



Civil Money Penalty Reinvestment Network

Elevate Care

A national network to share experiences, challenges, and successes with the reinvestment of CMP funds to improve care in nursing homes.



Agenda

Roll Call

Purpose

Oklahoma: Growing with Intent

Tennessee: Developing an Effective Program

Group Discussion: Is there a desire to establish a network?



Roll Call by State

- Please have one person from your state or territory respond as each state is called
- All lines will be unmuted during this time



Why a National Network?

- Many states have reached out to colleagues for ideas on how to administer these funds
- Some of us thought it would be helpful to establish a formal network to share experiences, challenges, and successes.



Oklahoma



Civil Monetary Penalty Fund

OKLAHOMA STATE DEPARTMENT OF HEALTH



Objectives

- Provide overview of OK's program
- Describe current projects



Structure

- Hosted within the Oklahoma State Department of Health (1.1 FTE)
 - Protective Health Services
 - Distinct and separate from S&C
 - Greatly collaborative, yet fairly autonomous
 - Many Stakeholders in various workgroups



Oklahoma CMP Fund Program Goals

- Help Oklahoma become the leader in nursing home quality in the region
- Stretching toward the goal of a composite score for Long Stay Measures = 6.0 or better



Strategies

1. Provide technical assistance in quality improvement to homes and contractors
2. Act primarily as a grant making program
3. Use the state solicitation process for innovation and pricing



Role of CMP Program Administration

- Support a network of program contractors
- Monitor trends in deficiencies
- Target recruitment through quality metrics
- Share current evidence based practices
- Engage the NH community



Most Frequently Cited

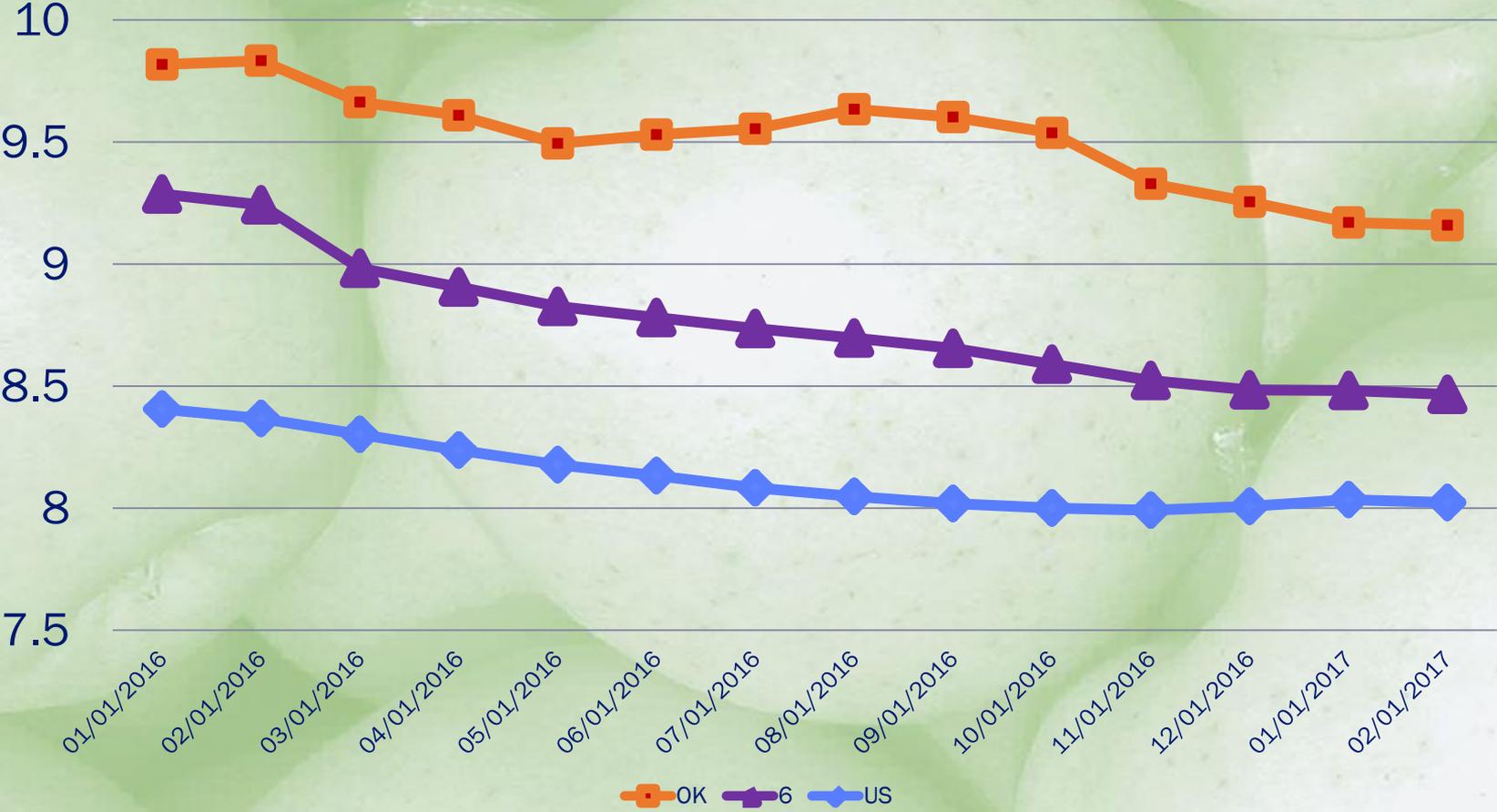
- 1) 0371 Food Procure, Store/Prepare/Serve – Sanitary (+ 44 %)
- 2) 0279 Develop Comprehensive Care Plans
- 3) **0323 Free Of Accident Hazards/Supervision/Devices**
- 4) 0280 Right To Participate Planning Care-Revise Cp (33.55 OK, 11.86 US)
- 5) 0329 Drug Regimen Is Free From Unnecessary Drugs

