Greetings!

It is very difficult to watch the suffering of so many people devastated by Hurricane Harvey. However, we all can help. Whether it is people in federal, state, or local government and agencies that are stepping up to provide relief efforts or those that are far away but can help out by contributing to relief efforts underway by many organizations. We know the first responders and health care providers in Texas are strained and working long hours in perilous situations and we offer up our thoughts and prayers for them and all people in Texas and Louisiana at this time.

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It is hard to believe that summer is coming to a close and the fall season is upon us with many people returning to school. A new school year is filled with so many opportunities to learn and share.

It is also a time for all of us to renew our energy and to learn and re-think about how we view health and healthcare. We know we are facing many challenges as we work together to transform the healthcare system into one that focuses on improving health outcomes, reduces unnecessary costs, and improves the health of our population.

As we transform our healthcare system, let’s make sure we include a constant that is forever present in all health and health care – the person, patient and family. Through the CMS Transforming Clinical Practice Initiative (TCPI), we are now experiencing the positive results of including the voice of patients and families in improving health outcomes, reducing avoidable costs, and improving health of the practice community. Practices are sharing their successful integration of the person, patient, and family voice into performance improvement as Michael Millenson referred to in his article on Collaborative Health in the July PPC newsletter.

In this newsletter, you will find some timely updates on advancing initiatives and innovations including:

- Data and Information on HealthCare Trends
  - AHRQ Opioid Data Trends
  - State Trends in Mortality from Opioids
  - AHRQ Healthcare Disparities Report
  - NEW Hospice Compare
- NEW Centers for Disease Control and Prevention Comprehensive Health Literacy Training
- World MRSA Day
AHRQ Opioid Data Trends
The Agency for Healthcare Research and Quality (AHRQ) has released two additional resources for tracking opioid hospitalizations. The Statistical Brief #226 entitled “Patient Residence Characteristics of Opioid-Related Inpatient Stays and Emergency Department Visits Nationally and by State, 2014” highlights variations in hospitalizations and emergency department usage by age, sex, income level, and geographical area.

AHRQ Statistical Brief #224, “Patient Characteristics of Opioid-Related Inpatient Stays and Emergency Department Visits Nationally and by State, 2014” also includes trends by age groups.

AHRQ has also provided interactive maps with readily accessible information by state by age, sex, income, and geographic area. The information includes 2009-2014 trend data and rates of opioid hospitalizations by age, sex, income, and geographic area.

State Trends in Mortality from Opioids
While opioid related death rates vary among states and within states, the national trends all point to a continuous upward. Some communities believe the ‘tip of the iceberg’ has not yet surfaced and we are on an upward trend unless comprehensive, integrated efforts for treatment and prevention are aggressively pursued.
All states have data on opioid related deaths with information available through their public health or other state health agency. Many local communities are also tracking opioid related deaths so they can implement interventions and assess the effectiveness of the interventions.

As one drills down data, one can see variations among states whether it is by age, sex, geographic location, or income level. Some states are also able to drill down by race/ethnicity, resident county, and opioid category.

Using Illinois as an example of state mortality rates, overall there was an increase in opioid related deaths from 1,579 in 2013 to 2,350 in 2016 representing a 49% increase in Illinois opioid related deaths. However, a striking statistic in the report is the 258% increase in Opioid Analgesics from 2013 to 2016 as the leading contributing cause of drug overdose deaths. Additionally, the age groups of 25-44 and 45-64 represented 88% of all the opioid related deaths in Illinois in 2016. Illinois Department of Public Health “Drug Deaths By Age, Sex, Age Group, Race/Ethnicity and County, Illinois Residents, 2013-2016” is now publicly available.

AHRQ Healthcare Disparities Report
AHRQ released the 2016 Healthcare Quality and Disparities Report this past July. This is the 14th Annual Report released by AHRQ on Quality as defined by the National Quality Strategy priorities which include patient safety, person-centered care, care coordination, effective treatment, healthy living, and affordable care. The report is based on more than 250 quality and disparity measures covering the spectrum of health care settings and services. Information is displayed in tabular, graphic, and mapping formats.

Information is helpful in advancing discussion on key performance indicators at a state and local level. Patient and family advocates find this information helpful in working to close gaps in quality care by understanding and sharing the social factors that drive disparities including race, ethnicity, income, education, geographic setting.

