

Medicine Bow and Thunder Basin

June 2023



Today's webinar is funded by the
FLEX Grant through the
Wyoming Office of Rural Health



Wyoming
Office of
Rural Health

Presenter Biography



Kerry Dunning, MHA, MSH, CAH-CBS, Lean Six Sigma Black Belt

Kerry has over 35 years in the health care industry, and over 30 specifically working in post-acute. She has been a COO and CMO in national rehabilitation chains and in hospital leadership positions. Kerry has experience with start-up units/facilities, programs beginning Medicare services, ongoing management of hospital business office operations, IRF units, skilled facility operations, and in 100-day turn around programs centered on cost reduction, cost avoidance and revenue enhancement. She is the primary swing bed trainer for multiple state/healthcare associations as well as continuing SNF/SWB onsite audits, training, and regulatory/compliance reviews.

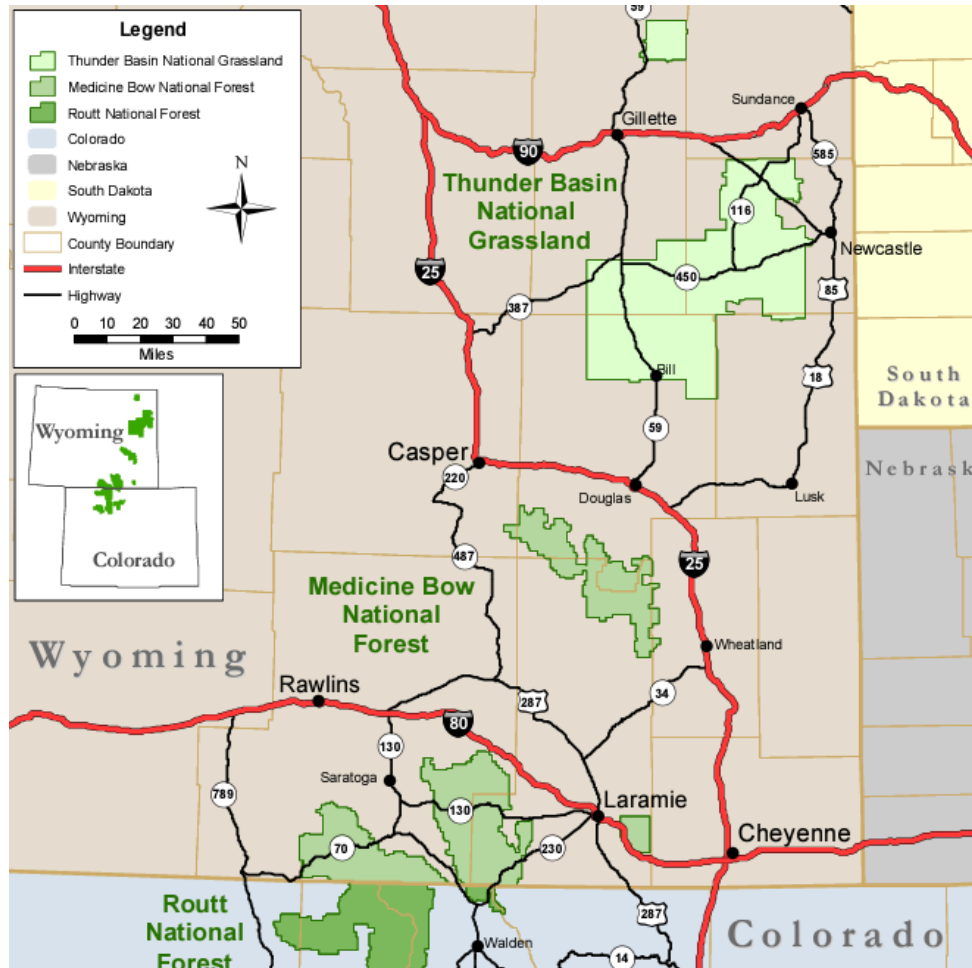
Her international work includes projects in Russia (training and starting the first nursing home services), China (teaching graduate students western post-acute services and western inpatient rehabilitation); volunteering with an orphanage clinic in Bolivia; teaching physicians outpatient surgery operations (National Health Services, England); training on Home Health (European Health Conference, Spain); presentations on Chinese Health in a Poster Session and a Free Theme Session at the 36th World Hospital Congress (Brazil); and study projects in Italy, Cuba, and Canada.