Source: S&C PDQ, citations are available by calendar periods AND provide the names of the homes receiving the citation.



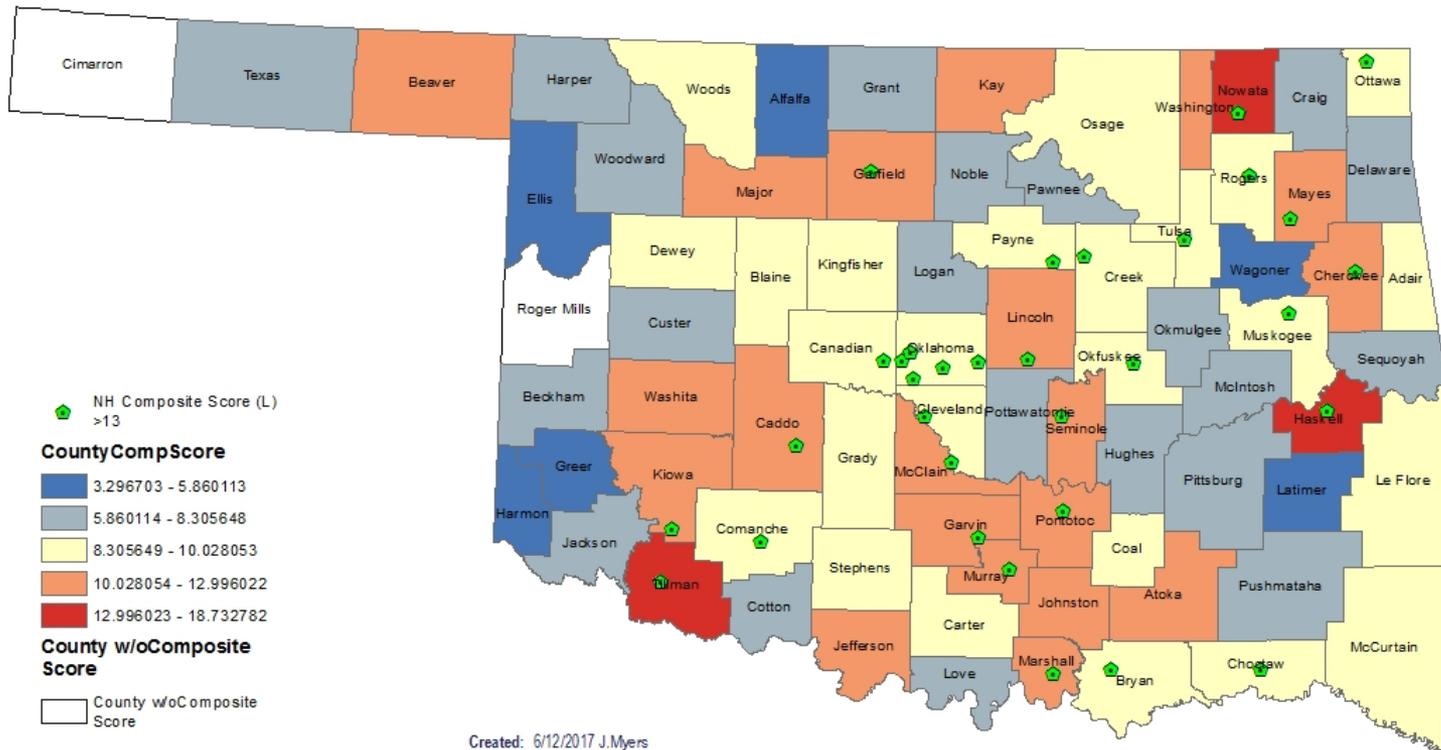
Data & Trends

Composite Score



Geospatial Data

Long Stay Quality Metrics
Nursing Homes
Internal Use ONLY
Confidential



Civil Monetary
Penalty Fund
OKLAHOMA STATE DEPARTMENT OF HEALTH

Data Source: MDS 3.0 Period Ending 3/31/17, retrieved 6/9/17

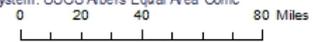


Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, reflecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

