

OPTIMISTIC

A Demonstration Project in the CMS Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents

Visit our website for
supportive resources
and FAQs



Vision

To revolutionize
nursing home care.

Mission

To optimize the quality of life of nursing
home residents by implementing evidence-
based strategies to improve medical,
transitional, and palliative care.

1

optimistic-care.org

OPTIMISTIC
TRANSFORMING CARE

Operations Learning Community Webinar

March 14, 2017

- Please mute your line (*2) during the initial slides
- Unmute (*2 again) to speak

Fielding questions today ...



Erin O'Kelly-Phillips,
Analytics Team



Laura Holtz, Senior
Research Manager
& Payment Model
Specialist

1

Billing Updates



2

Data and Analytics Team Updates

Rules about Insurance for Eligibility

- Residents must have Medicare Part B to be eligible
- Your weekly data must identify who has Part B on your roster
- If a resident does not have Part B, your facility cannot bill a change in condition for them

Insurance (con't)

- Review insurance files to make sure Part B is identified
- Example of correct insurance info on template:

MRN	Type	Plan Number	Start Date	End Date
9997	Medicare A	1111111A	10/14/2016	
9997	Medicare B	1111111A	10/14/2016	
9997	Other	PXT1228		

Change in Condition

- The only conditions for billing and reporting are:
 - Pneumonia
 - Dehydration
 - Congestive Heart Failure
 - Urinary Tract Infection
 - Skin ulcers/cellulitis
 - COPD/Asthma
- Submit only conditions that have been certified by a provider

Change in Condition (con't)

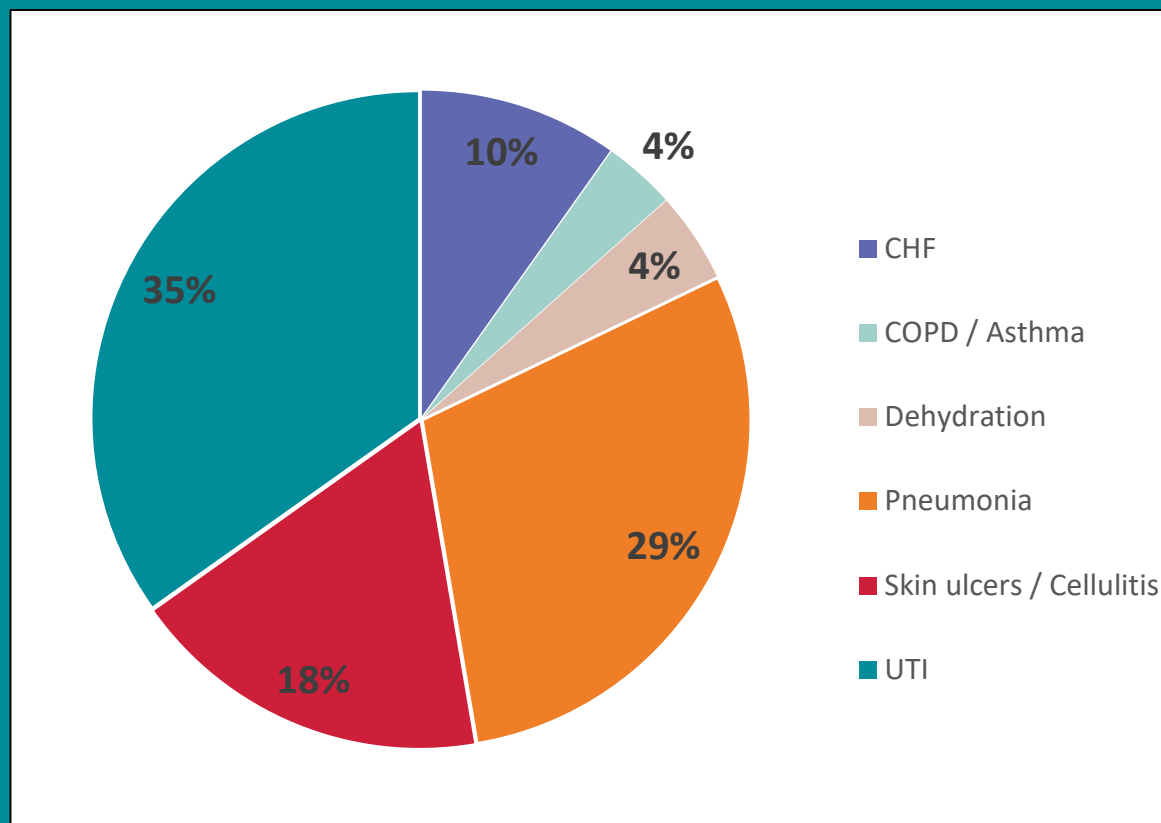
- All residents reported on this template should be OPTIMISTIC eligible
- Make sure the “End Reason” is given:
 - Condition improved and no longer met qualifying criteria
 - Hospital transfer
 - Other discharge
 - Another change in condition
 - Resident refused treatment and/or elected hospice
 - Death
 - Resident became ineligible
 - Unknown

Other

- Ensure correct MRN for the resident on every row that they are listed- even if it is on multiple rows
- If you submit corrections to the Data Team, please make sure that you apply these corrections to all future submissions.