The following AHRQ maps display the variation in overall health care quality based upon 2014-2015. Figure 7 includes data on state variations on overall health care quality. Figure 8 displays the average differences in quality of care by state among Blacks, Hispanics, and Asians compared with Whites for 2014-2015. AHRQ provides complete information on the methodology on the following maps and all of their data in this report.
NEW Hospice Compare
On August 16, 2017, CMS released the NEW Hospice Compare web site for consumers, patients, and families to compare hospice services on key performance indicators. The following seven National Quality Forum (NQF) endorsed Hospice Item Set quality measures on Hospice Compare are:
- Hospice and Palliative Care- Treatment Preferences
- Hospice and Palliative Care- Beliefs/Values Addressed
- Hospice and Palliative Care- Pain Screening
- Hospice and Palliative Care- Pain Assessment
- Hospice and Palliative Care- Dyspnea Screening
- Hospice and Palliative Care- Dyspnea Treatment
- Hospice and Palliative Care- Pain Medication
- Hospice and Palliative Care- Pain Control
RENAL CARE: PATIENTS TREATED WITH OPIOIDS

Hospice and Palliative Care - Patients treated with opioids who are given a bowel regimen

The Consumer Assessment of Healthcare Providers & Systems (CAHPS®) Hospice survey information will be displayed during a subsequent quarterly data update in winter 2018. Additionally, to increase usage of the results by healthcare analysts and ultimately consumers, the data results are now publicly available in a downloadable format at data.medicare.gov. Other downloadable Compare data files include information on Hospitals, Nursing Home, Home Health, Dialysis Facilities, Physicians, Long Term Care Hospital, and Supplier Directory at data.Medicare.gov.

NEW CDC HEALTH LITERACY TRAINING

The CDC Health Literacy Training Plan features 6 courses to help build knowledge and skills of anyone working in health information and services. Start with the introductory Health Literacy for Public Health Professionals course and then continue to the courses listed below to help you with your health literacy plan.

The following courses all provide Certificates of Completion based upon successfully completing the on-line, self-study courses:
• Writing for the Public
• Speaking for the Public
• Using Numbers and Explaining Risk
• Creating Easier to Understand Lists, Charts, and Graphs
• Fundamentals of Communicating Health Risks

The courses have received a 4-star rating on a 5-star scale of which all of the rating results are shared publicly. All persons taking the course(s) are urged to share their feedback through ratings and comments on the course(s).

As health literacy varies among all populations, the CDC provides health literacy assessment tools as well as information on how a provider or provider organization can assess their own communication effectiveness and construct a plan of action.

WORLD MRSA DAY

World MRSA Day will be held on Saturday, September 28 with many local and international speakers on MRSA, C-Diff, and Sepsis. The program will have several patients share their stories and hear from leading experts on prevention. The emcee for the 9th Annual MRSA Day will be NBC News Anchor Rob Stafford who is just returning to work following his own personal, but public, battle with cancer. The event will be held at the Community House in Hinsdale, Illinois and will be broadcast live on Facebook from 10:30 a.m. – 12:30 p.m. central time.

WORTH REPEATING - EMPOWERING PATIENTS AND FAMILIES WITH KNOWLEDGE ON PRESCRIPTION OPIOIDS

As many providers are increasingly aware of the challenges in managing opioid prescriptions, clinicians are turning to alternative approaches to manage pain and oversee all opioid prescriptions.

While clinicians are working to manage and reduce opioid usage and their prescribing of opioids, consumers, patients, and families need to be aware of the dangers of opioid usage. Any time a physician or other clinician offers or prescribes an opioid for pain relief, patients and families should ask questions, such as:
• Do I really need that opioid drug? Why?
• Are there alternatives to relieve the pain other than the opioid?
• If I take the opioid, what is the timeline for eliminating the opioid?
• Is there a danger in becoming addicted to the prescription opioid?

Study published by CDC suggests that it is a very short period of time in which a patient can become dependent upon opioid prescription. "Awareness among prescribers, pharmacists, and persons managing pharmacy benefits that authorization of a second opioid prescription doubles the risk for opioid use 1 year later might deter overprescribing of opioids. Knowledge that the risks for chronic opioid use increase with each additional day supplied might help clinicians..."

If a clinician cannot provide answers to these questions, seek a second opinion from another clinician. Per the Centers for Disease Control and Prevention “Opioid prescribing continues to fuel the epidemic. Today, nearly half of all U.S. opioid overdose deaths involve a prescription opioid. In 2015, more than 15,000 people died from overdoses involving prescription opioids.”

