

Date: 09/09/2016		Time: 9:30 a.m. – 11:00 a.m.	Location: conf call	
TIME	TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE
9:30 a.m.	Call to order and approval of minutes	Roll call and announcements:		Rob
9:40 a.m.	Review minutes of last meeting	Review and approval of minutes of last meeting		
9:45	Treasurer's report	Financials for August	Mike to provide highlights. Defer approval until September when complete financials for month are ready	Mike
9:50	Leg report	Report on rules, DOH workgroups and Policy committee recommendations.		Leslie
10:05	Education Report	<ul style="list-style-type: none"> • Conference progress: Southcenter Doubletree April 25-27, RFP deadline mid October; • Suicide prevention class, October 27 at Wesley Homes. Other..... <ul style="list-style-type: none"> • Rachel's "Transition to Practice" webinar on 11/9 • Barbara Citarella: free webinar on Bundling Home Health; • WCEI: revenue share option/member discount for on site or online wound specialist training. 	Brian to call in with report Have your staff register before the end of the month. Board notification: look for specifics and register Board input...would agencies be interested in sending employee(s) to be wound care certified?	Brian Greenlee Doris
10:30	Provider reports	Presentation by Carl Rogers of partnership option for HCAW and benefits for members	Presentation and follow up discussion: Would this be beneficial? Are reports duplicative of what is already available? Is the option of customizing the agency profile compelling?	Carl Rogers
10:45	Retreat follow up	Review retreat priorities and begin action plan: Note...No leadership for PI committee yet.		Rob

11:00	Adjourn	Next meeting		Rob
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1. Dial into the conference:

Dial-in Number: (712) 770-4010 - United States

Access Code: 177659

International Dial-in Numbers: <https://www.freeconferencecall.com/wall/melissa579/#international>

2. Join the online meeting:

Online Meeting Link: <https://join.freeconferencecall.com/melissa579>

Online Meeting ID: melissa579

Instructions:

At the scheduled date and time of the meeting, dial into the conference line. When prompted, enter the Access Code followed by the pound key.

To join the online meeting, click on the meeting link listed above and follow the prompts to join the meeting.

For 24/7 customer service please call 844-844-1322

Date: 08/12/16		Time: 9:30 a.m. – 11:00 a.m.	Location: See above	
TIME	TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE
9:30 a.m.	Call to order and approval of minutes	Roll call and announcements: Call to order after discussing document access troubles at 9:40. Doris, Marilou Church, Gretchen Anderson, Carolyn Bonner, Larissa Jording, Kyle Long, Rob Krause, Kim Malen, Sam Miller, Mike McMorrine, John, Melissa, Donna Goodwin, Brent Korte, Leslie Emerick, Rachel Manchester Brian Greenlee to call in after 10:00 AM Absent Greg Pang, Announcements: <ul style="list-style-type: none">• Cargill Foundation meeting email sent by Doris on August 12. Foundation from Minnesota looking for		Rob Doris and Rob

		<p>projects to fund around Aging with Dignity. Doris requested funds detailed in the email for various in Home areas and on behalf of members. Overall a good meeting for identifying potential partners going forward. After reviewing Doris' email if anyone has ideas please pass along to Doris.</p> <ul style="list-style-type: none"> • Sam Miller is a leader for a Bike Ride with Rep Larsen (8 mile roundtrip) upcoming and specific details to come. A number of Home Health agencies are located within Rep Larson's district so it provides an excellent opportunity to meet and chat with the Representative. • Rob thanked everyone for their participation and the outcomes from the Board Retreat acknowledging that Health Care At Home was woven throughout. 		
9:40	Treasurer's report	<p>Financials for June and July Most current financials are dated August 9th & August 10th. Comparing the years 15 to 15 gained a few thousand dollars and the year looks very strong and positive.</p> <p>No comparison to budget as the budget approval discussion is to happen at this meeting. July and August both seem to be performing against what the budget is anticipated to be. Mike reviewed the fiscal year for HCAW which is July 1 to June 30 of each year. As dues are paid they are amortized over the year.</p> <p>Motion to accept the financials: Moved by Rob, second by Marilou; Approved: unanimously</p>	Approve financials	Mike
9:50	2016-17 budget	<p>Proposed 2016-'17 budget based on actual year end data</p> <p>Question: legislative visit support is it included. In the past it has been included in Leslie's expense items.</p> <p>Motion to accept: Carolyn Seconded by: Donna Approved: Unanimously</p>		Doris