Quarter 1 Data

These percentages are estimated from your data, as reported to CMS on the first quarterly report



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3



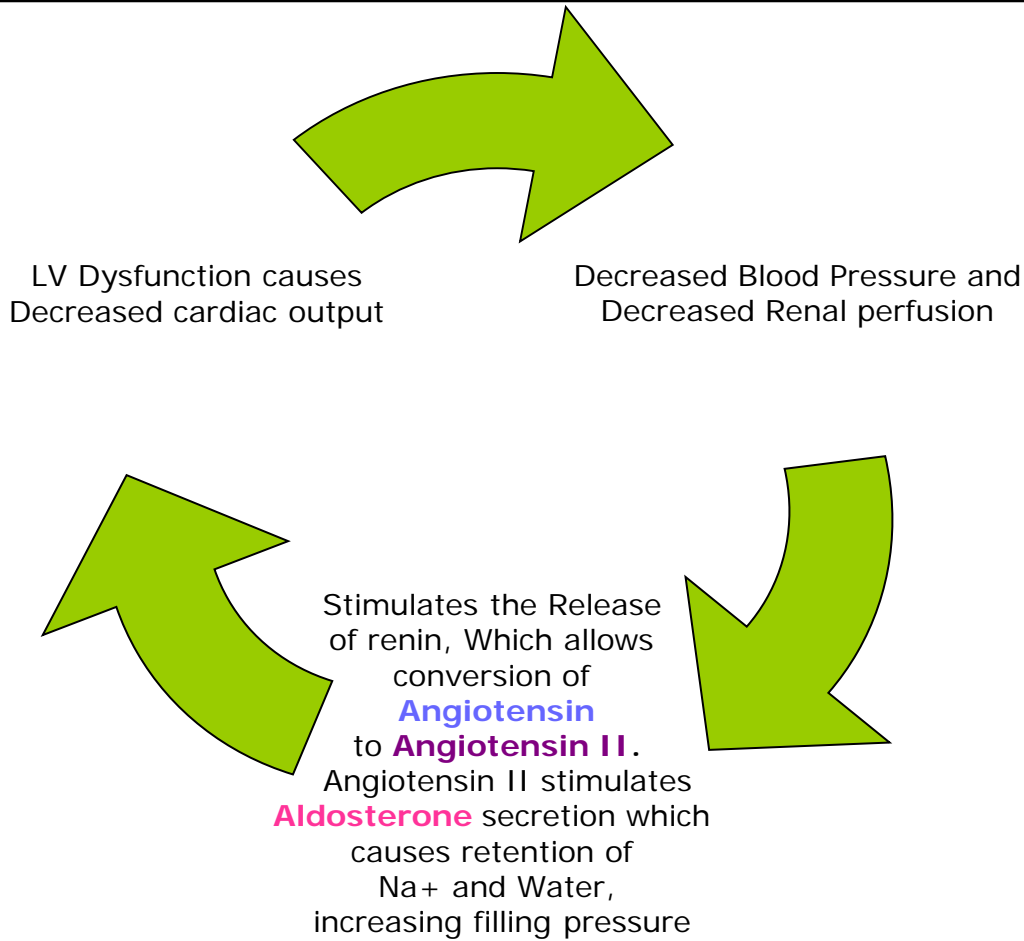
Heart Failure

Prudence Twigg, NP
OPTIMISTIC Nurse Educator

Heart Failure

- Heart muscle is weakened and cannot pump enough blood to meet the body's need for blood and oxygen (reduced cardiac output) AND the body fights back!

The Vicious Cycle of Congestive Heart Failure



Definition of Heart Failure

Classification	Ejection Fraction	Description
I. Heart Failure with Reduced Ejection Fraction (HF _r EF)	≤40%	Also referred to as systolic HF. Randomized clinical trials have mainly enrolled patients with HF _r EF and it is only in these patients that efficacious therapies have been demonstrated to date.
II. Heart Failure with Preserved Ejection Fraction (HF _p EF)	≥50%	Also referred to as diastolic HF. Several different criteria have been used to further define HF _p EF. The diagnosis of HF _p EF is challenging because it is largely one of excluding other potential noncardiac causes of symptoms suggestive of HF. To date, efficacious therapies have not been identified.
a. HF _p EF, Borderline	41% to 49%	These patients fall into a borderline or intermediate group. Their characteristics, treatment patterns, and outcomes appear similar to those of patient with HF _p EF.
b. HF _p EF, Improved	>40%	It has been recognized that a subset of patients with HF _p EF previously had HF _r EF. These patients with improvement or recovery in EF may be clinically distinct from those with persistently preserved or reduced EF. Further research is needed to better characterize these patients.