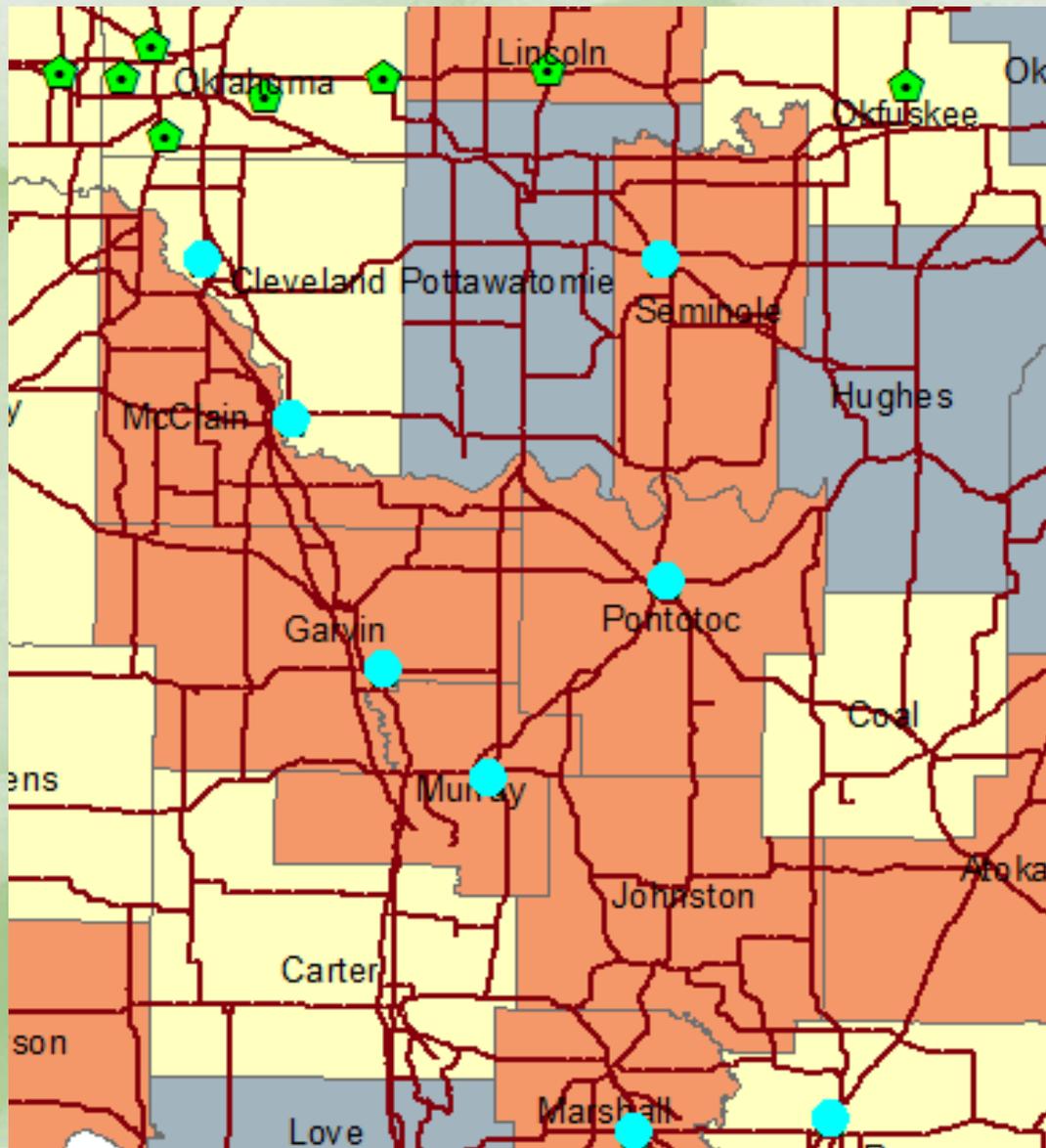


Projection/Coordinate System: USGS Albers Equal Area Conic

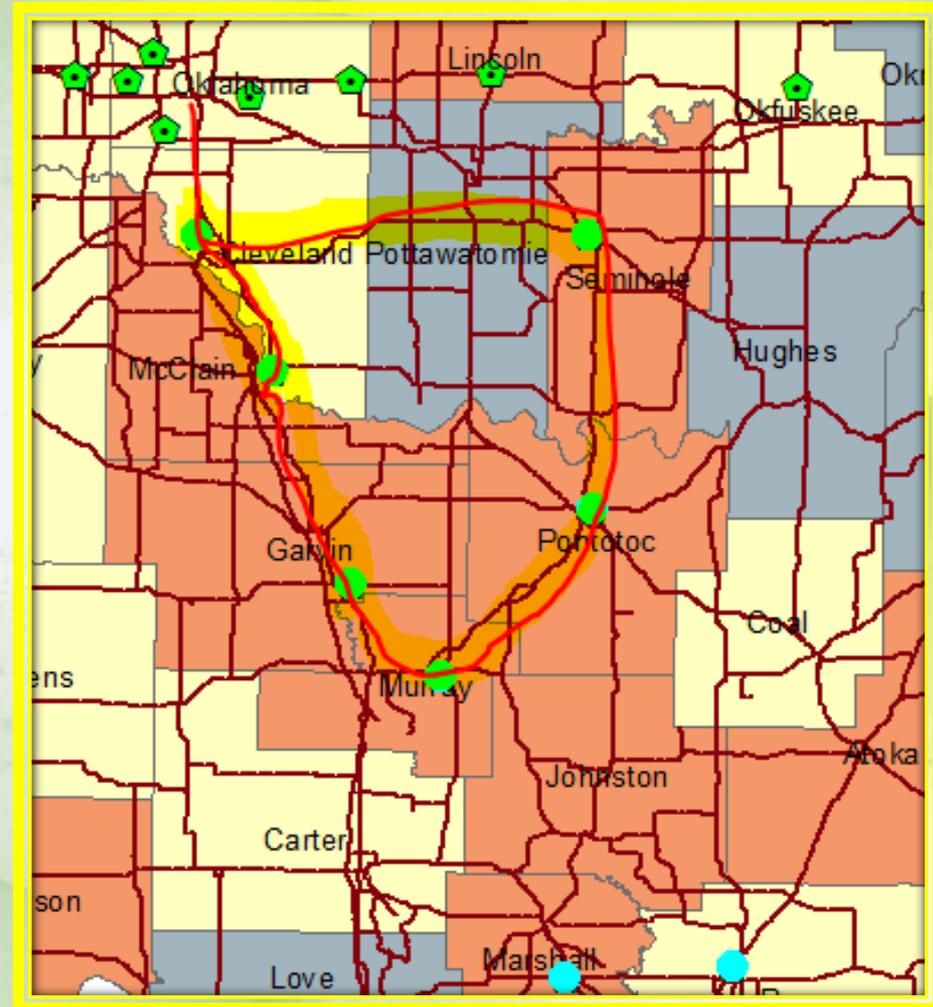
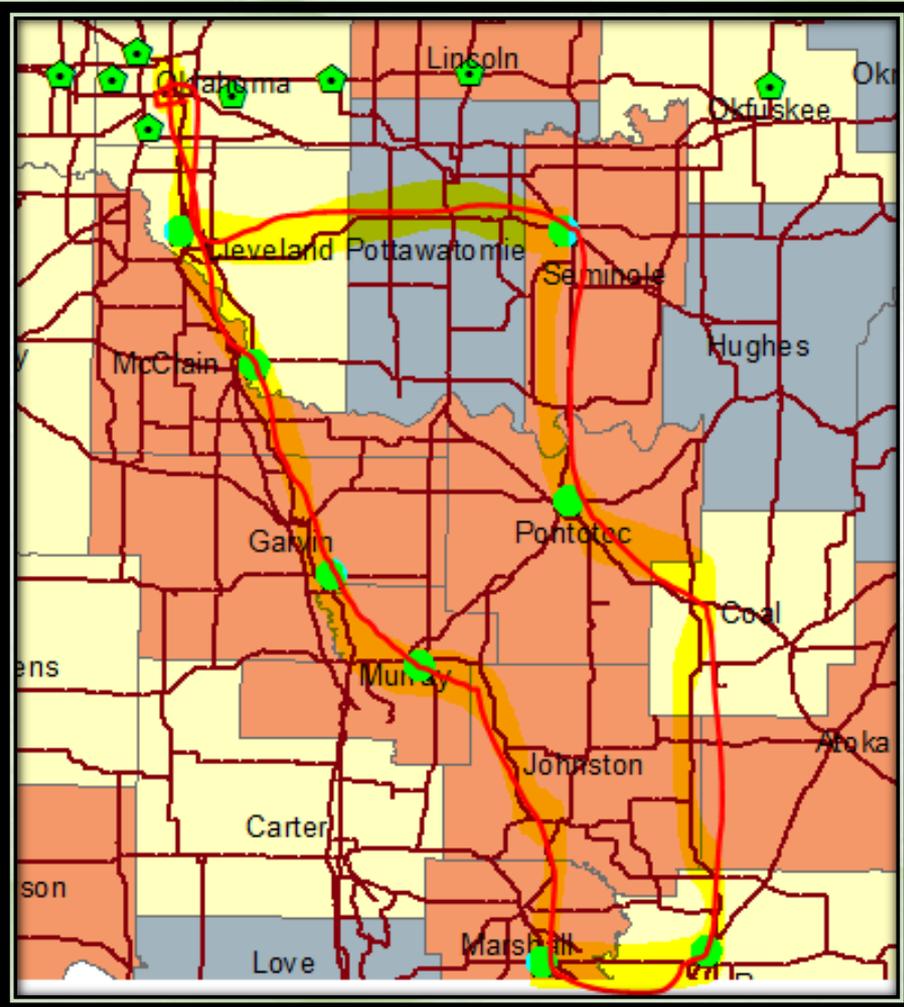
Protective Health Services
Oklahoma State Department of Health



Planning



Working Smarter- Not Harder



Current CMP Fund Projects

- Education for Geriatric Conditions (NICHE)
- Fall Prevention
- Healthcare Associated Conditions
- Joint Provider Training
- Medication Safety, Reduction, & Optimization
- Music & Memory Certification
- Online Resource Directory for the State
- Oral Health



Questions?