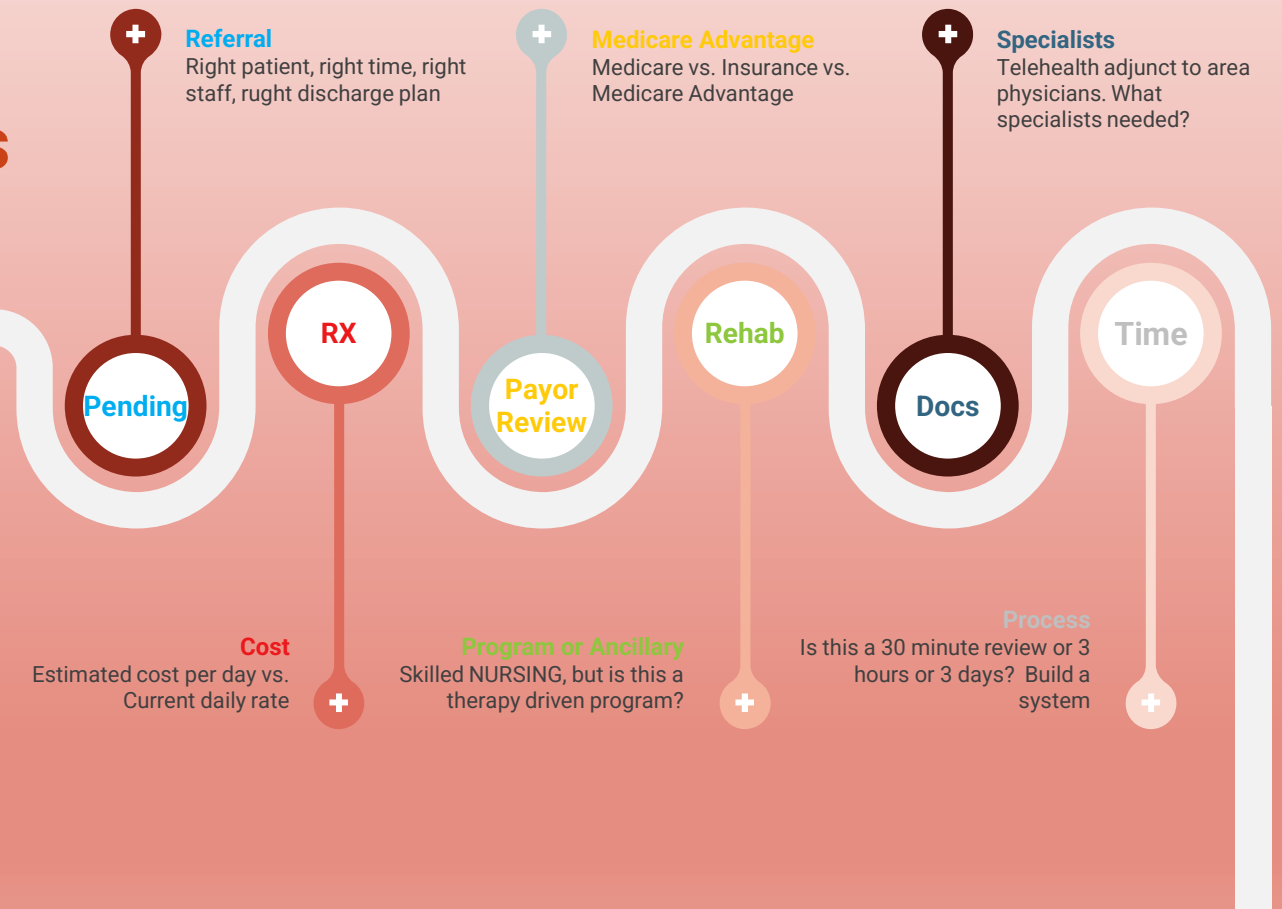
This Presentation

- Physician requirements and Pharmacy documentation
- Topics included: Physician documentation, SWB visits, Pharmacy documentation and audits, Discharge planning and IDT participation.
- Audience: SWB leadership, Medical Director and/or Primary Physician providers; Pharmacy leadership; Compliance





Swing Bed Admissions



IDT

- Required once every 7 days or at least once before D/C
- Team Membership: Care is planned by an interdisciplinary team representing all appropriate health care professionals.
- Core Members:
 - **Attending Physician**
 - **RN with responsibility for patient**
 - **CNA**
 - **Dietary**
 - **Resident/patient and/or Patient Representative**
 - Case Management
 - Therapy (PT, OT, ST)
 - Respiratory Therapy
 - Social Services/Discharge Planning
 - Pharmacy



F-710 (implemented November 2017)

- ▶ §483.30 Physician Services A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs.
- ▶ A physician's personal approval of an admission recommendation must be in written form.
 - ▶ **The written recommendation for admission to the facility must be provided by a physician and cannot be provided by a NPP.**
 - ▶ This may be accomplished through a hospital transfer summary written by a physician, paperwork completed by the resident's physician in the community, or other written form by a physician.