10:00	Sec-Treas	<p>Lorissa Jording has voiced willingness to accept the role of Sec Treas. Motion by Rob Second by Rachel Approved: Unanimously</p>	Official Vote of the Board	
10:05	Education Report	<p>Implementing plan from retreat for AME chair to report on education at the Board meeting</p> <p>Have reviewed a comprehensive list of potential sites for conference thanks to Melissa and the two locations near Sea-Tac airport. Four Point and the Double Tree. Decision to come in the next week.</p> <p>Committee taking on the challenge from the retreat to collaborate with Hospice and home care group to have a conference together for upcoming years.</p> <p>What is board reaction to returning to Sea-Tac area vs going to outlying areas?</p> <ul style="list-style-type: none"> ➤ Proposal to set three locations among which we rotate the conference over a three year period. ➤ Some feedback from members who said they couldn't send folks when the conference is held outside the King County area. ➤ Should locate to get the best attendance and ability to cover the cost ➤ Pick location to where the bulk of the membership is ➤ Need to consider both the build of providers as well as the accessibility for vendors and speakers. location near airports is helpful here by keeping travel costs to a minimum. ➤ Challenge the idea that we need to be at Sea-Tac. If rotation is in place we'd be in 2nd year and therefore we shouldn't be back at Sea-Tac. Remembering hospice is able to get good speakers and strong attendance. Could be strong statement to Providers in outlying areas to bring the conference to them. ➤ Was there a decrease in attendance and revenue to the organization? Yes, last year attendance was down as was revenue. ➤ Historically have gone with the low cost approach. If the association shouldn't be so focused on the low cost please let Brian and Doris know. 	Brian to call in with report	Brian Greenlee

		<p>➤ The attendance could be more the result of budgets than the location of the conference. Also, individual guideline that include no travel so if it is local you can send folks.</p> <p>Brent met with Private Duty Association, President and Shawn, had discussion about whether there are cost savings to holding conferences together at the same site. They like the idea. The marketing and networking were primary attractions for them. Identified barriers such as how money would be distributed. Registration lower for attendees to their with higher attendance. Location would likely to be at one of the conference centers such as Lynnwood.</p> <p>Educational breakouts and the scalability by bringing all to one area (food, location fee, promotion/advertising). Quality of the event would change for the better. Cerebral vs dynamic vs networking and caregiver focus.</p> <p>Board approved of Brent talking with Hospice about the co-located conference.</p> <p>Theme development along the lines of building and networking strong teams. Have suggested Keynote who is known for developing leadership and building teams.</p> <p>Dates for the annual meeting looking like the last week in April to avoid the conflict with the Oregon conference. Can we partner with them on vendors that would hold over for our conference. Ask Oregon to “introduce” us to vendors we haven’t had at our conference.</p> <p>Oasis course in June was very successful. Very positive feedback on location.</p> <p>Suicide Prevention class coming in October at Wesley Homes. Looking for sponsors to offset speaker and attendee fees. Pricing still being developed.</p>		
10: 20	Legislative report	<p>Rules/budget proviso work group/Therapy role in home health</p> <p>Updates on Public Policy have been sent out. PAC needs to gain more donations in order to support campaigns this fall. Important election year.</p> <p>Pre-authorization meeting. Members still struggling with getting paid from insurance companies. Members should be utilizing the expedited pre-authorization (24 hours).</p> <p>Defining emergencies may help so that pre-authorization</p>	Next steps	Leslie

		<p>isn't being waited for if the situation is an emergency. Leslie able to do advocacy for Agencies having trouble with the insurance agencies so if continuing problems let Leslie and Doris know and they will follow up.</p> <p>Still haven't heard about the performance measures for Medically Intensive adults and children.</p> <p>Next meeting on data collection to document reducing re-admissions coming up. Agencies don't need actual data at this point, just to identify what categories they can report data on.</p> <p>Suggestion is to require the same data by all Providers/hospitals. Project manager at HCA is Gayle _____. If confusion about how to proceed it might be clarifying for Providers to contact HCA directly rather than waiting for the August 30th forum.</p> <p>Scope of Practice initiative: came up based on questions from therapists at Kaiser asking if they were being asked to practice beyond their scope.</p> <p>Members of the Policy committee thought the recommended policy & procedure might be a bit too pro-scripted and could be a bit more general. Doris to re-work and bring back to the Policy Committee before bringing back to the Board.</p> <p>Donna sent a revision to original for consideration.</p> <p>Addresses flexibility by Providers in terms of implementation.</p> <p>If those who have seen the suggested policy could send suggested revisions to Doris then she'll revise the document and re-distribute.</p>		
10:40	Retreat follow up	Review retreat priorities and begin action plan		Rob
11:00	Adjourn	<p>At 11:10</p> <p>Next meeting – Friday Sept 9 9:30 – 11:30</p>		Rob