For anyone or family member that needs assistance, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) operates a national helpline, 1-800-662-HELP (4357), is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. For more information on SAMHSA’s support, go to https://findtreatment.samhsa.gov/

Special Feature

Innovative Approach to Meeting Clinical Needs of Nursing Home Residents and Staff While Improving Outcomes and Reducing Avoidable Costs

*Interview with Dr. David Chess and TripleCare*

David Chess, M.D., is a Geriatrician, Internist, Entrepreneur, and Project Patient Care (PPC) Board Member and Founder. David has focused his career on understanding the necessary elements required to meaningfully connect with people and move them to a better level of health with a specific interest in system design. Combining a deep respect for people, with an understanding of the limitations of our current health care system, David has created novel health care companies, providing alternative, patient-friendly, and value-creating approaches to care. He has extensive experience creating clinical interventions for the medically complex-challenged patient with a focus on treating people in place and honoring the individual’s quality of life. Some of his inventions include TripleCare, Clinically Home, Enhanced Care Initiatives, Paragon Clinical and PriMed.

TripleCare was selected this month to participate in a CMS study evaluating the cost effectiveness of telemedicine utilization in Skilled Nursing Facilities (SNFs). TripleCare was one of the first providers of telemedicine in SNFs and has a network of highly trained physicians that provide virtual bedside visits, treating patients in place using advanced technology, coupled with assistance from SNF’s on-site nurses. The CMS evaluation study will be conducted by The TRECS (Targeting Revolutionary Elder Care Solutions) Institute, under the executive leadership of CEO, John Whitman. The study is made possible through CMS and Florida’s Agency for Health Care Administration under the agency’s Civil Money Penalty Grants Program.

The services will be tested in Florida at Braden River Rehabilitation Center, Tiffany Hall Nursing and Rehabilitation Center in Port St. Lucie, and Moultrie Creek Nursing and Rehab in St. Augustine.

Pat Merryweather, Executive Director of PPC, recently talked with Dr. David Chess, Chief Medical Officer and Founder of TripleCare, and Mary Jo Gorman, M.D., Interim Chief Executive Officer of TripleCare about this exciting study that will focus on the efficiencies and effectiveness of telemedicine in SNFs.

David discussed the opportunity he saw as a geriatrician to provide improved clinical care and reduce unnecessary readmissions and hospitalizations through an alternative
intervention at SNFs. TripleCare provides telemedicine services to over 60 SNFs in after hours, weekends, evenings, and holidays, when the full complement of nursing staff and physicians are not readily available in a SNF.

If a nurse or other clinical staff member has implemented the SBAR methodology on a SNF resident (SBAR is an **acronym** for **Situation**, **Background**, **Assessment**, **Recommendation** to facilitate prompt and appropriate **communication**) or the Interact Stop and Watch Form, they are instructed to contact TripleCare notifying them immediately of a change in the resident’s condition. It is at this point that TripleCare intervenes to diagnose and provide interventions to address the resident’s change in condition.

According to Mary Jo, TripleCare provides “all of the support and equipment for a SNF to achieve success, including Wi-Fi-ready hardware and software, organizational training and management; everything from operational development to implementation, documentation, and education to outreach material for residents and families. In other words, we provide the entire spectrum of support for a SNF to be successful in utilizing the telemedicine services.”

As David notes, success is currently measured within a SNF by seeing a reduction in unnecessary referrals or hospitalizations, and at the same time, improving outcomes of care while reducing avoidable costs to the SNF, resident and CMS. The other outcomes measures of success include:
- Less disruption to the resident if they do not have to be transferred to an emergency room or hospital, avoiding confusional states and serious hospital born infections;
- Improving outcomes of care with more immediate interventions;
- Reducing stress on staff nurses and director of nursing when they are in need of a medical opinion; The nurse is not alone. Within a minute there is a doctor virtually by their side;
- Reducing middle of the night or holiday calls to the primary care physician for the nursing home or patient; and,
- Providing comfort to the resident’s family knowing there is a practicing physician readily available should their loved one need help.

As soon as the condition is assessed, the TripleCare physician orders the necessary next steps for treatment of the resident and sends information to the primary care physician. The TripleCare physician, available through telemedicine, is the backup (covering) physician for the primary care physician for the SNF.

David states that “there is so much that can be done to advance clinical care if we just think and act creatively and engage patients and families in the delivery of care. We can achieve the ‘Triple Aim’ of improved outcomes and health while reducing unnecessary costs. Technology is the enabler that can help bring the clinician to the bedside, making old fashioned bedside care a reality again.”

As the study results unfold, we will be sharing them with you as we know these could open the door for advancing telemedicine usage across more SNFs and in other post-acute care settings.

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NEED TO CONTACT US?

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Thank you

PPC’s Pat Merryweather joined the Salvation Army leadership staff at the Salvation Army new Shield of Hope groundbreaking ceremony in West Humboldt Park in Chicago. The new center will provide emergency and interim housing for adults and families. This center adjoins the Salvation Army’s Freed Center which provides a variety of continuum rehabilitation services, including support for opioid and other substance abuse conditions.