Physician Services

- ▶ Generally, the term “attending physician” or “physician” may also include a NPP involved in the management of the resident’s care, to the extent permitted by State law. However, when the regulation specifies a task to be completed “personally” by the physician, that task may not be delegated to a NPP.
- ▶ Supervising the medical care of residents means **participating in the resident’s assessment and care planning, monitoring changes in resident’s medical status, and providing consultation or treatment when contacted by the facility.**
- ▶ It also includes, but is not limited to, prescribing medications and therapy, ordering a resident’s transfer to the hospital, conducting required routine visits or delegating to and supervising follow-up visits by NPPs.

Physicians and Swing Beds

- ▶ State Operations Manual or §483.30 Probes
 - ▶ PROBES §483.10(d)(1)-(5) **Through interviews with facility staff and residents and/or their representatives, determine how residents or their representative are informed of and are supported in:**
 - ▶ His or her right to choose a physician;
 - ▶ How to contact their physician and other primary care professionals responsible for their care;
 - ▶ His or her options to choose an alternate physician or other primary care professional.
 - ▶ If his or her physician is unable or not willing to provide necessary care and services, determine if facility staff worked with the resident to choose another physician.



Physicians and IDT

- ▶ §483.21(b)(2) A comprehensive care plan must be—
 - ▶ Prepared by an interdisciplinary team, that includes but is not limited to--
 - ▶ The attending physician.
 - ▶ A registered nurse with responsibility for the resident.
 - ▶ A nurse aide with responsibility for the resident.
 - ▶ A member of food and nutrition services staff.
 - ▶ To the extent practicable, the participation of the resident and the resident's representative(s). **An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.**
 - ▶ Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
 - ▶ Reviewed and revised by the interdisciplinary team after each assessment



Physicians and IDT

- ▶ The IDT must, at a minimum, consist of the resident's attending physician . . .
- ▶ **If the attending physician is unable to participate in the development of the care plan,** he/she may delegate participation to an NPP who is involved in the resident's care, to the extent permitted by state law, or arrange alternative methods of providing input in the development and revision of the care plan, such as one-on-one discussions, videoconferencing and conference calls with the IDT.



Review Probes (§483.30(a))

- ▶ Is there evidence that the attending physician supervises the resident's medical care? If not, what did the facility do?
- ▶ If the physician makes a change to the residents' plan of care, e.g. orders a new medication or changes a medication, **is there evidence that the physician reevaluated the effectiveness of the intervention and the resident's response?** NOTE: the timing of the re-evaluation may vary depending upon the type of change, type of medication.
- ▶ If staff reported a change in medical status to the physician, how did the physician respond?
- ▶ **If the attending physician was unavailable and could not respond, did the facility have a physician available to supervise the medical care of the resident?** How did this physician respond?
- ▶ When a NPP performs a delegate physician visit, and determines that the resident's condition warrants direct contact between the physician and the resident, **does the physician follow-up promptly with a personal visit?**



Other Potential Tags

- ▶ §483.10(d) - F555: The facility must ensure each resident has the right to designate an attending physician. This includes potential concerns related to the resident having the choice of attending physician who is able and willing to meet the physician services requirements
- ▶ §483.20(a), F635: For concerns related to admission orders. . . At the time each resident is admitted, the facility must have physician's orders for the resident's immediate care
- ▶ §483.30(d), F713: For concerns related to physician availability for emergencies 24 hours a day



Pharmacy Update

- ▶ The COVID-19 public health emergency (PHE) ended at the end of the day on May 11, 2023
- ▶ To facilitate the efficient administration of COVID-19 vaccines to patients in a Part A-covered SNF stay, CMS exercised “enforcement discretion,” which allowed Medicare-enrolled immunizers to bill directly and get direct payment from the Medicare program for vaccinating Medicare SNF residents
- ▶ CMS also recognized that vaccinations for respiratory illnesses, such as flu and pneumococcal vaccines, could help reduce the impact of these respiratory illnesses and the resulting burdens on the health care system during the COVID-19 PHE. To help efficiently administer flu or pneumococcal vaccines to SNF residents during the COVID-19 PHE, effective as of September 20, 2021, CMS exercised enforcement discretion to allow Medicare-enrolled immunizers to bill directly
- ▶ **SNF enforcement discretion for administering COVID-19 vaccines during and after the PHE will end on June 30, 2023**



