Phase 2 of OPTIMISTIC has finally arrived! We are so excited and honored to continue and expand upon the OPTIMISTIC project for another 4 years. We could not have gotten here without the dedication of our project and clinical staff, participating facilities, and providers. Your hard work resulted in many successes in Phase 1, such as data showing declines in both all-cause hospitalizations and potentially avoidable hospitalizations for OPTIMISTIC-eligible residents in the first full year of our project. We look forward to further analyses like these from our Phase 1 intervention.

As we enter Phase 2, we welcome 25 new facilities from across the state to participate in a new payment model, while we continue the clinical intervention and add the payment layer in our original 19 facilities (see map). These new payments are intended to incentivize and support nursing facilities and providers to care for acutely ill residents in place, as opposed to transferring to the hospital, when possible.

In the following sections, we introduce Dr. Nicole Fowler, our new Analytics Team lead, as well as provide our project team contact information. Thank you all for your preparation that went into ramping up for Phase 2.

We are excited to work with you towards further improving the lives of our nursing home residents in Indiana!
Welcome to Phase 2 of OPTIMISTIC! (Cont’d)

Introducing Dr. Nicole Fowler, OPTIMISTIC Analytics Team Lead

Dr. Nicole Fowler is the new lead of OPTIMISTIC’s Analytics Team, which manages data collection and reporting for the project.

Nicole Fowler, PhD, MHSA is an Assistant Professor with a primary appointment in the Department of Medicine, Division of General Internal Medicine and Geriatrics, and a scientist in the IU Center for Aging Research, the Sandra Eskenazi Center for Brain Care Innovation, and Center for Health Care Innovation and Implementation. From 2010-2014 she was an Assistant Professor of Medicine at the University of Pittsburgh and the Associate Director of the University of Pittsburgh Alzheimer Disease Research Center Education Core. She has a master’s degree in Health Care Management and Policy and a PhD in Public Policy and Public Administration.

Prior to joining the faculty at the University of Pittsburgh and Indiana University, Dr. Fowler was a licensed nursing home and personal care home administrator. She has served as the director of a hospital-based rehabilitation unit and a skilled nursing facility. She was also the founding administrative director of the UPMC flagship academic hospital-based palliative care program.

As an investigator, her research involves patient-centered outcomes research, medical decision-making, and the development, testing, and implementation of evidence-based interventions for older individuals with cognitive impairment. All of Dr. Fowler’s work is patient-focused and has the goal of improving the quality of care and life for older adults with cognitive impairment and their families.

Reminders from the Analytics Team:

1) Please have your facility’s data contact sign up for a REDCap account at: https://www.indianactsi.org/redcapacr and send their confirmation of account and account user name to ekokelly@iu.edu.

2) Facility data submissions are due every Wednesday. The reporting period for each of these submissions covers the Saturday through Friday prior. You will need to submit your files using REDCap.

If you have any concerns or questions, please let us know at http://optimistic-care.org/contact/data-and-analytics.

Due to our performance on outcome metrics from Phase 1 of our nursing facility initiative, CMS has awarded OPTIMISTIC with approximately $150,000 in supplemental funding! These funds will be used to help support the development of clinical education and training materials. Thank you and congratulations to our partners and team!
A key component of the OPTIMISTIC clinical model is to offer every nursing home resident the opportunity to engage in advance care planning (ACP). ACP is the process of discussing goals and treatment preferences to help support residents in making informed, values-based decisions.

OPTIMISTIC Phase 1 ACP implementation began soon after the Indiana POST (Physician Orders for Scope of Treatment) became available in 2013. Designed for patients with advanced chronic progressive illness or frailty, terminal conditions, or those unlikely to benefit from cardiopulmonary resuscitation, the Indiana POST form is an advance care planning tool that documents patient preferences as medical orders (for more information on Indiana’s POST program, visit [http://www.in.gov/isdh/25880.htm](http://www.in.gov/isdh/25880.htm) and [www.indianapost.org](http://www.indianapost.org)).

OPTIMISTIC leadership met with corporate leaders and owners of participating nursing homes in 2013 to develop procedures for documenting ACP conversations and POST in the medical record and ensure that advance directives and POST materials are sent to the hospital with the resident. OPTIMISTIC’s ACP intervention also includes the dissemination of information about ACP, POST, and implementation to medical providers, directors of nursing, facility administrators, and other persons in leadership positions. OPTIMISTIC RNs provided in-service training to nursing home clinical staff as well as education to residents and family members.

