



## A Message from Our President

### SPOTLIGHT ON 2022 TRENDS

As you are aware, practitioners who bill through Tax ID numbers associated with ACOs on MSSP's "Enhanced Track" - like LTC ACO - are exempt from annual MIPS Reporting and entitled to the MACRA Bonus.

We are pleased to share that practices that participated in LTC ACO in Performance Year 2020 were deemed to be Qualifying APM Participants (QPs); therefore 2020 affiliated practitioners were eligible to receive the 5% APM Incentive Payment on their total original Medicare billing in 2021, payable in 2022. CMS recently made those disbursements directly to the ACO Participating TINs that billed on behalf of their practitioners and the money received with NPIs associated with ACO TINs will soon be distributed.

In total, over \$2,500,000 in bonus payments were awarded to LTC ACO 2020 Performance Year participating practitioners.

Congratulations and thank you for your continued support!

Best wishes,



Jason Feuerman  
President & CEO

## Potentially Avoidable Hospitalizations

Potentially avoidable hospitalizations are important for our ACO. Hospitalizations are the leading driver of costs and can be extremely taxing events for patients. The impact of hospitalization on a patient and can include more time in bed, which can result in increased blood clots, pressure ulcers, muscle atrophy and loss of function. Additionally, hospitalized patients are more vulnerable to weight loss, increased risk of falls with injury, infections (including UTI, C-diff, MRSA and PNA), changes in sleep patterns, agitation, chemical sedation leading to new or worsening confusion, new medications, care not consistent with patients wishes, depression and increased risk for medication and ICD10 errors.



## Who is at risk for hospitalization?

- ◆ Those with history of multiple prior hospitalization
- ◆ Frail elderly
- ◆ Those with a recent change in mental status
- ◆ Those with an advanced illness
- ◆ Those with a declining status
- ◆ Those with wounds
- ◆ Bariatric patients
- ◆ Those with active psychiatric

**Increasing the frequency of visits and communication for high risk patients is key!**

### 1. Communicate with the Patient:

- ◆ Evaluate expectations: Are they realistic?
- ◆ Review the medications: What was recently added and why?  
Can any medications be removed?
- ◆ Ask about recent hospital stay or outside provider visits

### 2. Communicate with the Patient's Family:

- ◆ Does the family have an understanding of disease trajectory?
- ◆ Are they requesting hospitalization for their loved one? And if so, why?

### 3. Communicate ACP and Option for Palliative Care:

- ◆ Half of older Americans visited the ED in the last month of life and 75% did so in the last 6 months of life. (Smith AK et al. Health Affairs 2012; 31:1277-85).
- ◆ Discuss the benefit of treating in place, address goals of care, advance directives, and patient's wishes.
- ◆ It's appropriate for all ACO patients to have a conversation regarding their wishes, and it's best to have this conversation early while the patient is stable.





#### 4. Communicate with Nurses:

*Multiple studies show implementation of SBAR is associated with a significant decrease in preventable hospitalizations. Ineffective communication between nurses and physicians has been sighted as a major cause for transfer of residents to acute care.\**

- ◆ Encourage early alert for change of condition
- ◆ Encourage SBAR (situation, background, assessment, recommendation)

#### 5. Communicate with Center Leadership:

- ◆ Hold regular review of ACO patients with frequent hospitalization
- ◆ Ask: What care was provided in the hospital that we could not have done in our facility?
- ◆ Ask: Was there a missed opportunity prior to transfer?

#### 6. Communicate with Outside Providers:

- ◆ Be aware of all medical appointments
- ◆ All orders from outside providers should be approved by you prior to implementation
- ◆ Request notes from outside providers if they do not arrive timely

#### 7. Communicate with Yourself (Proactive Prevention):

- ◆ If adding new medications, schedule a follow-up visit to see if changes are well tolerated
- ◆ Avoid and taper unnecessary or detrimental medications
- ◆ Be cognizant of changes occurring after any new medication
- ◆ Ask “the why” when contacted and requested to write for a new medication
- ◆ Avoid treating side effects with additional medication (cascade effect).

\* (Herndon et al., 2011; Ouslander, 2010).



## LTC ACO Clinical Roundtable

Thank you to the attendees of our inaugural LTC ACO Clinical Roundtable last month. Your continued engagement and partnership in considerations for clinical support and initiatives, and best practices are appreciated.

The focus of July's panel covered a review of LTC ACO Clinical Expectations, Quality Measures for 2022, Medication Management, and the featured topic, Palliative Care and Advance Care Planning.

A recording of the session and supporting handouts will be available on the Clinical Resource Portal through our website. Please be sure to check your email in the coming weeks for an invitation to our next LTC ACO provider panel discussion and roundtable event, which will take place in October.

LTCO ACO is committed to the success of our practices by providing the necessary data and insights to help manage your patient population and achieve optimal cost, utilization and quality of care.