



CMS 2012 Tri-Regional PACE CONFERENCE

Programs of All-Inclusive Care for the Elderly

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TRANSCRIPT

General Q&A Session

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Good afternoon. Hard to believe that Day 1 is almost finished, but it is. And I have to say I think it's gone really pretty fast.

This is your opportunity to ask questions of any of the speakers that gave presentations earlier today and are still here. So, does anyone have any questions for the speakers? Oh, come on. Okay, over here. This is for Donna, I think it's Mercy LIFE. Is she still here?

Yeah.

Related to the case of Mrs. R.B. that – how can I say – given that the fact that her dementia and the providing key actual aides for her, the stress that the husband was having at home and whatever, would it have been better to have her in a nursing home versus to the home and all those services? Because when I started, you know, comparing and making a little zero here and there, I thought it was more expensive to have somebody like that. And it has to be a reason as to why you kept her at the home base instead of having her at home.

So in this particular case, I guess two comments. This husband is so devoted, she is not going to a nursing home. Okay, so, extremely devoted husband, religiously committed. He is not going to put her in a nursing home whether we give up or not. So we can give up, we can walk away, we can get angry, but he's not going to go anywhere. So I think that's where you start to engage the team and to say, you know, we're there for her and we need to be with her to the end. And I agree with you, it's so resource – dependent resource rich case that you're absolutely right, a two-on-one is not cost effective, but part of PACE is that case mix index of having your low resource utilizers and your high resource utilizers and just making it work. And I think that's the – the beauty of PACE, is that, you know, what a participant needs differ. And so I agree with you, and I think the team says the same thing, and home care scheduling can say the same thing, and sometimes when she needs her own driver and her own escort and her own van to take her home, they probably say the same thing, too. But in this particular case she has a very committed caregiver, and so we have to support that. But good question.

Any other questions? No? Are you sure? This is your big opportunity now, to – to ask questions of the speakers. And I do remember seeing some hands that were still raised when we had to close the question period from some of the prior presentations, so come on. Any takers? No takers? Okay. I've asked my share of questions, but this speaker actually left before I could get him. It's – it's Andy Penn, I believe his last name is?

Andy Penn?

Yeah. I just wanted to raise the area of transitional care as – as a potential area where they should be looking. But to \INAUDIBLE\ what the future will bring with blended payments for care delivered in the hospital and in the nursing home – it's not blended, it's –

Bulk payment for –

Thank you, Kathy, thank you. Bundle payment. Where I think, you know, the issue is if there is adverse outcomes that occur because one of our older patients, and this would never happen in PACE, of course, but is discharged, you know, early and sicker, and gets to the nursing home and in an earlier, sicker state, and there's an adverse outcome such as all the things that he listed, what's their plans to begin to look at what I believe is a potential area where there could be major adverse outcomes?

Okay. Peggy can field that one.

Thank you.

Actually, that is already occurring. Under the Survey and Certification from CMS and the state Survey and Certification, if there is a concern related to a hospital complaint or a nursing home complaint, both those departments that would be investigating any type of concern speak to one another. And if that information is then brought forward. And that's exactly how those cases began. Many of those began with either like the ombudsman had information and it went forward, but there's many cases that start through complaints that by the history of the provider indicates that there is historical problem, and then that is then forward from the state to CMS or CMS to the Justice Department Office of General Counsel, and an investigation begins. So we are already doing that in CMS with the state and looking between the providers. If there is a hospital – and sometimes the hospitals do complain as one of the speakers spoke about the emergency room doctor call complaining about how horrific this part – this individual was with multiple pressure sores, that they had to report that. That then began that investigation. So we do have the hospitals reporting on nursing home, and we also do have from the nursing homes if they get participants who they complain about their residents come back from hospitals with pressure sores, we sent that person, their skin integrity was great, we looked at our MDS's, you can see the damn 000 for, you know, any kind of skin issues, and they come back to us and they have stage threes. That's because the hospital isn't giving them proper care. So then they give us that information and we go back and do an investigation of the hospital. So there already is that kind of communication in place.

Any other questions? Okay.

Are there any other questions? Okay. I'm going to make like an auctioneer. Going once. Going twice. Sold. Okay. Let me ask you. Does anyone have any questions in general? Now we're open up – now we've opened up the floor to general questions. Okay. Do I have to make like an auctioneer again?

Going once. Going twice. Going three times. Okay. Now we did get several questions prior to the conference, and at this time, except for one, those questions are being reviewed and we will get back to you on them. However, there was one question that was raised that really the Committee thought would be a perfect question to throw out to the audience. That was a question received from a PACE organization as to how they handle on call visits that need to be made in an area where the safety of the staff member may be a concern, let's say in the late hours of the night or the very early hours of the morning. So, if anybody would like to offer information as to how they handle those situations, can you please raise your hand?

Okay. The question? Okay, the question is we had a question from one of our PACE concerning on call visits that need to be made in an area where the safety of the staff member may be of issue, of concern, especially in the very late hours or the early hours of the morning. So rather than us handling that, we felt it was a good question to throw out to the floor, since this is something that you – you all deal with, probably on an ongoing basis. So.

Actually, Appalachia – Regina Sayers with Appalachian Agency for Senior Citizens. And we have actually had that, not necessarily at night but even during the day, and we've actually called our law enforcement, our local police department, and they have been very accommodating and they will either meet us at the facility or – or at the home of that individual.

Okay. Thank you. Anybody else care to offer some advice?

We – we go out at all times of the day or night and every day of the week, and we do the same if it's in an area of town or a particularly bad time of the day where you're not sure. We will not put staff, of course, in harm's way, but if – if police – police have been very – this is city of Pittsburgh, so you wouldn't think that they would just be at our discretion, but they actually do help us with that. So they escort our staff if we feel that way. It's better for the patient than to go to an unnecessary hospital visit.

Okay. Thank you.

Yeah. Well we are from New York City, and the areas that we are are not so great, and I guess our conviction is that's part of our profession of what we decide to do. And sometimes there are risks in everything. But, in spite of that, usually what we do, we do a buddy system. You know, we get somebody else of a – who is familiar with the community and we'll go together. We partner. And I think that's one of the best ones. But if we're going to be afraid all the times, though, we won't be able to accomplish our mission.

Okay, thank you. Anyone else care to contribute? No? No one? Well. We have one here.

Some organizations actually use professional escorts. Not that kind of escort. You know, they actually – they actually pay, you know, a security service to make joint visits with nurses, with other professionals, and it – usually have a contract on an annual basis.

Okay. Is that something your agency uses?

When – when I was in New York City we did that. We used the buddy system during the day, but never asked anybody to make an unescorted visit if they were afraid.

Okay. Any other – any other ideas or thoughts? It's kind of hard to see, so I don't want to miss anybody. Okay. Well. I guess this is it. Thank you all very much and we appreciate your contribution.