In order to ensure high quality conversations, OPTIMISTIC RNs and NPs are trained as ACP facilitators through Respecting Choices Last Steps. This nationally recognized program trains facilitators to engage in a structured process to elicit values, provide information, and identify treatment preferences. This values neutral approach is built upon the principles of motivational interviewing and adult learning. For qualified residents, these decisions are documented on the Indiana POST (Physician Orders for Scope of Treatment) form as physician orders that transfer throughout the health care setting with the resident. OPTIMISTIC RNs and NPs facilitate ACP discussions with residents on a systematic basis. OPTIMISTIC clinical staff also look for natural opportunities to engage in goals-of-care discussions, such as when the resident’s condition changes, following care conferences, or when invited by families and residents.

**Initial ACP Outcomes**

During the first 15 months of OPTIMISTIC Phase 1, clinical staff facilitated 1,136 conversations with residents. 27% percent of enrolled nursing home residents had an ACP conversation with an OPTIMISTIC RN during the initial implementation phase. When ACP conversations with other facility staff were taken into account, 42% of all residents had documentation of an ACP conversation. Since that time, the percentage of residents who have had ACP discussions has substantially increased with an assignment-based approach. A majority of residents had POST forms, with just under half reflecting preferences for comfort care.

**During the first 15 months of OPTIMISTIC:**

- OPTIMISTIC facilitated 1,136 ACP conversations with residents
- 69% of ACP conversations resulted in changes to resident’s documentation

Strikingly, 69% of ACP conversations resulted in changes to residents’ documentation, suggesting existing documentation did not accurately reflect resident preferences. Furthermore, when given the opportunity to participate in ACP, only a small number of residents and families refused. The preliminary ACP implementation findings were recently published in the Journal of the American Geriatrics Society.
Next Steps

The ACP intervention continues in Phase 2 in the clinical + payment model OPTIMISTIC facilities. Additionally, a specialized OPTIMISTIC Palliative Care RN supports all facilities. Phase 2 also incorporates an additional mechanism to incentivize ACP in all 44 participating facilities, including the ability to bill for ACP discussions as part of “care coordination” meetings. According to CMS, the goal of care coordination meetings are “to create an incentive for practitioners to participate in nursing facility conferences that engage in care coordination discussions with beneficiaries, their caregivers, and the LTC facility interdisciplinary team.” (https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/NFGuidancePractitionerParticipationFAQ091416.pdf).

Who Should I Contact with Phase 2 Questions?

<table>
<thead>
<tr>
<th>Contact this individual if you have questions about...</th>
<th>Leadership Member</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Operations &amp; Implementation, Payment Only Facility Engagement, Provider Enrollment, &amp; Advisory Board</td>
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</tr>
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What are the new payment codes and qualifying conditions for payment?

**New Payment Codes:**
- **Facility payment** – Acute Nursing Facility Care
- **Provider payment** – Acute Nursing Facility Care
- **Provider payment** – Nursing Facility Conference

**Qualifying conditions for payment:**
- Pneumonia
- Urinary Tract Infection (UTI)
- Congestive Heart Failure (CHF)
- Dehydration
- Skin ulcers, cellulitis
- COPD, asthma
On September 21st, OPTIMISTIC held "OPTIMISTIC Outlook: The 2016 Stakeholder Seminar". This seminar was particularly special as we had facility leadership and providers from both the Clinical + Payment and Payment Only groups in the same room for the first time. The seminar kicked off with a celebration of Phase 1 by reviewing OPTIMISTIC’s impact through data in the first 4 years of the project. We then introduced Phase 2 components and next steps for years 5-8. The seminar was capped off by keynote speaker Dr. Cheryl Phillips, Senior Vice President of Public Policy and Health Services at LeadingAge, who discussed navigating the future of aging services. It was an informative day and a great chance to meet new faces. Thank you to all who attended!

Top Photo: Stakeholder Seminar Attendees listen to a presentation on OPTIMISTIC's impact through data. Bottom Photo: The OPTIMISTIC Project and Clinical Team.

The OPTIMISTIC Buzz

OPTIMISTIC's publication was named one of 20 articles to shape geriatrics in the 21st Century!

Journal of the American Geriatrics Society

20 articles that shaped geriatrics

from 2000 - 2015

The Optimizing Patients Transfers, Improving Medical Quality, and Improving Symptom: Transforming Institutional Care (OPTIMISTIC) Approach: Preliminary Data from the Implementation of a Century for Medicare and Medicaid Services Nursing Facility Demonstration Project

Congratulations to IHCA Awardees!