September 6, 2016

HCAW September 2016 Public Policy Update

Prepared by Leslie Emerick, HCAW Governmental Consultant

Legislative Overview

The General Election is on November 8th. HCAW made around \$2,300 in Political Action Committee Donations this year. This is about half of our typical campaign donations to candidates that support home health care. I have no idea which way the political winds will blow for the parties this year but there will be high turnover in the legislature and lots of opportunities to educate new legislators about home health, home care, hospice and palliative care in 2017!

State Agency Issues

Health Care Authority

Medicaid Face to Face Rulemaking

Final Rules have not been

Pediatric Concurrent Care Rules Pending

Nancy Hite of the Health Care Authority has sent out a draft document for review regarding the WAC 182-551-1860 Concurrent care for hospice clients age twenty and younger. The hospice association requested this revision due to a very narrow interpretation in rulemaking by the HCA in WAC 182-551-1860 (3), which states that the services must be “aimed at achieving a disease free state”. This limited interpretation has kept children from qualifying for the program established under Section 2301 of the Affordable Care Act of 2010, which allows terminally ill pediatric patients who have elected the hospice benefit to continue to receive Medicaid and CHIP services “without forgoing any other service to which the child is entitled under Medicaid for treatment of the terminal condition.” Comments due by September 6th, 2016.

Medically Intensive Children and Adults Reimbursement Rates

HCA informed us that they will have a draft of the Performance Measures they plan to put in place in early October to prove that private duty nursing for Medically Intensive children is saving the state money. More to come!

Home Health & Medically Intensive Nursing Report to the Legislature

ESHB 2376 (Operating budget bill) requires a report due to legislature by December 2016 that develops a plan for home health and medically intensive agencies to increase access to care and to reduce readmissions. The last meeting was on August 30th to review draft recommendations. We should have a draft report to review by the end of September.

Department of Health

PT, OT and SLP Scope of Practice Issue

September 6, 2016

HCAW has written guidelines for PT, OT and SLP that are being finalized to assist practitioners and the state in understanding the process and roles around medication reconciliation for home health.

History: HCAW was contacted by DOH to participate in a meeting on July 21st dealing with a letter from Kaiser Permanente Home Health to the Physical Therapy (PT) Board. The PT Board responded by writing a statement that limits the role of the PT regarding medication management. There were great concerns from the home health community that this would limit the ability of PTs to perform their current. Donna Goodwin developed draft guidelines for the PT Board to consider at their August 5th meeting in Bellingham WA. The OT and SLP boards were going to take our concerns into consideration at their next board meetings. Here is a summary of the PT Boards response from an HCAW attendee:

-The Board was emphatic that their response was in direct relation to the Kaiser letter and not a global statement about a therapist's scope of practice with medication reconciliation.

-They made it clear that they did not want to specify any specifics to a therapist's scope of practice with medication reconciliation and stated that PTWA, the APTA, and CMS have given us room for interpretation

-They were impressed with Donna's summary of Med Rec for Home Health and suggested that HCAW consider sending the Board a formal request to include these guidelines for DOH approval. They were however, pretty specific in saying that they did not want to set apart a specific area of focus (i.e. Home Health) to establish guidelines.

In-Home Services Rules

DOH worked on the remaining home health portion of the rules at the August 26, 2016 meeting. DOH will be hosting a final in-home services rule workshop focusing on Hospice agencies at the department's Tumwater campus on October 3rd from 9:00 to 12:00 pm. An agenda and other materials will be sent out prior to the workshop.