Pharmacy isn't "Ancillary"

Whoever

Whatever

Directed

Cardiopulmonary
Cardiac between Acute and OP
Post-Stroke Rehab



New MDS 10/1/2023

- ▶ High Risk Drug Classes: **Use and Indication**
 - ▶ Antipsychotic
 - ▶ Antianxiety
 - ▶ Antidepressant
 - ▶ Hypnotic
 - ▶ Anticoagulant (warfarin, heparin or low-molecular weight heparin)
 - ▶ Antibiotic
 - ▶ Diuretic
 - ▶ Opioid
 - ▶ Antiplatelet
 - ▶ Hypoglycemic (including insulin)



New MDS

- ▶ **Drug Regimen Review:** Did a complete drug regimen review identify potential clinically significant medication issues?
 - ▶ No Yes *Patient not taking any medications*
- ▶ **Medication Follow-up:** Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?
- ▶ **Medication Intervention:** Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day **each time** potential clinically significant medication issues were identified since the admission?



Pharmacy Review - Swing Bed

Patient: Age: Gender: Room/Bed:

Attending Physician: PCP:

Diagnoses (with ICD-10 codes):

Allergies:

Consult

Pharmacist: Observation Date:

Pharmacist Drug Regimen Review:

Pharmacist Recommendations (and reasons):

Attending Physician: Agree Disagree

Notes:



Room #	Physician	Total Meds	Anti-Depressant	Type	Anti-Anxiety	Type	Anti-Psychotic	Type	Hypnotic	Type	Pain Med	Type	Opioid	Antibiotic	Type
99A	Hall	9	0		0		0		0		1				
102B	Johnson	11	1	Floxedine	0		0		0		0				
111B	Johnson	14	1	Celexa	1	Ativan Clonazepam	0		0		2	Lyrica Norco			
102A	Johnson	16	0		0		0		0		5	Celebrex Ultram			
121B	Jones	13	0		0		0		0		0				
126P	Smith	10	2	Lexapro Trazadone	2	Ativan Clonazepam	1	Seroquel	0		2	Voltaren Mobic			
103B	Smith	16	1	Trazadone celexa	1	Xanax	0		0		0				
100B	Smith	30	1	Celexa	0		1	Risperdal	0		2		Norco Duragesic		
123A	Smith	30	1	citalopram					1	Ambien	2	Celebrex Gabapentin		1	Clarithromycin
113B	Williams	4	0		0		0		0		0	Voltaren Mobic			



Know Medicare Intent

IDT is the “sum” of the parts - each discipline not in the room can't add an addendum. The intent is to share ideas and plans so there is an integration of assessments/recommendations leading to a **COMPREHENSIVE** care plan, with physician involvement

CMS is aware patients have been inaccurately diagnosed or coded with conditions for which antipsychotics are approved, such as schizophrenia, in order to exclude them from the long-stay antipsychotic quality measure.



What do you need to audit?

- 1.
- 2.
- 3.
- 4.
- 5.



Resources

1. State Operations Manual (SOM) Appendix PP - Guidance to Surveyors for LTC Facilities (updated 2/3/2023)
2. MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Swing Bed PPS (SP) Item Set (initiated 10/1/2023)
3. 42 CFR 483.40 - Physician services





Next Webinar

Thursday, July 27th at 1:00 p.m. MT

- **Devil's Tower: Building a SWB Program**
 - Setting clinical and financial goals
 - Topics included: Program review (including data such as top ICD-10 admissions, financial components), Individualization of a SWB program, promotion and community awareness, required elements for success, Partnerships
 - Audience: SWB leadership, Billing and Coding representatives, Planning and financial representatives, Marketing



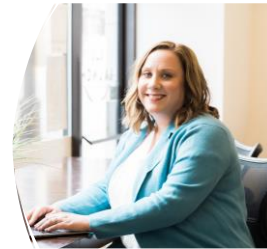
Wyoming
Office of
Rural Health



Contact Information for the Burrows Consulting Team:

Elizabeth Burrows-

elizabethburrowsconsulting@gmail.com



Kerry Dunning-

Kerry.dunning@kerrydunningllc.com



Becky Royer-

royerconsulting@outlook.com

