They are true team players, sharing their best practices in order to help all Silver State ACO clinics.



SNF 3-Day Rule Waiver

Just a reminder that Silver State ACO participants have the ability to refer patients directly to a Skilled Nursing Facility (SNF), without the need for a 3 day stay in an acute setting. CMS has

granted a waiver to allow this as a means to deliver the right care at the right level and the right time. Better setting for the patient, and savings for the ACO and taxpayers.



If you identify a patient who you feel is not / will not do well at home, even

with Home Health, please reach out to Tarra Cortez or Sadie Howes, Care Coordinators, at (833) 208-0588. You may also call to Rena Kantor or Tommy Ahsan at Silver State ACO (702) 800-7084. We will assist in confirming eligibility and transferring patient to the SNF, if appropriate.

Returning to Work

Nevada Health Centers, a Silver State ACO Participant since 2014, has been kind enough to share its specific protocols for a symptom-based strategy for employees who were infected to return to work. This strategy does *not* require the returning health care provider to be tested. (Be sure to read the asterisked defining notes at the end.)

Many thanks to Nevada Health Centers who shows that sharing is caring!

Next Practice Meetings:

Tentative Schedule:
Southern Nevada:
Wednesday, Nov. 4th
Northern Nevada:
Thursday, Nov. 5th

Visit our Website

www.silverstateaco.com
Newsletters, who we are,
who our members are,
preferred providers,
hospitalists, board of
directors, management,
results

Contact Us:

(702) 800-7084

(775) 391-6484

Compliance Line:

(702) 751-0834

SilverStateACO@

SilverStateACO.com

Alyssa, Ashlee, Dineen,
Heather, Jessica A., Jessica
S., Larry, Leeann, Linda,
Martha, Rena, Rhonda,
Savannah, Sharon, Tina,
Tommy



End of summer,
beginning of fall...

Next Practice Meetings:

Tentative Schedule:
Southern Nevada:
Wednesday, Nov. 4th
Northern Nevada:
Thursday, Nov. 5th

Visit our Website

www.silverstateaco.com

Newsletters, who we are, who our members are, preferred providers, hospitalists, board of directors, management, results

Contact Us:

(702) 800-7084

(775) 391-6484

Compliance Line:

(702) 751-0834

SilverStateACO@

SilverStateACO.com

Alyssa, Ashlee, Dineen, Heather, Jessica A., Jessica S., Larry, Leeann, Linda, Martha, Rena, Rhonda, Savannah, Sharon, Tina, Tommy



End of summer,
beginning of fall...

Employee may return to work on the following basis:

Scenario 1: Health Care Provider with mild to moderate illness* who is not severely immunocompromised:

- At least 10 days have passed since day of positive test result** and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved



Scenario 2: Health Care Provider who is asymptomatic and who is not severely immunocompromised:



If he/she was asymptomatic throughout their infection, he/she may return to work when at least 10 days have passed since the date of the positive test.

Scenario 3: Health Care Provider with severe to critical illness*** or who is severely immunocompromised****:

- At least 20 days have passed since day of positive test results**
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Scenario 4: Health Care Provider who is asymptomatic but is severely immunocompromised:

- If asymptomatic throughout their infection but are severely immunocompromised, employee may return to work when at least 20 days have passed since the date of their positive test.

Terms and Conditions Defined:



*Mild Illness: Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Next Practice Meetings:

Tentative Schedule:
Southern Nevada:
Wednesday, Nov. 4th
Northern Nevada:
Thursday, Nov. 5th

Visit our Website

www.silverstateaco.com
*Newsletters, who we are,
who our members are,
preferred providers,
hospitalists, board of
directors, management,
results*

Contact Us:
(702) 800-7084
(775) 391-6484
Compliance Line:
(702) 751-0834

SilverStateACO@
SilverStateACO.com

Alyssa, Ashlee, Dineen,
Heather, Jessica A., Jessica
S., Larry, Leeann, Linda,
Martha, Rena, Rhonda,
Savannah, Sharon, Tina,
Tommy



**End of summer,
beginning of fall...**

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

**** Please note** that this is a variation from the CDC's guidance, which recommends "at least 10 days have passed *since symptoms first appeared.*"

*****Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

******Who is considered severely immunocompromised?**

Conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immune-compromise and require actions such as lengthening the duration of work restrictions. Ultimately, the degree of immune-compromise for employees will be *determined by the treating provider*, and preventive actions are tailored to each individual and situation.