Please encourage your hospice colleagues to attend or call into the meeting. Here is a link to the latest update on the draft rules document:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/HomeCareAgencies/RulesinProgress>

Department of Health Hospice CON

DOH is working on the CR 102 draft for review. WSHPCO members have expressed concerns regarding changing the average daily census from 35 to 25 and our board has reconsidered changing the census in the rule update. Link to stakeholder workgroup materials:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/CertificateofNeed/RulemakingActivities/Hospice>

The next stakeholder meeting has been rescheduled to October 3rd from 1-4 pm in Tumwater.

September 6, 2016

Home Care Aide Rulemaking

DOH is updating their rules to match DSHS rules for home care aides. This is mainly a clean-up in WAC of the many phases of rules that happened after I-1029 and I-1163 regarding increased training for home care aides. They are also adding a definition for “medication assistance” which is under [WAC 246-888 Medication Assistance](#).

Death Certificate Guidelines Workshop

The Center for Health Statistics at the Department of Health held a workshop to participate in the development of guidelines to be used by health care providers, medical examiners and coroners when completing death certificates. The guidelines are intended to assist certifiers with providing standard, complete and accurate information on cause of death, which is important for ensuring quality data for research and public health purposes. The guidelines were originally developed in collaboration with the Medical Quality Assurance Commission. The department is considering adopting these as agency guidelines. Comments are still being accepted. Please let me know if you would like a copy of the guidelines to review.

DOH RAP Back FBI Fingerprinting Background Checks (NCQAC)

In the 2016 legislative session the Nursing Commission ran legislation to try and establish the RAP Back FBI Fingerprinting system within the profession of nursing. This was to assist with an Interstate Compact for Nursing. DOH is now looking into whether this program should be expanded to “secretary professions” at DOH as well. A DOH associations meeting is coming up on September 26th where the proposal will be discussed in more detail.

Dementia Collaborative Workgroup

I attended the Dementia Coalition meeting on September 7th in Tukwila. They are developing a plan to implement the state Alzheimer’s Plan using existing financial resources.

Update on SSB 6519 Telemedicine Collaborative: The second meeting of the Collaborative was held on Thursday August 18th from 11:00 am to 1:00 pm at the University of Washington School of Medicine.

2016 HCAW Board Retreat Action Item Tracking

MONTH: _____

HCAW Pillar		Action Item	Who is Assigned	Action Taken	Next Report Due
Education					
	1	Continue to provide OASIS training each year	Doris	Scheduled with OA for June 2017: site TBD	
	2	Advance "Healthcare @ Home" as a way of delivering Care Coordination	Doris/Rob	Start discussion with Board at next on site meeting: How to advance this concept as a Board	
		a. Consider forums that would include both Medicare Certified as well as Private Duty providers		How/where to have this Forum: who should be invited and included? EMT's, Home Doctor, other?	
		b. Make certain this discussion includes Patient Satisfaction monitoring		Board to further define/clarify	
	3	Provide Mandated Mental Health/Suicide Prevention training	Doris	Scheduled for October 27	
	4	Provide VBP phase II education	Doris	Coordination with NAHC: tentatively planned for first quarter of next year.	
Community					
	1	Building Value for all Home (Health) based services (for members and non-members alike)	Rob/Doris	Use next on site meeting: Board to define "value" to members. How to demonstrate and convey.	
		> Use building value as a Strategy to Build Membership	John	Incorporate messaging into renewal process	
		> Move away from the strategy of building membership to generate money for the association			

		Determine how HCAW defines Community		TBD		At on site Board meeting? Does it include all members, potential members and current and potential external partners, supporters and benefactors? How do we interact with different "communities" and what is our priority?		
		> Be inclusive of Independent providers – individuals						
	3	Consider a joint meeting or co-incident Annual Meeting with Washington Home Care Association and the Washington Hospice and Palliative Care Association.		Doris/Brian/Rob				
		> Look to 2018 or 2019 as the projected date so the appropriate planning can take place.				Plan a meeting before the first of the year		

Advocacy		Action Item	Who is Assigned	Action Taken	Next Report Due
	1	Focus on increasing the participation of Providers in the legislative advocacy efforts	Leslie		
	2	1. Medicaid Access issues such as Total Reimbursement; Reporting to the Legislature & Face to Face	Leslie/Doris		
	3	In Home Service Rule-making – advocacy	Leslie/Doris/Donna		

MEDICATION MANAGEMENT IN THE HOME HEALTH SETTING

Guidelines for Policy Development

All Medicare certified home health care agencies establish clearly defined agency policies and procedures for medication management in the home that follow CMS guidelines for OASIS data collection, Medicare Conditions of Participation, applicable state regulations and best practices of patient care.

