

MHCC Nursing Home Work Group Meeting

January 30, 2018

Meeting Summary

Members Present: Joseph DeMattos; Les Goldschmidt; Annette Hodges; Mark Leeds; Brian Lenehan; Amy Maxwell; Steve Miller; Mark Paugh (phone); Steve Pazulski; Michelle Rosenheim; Henry Schwartz; Stanley Snow; Bret Stine.

Staff Present: Linda Cole; Ben Steffen; Hui Su; Cathy Weiss; Suellen Wideman.

Others Present: Susan Panek; Laura Russell; Howard Sollins.

Introduction and Welcome:

Ben Steffen, Executive Director of the Commission, welcomed all work group members and thanked them for their participation. He mentioned that the staff was taking a new approach to updating the Nursing Home Chapter of the State Health Plan by first convening a small group of Commissioners to discuss the major issues in long term care. He also wanted to distinguish this group from the CON Modernization Task Force that is currently ongoing. That group has a larger mandate to study all regulations and statutes governing certificate of need (CON) for a full range of services. Their interim report is due May 1, 2018 and the final report is due December 1, 2018.

Linda Cole explained the charge of the work group and the agenda for the meeting. She then introduced Hui Su to present the Maryland Nursing Home Chartbook.

Nursing Home Chartbook:

Ms. Su presented data on nursing homes in Maryland, including for some variables, comparison to national data. Information presented included: Maryland nursing home locations; trends in nursing facilities and beds; average number of certified beds per facility; trends in nursing facility occupancy rates; nursing facility occupancy rates; trends in nursing facility use rates by age; resident nursing facility use rates for age 65+; trends in percent of nursing facility patient days by payer source; and nursing facility average length of stay.

Mark Leeds questioned what types of beds were included. Ms. Cole responded that this includes all licensed comprehensive care beds, including freestanding nursing homes, continuing care retirement communities (CCRCs), and hospital-based transitional care units. Mr. Steffen noted that very few transitional care units in hospitals remain.

Joe DeMattos requested that at a future meeting staff provide data on length of stay by payer source.

Background: Nursing Homes and Long Term Care:

Ms. Cole presented a summary of the background paper developed by MHCC staff on long term care. She summarized national developments including: the IMPACT Act; Bundled Payment initiatives; the NOTICE Act; and the Nursing Home 5-Star Quality Rating System. At the state level, she noted: major modifications to the Medicaid nursing home reimbursement methodology; revisions by the Office of Health Care Quality for nursing home licensing regulations; increased use of the Money Follows the Person program; and the All-Payer Model developed by HSCRC in conjunction with the Centers for Medicare and Medicaid Services (CMS).

There was some discussion of the American Health Care Association (AHCA) goals for quality improvement. Steve Pazulski noted that working under this initiative his facility had received bronze and silver awards. He felt that the AHCA provided objective measures to improve quality.

Mr. DeMattos stated that the Maryland Medicaid system has always provided incentives to take higher acuity patients. There are pockets of lower acuity patients, often in Western Maryland and the Eastern Shore. These include patients with many co-morbidities, as well as those with behavioral issues.

Ms. Cole asked the members to respond and react to the AHCA goals of:

For Short-Stay (Post-Acute), these include:

- Safely reduce the number of hospital admissions within 30 days during a skilled nursing stay by an additional 15% or achieve and maintain a low rate of 10% by March, 2018.
- Improve discharge back to the community by 10% or achieve and maintain a high rate of at least 70% by March 2018.

For Long-Term and Dementia Care, these include:

- Safely reduce hospitalizations among long-stay residents by 15% or achieve/maintain a low rate of 10% or less by March, 2018.
- Safely reduce the off-label use of antipsychotics in long-stay nursing center residents by 25% by December 2015 and 30% by December 2016.¹

Discussion focused primarily on short-stay patients, but the members felt that, overall, these goals are achievable. According to Bret Stine, achieving these goals requires partnerships between nursing homes and hospitals, and between nursing homes and home health agencies. Regarding a question on readmissions to nursing homes, Les Goldschmidt said that Medicare permits a patient to return up to 30 days past discharge, as long as they have not used up their Medicare nursing home benefits.

¹ The Quality Initiative 2015-2018, www.ahcancal.org/quality_improvement/qualityinitiative/Pges/default.aspx/#2

Issue Brief: Quality Measures:

Ms. Cole then presented slides on the development and use of the Nursing Home 5–Star Quality Rating System. Information included: construction of the overall nursing home star rating; overall nursing home star ratings (2015-2017) by Maryland jurisdiction; comparison of overall star ratings (2015-2017) for Maryland, national, and neighboring states; and nursing home overall star ratings for the largest comprehensive care facility operators in Maryland for 2015-2017.

Discussion followed this presentation. Mr. DeMattos said that there are often “one-offs” where the star ratings drop and then rebound. There are unintended consequences due to lag time and getting plans of correction approved.

Mr. Leeds noted that, since there are flaws with the star rating system, Medicaid developed a Pay for Performance system that relies on selected quality indicators based on the minimum data set (MDS) data. The Pay for Performance system, also uses data from the Commission’s Family Satisfaction Survey.

Steve Miller spoke from the consumer perspective and stated that he felt that we were all focusing on the cart and not the horse. The patient should be the major focus of our planning efforts. He also felt that having sufficient capable staff at nursing homes was also critical. Ms. Cole directed him to also consult the MHCC Consumer Guide to Long Term Care.

Mr. Steffen said that the Commission’s perspective on quality, safety and cost, has long been a focus of the Commission Chairman, Dr. Robert Moffit. The MHCC does not just report data, but also seeks to obtain consumer engagement.

There was discussion that nursing home star ratings are imperfect and are just one of many measures that can be used to assess a nursing home’s quality/performance. Some members stated that low star ratings should not be a barrier to obtain a CON, especially for a recently acquired facility. It was suggested that MHCC staff should delve into the reasons for low star ratings. Members appeared to agree that low star ratings in a jurisdiction should not automatically open that jurisdiction to additional providers.

Amy Maxwell noted that Communicare in 2015 did not own all of its nursing facilities. A low star rating should not be a disincentive for an operator to take on a facility in order to upgrade its performance. In response to a question, she estimated that it takes three years for a new owner to get a facility upgraded in terms of star ratings.

Stanley Snow stated that star ratings are not the only tool that should be used. Quality indicators are a better measure. Mr. Stine agreed with the use of quality indicators as well as updated staffing data.

Mr. Leeds said that Medicaid updates its quality data annually on every nursing home and that he would be happy to share this data with MHCC. Maryland Medicaid’s measures focus on long-stay, but they are calculated for all nursing homes.

Future Meeting Discussion:

Ms. Cole also distributed a matrix indicating issue areas to be addressed in the update of the Nursing Home Chapter of the State Health Plan. This was distributed in advance of the next meeting, so that members may be prepared for discussion. Agenda items for the next meeting include an Issue Brief on Nursing Home-Hospital Collaboration, as well as possible updates to the nursing home bed need methodology.

Linda Cole thanked everyone for their participation. She announced that, based on the survey monkey sent out to members, the next meeting will be held on **Thursday, March 1st at 1:00 pm.**

All materials distributed at the meeting have been posted on the Commission's website at:

https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_nursing_home.aspx