CMP Fund Program

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Tennessee





Nursing Home Civil Monetary Penalty Quality Improvement Program

Developing an Effective Program

Outline

- **Current Status of Nursing Home Civil Monetary Penalty Quality Improvement Program (NH CMPQI) fund**
- **Re-design of NH CMPQI fund**
- **Lessons Learned**
- **Best Practices Research**
 - **Composite Scores**
 - **GIS mapping**
 - **Regional Collaborative**
- **Modification of Strategic Allocation Plan**

Current Status of NH CMPQI Fund

- NH CMPQI fund provides an opportunity to improve nursing home quality and performance
- Dec. 2016, NH CMPQI fund balance is approximately **\$25 million** with an annual deposit of **\$2 million** of nursing home penalty monies
- The Department has expended **\$769,720** towards **7 quality improvement projects** since 2013

Steps to Developing an Effective NH CMPQI Program

Problem: Like most states, Tennessee has not found an effective internal process to promote utilization of NH CMPQI funds to directly impact health care outcomes and improve the quality of life and care of nursing home residents.

Opportunity: Through the development of a robust process to encourage use of the NH CMPQI fund, the Department would have the opportunity to *internally drive statewide quality improvement nursing home initiatives to enhance the quality of life and care of residents, in a concerted effort that is currently nonexistent.*

Steps to Developing an Effective NH CMPQI Program

In 2015, the Commissioner of Health appointed an internal **Rising Stars Team** to provide recommendations about how to effectively direct the Department's efforts to use these funds. Charge to the team:

- List nursing home deficiency findings and intervention strategies that could become targets for use of the CMP funds
- Gather input from stakeholders
- Identify changes to internal structure and processes that could enable more effective use of CMP funds
- Identify how to strategically align development of proposals for the funds to address identified deficiencies during state inspections and projected changes in the nursing home industry
- Recommend approaches that would encourage new proposal development from within TDH, between TDH and key stakeholder groups, and from the nursing home facilities that would have a high degree of certainty of approval from the Centers for Medicare and Medicaid Services (CMS)

The Rising Stars Team is a participatory process used to encourage broad based engagement to promote organizational improvement and engage new Department leaders in policy-making recommendations for the Commissioner's consideration.

and

Steps to Developing an Effective NH CMPQI Program

Activities performed by team members included:

- Contacted current and potential stakeholders: a) identified barriers to accessing NH CMPQI information and b) identified types of assistance needed by stakeholders to improve proposal development
- Reviewed internal NH CMPQI administration structure and processes including utilization, Request for Application and contracting processes
- Reviewed culture change promotion and activities of other state health departments
- Conducted eleven nursing home site visits and learned how facilities are implementing culture change
- Reviewed state specific reports including United Health Foundation's annual report, America's Health Rankings 2015 Senior Report, 2013-2015 Reports to the Tennessee General Assembly: Nursing Home Inspection and Enforcement Activities and CMS' National top 5 Deficiencies *to identify and target high priority areas for CMP fund use*, and
- Reviewed current national and state quality improvement initiatives specific to long-term care facilities which had the potential to positively impact person- centered care, overall culture change, and improve health outcomes

Barriers

Identified Barriers:

- Lacking strategic allocation plan
- Processes and procedures for administering NH CMPQI funds
 - ❖ Confusing Request for Application (RFA)
 - ❖ No established procedure for internal stakeholders
 - ❖ Limited staffing available for oversight
 - ❖ Current state contract process

Recommendations

Recommendations made to Commissioner of Health and CMS Region IV Leadership

Following approval of recommendations from Commissioner of Health, on November 19, 2015, the Deputy Commissioner and members of the Rising Stars team travelled to Chattanooga, TN to present their proposal to CMS Region IV leadership.