Medication management in the home health care setting is defined as reviewing all medications the patient is taking to include prescription, over-the-counter and herbal remedies; comparing what the patient is taking against written documentation of what the patient's provider(s) have ordered; noting duplicative therapy, possible ineffective drug therapy, any significant drug interactions and side effects, patient non-compliance with the prescribed drug regimen; reporting significant findings to the physician and providing teaching regarding medication management.

CMS specifies that:

- When nursing and therapy are ordered, nursing must complete the comprehensive assessment.
- When physical therapy, speech-language pathology, or occupational therapy is the only service ordered by the physician, a physical therapist, speech-language pathologist or occupational therapist may complete the comprehensive assessment, and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status. The occupational therapist may complete the comprehensive assessment if the need for occupational therapy establishes program eligibility. (484.55(b)(2))
- A registered nurse, physical therapist, occupational therapist or speech-language pathologist may complete the comprehensive assessment including the drug regimen review.
- The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. (484.55(c) Standard: Drug Regimen Review)
- A comprehensive assessment including a drug regimen review be completed at specified time points.

References:

1. American Physical Therapy Association (APTA), 2010, Role of the Physical Therapists in Medication Management.
2. Centers for Medicare and Medicaid Services Conditions of Participation for Home Health Agencies 484.55(c) Standard: Drug Regimen Review
3. Centers for Medicare and Medicaid Services Conditions of Participation for Home Health Agencies 484.55(b)(2).

For Medicare Certified agencies, Agency Policies and Procedures that are drafted and adopted by each agency specify how their agency will meet or exceed CMS practice standards. Consequently, there may be variations in how clinical resources are utilized in different agencies. Agency hiring practices, job descriptions, orientation programs, staff education and clinical support systems are in place to support their agency practice and to achieve optimum patient safety and positive outcomes.

HCAW member agencies have provided some of the following options for agency procedures that may or may not be utilized in their medication management strategies:

1. All clinicians performing the comprehensive assessment (RN, PT, OT, SLP) shall complete a medication review with the patient/caregiver. This review will include:
 - Allergy recording: Entering patient allergies into the EMR/medication profile.
 - Medication recording: The medications that the patient is actually taking in their home, including over-the-counter medications and dietary/herbal supplements, will be recorded. These medications will be entered in the Medication Profile of the patient's chart in the EMR. Assure that the medication container includes the name of the patient being admitted. Assure that prescriptions have not expired.
 - Medication Reconciliation: The medications that the patient is taking in the home is compared to the medication lists (if received) from the referral source at time of referral.
 - Any identified discrepancies will be explored with the patient/caregiver to ensure what is actually being taken.
 - Notify the physician of discrepancies discovered during the medication reconciliation process and update medication profile as needed.
 - Medication Interactions: Drug interactions may be identified using an EMR, which includes a drug interaction program. Performing this function will identify if there are clinically significant issues with medication interactions, duplicate therapy or known allergies. Alternatively, in the absence of an EMR, a supervising nurse will review the medication list for noted interactions and alert the physician accordingly.
 - High Risk Medications: All patients receive initial instruction provided by the admitting discipline (RN, PT, SLP) regarding High Risk Medications at time of SOC that include potential side effects, medication indications and how and when to report problems that occur. Common categories of High Risk Medications include: Hypo-glycemics, Narcotics, and Anti-coagulants.
 - Written materials are provided in admission packets that are used for this education and are written for lay people.
 - If more educational materials are needed, they are available in the EMR and in the pharmacy handouts provided with medications.