*Helping Cardiovascular Professionals
Learn. Advance. Heal.*



Classification of Heart Failure

ACCF/AHA Stages of HF		NYHA Functional Classification	
A	At high risk for HF but without structural heart disease or symptoms of HF.	None	
B	Structural heart disease but without signs or symptoms of HF.	I	No limitation of physical activity. Ordinary physical activity does not cause symptoms of HF.
C	Structural heart disease with prior or current symptoms of HF.	I	No limitation of physical activity. Ordinary physical activity does not cause symptoms of HF.
		II	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in symptoms of HF.
		III	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms of HF.
		IV	Unable to carry on any physical activity without symptoms of HF, or symptoms of HF at rest.
D	Refractory HF requiring specialized interventions.		



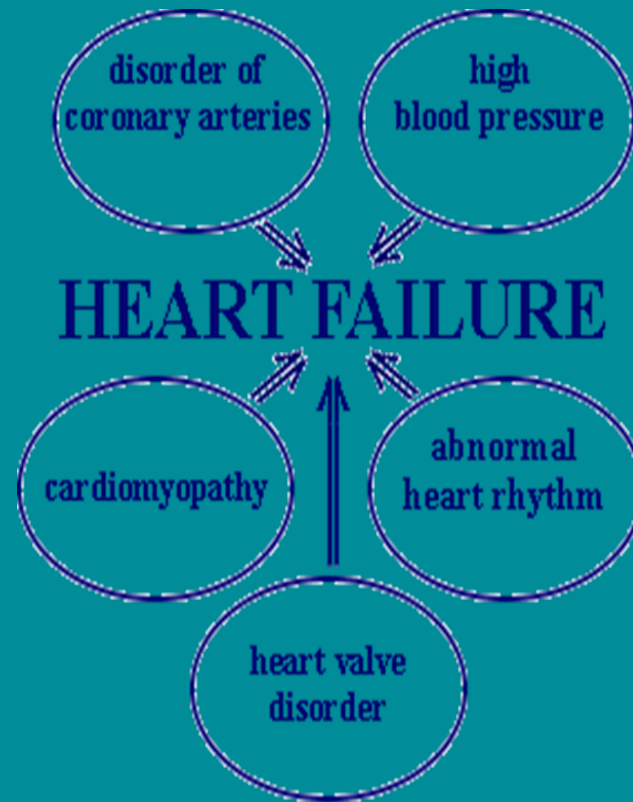
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Diagnostic Tests in Heart Failure

- Echocardiogram (heart size, valves, EF)
- EKG (ischemia, heart block, atrial fib)
- BNP
- CXR (increased pulmonary vasculature, pleural effusions)
- Other labs: CBC, CMP, TSH/free T4, lipids

Causes of Heart Failure



Symptoms



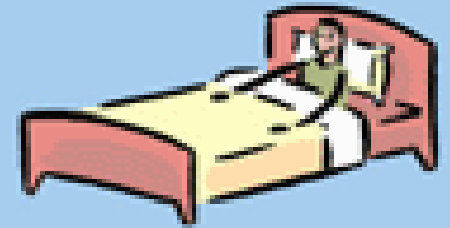
*Shortness
of breath*



*Swelling of
feet & legs*



*Chronic lack
of energy*



*Difficulty sleeping
at night due to
breathing problems*



*Swollen or tender
abdomen with
loss of appetite*



*Cough
with frothy
sputum*



*Increased
urination
at night*



*Confusion and/or
impaired memory*

Physical Exam Findings

- Edema (dependent, LE/sacrum)
- Ascites, hepatomegaly
- Tachycardic, weak pulses, S3 gallop
- Hyper or hypotensive
- Lung crackles or decreased BS (pleural effusions, decreased O2 sat)
- Jugular venous distension

Nursing Management of Heart Failure

GOALS

- Decrease symptoms of fatigue and dyspnea
- Decrease fluid volume overload
- Increase compliance with care/self care
- Increase activity tolerance
- Avoid complications and hospitalizations

Nursing Management: Monitoring

- VS, O2 sat
- Weights, daily or?
- Edema, lung sounds, dyspnea, DOE, JVD
- Constitutional symptoms: fatigue, sleep, appetite

Fatigue and Dyspnea Treatments

- Supplemental O₂
- Deep breathing exercises
- Energy sparing techniques, rest periods
- Therapy for improved endurance

Fluid Volume Overload Treatments

- Diuretics
- Low Na diet
- Fluid restriction (sometimes)
- Frequent assessments
- ***DAILY WEIGHTS*** Early AM. Same scale.

Facility Considerations

- Access to timely labs/imaging
- Scales: working & available with procedures to accomplish, record, & communicate daily/weekly weights
- Oximeters, blood pressure cuffs: working and available

Qualifying Diagnosis of CHF

- CXR confirmation of new pulmonary congestion OR 2 of the following:
- O2 sat <92%
- New or worsening pulmonary rales
- New or worsening edema
- New or increased jugular venous distension
- BNP >300

Facility/Provider Processes

- Need to communicate changes to provider
- Provider needs to certify
- Provider needs to communicate certification
- Nursing needs to implement care (new orders) and monitor (VS, O2 sat, weights, lung sounds, edema, JVD) and document.

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