New Year, New Leadership

Although it is sad to see Joe’s tenure come to an end, I am excited and honored to serve you in my role as executive director. Joe has been an incredible leader for the Association and an exceptional mentor to me over the past 26 years. I wish him well as he begins this new chapter in his life.

I am also pleased to announce that Wes Hataway will serve in the newly created position of Legal and Policy Director. Wes’ legal and public policy expertise will be a tremendous asset to our team as we support you, our members, in the delivery of professional, compassionate care to Louisiana’s frail and elderly.

Before joining LNHA, Wes served as the Vice President of Legal Affairs for the Louisiana State Medical Society where his primary responsibilities were the legal, legislative and regulatory affairs of the organization. Wes is also the former director of the Office of Workers’ Compensation Administration for Louisiana. He is a graduate of Louisiana College and LSU Paul M. Hebert Law Center. He resides with his wife and children in Baton Rouge. While his interests include participating in any type of sport, his spare time is currently consumed watching his children participate in sports.

Author: Mark Berger

Strategies for Change - A Collaborative Journey to Transform Advanced Illness Care

Nine million Americans will be more than 85 years old by 2030, and many will suffer from substantial disability and chronic conditions. Advanced illness care ensures that all individuals, regardless of age and demographics, receive coordinated care that addresses their specific and highly personal needs, preferences, values, and goals.

National Quality Partners’ (NQP) new issue brief, Strategies for Change – A Collaborative Journey to Transform Advanced Illness Care, highlights six key preferences of person-centered care, provides snapshots of organizations that have embraced one or more of these key areas, and pinpoints opportunities to use measurement to transform advanced illness care. The brief was developed by NQP’s Advanced Illness Care Action Team and included AHCA quality experts. The issue brief aims to empower individuals with advanced illness, their family members, and caregivers to lead decisions about their care and to help physicians and other health care providers better navigate end-of-life conversations with their patients. Download the publication to learn more.
LNHA invites you to join us at our upcoming educational events. Be sure to register early for these events as space is limited.

**The Five-Star Rating System and Ethics for Long Term Care Leaders of Today**  
February 14, Paragon Casino Resort, Marksville  
LNHA and the Louisiana Board of Examiners of Nursing Facility Administrators (LABENFA) invite you to attend this one-day course focusing on the Five-Star Rating System and ethics for long term care leaders. Leaders in the long term care profession will share their expertise and tips on how to utilize the information from the rating system to improve quality of care and ultimately your facility’s Five-Star score. Attendees will receive seven continuing education credits for this course. For more information, click [here](#).

**Resident Activity Director Certification Workshop**  
March 20-23, Paragon Casino Resort  
Attendees who complete this four-day seminar will become certified Resident Activity Directors. This interactive class will explore ways to awaken the creativity in your residents. The attendee will learn to plan creative activities based on the examples and resources provided. For more information, click [here](#).

View the event calendar [here](#) and register today!
As part of the federal government’s aggressive agenda to combat antibiotic resistance, skilled nursing and nursing facilities on November 28, 2017, must incorporate an antibiotic stewardship component into their infection control programs. This was one of a series of provisions the Centers for Medicare and Medicaid Services (CMS) issued last October to revise its conditions of participation in Medicare and Medicaid for long term care facilities.

In another important part of this rulemaking, CMS is calling on facilities to designate an infection preventionist by November 28, 2019. This individual will be responsible for a facility’s infection prevention and control program.

CMS issued the changes to address recent health care safety and service delivery improvements, and to further advance the quality of care and safety in federal health programs. “Since the current requirements were developed, significant innovations in resident care and quality assessment practices have emerged. In addition, the population of [long term care] facilities has changed, and has become more diverse and more clinically complex,” the agency explained in its final rule.

To comply with the antibiotic stewardship provision, a facility’s infection prevention and control program should incorporate strategies to track antibiotic use and record incidents and corrective actions it takes on the use of these drugs. Click here to read the full article.