REMINDERS:

What do Centennial, Desert Springs, Henderson, Spring Valley, Summerlin and Valley Hospitals in Southern Nevada have in common with Northern Nevada Medical Center in Reno? They are all part of Universal Health Services (UHS, known in Las Vegas as the Valley Health System). UHS is a partner and the preferred provider for acute services for all Silver State ACO beneficiaries. The quality and cost of care are excellent and are important factors in making Silver State ACO successful. Please keep this in mind when referring patients for acute care.



And the Winner Is.....

To be entered to win a gift at the next practice meeting (whether in person or virtual), please respond to the email to which this newsletter was attached with the words "YES. I am part of the TEAM", in the subject line.

Next Practice Meetings:

Tentative Schedule:
Southern Nevada:
Wednesday, Nov. 4th
Northern Nevada:
Thursday, Nov. 5th

Visit our Website

www.silverstateaco.com
Newsletters, who we are,
who our members are,
preferred providers,
hospitalists, board of
directors, management,
results

Contact Us:
(702) 800-7084
(775) 391-6484
Compliance Line:
(702) 751-0834

SilverStateACO@
SilverStateACO.com

Alyssa, Ashlee, Dineen,
Heather, Jessica A., Jessica
S., Larry, Leeann, Linda,
Martha, Rena, Rhonda,
Savannah, Sharon, Tina,
Tommy

Additional Resources:

CMS: <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>.

State of Nevada Response: <https://nvhealthresponse.nv.gov/wp-content/uploads/2020/06/6.22-Guidance-on-Improvised-Facial-Coverings-JH-V1.pdf>

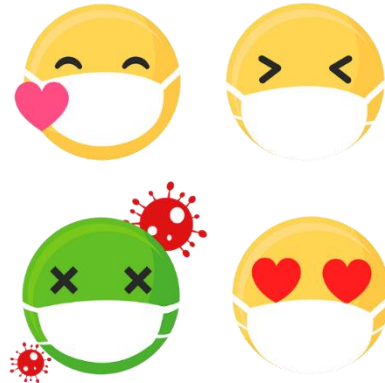
Quote of the Month:

“There’s no such thing as failure, there’s just giving up too soon.”

Jonas Salk, (1914-1995), American virologist and medical researcher who developed one of the first successful polio vaccines. When the vaccine’s success was first made public in 1955, Dr. Salk chose to not patent the vaccine or seek any profit from it in order to maximize its global distribution.



To cancel receiving the monthly Silver State ACO Newsletter please click Unsubscribe and type “Unsubscribe” in the subject box



CORONAVIRUS CLINIC PROCESS

Updated 8/20/2020

For questions or to consult with a Medical Director, please call the MLT Line at 702-852-9012



Patient Calls

PSR, MA,
LPN/RN

1. Are you currently experiencing fever, cough, or shortness of breath, muscle/joint pain, fatigue, diarrhea or change in sense/taste?
2. Have you been in close contact with a suspected or confirmed case of Coronavirus (COVID-19)?
3. Are you over 60 years old?
4. Do you have a chronic illness such as heart failure, lung disease or diabetes?
5. Initiate Blue/Yellow Sheet as indicated.

Provider

1. Provider to determine patient risk (see Exposure Risk document)
2. High Risk / Low to Moderate Risk

High-Moderate Risk / High Acuity

- Provider to take a detailed exposure history and clinical assessment
- Contact the Emergency Department closest to you, ask for the charge nurse and coordinate sending the patient to them.
- Clinic completes **COVID Tracking Template** and sends it to covidpatienttracking@imailnv.org
- Clinic notifies inpatient team by emailing jfreyburns@imailnv.org

High Risk / Low Acuity

- Provider to take a detailed exposure history and clinical assessment
- Schedule to request outpatient testing via IDX (FWNCOVID) / Greenway (COVID 19 REFERRAL). Please include PCP name in notes.
- Clinic completes **COVID Tracking Template** and sends it to covidpatienttracking@imailnv.org
- Instruct patient on home isolation (see home care resource) and refer to care management or blue sheet LPN for follow-up
- Nursing to follow-up with patient at scheduled intervals