2. It is the responsibility of the home health clinician (RN, PT, OT, SLP) to ensure that their patients are educated to the potential side effects, the indications and uses for all of their medications.
 - Education to patients shall occur throughout the episode and all disciplines may assist in this teaching.
 - Teaching can be done by using written materials from a pharmacy, written materials obtained through the EMR (that can be read for patient or printed for patient) and from consults with physicians, pharmacists and/or other clinical staff.
 - Teaching is provided to patients and/or their caregivers to ensure that the patients are following their medication regime as ordered, understand why they are taking the medication and can identify side effects.
 - Any known or suspected adverse reaction or side effect shall be noted in the patient's clinical record and reported to the supervising nurse and ordering physician.
3. At time of discharge, patient medications are again reviewed and teaching performed as indicated and needed. A printed medication profile will be made available to patient/caregiver if requested.
4. In the event that a patient is not receiving nursing services, the following options are possible for back up and safety regarding medication management:
 - the medication profile may be reviewed as part of the OASIS Quality Assurance review.
 - An agency may engage pharmacy services to provide medication review.
 - When medication management issues exceed the comfort level of the therapist, an order for nursing intervention will be requested and RN services will be added to the care of the patient.

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TIME	TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE
9:30 a.m.	Call to order and approval of minutes	Roll call and announcements: Marilou, Linda, Kyle, Brent Melissa, Doris, Mike McM, Greg, Gretchen, Rachel, Carolyn, Donna, John, Leslie, Larissa, Rob Brian Greenlee Missing Sam, Kim,		Rob
9:40 a.m.	Review minutes of last meeting	Review and approval of minutes of last meeting Moved: Brent Seconded: Gretchen One abstension, approved		
9:45	Treasurer's report	Financials for August Delayed until October meeting due to no report from Beard on the investment portfolio Mike did say that there is nothing unusual at all. Finance committee approved for a sell order when P&G reaches \$90 which would be a 25% increase in one year.	Mike to provide highlights. Defer approval until October when complete financials for month are ready	Mike
9:50	Leg report	Report on rules, DOH workgroups and Policy committee recommendations. Referred to written report. Crazy election given the lack of clarity in terms of which party will be in the majority after the fall election. State was in front of the Supreme Court yesterday to appeal the daily fine of \$100,000 based on not funding education. No more on Face to Face rule making. Awaiting notification from rule writers on acceptance. Working on pediatric concurrent care issue. Non-controversial and should proceed without challenge. Medically Intensive Children and Adults Reimbursement Rates Whole Health & Medically intensive plan needs to show		Leslie

savings of \$4 million.
Need to demonstrate ability to move more kids out of the hospital due to availability of Private Duty providers.
Moving forward but only 2.5 months into it and still a nursing shortage.
Will require Home Health agencies will need to report on activities and time spent on various aspects of the care. All needed just to get permission to use the plan.
Rep Cody is the primary legislative contact in support of home health.
Brent, Rachel, Greg and Carolyn have all assisted in this project.
Greg mentioned his contact with Sen Cleveland and updating her on the issue and she is also well place to assist.
Explained the access issues with the face to face rules.
Greg will follow up with Sen Cleveland after having sent her information she requested.
Will want to leverage Greg's relationship with Sen Rivers as well.

MEDICATION MANAGEMENT IN THE HOME HEALTH SETTING

Policy committee talked about this again a the meeting this week. Decided it can't be dropped here but need to follow up after their board meeting.
May need to ask them to retract the letter to Kaiser after some additional investigation.
Gretchen will be seeing Renee, author of the Kaiser letter at a meeting Tuesday and will ask where the situation stands.
Concern is that some PT clinician would get a copy of the letter and then believe and advocate with the Provider that they don't need to perform some med management.

In-Home Services Rules

Look at proposed rules using this link:
<http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/HomeCareAgencies/RulesinProgress>

Provide feedback if you find any omissions, contradictions or have other comments.

		<p>Department of Health Hospice CON</p> <p>Has been interesting and focusing on the 25 daily census vs 35 avg daily census. See Leslie's report for date and location of next meeting.</p> <p>Consultants would like to loosen up CoN. More traditional folks like Providence and others who are not in favor of that.</p> <p>Question on whether Home Health rules won't preclude Face to Face via telemedicine. Unclear at this point but a physician has reported that by 2018 it will be allowed. Federal rules and state don't seem to agree. May be more of a Home Health rule vs physician practice Medicine collaborative on telemedicine may be opportunity to advocate for its acceptance. Doris to check on Fed regulations.</p> <p>DOH met on Death Certificate guidelines more a Hospice issue. Guidelines process not rules. DOH will run legislation for background checks for all secretary positions. Based on anecdotal information a huge concern right now.</p> <p>Call from Insurance Commissioner re: concerns about prior authorization. Provide HCAW issues around that and Donna will check on the similarity of issues with commercial market.</p> <p>Medicaid fee for service comparison inter-state but nothing on the agenda in Washington to date.</p>		
10:05	Education Report	<ul style="list-style-type: none"> Conference progress: SeaTac Doubletree April 25-27, RFP deadline mid October; <p>Brian explained the review of venues which came down to 3 and the SeaTac Doubletree had the dates we wanted. Theme for this year's conference is Unleash Your Super Heroes</p> <ul style="list-style-type: none"> Suicide prevention class, October 27 at Wesley Homes. <p>This course will satisfy the state's requirement as the pre-approved courses for nursing won't take effect until</p>	<p>Brian to call in with report</p> <p>Have your staff register before the end of the month. Board notification: look for specifics and register</p> <p>Board input...would agencies be interested in</p>	<p>Brian Greenlee</p> <p>Doris</p>

