

Peer-Led Care Navigation Affinity Group



Session Two

May 7, 2019

**Audio available by dialing (800)832-0736
Conference Room:*4934891#
Access Code: 050719#**

Welcome



Laura Maynard
CJR Learning System Team
The Lewin Group



Kathy Woods, BSN, RN
CJR Learning System Team
The Lewin Group

Meet our Peer Leaders



**Jody L. Harclerode, MS,
RN-BC, CPHQ**
Geisinger Holy Spirit
Hospital



Dawn Rakiey, PT, MS
University Medical
Center

Agenda

- Welcome & Logistics
- Affinity Group Goals & Schedule
- Charter & Commitment Statement
- Hospital Presentations/Panel
- Reflection & Open Discussion
- Announcements & Reminders

Meeting Logistics

- All telephone lines are muted and will be unmuted momentarily
- Please dial in using a telephone to enable open discussion
- We encourage comments, questions, and reactions via Chat

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Introduction to Adobe Connect

The screenshot shows the Adobe Connect interface for a meeting. The main content area displays the CMS logo, 'CJR Comprehensive Care for Joint Replacement Model', and 'Peer-Led Care Navigation Affinity Group'. Below this is a photo of healthcare professionals and the text 'Session Two' and 'May 7, 2019'. At the bottom of the main area, it says 'Audio available by dialing (800)832-0736 Conference Room: *4934891# Access Code: 050719#'. The interface includes a top toolbar with a microphone icon circled in red, a 'Video' panel on the right, a 'Dial In Information' panel with telephone details, a 'Chat (Everyone)' panel, and a bottom toolbar with 'Closed Captioning' and 'Event Resources' panels circled in red. A table for 'Event Resources' is visible at the bottom.

To Raise Your Hand

To View Presenters

To Dial In Via Telephone

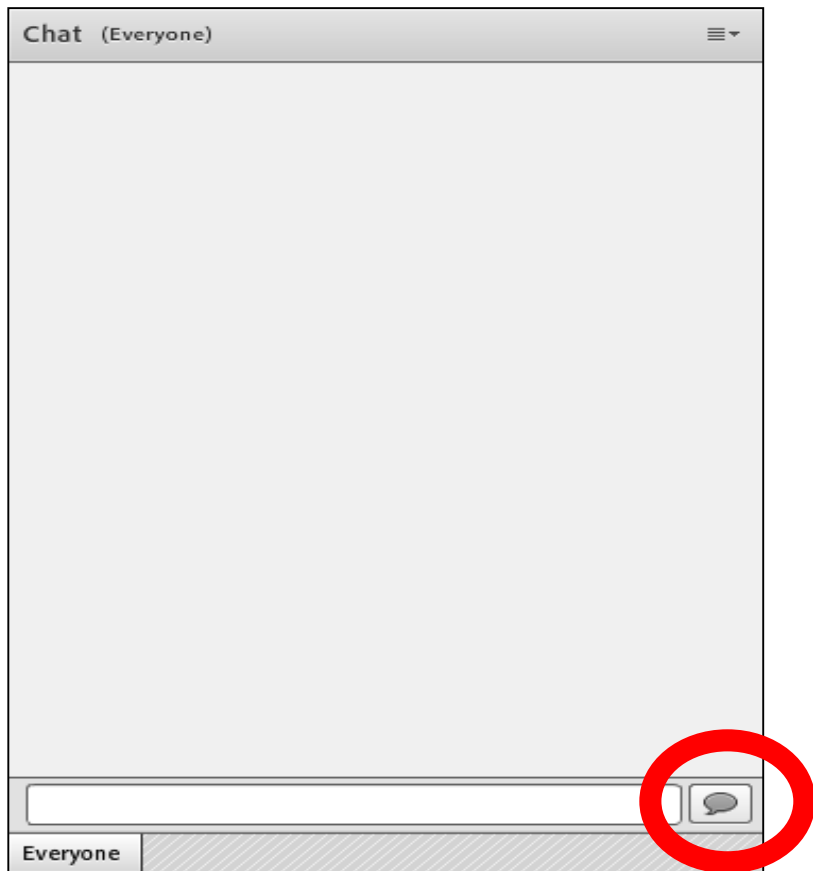
To Ask Questions or Send Messages

Closed Captioning

Download Available Resources

Name	Size

Introduction to Adobe Connect (Cont.)