- Create a Strategic Allocation Plan and process that aligns Tennessee Department of Health NH CMPQI program with state and national initiatives
- Engage stakeholders and establish greater public awareness of funding availability
- Provide and promote leadership for culture change and NH CMPQI funds oversight
- Implement re-design of NH CMPQI application processes and procedures

CMS Region IV

CMS Region IV granted approval for:

- State's approach to planning a long term policy direction to effectively use NH CMPQI funds to identify goals for change specific to targeted areas, identify current programs/initiatives and generate a repository, and track outcomes from projects/proposals
- Use of allowable administrative percentage to adequately staff initiative with following requirements for final approval:
 - ❖ Submission and approval of annual strategic allocation
 - ❖ Proposed position(s) including job plan and cost allocation delineation with salary and benefits, and final approval by CMS

Lessons Learned from Re-design

Lessons learned:

- Importance of support from Commissioner of Health and senior leadership
- Importance of internal oversight steering committee
- Plan-Do-Study-Act cycle
- Dedicated staff required for full implementation
- Quality of proposals
- Program performance measures

Modification of Strategic Allocation Plan

Two years later...

Problem: Modification of Strategic Allocation Plan

- Full-time staff to implement strategic planning and development
- Measurable objectives and clearly articulated performance measures
- Systems and processes which enable the strategy to be communicated in a consistent, relevant and appropriate way
- Proposals require better alignment with state and national initiatives
- Importance of partnerships

Modification of Strategic Allocation Plan

January 2017- to present:

- Conducted an in-depth analysis and review of three states (Louisiana, Oklahoma, and Indiana) that have successfully implemented CMP strategic funding allocation plans
- Met with key stakeholders to inform program development
- Building on lessons learned derived by reviewing best practices of Oklahoma and Indiana
 - ❖ Data driven approach to target efforts
 - ❖ GIS mapping
 - ❖ State level composite scores to prioritize funding
 - ❖ Develop projects
 - ❖ QAPI regional collaborative
 - ❖ Advisory Council
 - ❖ Collaborative approach with QIO and State's Medicaid agency
- Strategic allocation proposal awaiting review and approval from Commissioner of Health

Best Practices Research

Oklahoma Department of Health

Incorporating Data Analytics and Geocoding to Target Efforts

- Uses 13 clinical measures in a composite scoring method to determine quality of care in nursing homes
- Composite Score provides means to track overall quality of care, in which CMS encourages improvement efforts
- Uses score and measures to create GIS map to visually represent where projects are needed across state
- Funding priorities are based on the 13 metrics of the composite score

Louisiana Department of Health

Using Non-Pharmacological Interventions to Decrease Inappropriate Use of Anti-Psychotic Drugs

- Designed to continue on-site education for direct care staff employed in nursing homes who continue to have a high percentage of APM use
- Onsite meetings to assess current systems of practice and understanding of medication effects
- Intensive on-site educational outreach to direct care staff by team of RN to correct area identified in assessment
- Currently, facilities participating experienced a 56% decline in APM