		<p>January. Deadline for people to have completed the courses is 2017 for nurses. For social workers and OT have had the requirement since 2014. Providing this is a way to distinguish HCAW as the place to go for such training. Proposed to consider bringing back as a pre-conference day as a way to build attendance. Would necessitate a two track day one for Suicide prevention and one for management. The trainers have put a 75people cap on attendance. If we get more interest we can schedule more sessions. Some of the Providers are paying tuition and time for attending. Other.....</p> <ul style="list-style-type: none"> • Rachel’s “Transition to Practice” webinar on 11/9 This session will show what Providence is doing to employ new graduates into Home Care • Barbara Citarella: free webinar on Bundling Home Health Originally requested Sept 20 which was too soon. Working on a date this fall or early next year. • WCEI: revenue share option/member discount for on site or online wound specialist training. Could be either on site or online. Four day training and 5th day for certification testing. If they partner with us HCAW would use our share of the registration to offer discount of \$500 toward the \$2900 registration. Based on discussion Doris will move forward with discussion with the sponsor and then provide info with Greg and Gretchen to see if the details merit moving forward with an agreement. 	<p>sending employee(s) to be wound care certified?</p>	
10:30	Provider reports	<p>Presentation by Carl Rogers of partnership option for HCAW and benefits for members</p> <p>Important that we all know about it being available and whether you have feedback to Carl. Is it something that makes sense for Providers to partner with Carl going forward.</p> <p>Started 2 years ago. Carl worked on the Medicare Certified CMS side of the industry. Grew out of interest in finding hospice for a family member and found little information available to compare providers. Currently over 3000 providers including 1200 Medicare</p>	<p>Presentation and follow up discussion: Would this be beneficial? Are reports duplicative of what is already available? Is the option of customizing the agency profile compelling?</p>	Carl Rogers

		<p>Certified Hospice providers.</p> <p>Have created a shared patient pattern of activity for providers in the state of Washington. Application demo may be possible for the future. Goal is to connect prospective clients/patients with responsible providers.</p> <p>On the provider side looking for feedback as to what reports would be of interest. All data from public sources, primarily from CMS.</p> <p>For the referral patterns the data comes from Medicare claims data. Data is at least 1 year old. Everyone can get the data. The value is in how the reports from the data are run. There are 135 million rows of data and Carl has crunched the data to show the referral relationships.</p> <p>Concerns are duplicative and more timely reports coming from CMS with the claims data. It doesn't provide competitive data but in house analysts are crunching the numbers at larger providers. Carl has access to the data before it is public data and can provide more timely than the publicly released data.</p> <p>Could be of more value to non-Medicare agencies.</p> <p>Doris will review offline with Board members and get back to Carl with how we may or may not proceed.</p>		
10:45	Retreat follow up	<p>Review retreat priorities and begin action plan: Note...No leadership for PI committee yet.</p> <p>Review of Tracking sheet on initiatives agreed to at the Retreat. Need to reword the initiative for community on line 16 of the worksheet. Request to provide the board with an excel copy of the worksheet so they can use as a document with caregivers who are looking for a way to become involved and give back to the community.</p> <p>Rob asked that board members to review and be ready to</p>		Rob

		update and discuss the initiatives at the next in-person meeting. Still looking for leadership of the Performance Improvement Committee. Please forward any ideas on individuals to Doris.		
11:00	Adjourn	Next meeting October 14, 2016 9:30-11am		Rob