- Use the Chat pod to submit any questions or comments
- Please use “@” if your question/comment is directed to a specific participant
- Submit your question/comment by clicking the chat bubble icon
- Please share in Chat now:
 - Organization
 - What you hope to learn from today’s discussion

Where Are You Located?

To add yourself to the map: scroll to your location on the map, zoom in to your location, and drop the purple pin from the toolbar at your location

- **To Scroll:** click and hold the mouse button to scroll the map left, right, up, or down
- **To Zoom:**
 - use the mouse wheel or trackpad to move in;
 - double click; or
 - use the on screen zoom control (top right hand corner)
- Drag and drop the purple pin from the toolbar on the left to mark your location (the bottom of the pin should point to your location).

Affinity Group Goals

- Convene once every two months to:
 - Share care navigation and care coordination tools and resources
 - Discuss successful strategies, challenges, and lessons learned
 - Learn directly from your peers
- Further enhance communication and collaboration amongst care navigators and coordinators established by the CJR Care Navigation Affinity Group (September 2017 to February 2018)
- Communicate weekly on CJR Connect

Charter & Commitment Statement



CJR Peer-Led Care Navigation Affinity Group Charter

Peer-Led Care Navigation Affinity Group Goals

- Further enhance communication and collaboration among those who are interested in or work with care navigation in their CJR program, building upon the network established by the initial CJR Care Navigation Affinity Group (September 2017 – February 2018).
- Facilitate peer-to-peer learning¹ through open discussion of strategies, challenges and lessons learned and through sharing of care navigation and care coordination tools.
- Gather strategies and lessons learned for sharing with all CJR model participants and for incorporation into the CJR Implementation Toolkit.

Peer-Led Care Navigation Affinity Group Structure:

- Beginning March 5, 2019, the group will convene via webinar once every two months, generally the first Tuesday of every other month, from 1:00 – 2:00 p.m. EST.
- Each meeting will focus on a specific topic area, with the group engaging in a high level of interactive peer-to-peer discussion.
- Peer leaders will facilitate the group, in collaboration with the CJR Learning System team. Peer leaders will allow for deeper learning and sharing among participants, as topics for discussion will be driven by CJR participant hospitals.
- Participants will interact with one another and with peer leaders between sessions on CJR Connect, and will share and discuss resources, tools, and approaches.
- Initial topics will include modifying care protocols to enhance patient care based on risk assessments, strategies for communication and collaboration with post-acute-care providers and community organizations, strategies for navigating and managing fracture patients, and other topics raised by affinity group participants.

Potential Topics:

- Topics will be participant driven and based on affinity group interest and discussion.
- Initial topics will include:
 - Strategies for communication and collaboration with post-acute-care providers and community organizations
 - Modifying care protocols to enhance patient care based on risk assessments
 - Strategies for navigating and managing fracture patients

Participant Commitment Statement:

As a participant in the Peer-Led Care Navigation Affinity Group, I agree to:

- Attend affinity group sessions and participate actively by speaking up, asking questions, joining conversation, and participating in chat
- Share relevant tools and resources from my hospital, as appropriate and applicable
- Agree to initiate and respond to discussion with your peers on CJR Connect weekly (between sessions)

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Poll 1

In the past two months, have you (mark all that apply):

- Participated in affinity group chat
- Spoken verbally in the affinity group
- Shared a tool or resource with a CJR peer
- Communicated via email with a CJR peer
- Logged onto CJR Connect
- Posted or commented on CJR Connect
- I have not engaged yet but plan to in the future

Hackensack Meridian Health Mountainside Medical Center



Shibani Gupta
Director of Transitional Care

CJR Peer-Led Care Navigation Affinity Group

Managing and Navigating Care for the Fracture Patient

Shibani Gupta, OTR

Director of Transitional Care

May 7, 2019



Hackensack
Meridian *Health*
Mountainside
Medical Center

Fracture Care – Same as Elective?