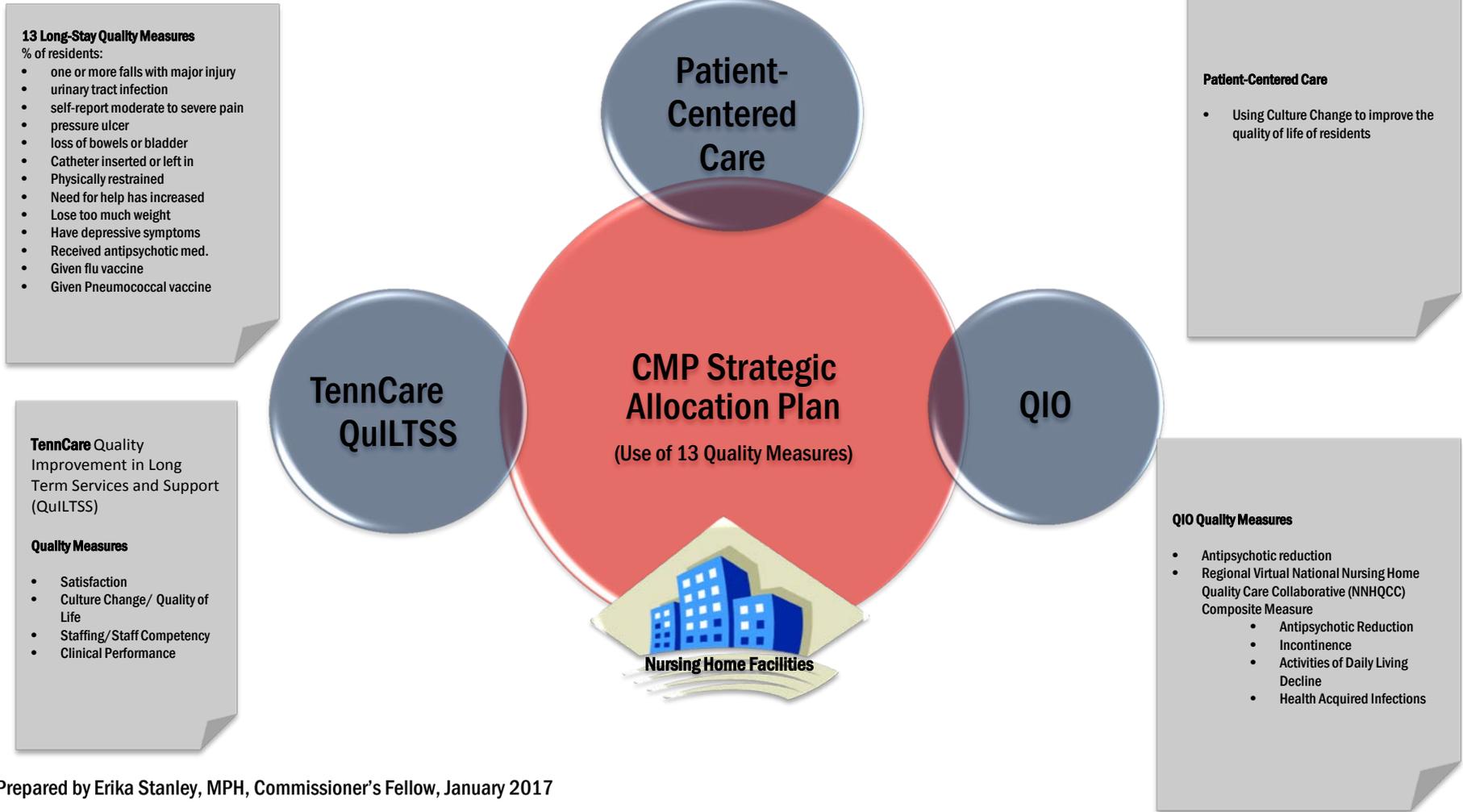
Indiana Department of Health

Healthcare Quality Improvement Regional Collaborative Project

- Idea of Commissioner to expand efforts across the state (provide easy access to facilities)
- Collaborative conducts quality improvement projects consistent with QAPI standards
- Includes participation by nursing homes, providers associations, QIO, consumer advocate organizations and community organizations in 7 regions across state
- Facilities focus on activities consistent with their assessed needs and quality improvement plan

Prepared by Erika Stanley, MPH, Commissioner's Fellow, January 2017

Collaborative Approach



Prepared by Erika Stanley, MPH, Commissioner's Fellow, January 2017

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Is there interest in joining or creating a formal network? Discussion:

Who will host? What Topics/States?

- Frequency of network meetings
- Length: 60-90 minutes? Time?





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Use the Chat Box

- If you're interested in hearing from other states about their structure or a specific project please raise your hand.
- If you want to meet via webinar like we did today, please keep your hand up.
- How frequently would you like to meet, monthly or quarterly?





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Use the Chat Box

- What is your preferred length of meeting time?
30, 60 or 90 minutes?
- What specific topics would you like to discuss?
- If you're interested in presenting on a topic mentioned in the chat box please type: I can present (topic)
 - NAME, Email, and Phone #, State/Territory





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Thanks for joining us!

Send questions to CMP@health.ok.gov