Signature Healthcare of Muncie - Long Term Care Facility of the year

Mark Gavorski, Homeview of Franklin - Administrator of the year

Recent OPTIMISTIC Activities

July 2016
Clinical Skills Check-Offs
OPTIMISTIC Clinical Staff

Advisory Board Meeting
OPTIMISTIC Leadership

Aug. 2016
Strategic Planning
OPTIMISTIC Leadership

Sept. 2016
Stakeholder Seminar
OPTIMISTIC Team

Phase 2 Bootcamp
OPTIMISTIC Clinical Staff
Welcome New Staff Members!

Erin O’Kelly-Phillips, Research Coordinator

Erin O’Kelly Phillips is the research coordinator for the Data & Analytics Team, and is currently an MPH student in the Epidemiology program at IU Fairbanks School of Public Health. She worked for the past eight years at the Diabetes Translational Research Center at IU School of Medicine, starting as a Research Assistant and finishing as a Project Coordinator. She is excited to join the OPTIMISTIC Project as it allows her to continue working in her field of interest with a committed, passionate team. She is hoping to focus her career on health services research, population health, and health equity. In her free time, she enjoys knitting, watching movies with her spouse and cats, working out, and video games.

Megan Burgess, Registered Nurse

Megan Burgess joined the OPTIMISTIC team as a Project RN with Brownsburg Meadows in July 2016. She has an extensive background working in a long term care facility in her hometown, for almost every department, since high school. Before joining the OPTIMISTIC project, she worked as a Public Health Nurse Surveyor for the Indiana State Department of Health. She was drawn to the OPTIMISTIC project during her exposure to the program while surveying the project’s facilities. In her experience, she believes facilities and residents will greatly benefit from the education, palliative care needs, and additional nursing resources that OPTIMISTIC provides, and she couldn’t wait to be a part of that dynamic to benefit the future of long term care. She welcomed her second daughter, Nola Rose, this past March; and her oldest daughter, June, turned 2 years old in August. “Mommy” is her favorite title, but when she’s not busy with her babies, she enjoys trying new restaurants with her husband, landscaping and her garden, Netflix TV show marathons, and naps (when she’s blessed with the opportunity!)

Staff Spotlight: Debra Richards, RN

Deb has delivered quality care for geriatric residents since she joined the OPTIMISTIC team in 2013. She has been a nurse for almost 30 years and continues to seek knowledge and grow professionally. Deb attends seminars, classes, and nursing conferences to learn about best practices, and she shares her knowledge with other nurses. She has conducted numerous in-services at Golden Living, and Deb learned to conquer scheduling challenges by taking advantage of 1:1 “mini-education” opportunities. Deb played a lead role in clinical education this summer when she collaborated with the University of Indianapolis professors to prepare our nurses for OPTIMISTIC Phase 2. We are also appreciative of Deb’s flexibility. She is always willing to help, and she has frequently filled in at other facilities when there is a need.
Facility Spotlight: Kindred Greenwood

Kindred Greenwood has been with the OPTIMISTIC project from the onset of Phase 1. This facility has partnered with OPTIMISTIC staff to strengthen their root cause analysis on all transfers from their long term care population, which has provided OPTIMISTIC with key information on how to improve data collection and reporting processes. As we approached Phase 2 of the OPTIMISTIC project, Kindred Greenwood's facility leadership was highly involved in the readiness review process. We look forward to collaborating with Kindred Greenwood in the next phase as we continue to improve care for our long-term care residents.

ECCP Spotlight: Pennsylvania

OPTIMISTIC was one of seven programs in the nation supported by Phase 1 of the CMS Innovation Center's “Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents”. Over the past year and a half, we have highlighted the unique features and goals of the other six Phase 1 sites, known as ECCPs. Pennsylvania's program, which is also continuing as one of the six sites for Phase 2, is the last installment of our series.

The University of Pennsylvania Medical Center's Initiative, known as RAVEN (Reduce AVoidable hospitalizations using Evidence-based interventions for Nursing facilities in western Pennsylvania) has been implemented in 15 nursing facilities throughout western Pennsylvania. Their program places a Nurse Practitioner (NP) in each facility to assist residents with setting goals of care and facility staff members with acute change in condition assessments. One unique aspect of RAVEN is that they also support telehealth technology to connect their NPs to the nursing facilities.

OPTIMISTIC is an innovative initiative developed by researchers and clinicians from Indiana University, the Regenstrief Institute, and University of Indianapolis. Funding is provided through the Centers for Medicare and Medicaid Services. Copyright © 2016 The Trustees of Indiana University.