- Fracture is not a planned event Patient / Family not prepared
- Aging population - Average age 84, majority female, higher mortality rate within one year following a hip fracture
- Fracture usually a culmination of other comorbidities that ultimately caused the fall/fracture
- Social support / determinants are a big factor
- Transitions of Care are crucial to successful recovery
- Successful patient outcome = success in CJR program



Physician Engagement and Role

- Orthopedic and Medical Management
 - Comorbidities (Underlying or causational)
 - Determine associated complications and LOS (in bed and hospital)
 - Also determine disposition and overall cost
 - New onset conditions need close monitoring
 - Exacerbations (or poor control of chronic conditions) also need to be addressed or will increase chance of readmission
 - Example – COPD treated with steroids, poorly controlled DM



Inpatient Management

- Multidisciplinary approach
- Etiology of fracture discussed among care team (pathological vs aging) to drive treatment plan
- PT / OT initiated POD 0 or POD 1 to promote early mobilization
- Nurses get patients OOB, ambulate or dangle
- Daily PT treatment
- Inpatient LOS can be longer due to comorbidities and additional medical work-up
- Pain Management



Discharge Planning

- Preference for homecare
- Support at home is a major factor
- Post-acute care in SNF vs IRF
- Preferred Provider utilization
- Continuum of care is critical
- Next best site of care requires guidance from the team
- Family expectations



Family Involvement / Education

- Setting (realistic) expectations –multidisciplinary team
- Family conference if beneficial
- LOS expectation for PAC set in acute care setting
- PAC is not the magical “answer”
- Plan for successful recovery
 - Options A,B,C



Post-acute Collaboration

- Utilization of preferred provider network for SNF and Homecare
- Communicate patient/family dynamics to PAC
- SW communicates with facility – verbal and send AVS
- Rehab expectations for continuity of treatment from ACH to PAC
- Case Management expectations in SNF



Performance Network Overview

- SNF
 - Not all 5-stars
 - Communication and Collaboration is key
- Homecare
 - Onsite at hospital
 - Utilize same homecare in SNF
- Hospice/Palliative
 - Underutilized?



Transitions of Care

- Streamlined and effective transition process
- SNF Designee
- Early Discharges from MMC to SNF – before 11:00am
 - Ambulance pre-book
- Post-acute follow-up in SNF
- ELOS outlier review
- UR Attendance at SNF
- Post Discharge Follow-up
 - PCP
 - Discharge Calls for 30 days



Next Steps / Considerations

- Increase OT orders in acute care setting
- Warm Handoff from Case Management to SNF
- Navigator with homecare experience to provide a comprehensive view of post-acute care options
- Palliative consideration



“Details matter, it’s worth waiting to get it right.”
- Steve Jobs





University Medical Center



Dawn Rakiey, PT, MS
CJR and Post-Acute Care Coordinator

Let's Discuss!

- Use the Chat pod to submit any comments or questions
- Please use “@” if question/comment is directed to a specific individual
- “Raise your Hand” or speak up to share verbally



Poll 2

Do you modify care protocols to enhance patient care based on risk assessments? [Select one option]

- Yes
- No
- I Don't Know

Poll 3

**Would you be willing to share your strategies for enhancing patient care based on risk assessments?
[Select one option]**

- Yes
- No
- Maybe

Poll 4

Do you have processes for optimizing patient health prior to surgery? [Select one option]

- Yes
- No
- I don't know

Poll 5

Are you willing to share and discuss your strategies for patient optimization? [Select one option]

- Yes
- No
- Maybe



Reflections & Open Discussion


Leaving in Action

- Please type into Chat:
 - What will you do based on the information you have heard today?



Announcements & Reminders

Care Navigation on CJR Connect

- Request to join the “Care Navigation” group
 - Go to the “Groups” tab on CJR Connect
 - Click on the green plus sign to join the “Care Navigation” group 
- Post a comment in the group, share resources with your peers, or just respond to others!
- To request a CJR Connect account, go to:
<https://app.innovation.cms.gov/CJRConnect/CommunityLogin>
and click “New User? Click Here”

Upcoming Events & Reminders

CJR Model Final Performance Year 2 (PY2) and Initial Performance Year 3 (PY3) Reconciliation	May 21, 2019 2:00 – 3:15 PM EDT
Q1 2019 CJR Hospital Monitoring Report: Preview and Opportunity for Hospitals to Provide Feedback	June 5, 2019 2:00 – 3:00 PM EDT
Peer-Led Care Navigation Affinity Group Session Three	July 9, 2019 1:00 – 2:00 PM EDT

- If you have any questions about this event or the Peer-Led Care Navigation Affinity Group, send an email to LS-CJR@lewin.com.
- Send any technical or programmatic questions to CJRSupport@cms.hhs.gov.
- *Please take a few minutes to complete the Post-Event Survey.*