CMS has sent the Advancing Care Coordination through Episodic Payment Models final rule to the Office of Management and Budget (OMB), which is the last step before a final rule is published in the Federal Register. The final rule would implement a mandatory demonstration of two new cardiac episodic payment models (EPMs) and one new orthopedic EPM in several locations nationally.

The two cardiac episodes—coronary artery bypass graft and acute myocardial infarction—would be tested in 98 markets. The specific markets will be listed in the final rule. The surgical hip/femur fracture treatment episode would be implemented in the 67 markets currently testing the Comprehensive Care for Joint Replacement EPMs. The new demonstrations are scheduled to begin on July 1, 2017, and end on Dec. 31, 2021—an almost five-year run.

The rule proposes 90-day episodes, beginning with a hospital inpatient admission and ending 90 days post-discharge. All Medicare Part A and B spending would be included in the episode, including inpatient skilled nursing facility care, rehabilitation therapy, and outpatient services. The skilled nursing care profession has expressed concerns about this rule.

“Inpatient hospitals in the selected markets would be held at-risk for total spending, as well as for outcomes in defined quality measures, across the 90-day episodes,” says Mike Cheek, senior vice president for reimbursement policy and legal affairs at the American Health Care Association (AHCA). “Hospitals will be able to establish gainsharing relationships with other ‘collaborators,’ which include skilled nursing facilities [SNFs] and outpatient therapy providers.”

Cheek notes that the proposed rule also includes a waiver of the SNF three-day rule. Cheek says that AHCA had suspected that the Center for Medicare & Medicaid Innovation and CMS would delay finalizing major proposed rules following the presidential election to allow the next administration to make decisions about whether to finalize proposed rules.

Typically, the incoming president directs agency and cabinet department heads to hold any rules that the agency is preparing to finalize until a political appointee representing the new president has reviewed and approved those regulations. AHCA will convey to the incoming Congress and President-elect Trump’s transition team our deep concerns about the rule and advocate for the rule to be delayed or revoked.
On January 3, 2017, Senate Budget Committee Chairman, Mike Enzi, introduced a budget resolution that includes instructions to Congressional committees with health jurisdiction to repeal the Affordable Care Act (ACA). It did not offer details though for a replacement plan, which GOP leaders have said will come after the ACA is repealed. Debate on the resolution is expected to start today. The committees will have until January 27, 2017, to draft reconciliation bills, which will be combined for consideration by both the U.S. Senate and House of Representatives.

This is just the first procedural step in the ACA repeal process. You can read a January 3, 2017, Morning Consult article by Mary Ellen McIntire here for more details about Chairman Enzi introducing this budget resolution with the ACA repeal included. In addition, general information about the ACA can be found on the AHCA/NCAL website here. AHCA/NCAL will keep its membership apprised of further updates relating to this matter.

Join AHCA in Orlando, Florida on March 6-8 for an engaging and exciting educational opportunity. As you strive to reach your quality goals, AHCA/NCAL wants to give you a leg up. The Quality Summit is designed to help you on your journey, bringing excellent speakers, key topics, and all your long term and post-acute care colleagues together in one place. You can participate in a variety of education from short LED Talks, general keynote sessions and day long intensive sessions.

There are two ways to experience the Summit. Experience One allows for a full-day “deep dive“ into a single topic area and Experience Two allows for attendance at multiple sessions dealing with a wide variety of topics – the Intensives are not included in Experience Two. If you opt to register for Experience One, please select the Intensive you would like to attend:

- Intensive 1 – INTERACT ™ for Assisted Living Providers
- Intensive 2 – Leadership Skills for Changing Times
- Intensive 3 - Requirements of Participation

Make the AHCA/NCAL Quality Summit your first choice in 2017. Early registration ends February 3. Click here for more information.

The Lagniappe e-newsletter is published twice a month by the Louisiana Nursing Home Association. Lagniappe is provided as a membership benefit. If you have any questions about Lagniappe, contact LNHA Communications Director Karen Miller.