Moderate Risk / Low Acuity

- Provider to take a detailed exposure history and clinical assessment
- Schedule to request outpatient testing via IDX (FWNCOVID) / Greenway (COVID 19 REFERRAL). Please include PCP name in notes.
- Clinic completes **COVID Tracking Template** and sends it to covidpatienttracking@imailnv.org
- Instruct patient home isolation (see home care resource) and refer to care management or blue sheet LPN for follow-up
- Nursing to follow-up with patient at scheduled intervals
- If patient dispositioned as a clinic visit, pt instructed to wear mask during clinic visit

Low Risk

- Proceed with routine care of patient and or follow the routine Blue/Yellow Sheet Process or your department's signs and symptoms process
- If patient is dispositioned to an appointment, ask patient to wear mask to clinic or put on mask as soon as they enter the clinic.

Patient Walks in

PSR, MA,
LPN/RN

1. Patients should put on mask prior to entering the clinic, if unable to wear mask, PSRs should instruct patient to return to vehicle and call to arrange video visit.
2. Designated caregiver asks screening questions:
 - a. Are you currently experiencing fever, cough, or shortness of breath, muscle/joint pain, fatigue, diarrhea or change in sense/taste?
 - b. Have you been in close contact with a suspected or confirmed case of Coronavirus (COVID-19)?
 - c. Are you over 60 years old?
 - d. Do you have a chronic illness such as heart failure, lung disease or diabetes?
3. If screening questions indicate suspicion for COVID, place patient in designated room/exam room with door closed
4. Initiate blue/yellow sheet if provider evaluation indicates

Provider

1. Provider to determine patient risk (see Exposure Risk document)
2. High Risk / Low to Moderate Risk

High -Moderate Risk / High Acuity

- Take a detailed exposure history and clinical assessment
- Caregiver to wear mask, eye protection, gloves, gown
- Use disposable BP cuff/stethoscope
- Providers should determine treatment plan for patient, including transferring to area ED if necessary
- Clinic completes **COVID Tracking Template** and sends it to covidpatienttracking@imailnv.org
- Clinic notifies inpatient team by emailing jfreyburns@imailnv.org
- Transfer patient to emergency department via EMS

High Risk / Low Acuity

- Take a detailed exposure history and clinical assessment
- Caregiver to wear mask, eye protection, gloves, gown
- Use disposable BP cuff/stethoscope
- Schedule to request outpatient testing via IDX (FWNCOVID) / Greenway (COVID 19 REFERRAL). Please include PCP name in notes.
- Clinic completes **COVID Tracking Template** and sends it to covidpatienttracking@imailnv.org
- Instruct patient home isolation (see home care resource) and refer to care management or blue sheet LPN for follow-up
- Nursing to follow-up with patient at scheduled intervals

Moderate Risk / Low Acuity

- Take a detailed exposure history and clinical assessment
- If high suspicion for COVID-19, follow high risk pathway or
- Schedule to request outpatient testing via IDX (FWNCOVID) / Greenway (COVID 19 REFERRAL). Please include PCP name in notes.
- Clinic completes **COVID Tracking Template** and sends it to covidpatienttracking@imailnv.org
- Instruct patient home isolation (see home care resource) and refer to care management or blue sheet LPN for follow-up
- Nursing to follow-up with patient at scheduled intervals

Low Risk

- Proceed with routine care of the patient

Exam Room Management For All Risk Levels (except Low Risk)

1. Close rooms after patient discharge for air exchange. 2 hour room closure for clinics and non hospital locations.
2. After the 2 hour time, properly clean and disinfect the room using a clinic approved detergent/ disinfectant (e.g., Super Sani Cloth) starting with the least soiled areas and moving toward the most-soiled areas, paying special attention to surfaces most often touched by the patient and providers and clinical staff.
3. Ensure cleaned surfaces remain wet with disinfectant for the appropriate amount of contact time, as specified on the disinfectant's label.

COVID-19 Clearance:

- We are using the Non-Test Based Strategy (72 hours without symptoms **AND 10 days from first symptoms or exposure**).
- For special circumstances, please call the MLT line if you want to use the Test-Based Strategy.

